60.7 Proposed Solution Content

A. Executive Summary



A. Executive Summary

Provide an Executive Summary that summarizes the Vendor's proposed staffing and organizational structure, technical approach, and implementation plan. The Executive Summary must include a statement of understanding and fully document the Vendor's ability, understanding and capability to provide the full scope of work. Address the following, at a minimum:

1. The Vendor's statement of understanding of the healthcare environment in the Commonwealth, the Kentucky Medicaid program and vision for this procurement, and needs of Medicaid Enrollees.
2. An overview of the Vendor's proposed organization to provide coordinated services under the Contract.
3. A summary of the Vendor's strategy and approach for administering services for Enrollees.
4. A summary of the Vendor's strategy and approach for establishing a comprehensive provider network.
5. A summary of innovations and initiatives the Vendor proposes to implement to achieve improved health outcomes for Enrollees in a cost effective manner. Include a discussion of challenges the Vendor anticipates and how the Vendor will work to address such challenges.

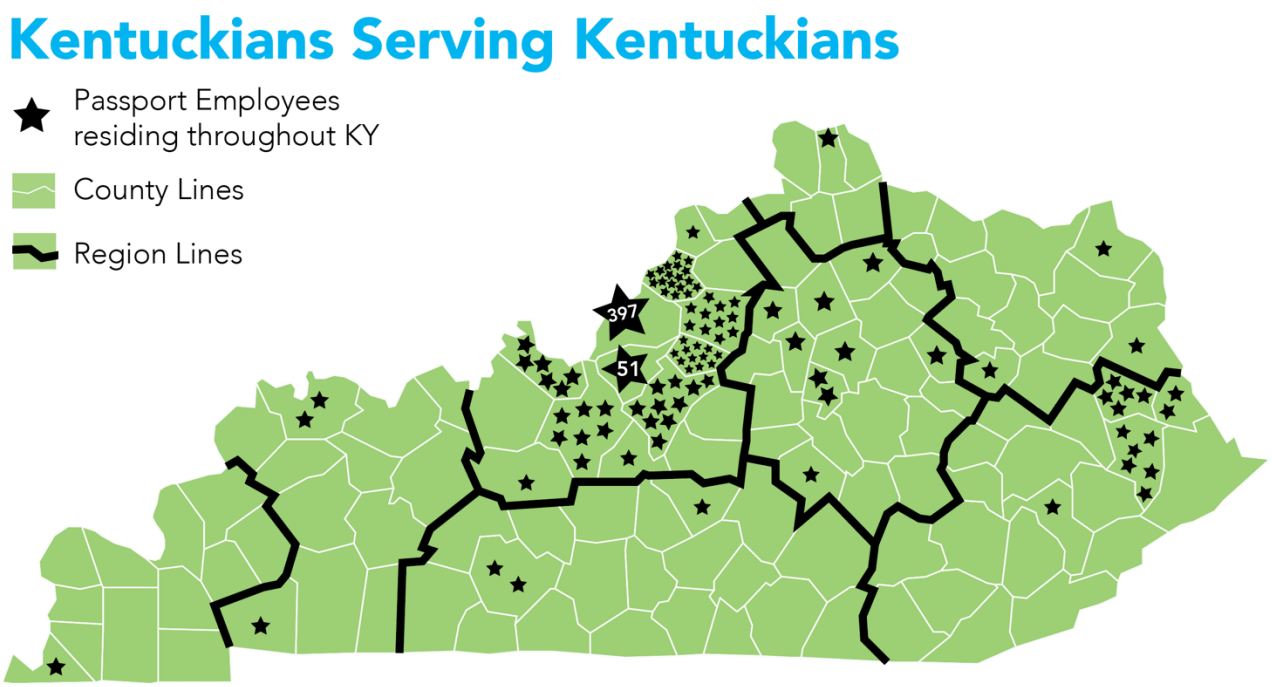
Passport Health Plan: A Dedicated Partner in Kentucky's Medicaid Program

Passport Health Plan (Passport) is honored to have the opportunity to respond to the Department for Medicaid Services' (DMS) Medicaid Managed Care Organization (MCO) – All Regions Request for Proposal. Passport differentiates itself in three significant ways, each of which are highlighted in this Introduction and throughout our proposal using icons to reinforce our distinction.

1) We are Kentuckians Serving Kentuckians – focused on improving member outcomes

For more than two decades, Passport has served as a steadfast partner with the Commonwealth, developing and implementing innovative solutions to improve health outcomes for Kentuckians and proactively meet the evolving needs of the members, advocates, and communities we serve. As shown in **Exhibit A.0-1,** we currently maintain an established presence throughout the Commonwealth.

Exhibit A.0-1: Map of Passport Employees Residing Throughout Kentucky



Because our teams live -- and oftentimes have grown up -- in the communities they serve, we are intimately familiar with and focused on the social and healthcare needs of our neighbors: the members and providers with whom we work every day to eliminate barriers to effective care. Passport is unique because:

- ***We understand the complex and changing needs of the Commonwealth's health care environment*** because we were designed and organized to meet its population health challenges. Kentucky is the only state we serve, and we are exclusively focused on government programs. We see the impact of poverty on our members and recognize the challenges of managing members' health care against the backdrop of unmet social needs. We also know that the statistics about the Commonwealth do not provide a full picture of the impact. For example, we know that a mother in Shawnee Park (west Louisville) and one in Floyd County may both be single with children and have the same health risk factors and social needs, yet their environment dictates major differences in how best to engage them and meet their needs.
- ***Approximately 600 highly dedicated and skilled staff members in the Commonwealth support Passport*** and provide a local, high-touch member and provider experience. Our member and provider call centers operate in Louisville, and our Provider Relations Representatives live and work in communities throughout the Commonwealth meeting with local providers daily. We recruit and hire staff locally, such as Community Health Workers and Care Navigators, and provide extensive training and ongoing education for clinical best practice, approaches for engaging patients, and coordinating care and supporting an integrated health model. Our primary clinical leaders – Dr. Stephen Houghland (Chief Medical Officer), Dr. Elizabeth McKune (Vice President of Health Integration) and Dr. David Hanna (Executive Director of SKY) – received medical degrees from

Kentucky's major universities. Their combined years of clinical education and experience in the Commonwealth translate into a deep understanding of the Kentucky healthcare environment, its provider community and the unique needs of Kentucky Medicaid members.

- ***We have a long-cherished culture of treating our members – our neighbors – with compassion and respect.*** Passport's integrated model of care has evolved to a member-centric model based on our extensive clinical knowledge base to improve outcomes and empower members to self-manage their conditions. Our Health Equity Program and our Community Outreach Programs are unparalleled in their scope, touching the lives of thousands of Kentuckians annually. In **Attachment A-1_Passport Community Engagement Examples,** Passport has documented a sample of the thousands of interactions that have taken place in local communities to address the full spectrum of health and wellness, community engagement and social/environmental issues across the highly diverse communities at the regional, county and city/town level. We do more than acknowledge our Commonwealth's diversity, we embrace it: Passport was an early adopter of communications with Kentuckians who speak other languages. Our outreach and communication to key cultural populations in Arabic, Nepali and Swahili was nationally recognized with an Aster Award Gold Medal. Our community efforts not only increase trust between members and Passport, but they also increase trust within the broader health care system, so members become comfortable accessing treatment and ultimately engaging in their health.

Our innovative spirit and experienced team provide the foundation for working with the Commonwealth to continue to innovate both clinically and operationally, creating a seamless experience for members. We are well-positioned to continue to serve the Commonwealth, DMS, and the members and providers in the Kentucky Medicaid and Kentucky SKY Programs. We have served these communities for the past 22 years with passion and enthusiasm, because these are our communities. We are extremely proud of the commitment we have had in elevating the health status of our fellow Kentuckians and look forward to the opportunity to continue to do so well into the future.

2) Our Closed-loop Social Determinants of Health Model magnifies the impact of our Population Health Model in achieving improved outcomes for our members

We know that social factors have a major impact on health. Our experience in the Commonwealth has helped us recognize that there are several social factors that impact members' health and well-being, including unstable housing, food insecurity, lack of access to transportation, educational issues, limited English proficiency and domestic violence / safety.



Specifically, Passport's (a) **leading edge technology platform**, (b) **role as a convener of community-based organizations**, and (c) **thought leadership to address current limitations in local health care and social services delivery systems** result in higher member engagement and improved health outcomes.

a) Leading edge technology platform: We equip our teams with industry-leading tools and technology, such as Identifi, to identify and stratify members with significant social risk factors related to ethnicity, language, lifestyle, housing type, food access, education, transportation, etc. Our integrated teams also

use tools, such as Healthify and Unite Us, to locate resources for the member and "close the loop" by tracking referrals all the way through fulfillment of services and member satisfaction.

b) **Role as a convener of community-based organizations:** We partner with community-based providers, coalitions, and organizations to create programs in Commonwealth communities to help address member needs around SDoH. Our support of the Food Farmacy in Eastern Kentucky is one such program where pregnant women and members diagnosed with diabetes, obesity, and/or hypertension are eligible to receive a prescription from their doctor for fresh fruits and vegetables.

c) **Thought leadership to address limitations in current delivery systems:** As part of Passport's recognition that health is multi-faceted, we are working to create a "first of its kind" Health & Well-Being Campus in west Louisville. Through the Campus, Passport will provide access to whole-person care for Passport members and the surrounding community, fuel economic development by bringing jobs and workforce initiatives to west Louisville and create an "innovation lab" that can pilot and identify promising models that Passport can replicate in other parts of the Commonwealth.

Passport's SDoH efforts have shown promising results. In a sample of 2,000 members that we screened for SDoH using our closed-loop referral application, preliminary results show that PMPM costs dropped by ~22% (or $390 PMPM) in the six months after a member acted upon the referral. Specifically, we observed a 30% reduction in inpatient expense. The most significant drivers of this impact were connecting our members with financial assistance and housing support.

"Passport joined alongside Metro United Way as one of four founding partners of the United Community platform, which digitally links individual referrals between healthcare, community-based organizations and education across our community. The platform offers the ability to share referrals and track key measures in real-time, including patient experience and effectiveness and timeliness of care. Thanks in part to the leadership and commitment of Passport, the platform is gaining national recognition and is set to be a game changer for our community."
~Theresa Reno-Weber, President & CEO, Metro United Way

3) Providers are in Our DNA, driving our ability to increase member engagement, improve health outcomes, and enhance stewardship of the Commonwealth's resources

A key reason that healthcare today is thought to be so uncoordinated and complex is that payers and providers are typically pitted as industry adversaries. They deliver the patient conflicting messages as to what care is appropriate, what is covered, and who is responsible for it. This leaves the patient caught in the middle trying to navigate the health care system on their own.



Provider-driven plans help to solve these issues for patients. Sharing health plan ownership with providers and having their direct participation in governance and clinical policy setting is the most advanced form of coordination and value-based care alignment; the top-performing health plans in the country (e.g., Kaiser Permanente, UPMC Health Plan, Intermountain, Geisinger) have provider ownership and shared governance as a cornerstone of creating an integrated financing and delivery system. Because providers are the primary

touchpoint between our members and the healthcare system, they are critical to Passport's ability to provide coordinated services to our members under the contract. Passport was founded in 1997 as a provider-sponsored plan by a group of visionary safety net providers in the region surrounding Jefferson County. We are proud to have expanded our tradition of community-focused support throughout the Commonwealth.

As a provider-driven health plan, Passport is uniquely differentiated from other national plans and intimately understands the challenges that all providers in the network face, which in turn impacts our providers' ability to provide coordinated care for members. Being provider-driven means that network providers view us as a partner in advocating for their patients rather than as an adversary, which ultimately leads to higher member engagement. Throughout our journey, we have had an unwavering belief that a meaningful relationship between our members and their clinician is one of the most important and valuable principles in health care. It is at the core of our whole-person Population Health Model, and it has been instrumental in helping Passport improve our members' lives over the years.

Passport's History: Tireless, Long-Standing and Committed Partner to the Commonwealth's Medicaid Program

Since our founding as the Commonwealth's first partner in Medicaid managed care, we have worked alongside our agency partners and Kentucky health care stakeholders, serving as a consistent, transparent and energetic voice for Medicaid members and their providers. We have been committed to meeting the DMS mission to improve the health of all Medicaid members in a cost efficient and effective manner. This long, successful history of innovation and overcoming barriers gives us a unique view into the Kentucky Medicaid Program that benefits the Commonwealth.

Three examples of our focus on delivering for the Commonwealth:

- **Integrated Care:** Passport facilitated the smooth transition of Behavioral Health Services into Managed Care. Because Passport had been working closely with members in the region for 15 years prior to integrating behavioral health services for their medical and pharmacy needs, we were well-positioned to **assist Community Mental Health Center providers, through comprehensive education and support, to overcome significant transitional challenges** in adapting their models to work with managed care organizations.
- **Coverage and Access**: Passport successfully implemented Kentucky's Medicaid Expansion, which drove expansion of our business services from a regional health plan serving ~160,000 members (16 counties) to a statewide health plan serving about 300,000 members (120 counties). Passport **voluntarily extended the enhanced payments to primary care providers** to the Medicare rate for a year after the requirement was lifted **to help continue supporting the Medicaid Expansion effort** and promote infrastructure development such as care management and investments in technology (e.g., EHRs) among providers.
- **Model of Care for High-Need Populations**: The DMS Behavioral Health Technical Assistance Committee asked MCOs for an integrated care model for complex members with severe mental illness. In response, Passport partnered with our largest outpatient behavioral health provider to design the Partners in Wellness program – a complex chronic care case management model that included 24-hour access to nursing, reconciliation of medications, screening and referral to treatment for substance use disorders, monitoring of blood pressure and BMI, referral to dental care, and connection to unmet social needs.

Passport's Behavioral Health Advisory Committee shaped the specifics of the model, including metrics to evaluate effectiveness, based on their experience in the community delivering these services as providers, advocates, and peers. In addition, Passport developed a value-based reimbursement model, where providers had an opportunity to earn incentives for helping participants use the appropriate level care, be active in their care, and make progress toward their health goals. Partners in Wellness produced improved health outcomes for members and reduced the overall cost of care for these most expensive and complex chronic health members, including a **26% reduction in cost, driven by reduced ED utilization and behavioral health inpatient admissions**. This demonstration project continued as an alternative payment model, and we intend to expand the model to other parts of the Commonwealth.

Looking to the Next Decade: Continuing to Develop Medicaid Solutions for Kentucky

The challenges in the Kentucky Medicaid managed care delivery landscape are clear. Rising health costs due to the increase in the Commonwealth's rates of chronic illnesses, multiple co-morbidities, and illnesses associated with poverty, such as obesity, heart disease, and substance use disorder, have been well-documented. Providers and researchers have long known that the paradigm of offering proactive services (e.g., patient education, health coaching) can deliver substantially better long-term results and savings than reactive efforts (e.g., preventing avoidable admissions to acute care settings).

Passport innovates to create healthier communities for Medicaid beneficiaries across the Commonwealth. Using our clinical focus and access to the Commonwealth's thought leaders, Passport has been a test bed for advancement of impactful patient engagement and clinical pilot programs. We have collaborated with providers, the Commonwealth's teaching hospitals, and nationally recognized leaders to put best practice approaches into action – and we have learned how to make them succeed in Kentucky's diverse and distinct landscape. As we look forward, we are incorporating two decades of experience and learning to drive *meaningful innovation that will deliver a higher standard of care, and most importantly, better health outcomes for Medicaid members in Kentucky.*

In This Section

Within the coming responses, we describe our **staffing and organizational structure** (A.2), our **technical approach** to administer services to members (A.3), our **technical approach** to establish a comprehensive provider network (A.4), and our **plans to implement** proposed innovations to improve health outcomes for members (A.5). In addition to the information described in these responses, we provide detailed descriptions of our staffing capabilities and organizational structure (in B. Company Background - 3. Staffing) and our complete implementation plan (in D. Implementation Plan), both of which support our ability to evolve alongside the needs and volume of our membership.

A.1. The Vendor's statement of understanding of the healthcare environment in the Commonwealth, the Kentucky Medicaid program and vision for this procurement, and needs of Medicaid Enrollees.

The Kentucky Health Care Environment: Working Together for Healthier Lives

Passport understands that the health care environment is rapidly changing. In Kentucky, the interdependency between poverty and poor health, coupled with a historical increase in Medicaid enrollment and reduced federal funding has resulted in substantial increases in health expenditures without a corresponding increase in quality and better outcomes.

Poverty, Poor Health Status, and Lack of Access for Kentuckians

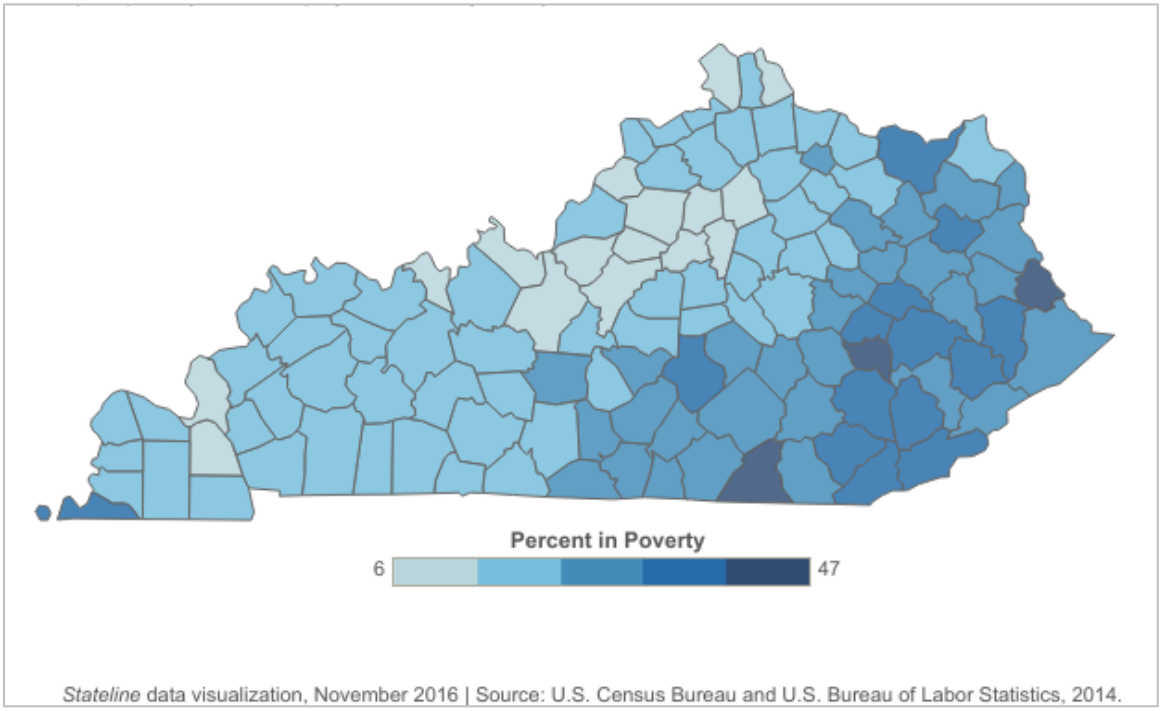
Poverty & Poor Health Status

Poverty is a serious issue for the Commonwealth. According to the U.S. Census Bureau, the average Kentucky annual per capita income (2013 – 2017) was $25,888, and 17.2 percent of residents live in poverty, which is well above the national average of 12.3 percent. These statistics make Kentucky the fifth poorest state in the United States.[1] Kentucky faces poverty across the state as illustrated in **Exhibit A.1-1**. Many families experience poverty as a result of unemployment, low wages, poor education, lack of affordable housing, substance use disorders, and limited English proficiency. In Kentucky, these characteristics are magnified:

- While the rest of the nation has been in an economic recovery, unemployment in Kentucky increased in 99 of the Commonwealth's 120 counties between July 2018 and July 2019, while falling in only 15.
- While it has a rising high school graduation rate, the Commonwealth is ranked near the bottom of national scores across multiple national studies for adult literacy rates.
- In Kentucky, 11 out of every 10,000 families are homeless.

[1] Centers for Medicare & Medicaid Services, "Medicaid & CHIP in Kentucky", https://www.medicaid.gov/state-overviews/stateprofile.html?state=kentucky.

Exhibit A.1-1: Poverty is an Issue that Spans the Commonwealth



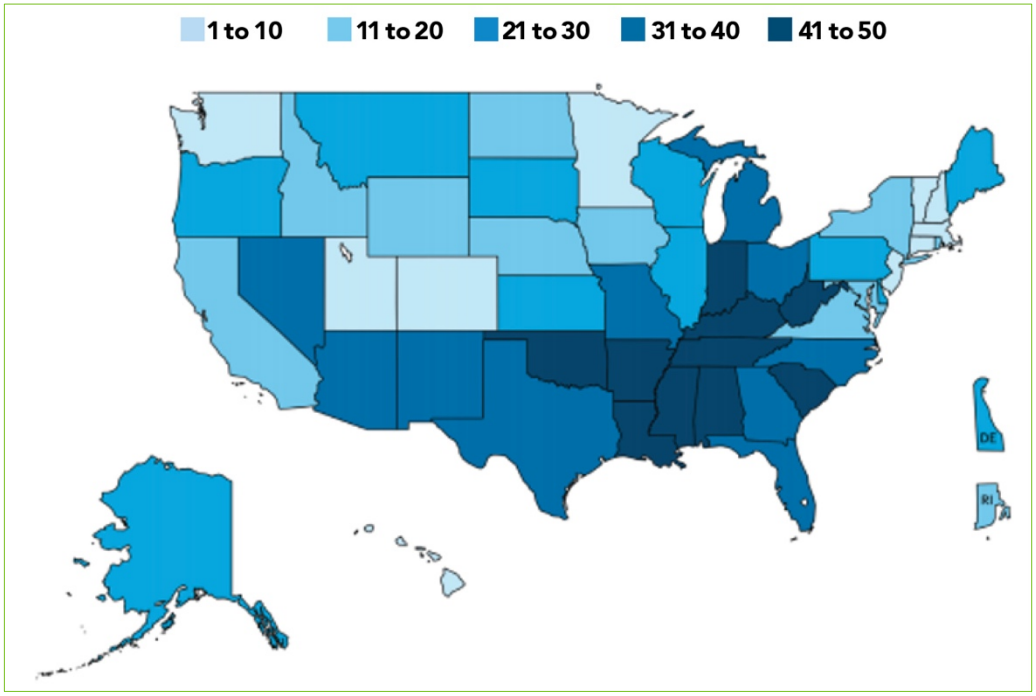
It is difficult for lower income families to break this cycle of poverty. They have limited resources to succeed in today's global economy and struggle to obtain the support required to reach a higher quality of life. These circumstances can cause devastating effects on the family. The Greater Louisville Project conducted a study that concluded:

- The lack of employment or underemployment in households creates more than financial problems, negatively impacting mental health and causing social isolation and household instability.
- Poverty exacerbates chronic illness, and lack of treatment leads to individuals with poor health.
- Children in poverty begin school behind their peers and struggle academically.
- Twenty-six percent of children in poverty have moved homes in the past year.
- Only 43 percent of children eligible for free and reduced-price lunches are kindergarten ready, compared to 71 percent of the general population.
- In Louisville, 17 percent of households in poverty with children have someone actively seeking employment.

The stress of these social needs often leads to poorer health. According to the 2019 report of American Health Rankings, Kentucky ranked No. 43 out of 50 states based on five categories: behaviors, community and environment, public and health policies, clinical care, and health outcomes (see Exhibit A.1-2). While Kentucky did move up two spots from its ranking in the 2018 study, the Commonwealth remains in the bottom 10 in the nation for drug deaths, obesity, physical inactivity and smoking. Kentucky also ranked worst in cancer deaths, with about 233 deaths per 100,000 people. The Commonwealth's strengths,

according to the report, include its high school graduation rate (89.7%), low prevalence of excessive drinking (16%), and a low violent crime rate (212 offenses per 100,000 people).

Exhibit A.1-2: Kentucky Ranks 43rd in Health Status



Lack of Access

Lack of access to care exacerbates these poor health outcomes for Kentuckians: twenty to 25 percent of the population lives in a primary care shortage area. Nationally, only 20 percent of medical students are selecting primary care as their area of practice, a significant drop from the 1990s when half of all medical students selected primary care. According to the University of Kentucky School of Medicine, advanced practice providers will not mitigate Kentucky's primary care shortage in the coming decade; of 4,177 Nurse Practitioners licensed in Kentucky, fewer than six percent practice in a primary care setting. Beyond the problems of accessing primary care near where they live, about 12 percent of adults report not seeing a doctor due to cost.[2]

Substance Use Disorder (SUD)

Substance use disorder is increasing dramatically, with Kentucky ranked as having the sixth highest rate of opioid deaths in the nation. In 2017, there were 1,160 reported opioid-involved deaths in Kentucky—a rate of 27.9 deaths per 100,000 persons. This is nearly double the national rate of 14.6 deaths per 100,000 persons. SUD has also been blamed for Kentucky's record foster care population. Of the 17 data measures in the 2019 Kentucky Youth Advocates County Data Book, two of only a handful of measures trended negatively in recent years, and they are related to children in foster care. The rate per 1,000 children (ages 0-17) in foster care in Kentucky increased from 35.3 (2011 – 2013) to 47.3 (2016 – 2018), while the percentage of children exiting foster care to reunification with their families decreased from 41% (2011 –

2013) to 36% (2016 – 2018). These statistics demonstrate that we must address the pressing issues associated with SUD to be able to adequately provide for Kentucky's children in foster care.

Provider Abrasion and Administrative Burden

The shortage of primary care physicians and the need to manage multiple commercial and public sector insurance contracts have created administrative burdens for providers, especially those in smaller and rural practices. According to *the Medscape Physician Compensation Report 2018*, an annual report that assesses physician compensation and other work environment factors, a third of physicians said they spend 20 hours or more a week on paperwork and administrative tasks, a significant increase over 2017 when respondents reported spending 10 hours or more on these items.

Funding Environment

In the face of these alarming trends in poverty, social needs, and access to care, Kentucky has experienced a historical increase in Medicaid enrollment and a continued reduction in Federal funding. The Commonwealth has taken successful and proactive measures to address this challenge. In fact, it has been one of the most successful states in reducing its uninsured rate.

Kentucky's increase in Medicaid enrollees was due in part to the Commonwealth's lower per capita income levels and changes in Federal funding for Medicaid programs. According to the Centers for Medicare & Medicaid Services, Kentucky's Medicaid enrollment was 606,805 in 2013. In February 2019, the Medicaid enrollment (including CHIP) was 1,216,189. This is a net increase of over 100 percent since the first Marketplace Open Enrollment Period and related Medicaid program changes in October 2013.[2] This is by far the largest percentage increase of any state and is almost four times the average increase nationally.

When Kentucky first expanded Medicaid in 2014, the federal government paid 100 percent of the costs of the expansion. This amount will be reduced to 90 percent of the cost of Medicaid expansion by 2020. The federal government currently pays about 80 percent of Kentucky's overall Medicaid costs of $11 billion a year, which includes low-income adults, coverage for disabled individuals, more than 600,000 children and many elderly people in nursing homes.

Federal Medicaid funding is currently at risk. Recent health care legislation changes will end the enhanced federal match for the Commonwealth's expansion areas. Kentucky is ranked among the five top states with multiple risk factors, such as its large expansion coverage area gains, a high share of expansion enrollees, and a high share of expansion funding relative to the total Medicaid medical spend. As the enhanced Medicaid expansion funding starts to end, the consequences are serious. Under the Better Care Reconciliation Act of 2017 (BCRA), Kentucky will have to make up a $11.6 billion deficit in federal funds

[2] https://www.medicaid.gov/state-overviews/stateprofile.html?state=Kentucky

between 2020-2029, including $6.6 billion for the phase-out of the enhanced match for the Affordable Care Act (ACA) expansion and $5 billion for the per enrollee cap on all groups.

If Kentucky terminated Medicaid expansion in response to the loss of enhanced federal financing, the Commonwealth would forgo an additional $29.9 billion over the 2020-2029 period. By 2029, the 557,000 Kentuckians estimated to be in the expansion group would lose Medicaid coverage. However, if the Federal Medicaid funding is capped, it would also put Kentucky Medicaid programs at risk. For example, Medicaid beneficiaries would not have access to programs for new therapies or long-term care for people with disabilities. Many Medicaid residents would be hard hit by the changes in Federal funding, especially the disabled. Kentucky has the fourth highest rate of individuals with disabilities, with 17 percent of its residents disabled and remaining in their home setting. The Commonwealth's vulnerable population is a much higher percentage than the national average of 13 percent, making this a serious concern.

The Commonwealth's Vision for This Procurement: To Improve Outcomes for Our Members

The Commonwealth is striving for a sustainable, transformative Medicaid program that addresses some of its most pressing priorities:

1. Addressing social determinants of health and barriers to access to care
2. Combating Kentucky's opioid epidemic and substance use disorder
3. Reducing provider abrasion and administrative burden

The Commonwealth-contracted MCOs must be a partner in this transformation. Passport, with a history of collaborating with DMS, local Health Departments, community-based organizations and our Commonwealth teaching hospitals and universities, has long served as a test bed for innovations and new concepts in health care delivery, social needs support, and member and provider engagement. We have experience leveraging cutting-edge analytics, technology, and clinical knowledge, and we are resourced to support in-depth analyses, predictive modeling, and clinical best practice. As a provider-driven MCO, we have access to national and Kentucky-based clinical experts in developing population health programs, specialty care management, and strategies for patent engagement. We have a wealth of successes and lessons learned that can be used to accelerate success. **Exhibit A.1-3** provides a sampling of our experience directly tied to some of the priorities that the Kentucky Medicaid Program envisions addressing through this procurement.

Exhibit A.1-3: Kentucky Medicaid Priorities and Examples of Passport's Experience to Address Them

Kentucky Medicaid Priorities	Passport Experience and Successful Innovation
Addressing SDoH and barriers to access to care	While other health care organizations make referrals to community-based organizations, very few track those referrals to ensure a successful outcome, let alone attempt to understand the downstream impact on the member's health or social well-being. Through Passport's partnership with the Metro United Way, we supported the launch of **United Community** – a community-wide initiative to deploy an innovative, shared technology platform to initiate and close referrals across many organizations, agencies, and services. The platform was launched in April 2019. Passport has taken the data from our work with connecting members to social service providers and helped to ensure that the providers our members work with most are included in the United Community platform. We are currently helping to design the analytics tools to evaluate the impact of the partnership and platform; this evaluation will not only assess whether it is improving health outcomes, but also whether it helps to prevent other adverse social outcomes, such as unemployment and incarceration.
Combating Kentucky's opioid epidemic and substance use	Passport has been an active partner in the expansion of coverage and access to care for members with Substance Use Disorder. We have facilitated member access to short-term residential stays (up to 30 days), methadone prescription coverage, and methadone treatment-related transportation in conjunction with DMS.
Reducing provider abrasion and administrative burden	Passport has introduced many efforts to reduce a provider's administrative burden, including: • *Reprocessing claims real-time on the phone* with providers and *holding "office hours" for providers* to ask questions or resolve billing issues, helping them to get them back to doing what they do best: caring for our members. • *Embedding practice coaches and Population Health Management staff* to work at the practice-level, educating practices about value-based approaches, effective use of provided reports and analyses, and member engagement techniques.

A.2. An overview of the Vendor's proposed organization to provide coordinated services under the Contract.

Passport: Kentucky's Only Provider-Driven Medicaid MCO

Because providers are the primary touchpoint between our members and the healthcare system, they are critical to Passport's ability to provide coordinated services to our members under the contract. As a provider-driven health plan, Passport is uniquely differentiated from other national plans and intimately understands the challenges that all providers face, which in turn impacts their ability to provide coordinated care for members. At Passport, being provider-driven means that network providers view us as an aligned partner in advocating for their patients rather than as an adversary, which ultimately leads to higher member engagement.

Passport offers consultation and advisory services to providers that often go far beyond a standard provider network contract. We do this to support and partner with providers and ensure coordinated services for members; for example:

Passport Service for Providers	Impact
Leverages in-house, independently licensed professionals to provide support and consultation to providers about clinical services, billing, and workflow	Improves quality of care for members and lowers the administrative burden for providers
Engages Clinical experts, particularly within our provider owner organizations, to assist with critical health issues such as hepatitis, HIV/AIDS, substance use disorders, and child psychology issues	Helps to ensure members receive the highest quality of care and cutting-edge treatments
Streamlines prior authorizations and the pre-certifications process by formalizing local provider input into review criteria for medical policy	Enables auto-authorizations for high-performing providers and high-value treatment pathways, which reduces the administrative burden for providers and ensures that members receive the highest standard of care on a timely basis

Preserving Our Values While Mapping our Future

When the Kentucky Medicaid Program expanded in 2014, the expansion population brought in members with unmanaged and underdiagnosed chronic conditions, significant gaps in care, and years of unmet needs. The need to advance technologies, including predictive modeling and Artificial Intelligence (AI), required expanded resources and talent. Independent health plans like Passport were expected to improve member outcomes through value-based care, which required not only managing costs more effectively but also helping providers to adopt new methods and technologies to better manage patients. Surveying the future, Passport's Board of Directors and executive leadership team realized that continuing to serve Kentuckians with outstanding customer service and provider satisfaction required an alliance with a strong, clinically-oriented company with an extensive clinical knowledge base, technology platform and focus on population health.

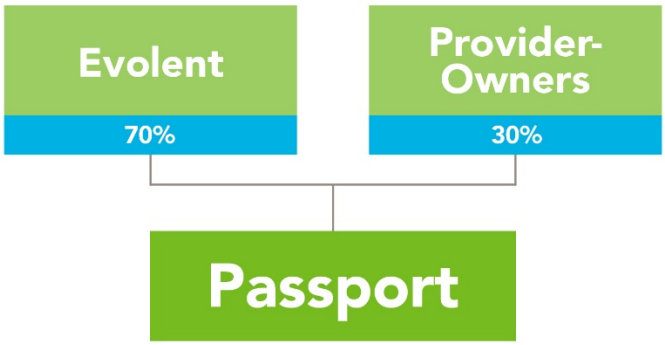
In 2016, after an extensive national search, Passport selected Evolent Health LLC (Evolent) as our partner. Passport selected Evolent due to its clinical and technology capabilities, reputation as a national leader in Medicaid and population health, and aligned mission focused on supporting providers in value-based care. Evolent's extensive clinical knowledge base was initially developed at UPMC Health Plan, one of the largest provider-owned Medicaid health plans in the country and a top five recipient nationally of National Institutes of Health (NIH) research funding and enhanced through a national network of providers and over 3.7 million lives in value-based care arrangements.

Deepening our Partnership

In 2018, Passport experienced retroactive Medicaid rate changes that resulted in a significant decrease in reimbursement rates despite increasing medical cost trends. This led to losses for Passport. In the Spring of

2019, Passport's Board of Directors and provider owners (University of Louisville Physicians, Inc., University Medical Center, Inc., Norton Healthcare, Inc., Louisville/Jefferson County Primary Care Association, Inc., and Jewish Heritage Fund for Excellence, Inc.) commenced a competitive process to select a partner to provide expanded management and operational support, as well as capital through joint ownership of the health plan. Due to Evolent's experience serving Kentuckians, clinical and administrative capabilities, and aligned, provider-oriented mission, Passport selected Evolent from among several bidders to be the partner to help carry its provider-led legacy into the future. On December 30th, 2019, having procured all required state and federal regulatory approvals, the parties officially completed Evolent's acquisition of a 70% ownership stake in Passport. The remaining 30% continues to be owned by Passport's five provider-owners as outlined earlier in this paragraph, thus keeping Passport closely tied to its provider-owned, Kentucky roots.

Exhibit A.2-1: Passport Ownership Structure



The transaction described above was an asset acquisition transaction that resulted in all of the assets of University Health Care, Inc. ("UHC") (which conducted business under the name of Passport Health Plan) being transferred into the "new" Passport Health Plan, Inc. which is the bidder under this RFP. The transaction was structured as an asset sale because UHC is a Kentucky nonprofit corporation, and the Kentucky nonprofit corporation statutes do not permit other forms of acquisitions between for-profit and nonprofit companies. So, while the corporate entities are technically different, all the Medicaid assets, employees, executive leaders, provider agreements, vendors, policies and procedures, clinical and community outreach programs, and innovations of UHC now reside in Passport. In short, all twenty-two (22) years of Kentucky Medicaid experience remain engrained in Passport's operational fabric.

As outlined above, Passport is the successor to UHC. **It is important to note that the Kentucky Finance and Administration Cabinet approved the transfer of the current Medicaid contract from UHC to Passport** (that approval coming only after the Kentucky Department of Insurance and the Kentucky Cabinet for Health and Family Services stated that they had no objection to such assignment) and after approval of the transaction by the Kentucky Attorney General's Office. To that end, in certain sections of the RFP where financial information, historical reports, and experience are requested, Passport provides the historical financials, reports and the experience of UHC as that is Passport's predecessor.

The new Passport entity continues to operate as its own independent and legal organization, headquartered in Louisville, Kentucky, with an Executive Leadership Team that is focused on Kentucky Medicaid. The Executive Leadership Team provides oversight of all partners and subcontractors, including Evolent. Evolent's increased stake in Passport has enhanced Passport's capabilities with leading-edge analytics and technology that uses machine learning and artificial intelligence to assess risk-levels across the member population and execute on early interventions to prevent adverse events. Evolent's focus on population health, specialty care management, and supporting infrastructure that simplifies administration throughout the health care system lends itself to be a natural partner for a provider-oriented health plan such as Passport. This partnership helps patients to engage in their health and receive high-quality care that is cost-effective, evidence-based, and highly integrated.

The University of Louisville is the largest percentage provider-owner, and along with the other provider-owner Board members, has an equal say in key issues related to health plan strategy, operations and financial management. At the time of the announcement of the above transaction, University of Louisville President Dr. Neeli Bendapudi said, "The University of Louisville helped create Passport Health Plan in 1997, paving the way for what has become a national model for managed care. Now, we are proud to partner with Evolent to begin a new chapter that will continue to spark innovation in the delivery of care."

Passport's Board of Directors and Governance

To succeed in the current healthcare environment and meet the needs of members, Passport believed it needed a governance structure that combined local providers and the support and resources of a national organization – so we intentionally created a structure that is reflective of these elements. To ensure that Passport's legacy of local commitment to members and providers is sustained and nourished under the new Board, we have agreed upon a unique governance principle: all key strategic and operational governance issues, such as the hiring and firing of the health plan CEO, budgeting, and approval of significant innovations or resource extensions, must be approved jointly by the provider-owner Board members and the Evolent Board members. This voting structure is designed to ensure collaboration and critical decision-making remains local, Kentucky-focused, and member-centric.

As the governing body of the company, Passport's Board is responsible for providing governance and strategic oversight of the company, including fiscal policy reviews, budgetary reviews, legal compliance reviews, and advising our executive officers on how to better serve our members. The Board is also accountable to all Commonwealth regulatory agencies who provide oversight of the company. At the highest level, the Passport Board of Directors provides close oversight of the operations of the health plan.

The current members of Passport's Board of Directors are:

- **Kimberly A. Boland, MD, FAAP:** A new member of the Passport Board of Directors, Dr. Boland is Professor of Pediatrics and Chair for the Department of Pediatrics at the University of Louisville and Chief of Staff of Norton Children's Hospitals. She is also Assistant Dean of Resident Education and Work Environment in Graduate Medical Education as well as a Pediatric Hospitalist in her clinical time. Dr. Boland is active in medical organizations, including as Past President the Kentucky Chapter of the American Academy of Pediatrics (AAP), the District IV Representative of the National Nominating Committee for AAP, and President of the Kentucky Pediatric Foundation. She has received numerous awards including five clinical teaching awards, seven faculty per mentoring awards, the University of

Louisville School of Medicine Master Educator Award for Outstanding Educator, the University of Louisville Paul Weber Award for Departmental Excellence in Teaching and the 2016 Dean's Educator Award for Distinguished Educator. Dr. Boland was raised in Louisville. She received her undergraduate degree from the University of Notre Dame and her medical degree from the University of Louisville.

- **Jennifer Davis, JD:** Associate Vice President for Strategy and General Counsel, University of Louisville, Ms. Davis has been a member of the Passport Board since 2014. She is former Chair of the Health Care Service Group at Stites & Harbison PLLC where she focused her practice on regulatory and transactional health care law. She was first named to the Partners in Health Care list by Business First in 2010 for her vital work for the health care industry and was named to the 2011 Forty under 40 list also by Business First. She is the past President of the Kentucky Academy of Hospital Attorneys, past chair of the Health Law Section of the Louisville Bar Association, and previously served as Vice President for the Health Law Section of the Kentucky Bar Association. Jenni is also a former member of the Board of Directors and Secretary of the Centre College Alumni Association and member of the Board of Directors of Sarabande Books, Inc.
- **Kenneth P. Marshall, MBA:** Chief Operating Officer of UofL Health, an academic-focused health care system, Mr. Marshall has over 20 years' experience in executive leadership in hospitals. Mr. Marshall has served on Passport's Board since 2017. UofL Health is home to collaborative teaching and non-teaching physician practices, six hospitals, four outpatient centers, and over 10,000 employees. Mr. Marshall is a Fellow in the American College of Healthcare Executives.
- **Seth Blackley:** As President and Co-Founder of Evolent, Mr. Blackley oversees overall company strategy, product design, sales and corporate development. He is also a member of the Evolent Health Board of Directors. Prior his current role, Mr. Blackley was the Executive Director of Corporate Development and Strategic Planning at The Advisory Board Company. He started his career as an analyst in the Washington, D.C. office of McKinsey & Company. Mr. Blackley also serves on the Board of Directors for GoHealth, a leading Urgent Care company. He earned a BS from The University of North Carolina at Chapel Hill, where he graduated with Highest Honors, and his MBA from the Harvard Business School.
- **Tom Peterson:** Mr. Peterson is the Chief Operating Officer and Co-Founder of Evolent Health. Evolent partners with leading providers and payers nationally to drive value-based care transformation. Mr. Peterson oversees all aspects of operations across our health system partners in more than 35 markets in various value-based care arrangements. He is accountable for all implementation and operations functions, health plan services, value-based services, information technology and market-based operations. Prior to his current role, he was an Executive Director at The Advisory Board Company, overseeing the Business Intelligence/Analytics and consulting businesses. He has also held leadership roles in managed care and capitation management services with HealthSouth Corporation and Foundation Health. Mr. Peterson has a Masters in Mental Health Counseling from The George Washington University and a Bachelor of Arts from Harvard University.
- **Jonathan Weinberg**: Mr. Weinberg serves as Evolent Health's General Counsel and is the chief legal officer of the company. Prior to his current role, he was a Senior Vice President and Deputy General Counsel for Coventry Health Care, Inc., where he supervised many of the operational functions of the Coventry legal department including mergers and acquisitions, federal and state regulatory issues, provider contracting, and Medicare and Medicaid issues. While at Coventry, Jonathan also oversaw the risk management department. Prior to joining Coventry, Jonathan was an associate and then partner at Epstein Becker and Green, P.C. in the firm's health care practice, specializing in managed care issues. Jonathan has deep expertise and understanding regarding health plan regulatory and compliance issues. Jonathan received his BA from the University of Wisconsin-Madison and his JD from the Catholic University of America.

- **Frank Williams:** Mr. Williams is the Chairman, CEO and Co-Founder of Evolent Health. Evolent partners with leading providers and payers nationally to drive value-based care transformation. Evolent partners with organizations in more than 35 markets, manages over 3.7M lives under value-based arrangements and employs over 3,300 professionals nationwide. Named to the Forbes list of America's Most Promising Companies and a Top 3 Employer Nationwide, Evolent is also considered to be a leader in philanthropy and community impact. Prior to his current role, Frank served as Chairman and CEO of The Advisory Board Company, a best practice research and technology firm that served more than 4,000 leading healthcare organizations nationally. Earlier in his career, Frank served as the President of MedAmerica OnCall, the President of Vivra Orthopedics and as a Consultant for Bain & Co. A native Californian, Frank received a BA in Political Economies of Industrial Societies from UC Berkeley and a MBA from Harvard Business School.

Passport's Executive Leadership Team

Passport is organized and staffed to serve the Kentucky Medicaid Program. From the Executive Leadership Team to our Member Services Representatives answering our members' questions in the local call center, Passport is focused on delivering superior service to our members and providers, with a commitment to transparency and value creation for our stakeholders. Passport is comprised of dedicated executives, clinical experts, and staff members who not only have local Kentucky knowledge but also have deep roots in the community and long tenures with Passport. In addition, we have recruited several nationally recognized healthcare executives to join our team and infuse Passport with complementary national best practices.

The Executive Leadership Team (ELT) is based in our Louisville, Kentucky office and designed to support our vision and goals for the Kentucky Medicaid program:

- **Chief Executive Officer:** As CEO, **Scott A. Bowers** reports to Passport's Board of Directors and is responsible for the overall performance of the health plan as well as aligning his organization with the needs of DMS. He oversees the Executive Leadership Team outlined below, as well as Human Resources. Scott has deep experience with over 23 years in Medicaid managed care leadership, having served as a health plan CEO over Ohio, Maryland, and Washington D.C, as well as five years at the helm of a 600,000 member Medicaid plan in Tennessee. In his health plan leadership roles, Scott has consistently demonstrated excellent leadership, strategic vision, and a focus on delivering strong operational, clinical, and financial results. He also has a strong passion to build upon Passport's track record of innovation to meet the future needs of the Commonwealth's Medicaid population.



- **Vice President and Chief Compliance Officer: David Henley**, JD, CCEP, CHIE, FLMI, has been part of the Passport family for over nine years and has oversight into the planning, implementing, and monitoring of Passport's Compliance Program, which include activities involving enterprise risk management, HIPAA Privacy, program integrity and delegation oversight. In addition, David strictly oversees the company's compliance of Federal and State legislation and regulations; serves as the company's primary contact to the Commonwealth; facilitates communications between Passport and the DMS; and manages the implementation and evaluation of compliance issues related to the Commonwealth's Contract.



- **Vice President and Chief Medical Officer: Stephen Houghland, M.D.** has been part of Passport's clinical team for nearly eight years. Prior to accepting this position, Dr. Houghland was the Medical Director for University Physicians Associates and the University of Louisville Physicians. He was also an Associate Professor of Medicine in the Department of Medicine at the University of Louisville. A native Kentuckian, Dr. Houghland received his medical degree from the University of Louisville school of Medicine in 1998. He completed his residency in General Internal Medicine at the University of Louisville in 2001 and subsequently joined the faculty after serving a year as Chief Medical Resident. As Chief Medical Officer, Dr. Houghland is accountable for providing organization leadership for all major health programs related to the Contract and Passport's treatment policies, protocols, Medical Management, Quality Management and Improvement efforts, and population health management activities. As CMO, Dr. Houghland also provides executive leadership and direction for the Kentucky SKY program. He ensures oversight of the Executive Director and the Medical Director of the SKY program, working in collaboration with the Vice President of Health Integration and Vice President of Clinical Operations:



  - **Vice President of Health Integration: Dr. Liz McKune,** reports to Dr. Houghland as a valued member of the executive leadership team. Her role is critical in continuing to further our medical and behavioral health care alignment. Dr. McKune brings deep expertise in ensuring that behavioral health is integrated across the care continuum through Passport's model of care and provider engagement. Dr. McKune is a licensed psychologist and is the current Chair of the Kentucky Board of Examiners of Psychology, focused on increasing access to behavioral health services and supporting a positive climate for psychology providers in the Commonwealth.



  - **Vice President of Clinical Operations, Courtney Henchon, RN**, reports to Dr. Houghland and is responsible for the development and implementation clinical strategy and new innovative models of care across our multiple clinical areas, including Utilization Management, Care Management, Quality Management, STARS/HEDIS, Population Health Management, Behavioral Health, Pharmacy, community engagement, provider engagement. She is accountable for all clinical performance and Quality to support alignment, integration, and optimization of health outcomes while decreasing medical cost.



- **Vice President and Chief Financial Officer: Scott Worthington** has worked with Passport for over seven years and is responsible for directing financial operations and reporting. Scott's role is to ensure that Passport's accounting and reporting is in accordance with generally accepted accounting principles and statutory accounting principles issued by the Financial Accounting Standards Board, the Securities and Exchange Commission, Kentucky Department of Insurance and other regulatory and advisory organizations and in accordance with financial management techniques and practices appropriate within the industry. Scott is also responsible for overseeing Passport's financial accountabilities related to the Contract and ensuring that Passport is deploying best practice financial management techniques in accordance with industry standards.





- **Chief Operating Officer: Shawn Beth Elman** is fully accountable for Passport operations, including Provider Network Management, Market Operations, Market Performance, Claims Operations, Customer Service, and Provider Data Management. Shawn was the Vice President of Operations at Evolent, where she served as the operational leader for Passport. She was also responsible for Claims, Call Center, Program Integrity, and Medicare Advantage for Evolent's Health Plan Service Organization serving their clients nationwide. Shawn has over 25 years of health plan and provider operational experience nationally.



- **Vice President and Chief Marketing and Communications Officer: Jill Bell**, a member of the Passport team since nearly the beginning (21 years), oversees the marketing strategy and execution of Passport's member and provider communications and websites, public relations, government relations, brand awareness and advertising campaigns, special event planning, internal employee communications and intranet website, and corporate sponsorships for local events supporting our members. She is also responsible for our member engagement team which conducts outreach events in the communities to educate and inform our members about Medicaid and Passport's benefits, health and wellness, and provide information on local resources to address SDoH. In addition, Jill has responsibility for Passport's compliance to Federal and Commonwealth marketing regulations.

As CEO, Scott Bowers oversees the Executive Leadership Team (ELT) to ensure member-centric, compliant performance of Passport's responsibilities to members, providers, and DMS. Scott chairs weekly ELT meetings to review health plan financial, clinical and operational performance, compliance with contractual requirements, subcontractor performance, staffing needs, and organizational and cultural competency topics. The ELT meeting agenda routinely includes functional subject matter experts to address current and projected business issues. This weekly forum with all functional disciplines in the health plan facilitates a holistic understanding of Passport's operational and financial performance and a collaborative process to develop integrated action plans that address key opportunities and focus areas. **Exhibit A.2-3** is an organizational chart listing the members of the ELT, Contract Key Personnel and Qualified Staff pursuant to Section 9.2 of the Contract.

Members of the ELT have oversight and accountability of the key Departmental teams who work collaboratively to ensure that all functions and services are coordinated to support our members and providers. The oversight structure is outlined in **Exhibit A.2-2: Passport's ELT Collaborates Closely to Provide Coordinated Services**.

Exhibit A.2-2: Passport's ELT Collaborates Closely to Provide Coordinated Services

Operations Team/Department	Executive Owner	Function
Compliance	David Henley, Chief Compliance Officer (CCO)	Our Compliance department monitors our regulatory and contractual requirements to protect the safety of members and their protected information. The department also provides an open-door policy to all Passport staff and partners to report any concerns or risks.

Operations Team/Department	Executive Owner	Function
Finance	Scott Worthington, Vice President and Chief Financial Officer	Our Finance team is responsible for directing the fiscal functions of the company in accordance with generally accepted accounting principles and statutory accounting principles issued by the Financial Accounting Standards Board, the Securities and Exchange Commission, Kentucky Department of Insurance and other regulatory and advisory organizations and in accordance with financial management techniques and practices appropriate within the industry. The team oversees Passport's financial accountabilities related to the Contract.
Clinical Operations	Dr. Houghland, Chief Medical Officer (CMO)	Our Clinical Operations team includes Care Management (CM), Population Health, Pharmacy and Utilization Management and provides a member-centric, holistic approach to assessing, planning, and implementing personalized care plans aimed at improving member's physical and behavioral health, functional status and overall quality-of-life. This focus empowers members to better manage chronic medical issues.
Behavioral Health	Dr. Liz McKune, Vice President of Health Integration	Our behavioral health team furthers our medical and behavioral health care alignment, ensuring behavioral health integration across the model of care through programmatic integration and provider engagement.
Quality	Courtney Henchon, RN, VP Clinical Operations	The Quality department ensures safety and measures our results of service to enhance our operations and deliver improved health outcomes to members for years to come.
Claims	Shawn Elman, Chief Operating Officer (COO)	Our Claims department works to ensure timely and accurate payment and/or resolution of member claims.
Provider Network Management	Shawn Elman, COO	The Provider Network team works to build and maintain a strong provider network to ensure our members have access to the variety of services we cover to their benefit.
Customer Service	Shawn Elman, COO	Our Customer Service team includes Member Services, Provider Services, our Care Connectors, and a 24/7 Nurse Line. The team has representatives that serve members in person and over the phone, assisting with provider selection, benefits confirmation, assistance with transportation, assistance with appointment scheduling, and local resources to address SDoH.
Benefits	Shawn Elman, COO	Our Benefits team administers Medical, Dental, Behavioral Health and Pharmacy care to our members.
Marketing & Community Engagement	Jill Bell, Chief Marketing and	The Marketing & Community Engagement teams work closely together to meet the needs of our members wherever they are. They offer our members support with

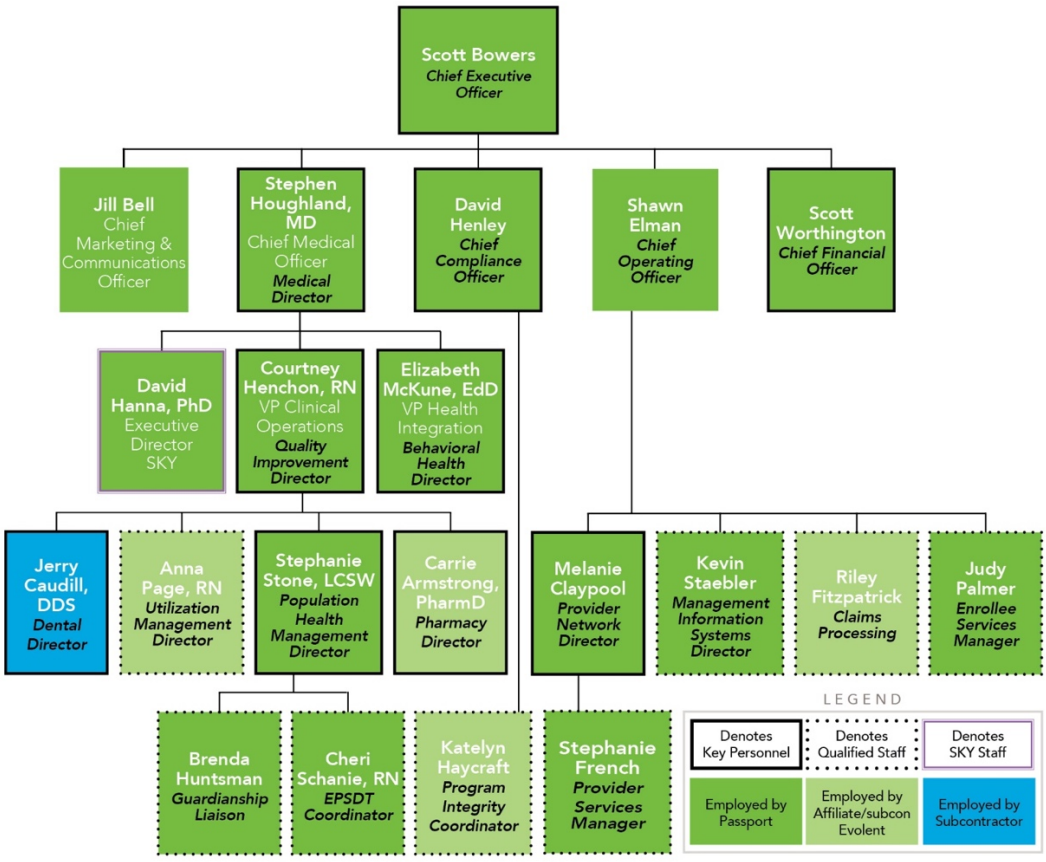
Operations Team/Department	Executive Owner	Function
	Communications Officer	navigating the health care system, connect them with community resources to address social determinants of health, provide health education, work with community leaders and external service providers, and create member-centric materials to help our members understand all the ways that we can serve them.

Experienced Key Personnel and Qualified Staff

Passport has local, experienced staff that consistently deliver outstanding performance for our members, providers and stakeholders. As shown in Exhibit **A.2-3: Organizational Chart**, Passport's team includes the required dedicated positions within the Contract, which are:

- **Key Personnel**: Chief Executive Owner, Chief Financial Officer, Chief Compliance Officer, Medical Director, Pharmacy Director, Dental Director, Behavioral Health Director, Provider Network Director, Quality Improvement Director, Population Health Management Director.
- **Qualified Staff**: Management Information System Director, Enrollee Services Manager, Provider Services Manager, Claims Processing team, Utilization Management Director, Early and Periodic Screening, Diagnostic and Treatment Coordinator, Guardianship Liaison, Program Integrity Coordinator.

Exhibit A.2-3: Organizational Chart



Local Knowledge, National Best Practices

Our leaders work together to embrace a holistic view of the organization and the constituencies that we serve. This allows for strong oversight and governance over company-wide operations and our contracted vendors. To bring appropriate scale and national best practices to Passport, we leverage best-in-class subcontractors to deploy proprietary analytics, clinical pathways, integrated behavioral health, utilization management programs, and advanced technology solutions. This allows us to deliver demonstrable improvements in health outcomes for members. It also creates the best of both worlds to serve the needs of the Commonwealth: Passport's deep local knowledge and community-based service model combined with expertise and best practice from nationally recognized subcontractors.

Passport is organized and staffed to monitor and deliver all aspects of performance under this contract with full local control of policies, process, and staff. The skills and experience of our ELT and staff allow us to continue our long history of providing intimate service and care for our members.

Passport has high confidence in our ability to meet the objectives of Kentucky and the Department for Medicaid Services as outlined in this RFP.

A.3. A summary of the Vendor's strategy and approach for administering services for Enrollees.

Passport Delivers a Seamless Member Experience

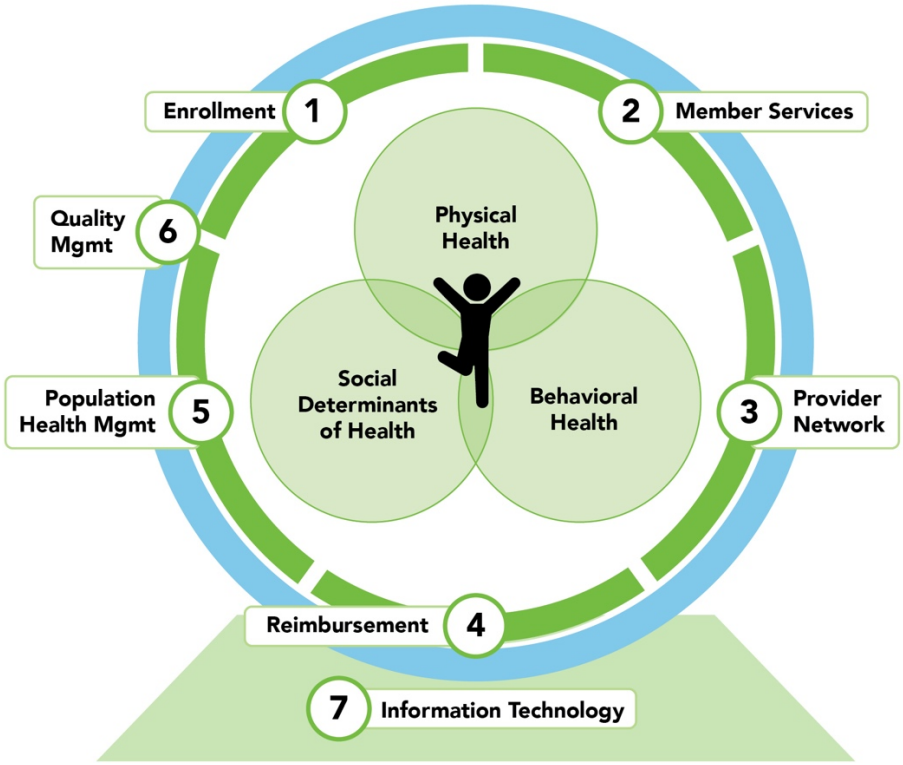
Our strategy and approach for administering services to members begins with clear and unequivocal accountability for the delivery of high quality services, putting the needs of the member first. We train, supervise and empower our member-facing staff to do whatever it takes to ensure that members receive all covered and value-added services in a timely, compassionate, and culturally appropriate manner. There are seven core elements in Passport's model for administering services to members to ensure a seamless health care journey:

1. Establishing the member's **enrollment** to ensure timely access to necessary services.
2. Guiding the member on the use of his or her benefits, through innovative member education and **member services**.
3. Establishing a broad and diverse **provider network** for covered services and supports, supplemented with a comprehensive community referral network for essential social services.
4. Ensuring our providers receive accurate and timely **reimbursement** using a proprietary claims platform and dedicated Provider Relations Representatives.
5. Ensuring the member receives the right services, through the first nationally NCQA-accredited **population health management (PHM) program** in tandem with our provider-driven utilization management approach to target care interventions at the population, subpopulation, and individual member level, in a way that integrates physical, behavioral, and social determinants of health to treat the whole person.

6. Infusing **quality** into each aspect of the member and provider experience along with continuous quality improvement on all elements of the model to validate the performance of our approach and make tomorrow's service even better than today's.
7. Powering the other six elements in our model is our comprehensive, integrated **information technology** infrastructure, which enables real-time information sharing and supports informed decision-making by the member, provider and integrated care teams.

Exhibit A.3-1 shows the seven elements in our model and how they relate to provide the complete package of administrative support to ensure the member gets the care they need.

Exhibit A.3-1: Passport's Approach for Administering Services for Members



Below, we describe our approach to service administration for each of the seven elements.

1) Enrollment

The first element in the spectrum of service administration is to establish the member's eligibility for services covered by Passport. We have the technical and procedural infrastructure in place to support member enrollment, disenrollment and changes. Our team of Enrollment and Coordination of Benefits (COB) specialists load the enrollment data into our integrated system through a series of controlled steps; we monitor each of these steps to ensure accuracy. **In 2019, 100% of Passport's eligibility and enrollment transactions from the 834 file processed accurately.** Once our team has verified the data, our integrated system triggers the distribution of enrollment information to support the printing and distribution of member ID cards and Passport Welcome Kits.

2) Member Education and Member Services

Newly enrolled Passport members need to understand their benefits, find a provider to address their health care needs, and know how to access services under the plan. We address these needs through member education and member services.

Member Education

Once we enroll new members, we mail them a Passport Welcome Kit, which includes a welcome letter and our Member Handbook. These documents contain important information about Passport, their benefits, and our processes and procedures to guide our members through their health care experience. We also provide our members an electronic copy of the Member Handbook via the Passport member website so they can print, search and download relevant content. To continue to enhance the new member's user experience, Passport has launched several initiatives. These include the following:



- **Engaging Members Upon Receipt of Their Member ID Card –** As part of the New Member Initiatives Program, Passport redesigned our Member ID Card to include a sticker instructing members to call Member Services to confirm receipt of their Member ID card. When new Passport members call in to confirm receipt, we are able to engage with them to welcome them to Passport, complete their health risk assessment, and ensure they understand the benefits available to them.
- **New Member Engagement Videos** – Using local actors and filming in our Louisville headquarters, our in-house marketing team crafted a series of five New Member Videos as part of our new member experience strategy. Our new member videos cover topics such as: what's in the New Member Kit, 'about the HRA form'; seven simple steps for new members; the importance of having a PCP; how to sign up for texts, emails and social media, and how to earn member rewards. The videos are part of our New Member Web Page; we promote them on Facebook, Twitter, Instagram and LinkedIn. **In the fall of 2019, the New Member videos were awarded both a silver and bronze Digital Health Award for excellence in crafting high-quality digital health media.**

Our New Member Onboarding 90-Day Plan brings together these and other member engagement activities into a simplified effort to enhance the enrollment and post-enrollment period for our new members, as illustrated in **Exhibit A.3-2**.

Exhibit A.3-2: Passport's 90-Day On-boarding Plan

NEW MEMBER ON-BOARDING & RETENTION			
	OBJECTIVES	**TACTICS**	**METRICS**
DEEPER LEVELS OF ENGAGEMENT	Member makes a positive human connection with a Passport associate	• Welcome call • Care Connectors outreach • "Call to Confirm" sticker on ID card • Signs up for texts / emails	• Member services reaches member • Care Connectors reaches member • % of members who call within 30 days
	Member learns about Passport	• Attends live member education class • Watches new member video • New member packet • New Enrollee Survey	• Attends and receives reward • Page via web and/or member portal • Returned mail data • Returned surveys
	Member tells us more about themselves	• HRA form • Member portal registration	• % of forms returned within _____ • % registered for portal within 90 days
	Member takes steps towards managing their health	• Uses benefits • Visits PCP • Earns a reward • Stays enrolled	• Claims data within 1st 90 days • Claims data within 1st 90 days • Care Connectors sends reward • Enrollment file

Member Services – "No Wrong Door"

Passport's Member Services department gives members the information and guidance they need throughout their health care experience with Passport. Our Member Services Representatives ensure members are informed of their rights and responsibilities; help members select or change their PCP; and educate them about Passport's benefits, policies, and procedures. The team also assists members in accessing medical providers; scheduling PCP visits and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services; making referrals to appropriate population health programs; offering help with medical transportation needs and locating community resources; and resolving all member grievances and appeals, if necessary.

Our Member Services team has transformed and grown from less than a dozen Member Services Representatives (MSRs) in 1997 to over 100 today, all working in our Louisville offices. We hire local and compassionate staff – **a member will never speak to a MSR outside of Kentucky**. We provide the MSRs initial and ongoing training to use our tools and techniques, which are recognized as best practice in managed care call center delivery. Our team is there to assist when our members need us the most.

Our **Care Connectors** are true health navigators, providing specialized support for our members. They conduct welcome calls to introduce new members to Passport, often serving as the first point of connection with our members as they begin their health journey. Care Connectors answer questions about the member's health, find and schedule provider appointments, assist with pharmacy prior authorizations, provide information on and referrals to community resources, including SDoH needs, and assist in the completion of our Health Risk Assessment. For proactive service, our Care Connectors also conduct out-

bound member service, such as following up with a member after an Emergency Room Visit to encourage and assist the member to schedule a follow-up visit with their PCP.

Our **Community Engagement Department** drives our in-person education and outreach efforts. Passport has Community Engagement Representatives who are embedded throughout the Commonwealth to ensure the members in their communities have local access to services. When Passport talks about community, we are talking about *our* community - no matter their race, ethnicity, language, gender identity, or age.

In 2019, our Community Engagement team had over **5,000 outreach interactions in our communities**, where we assist members in addressing their barriers to care, which include:

- **Social determinants of health** such as housing, clothing, food security, transportation, education, record expungement, accessibility, and domestic violence/safety;
- **Health-related issues** such as dental, wellness and behavioral health, prevention/health education, vision, nutrition, substance use, heart health, respiratory care, cancer care; and
- **Community-wide barriers** to well-being, such as early childhood education, kindergarten readiness, school supplies, workforce-ready skills, and after school care.

3) Provider Network

Passport supplements its broad, diverse network of providers for covered services with a comprehensive, engaged network of community and social services to address the full spectrum of member needs.

Comprehensive and Diverse Provider Network

Passport, founded as a provider-led plan and continuously governed by and responsive to providers, is a leader in network development. Our strategy to establish a comprehensive network begins with identifying the right mix of providers to round out a high performing delivery system. Once we identify the right mix of providers to ensure members will have appropriate coordination of services, we:

1. Ensure network access and adequacy
2. Increase member access to a high-quality provider network
3. Reward providers through value-based contracting
4. Reduce provider abrasion and simplify administration
5. Engage providers for leadership and oversight of our clinical programs

We provide detail to support each of these five steps in our response to **A.4: Establishing a Comprehensive Provider Network**. We ensure access within standards through monthly review of our network and quarterly external audits of provider availability within scheduling and response standards. This thoughtful approach has delivered a successful, comprehensive network across the state, which has approximately:

- **32,000 total providers:**
  - 17,000 specialists
  - 9,100 primary care providers (2,500 of which are pediatricians)
  - 3,700 behavioral health practitioners

- 2,200 ancillary providers
- 130 hospitals

In addition to our broad network of providers, members have access to additional supports for accessibility.

- **Community Health Workers.** We continue to expand our face-to-face care delivery to include Community Health Workers who conduct personal visits in provider offices, community service organizations, members' homes, or any other type of community location that is convenient for the member. Community Health Workers serve as advocates to schedule doctor appointments, obtain the necessary resources for SDoH needs, resolve assess for and provide services around health literacy, provide language interpretation or communication needs, and offer personal health education and instruction. Community Health Workers are empowered to ensure the member has access to needed care.
- **Teladoc.** In the third quarter of 2020, Passport will be the first Medicaid managed care plan in Kentucky to offer Teladoc virtual visits for primary care and dermatology to all members. Complete electronic notes on every virtual visit will be submitted to the member's assigned primary care provider to maintain continuity of care and a complete health record. We expect Teladoc to increase member access, especially in areas of primary care shortage, and to reduce member dependence on the Emergency Department.

Supplementing Providers with Community Services

To Passport, **community and social services are intrinsic to our administrative responsibility.** We work alongside community-based organizations throughout the state that serve specific populations, such as the homeless, refugees, immigrants, and those formerly incarcerated. **Exhibit A.3-3** shows a list of select community resources with which Passport partners for our members.

Exhibit A.3-3. Select Community Resources with which Passport Partners

Community Resource	Assistance Available
City Schoolhouse	Private school that allows parents to pay what they can
Dare to Care and Other Food Pantries/Food Banks	Provides emergency food baskets to those in need
Dental Lifeline	Dental assistance throughout Kentucky
Feed the City	Daily meals and food boxes in exchange for volunteer service
Golden Arrow	Children's clothing, diapers, formula, and other infant needs
Habitat for Humanity	New housing with volunteer hours, repair programs, and low-cost furniture and home repair goods
Head Start	Promote school readiness, early learning, health, and family well-being for children ages birth to five from low-income families
Louisville Asset Building Coalition	Assistance with taxes
Love City	Free after school and entrepreneur programs for children, and family centered events and festivals
New Directions	Low income housing and home repair program
New Eyes for the Needy	Free eyeglasses for children or adults

Community Resource	Assistance Available
New Roots	Farm fresh markets with hours at local churches, community centers, in food insecure neighborhoods
Norton Special Needs Car Seat program	Car seats for children with special needs
Portland Promise Center	Free childcare to children after school and during the summer, which includes Kids Café meals
Project CARAT	Provides donated DME to the community (locations throughout Kentucky)
The Table Restaurant	Allows community members to pay what they can or work for food
Wayside Christian Mission Respite Care	Homeless respite services for members that need to heal after hospitalizations or severe injuries

4) Reimbursement

Passport understands the impact that accurate and timely payments have on provider practice operations, practice finances, and overall provider satisfaction. Passport's commitment to the community we serve is reflected in our **skilled claims processing team located within the state of Kentucky** with concentrations in both Louisville and Prestonsburg. Under the direction of Shawn Elman, Passport's COO, Passport's dedicated Kentucky Claims Team currently includes over 130 staff members in Front End Claims Processing, Funding and Recovery, Root Cause, Provider Claims Rework, Quality Assurance, and Post-Payment Auditing.

Our Provider Relations Representatives (PRR) leverage the expertise of our claims team to increase payment accuracy, process claims in real-time during provider calls, and educate provider office staff during collaborative, on-site provider visits.

We employ a reliable, proprietary claims processing system that is customizable and scalable to ensure accurate and timely payment of claims to providers. This technology – and our processes – deliver results:

- We **routinely exceed the DMS standard** for processing 90% of all claims within 30 days, and our internal standard of processing 95% of all claims within 30 days,
- In 2019, we **processed nearly 6 million claims** in an average of 6.5 days from receipt to completion,
- During 2019, we completed **167,373 claims audits** to ensure the financial and procedural accuracy of claims, for which we consistently exceeded the standards of 98% and 97%, respectively.

5) Population Health Management

Passport is fortunate to use the clinical program structure from the nation's first NCQA-accredited Population Health Management (PHM) Program. This program uses an integrated, evidence-based model considering all facets of the member – physical health, behavioral health and SDoH – to drive improved outcomes at lower cost. For example, **our Complex Care Management program reduced inpatient admissions by 32%, ED visits by 35%, and total cost of care by 20%** when compared to a matched control group. This impact was a result of years of measurement, refinement and continuous improvement driven by our:

- **Leading-edge analytics and technology** that uses machine learning and artificial intelligence to assess risk-levels across the population and execute on early interventions to prevent adverse events. Central to the predictive modeling approach is identifying impactable members rather than merely identifying high-cost or high-risk individuals. *We focus on identifying members who require immediate intervention and support due to the presence of physical or behavioral health indicators at risk for decline in the next 12 months*. Our stratification models can accurately predict whether a member will incur a future avoidable event more than 80% of the time. By engaging these members in our PHM program, we can help change the trajectory of their health, improve outcomes and avoid costs.
- **Evidence-based clinical interventions** by PHM risk level that is grounded in data-driven identification and an individualized, member-centric care planning process. We have carefully designed targeted interventions to prevent adverse events – unplanned inpatient admissions, ED visits, readmissions, surgical complications, pregnancy complications, duplicate services, toxicity from medication regimens, etc. – across the population with an emphasis on the Commonwealth's priority conditions and populations. *Our care team members participate in weekly integrated care rounds* to discuss cases that need extra attention. When a barrier arises for a member, these rounds provide the opportunity for the multidisciplinary team to bring its collective expertise together to locate available local resources.
- **Locally driven, community-based SDoH model** that tracks referrals to ensure the "loop is closed" and members receive the services they need when they need them to improve their health. Through Passport's partnership with the Metro United Way, we supported the launch of United Community – a community-wide initiative to deploy an innovative, shared technology platform to initiate and close referrals across many organizations, agencies, and services. United Way has shown that use of the platform has *reduced the time to close a referral by 29.4 days* and as an early adopter of the platform, we are beginning to see the impact of this work. *For example, our ability to address multiple social barriers for members has reduced emergency department spend by 26%.*
- **Provider-empowering strategies** and Provider Incentive Plans to promote engagement in PHM programs and *accelerate the transition to value-based care* in our contracted network. Services include on-site support for clinical and administrative issues, access to care management services, and extensive analytic support.
- **Robust statistical methods to evaluate the effectiveness** of our PHM model, including propensity score matched case-control studies, the results of which are used to identify key drivers of impact, or Key Performance Indicators (KPIs). Over time, we have identified nearly a dozen KPIs that are highly correlated ($p<0.05$) with positive outcomes, including reduced cost, lower inpatient utilization, lower ED utilization, and high PCP utilization. We have also observed statistically significant impact on total cost of care with higher KPI compliance – those care teams that are more than 80% compliant with these KPIs show a *47% reduction in total cost of care* for their members as compared to a matched control group.

Provider-driven Utilization Management (UM)

Utilization management ensures patient safety and confirms that each member receives appropriate services. The goal of our UM program is to maintain the quality and efficiency of health care delivery by caring for members at the appropriate level of care, by coordinating health care benefits, ensuring the least costly but most effective treatment benefit and ensuring medical necessity.

Passport is NCQA Accredited and provides a full range of Utilization Management services, including prior-authorization, concurrent review, and retrospective review. These services ensure we address members'

needs holistically by applying evidence-based medical necessity, state-specific criteria, and results from review of members' assessed needs, resources, and living situation.

To support those providers that have a proven history and a pattern of delivering high-quality services, and if the provider consistently submits prior authorizations completely and accurately, Passport can create a "gold card" streamlined review process to encourage expanded access to services for members. These providers or provider groups are expected to meet specific quality, economic and member satisfaction benchmarks. Gold-carding removes the overwhelming need to arbitrate each individual member case, and instead employs data, rules, and technology-enabled workflows to resolve most cases. Furthermore, it allows providers to focus on the best course of treatment for their members.

6) Quality Management

At Passport, we have woven a culture of quality through the entire organization. Our commitment to continuous, data-driven improvement of every element of service delivery is essential to our members receiving safe and optimal care. Our Quality Management Team assesses the impact of our programs on an annual basis with input and guidance of Kentucky providers, who sit on our Board, Partnership Council and quality committees. This is accomplished by collecting data on process and quality outcomes, cost and utilization rates, member experience and participation rates. We measure, trend, analyze and interpret results against established performance goals and benchmarks specific to each of our clinical programs and the overall PHM model of care. Through our Total Quality Management Approach, we identify gaps and areas for improvement, prioritize those for action, and work collaboratively with Passport resources, subcontractors, providers, DMS, community organizations, and members on initiatives to create better results.

We have a long history of collaborating with DMS and organizations at all levels to improve the quality of care and health of Kentuckians, preserving what we have learned for the future. Our organizational goals mirror those of the Commonwealth's – to transform the Medicaid program to empower individuals to improve their health, engage in their health care to improve the quality of care and health care outcomes; and, reduce or eliminate health disparities. Our clinical and quality strategy embeds these goals across the organization through:

- Reducing the burden of Substance Use Disorder (SUD) and engaging members to improve Behavioral Health (BH) outcomes; we address this through Passport's integrated BH program, where we bring together behavioral health providers and PCPs to collaborate and intervene with members
- Increasing the usage of preventive services through our EPSDT program and physician engagement around member care gaps
- Reducing the burden of and improving outcomes for chronic diseases through population health programs that employ NCQA-accredited, nationally recognized clinical program structures
- Promoting access to high-quality care and reducing unnecessary spending through our Value-Based Purchasing (VBP) programs and by increasing our network footprint with additional providers and specialties
- Collaborating with our BH subcontractor, co-managing members with serious mental illness, and furthering Passport's incarcerated member transition program

The result of this "culture of quality" is reflected in **above-benchmark Overall Rating of Plan from Child CAHPS of 89.57%** (Benchmark average 86.32%) and **Overall Rating of Plan from Adult CAHPS of 82.45%** (Benchmark average 77.02%). We have also seen significant improvement in efforts targeting priority populations, specifically women and children, over the past five years, including a:

- 35% decrease in low birth weight deliveries
- 37% decrease in very low birth weight deliveries
- 39% decrease in pre-term deliveries (less than 37 weeks)
- 46% improvement in Adolescent Immunization, Combo 1 (Meningococcal, Tdap/Td)

The Passport Quality Program emphasizes to all our employees that "Quality" is not just a department in the Passport organization – it is engrained in every employee's work and every interaction with members, providers, DMS, or any of our stakeholders. We ask our employees, "what's your why"? — encouraging them to reflect upon and understand why they do what they do and how their actions affect our members and their health.

7) Information Technology

Our sophisticated management information system (MIS) technology platform supports and integrates all of the elements of our approach to service administration for members. Our MIS is a suite of fully interoperable component layers that enable Passport staff and administrators, care teams, and providers to operate in a connected approach and work from a single view of the member. The platform represents an end-to-end, enterprise-level, integrated MIS and population health management platform with functionalities and process flows that support the requirements of the Kentucky Department for Medicaid Services (DMS) and the Kentucky Medicaid Managed Care program. The MIS and its subsystems are fully operational and already configured to meet the needs of DMS, and they are currently functioning within the guidelines and specifications of the Commonwealth, including required interfaces. Our MIS meets or exceeds all Kentucky Medicaid Managed Care Program subsystem requirements, including enrollee/member, third party liability, provider, reference, claims/encounter processing, financial, utilization data/quality improvement, surveillance utilization review, reporting and testing. Our existing integration with DMS, providers, and vendors provides continuity and reduces risk for all stakeholders since a new implementation is not required with Passport.

A.4. A summary of the Vendor's strategy and approach for establishing a comprehensive provider network.

Establishing a Comprehensive Provider Network

As a historically provider-led health plan, Passport has strong relationships with our provider partners and has developed an extensive statewide provider network to better serve our members. We understand the needs and challenges of providers and provider networks at a deeper level. Today, Passport's network includes approximately 32,000 providers across the following provider types: 9,100 PCPs (2,500 of which are

Pediatricians), 17,000 Specialists, 2,200 Ancillary Providers, 3,700 Behavioral Health Providers, and 130 Hospitals.

Our strategy to establish a comprehensive network begins with identifying the right mix of providers to round out a high performing delivery system. We provide our members access to care through our network of free-standing birthing centers, primary care centers, local health departments, hospitals, home health agencies, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and private duty nursing agencies, opticians, optometrists, and audiologists, psychiatrists, psychologists, and licensed clinical social workers. We also have provider partners that are hearing aid vendors, speech language pathologists, physical therapists, occupational therapists, chiropractors, dentists, pharmacies and durable medical equipment suppliers, podiatrists, renal dialysis clinics, transportation services, laboratory, radiology, and clinics providing Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services and EPSDT Special Services, and more specialties.

Once we identify the right mix of providers to ensure members will have appropriate coordination of services, we:

1. Ensure network adequacy
2. Increase member access to a high-quality provider network
3. Reward providers through value-based contracting
4. Reduce provider abrasion and simplify administration
5. Engage providers for leadership and oversight of our clinical programs

1) Ensure Network Adequacy

Passport's approach begins with assessing network adequacy on an ongoing basis, identifying gaps, increasing provider capacity and seeking opportunities to improve access for our members. Each month, our Provider Network team generates reports from Quest Analytics, an industry-standard software platform that combines dynamic time and distance access standards with minimum provider requirements. We use the data to evaluate our overall network adequacy and identify gaps based on network standards. Passport reviews claims data on a quarterly basis to determine which out-of-network providers were seen by members during the previous quarter. Our Provider Network team reviews all access-related feedback from members, referring providers, care managers, and utilization managers.

Passport's approach to a comprehensive network continues as we review referrals and collect feedback from various departments (e.g., Member Services, Quality, Population Health) regarding access issues and unmet clinical or social factors that affect member's care such as behavioral health, language, ethnicity, gender, or special needs. In addition, we use an independent third-party organization to conduct onsite access reviews on a quarterly basis to identify access barriers to specific providers or practices such as long wait times, lack of after-hour appointments, and closed panels. We escalate these access barriers to the Provider Network team and other relevant departments for action. Passport directly holds all contracts for our comprehensive network of behavioral health (BH) and substance abuse providers to provide outpatient

(including intensive home services), intensive outpatient, substance abuse residential, Care Management, mobile crisis, residential crisis stabilization, assertive community treatment and peer support services.

Identifi℠ Network, our web-based provider data management tool, maintains our provider file, populates the provider directory and supports network adequacy analytics. Identifi℠ Network enables our network administrators, managers and providers to create, track, maintain and access interactions with network providers. This tool will enable our ability to identify the need to tap into additional telehealth solutions or surrounding state providers, where needed, to enhance access to care.

If there are any gaps in our network, Passport recruits additional providers by leveraging our leaders' deep personal relationships, as well as our extensive network of community partners. These include traditional and safety net providers, major Kentucky groups immersed in supporting health and wellness throughout the Commonwealth, such as the Kentuckiana Health Collaborative (of which our Chief Medical Officer is a member of the Board and Executive Committee), Passport's provider-owners, our Partnership Council, and our staff serving providers throughout Kentucky.

2) Increase Member Access to a High-Quality Provider Network

Passport is committed to identifying and managing a high-quality provider network that is consistent with the CMS goal of "Triple Aim" – better health, better care, better value. Our approach to managing a high-quality network follows the national trend of building a high-quality and high-performing provider network that emphasizes prevention, quality of care, and cost efficiency – driving toward value. We use this same approach to analyze our providers' performance across our broad network to ensure that our members receive the highest quality of care in the most cost-effective setting and that we measure performance in a consistent way.

Using historical data, we evaluate provider performance for quality and cost-effectiveness:

- **Quality:** we analyze HEDIS measures such as Comprehensive Diabetes Care, Anti-depressant medication management, medication management for adults and children with asthma, and adolescent and child well care visits.
- **Cost-effectiveness**: we look at measures such as all-cause readmissions, ambulatory care sensitive ED rate, and use of imaging studies for low back pain. If providers are not providing high quality, efficient care to our members, we first reach out to educate and encourage them to change behavior. If providers are unwilling after a collaborative intervention, we carefully analyze access and coverage in the affected geography and then consider removing them from the network. For example, in 2019, we conducted in-depth data analysis on quality and cost by provider and overlaid member access by region, which resulted in a selective re-contracting effort to remove substantially below average performers. We plan to continue deploying a comprehensive Network Performance Management Process to ensure that we have high performing providers and adequate access across Kentucky.

3) Reward Providers through Value-Based Contracting

Passport acknowledges that the alignment of financial incentives for providers is essential to achieving an effective and efficient health care system. We have deep experience in offering Value-Based Contracting (VBC) arrangements, and we are financially rewarding providers for high quality health outcomes. This helps control cost and drives towards the efficient use of Medicaid dollars by reducing expenditures on unnecessary, redundant or ineffective care.

The Passport Value-Based Payment strategy includes a suite of models to meet providers where they are and to encourage and reward both small and large practices. We offer providers a full range of value-based options recognizing that not all providers have the practice infrastructure to fully participate in some sophisticated models and to help advance providers along the risk continuum at their individual pace.

- **Patient Centered Medical Home (PCMH) PassportPlus** – This program rewards dozens of existing provider groups incentivizing the core tenets of PCMH behavior in their practices. The incentive is paid monthly with a goal of moving these smaller practices closer to risk-readiness and move them along the quality and value continuum at a comfortable pace without the resource jeopardy that risk often signals to small practices.
- **Care Management (CM) PassportPlus** – In working with our existing providers, we learned that some need additional practice investment for their infrastructure enhancements in order to participate in HealthPlus. This Program extends compensation for care management services on a semi-annual basis for participating providers who can then plan their resources accordingly.
- **HealthPlus** is an upside-only provider gain-share program that rewards providers for improved cost and quality outcomes after a quality gate has been achieved. The program provides different opportunities for gain-share reward based on services provided and improvement in the total cost of care of their assigned members. Quality measures are customized to each practice and adjusted for type of practice (e.g., adult primary care, pediatric care). Performance is measured on a calendar year and rewards are paid out the following years once claims have matured. The three opportunities for gain-share reward are:
    - Medical Expense Ratio (MER) Improvement – Providers improve the total cost of care by providing a full range of services to their assigned members. This is calculated through a comparison of year over year reductions of costs as a percentage of revenue.
    - MER Attainment – Providers maintain an already-reasonable total cost of care by providing a full range of services to their assigned members.
    - Scorecard Performance – Providers achieve high performance on the *Passport Quality Scorecard* related to the care of their assigned members.

We have learned that static and inflexible value rewards with limited provider input do not meaningfully improve health outcomes. As a result, Passport has worked collaboratively with providers to design and structure our Value-Based Programs with the intent of engaging clinicians and offering meaningful reward for meaningful effort.

4) Reduce Provider Abrasion and Simplify Administration

Based on feedback from our network providers, Passport has adopted or is adopting several innovations to reduce the administrative barriers at the practice level. Among these are:

- *SuperAuths* - Bundled authorizations for multiple service requests related to specific clinical Episodes of Care. These are defined by clinical events rather than duration of time, such as a new diagnostic finding. SuperAuths provide pre-approved authorizations for a course of treatment to providers treating members with complex disease. Using our industry-leading clinical decision support tools, we work with providers to identify the most cost-effective treatment protocol so providers can deliver the necessary services as needed without individual authorizations or delays.
- Regionally dedicated *Provider Relations Representatives* across the Commonwealth who are readily accessible for face-to-face problem-solving with providers, including claims processing support for providers to fast-track physician reimbursement.
- *In-person and telephonic coaching and care management services* in close collaboration with providers to identify, engage and educate patients outside of the office setting, including coordination of social services.

5) Engage Providers for Leadership and Oversight of Our Clinical Programs

Our provider partners are highly engaged in the leadership and oversight of our organization; they help ensure that our processes are member-centric, our clinical protocols are effective, and our members receive high quality care in a cost-effective manner. To gain their insights, we engage clinicians in several provider-based committees, including:

Partnership Council: The overarching provider governance committee is called the Partnership Council which reviews quality management and improvement activities from Passport's quality committees. Our structure enables us to effectively address quality throughout our organization, channeling DMS's goals through the Board of Directors and down to our Quality Medical Management Committee (QMMC), and through every department in our organization. The Partnership Council is comprised of 32 leading local physicians and advocates and is the approving body for the QMMC. The Partnership Council has oversight authority for Passport programs, including Quality, Utilization Management, Care Management, Behavioral Health, and Pharmacy.

- **Quality Medical Management Committee (QMMC):** The QMMC provides direction, oversight, and management of the clinical care and quality of care provided to members. The QMMC is chaired by our Chief Medical Officer and is composed of participating providers (including medical and behavioral health providers) appointed on an annual basis, along with representatives from non-clinical areas.
- **Credentialing Committee:** Chaired by the Chief Medical Officer and including representation from community providers approved by the Board of Directors, the Credentialing Committee is responsible for oversight of the credentialing and re-credentialing process.
- **PCP Workgroup:** Chaired by Passport's Chief Medical Officer the PCP Workgroup includes representation from primary care physicians across the Commonwealth, including pediatricians. The PCP Workgroup identifies and addresses the needs and concerns of PCPs and is accountable for reviewing and approving recommendations regarding Plan policies, and programs with an emphasis on enhancing primary care quality and access.

Passport's network providers are the heart of our health plan, and provider satisfaction has been a vital component to our success since we began serving Kentucky Medicaid members more than 20 years ago. We

have providers throughout the Commonwealth that consistently demonstrate their support of Passport, as illustrated in **Attachment A-2_Passport Letters of Support.** We have always had an open-door policy for providers to share their input, insights and feedback as we strive to continually streamline processes that enable us to reduce barriers to the best health outcomes of our members. Passport collects provider feedback through several channels, such as provider service call center trends, provider complaints and grievances, direct feedback received through our Provider Relations Representatives, and our annual provider satisfaction survey. Provider satisfaction scores are above industry norms, with 71 percent of surveyed providers in 2019 recommending Passport to their patients (representing an increase of 3.9% compared to 2018).

Each of these five themes are further described throughout the Passport RFP response including a more in-depth explanation of the people and processes that are deployed in maintaining a high-performance network as well as substantive examples and lessons learned.

A.5. A summary of innovations and initiatives the Vendor proposes to implement to achieve improved health outcomes for Enrollees in a cost-effective manner. Include a discussion of challenges the Vendor anticipates and how the Vendor will work to address such challenges.

Innovative Solutions to Address Kentucky's Current Health Care Environment

Passport recognizes that creative solutions are required to effectively address the complex and inter-related challenges facing Kentuckians in the current health care and financial environments. To this end, we are proposing targeted innovations to improve health outcomes and lower costs, specifically related to three of the Commonwealth's top priorities for healthcare:

1. Addressing social determinants of health and barriers to access to care
2. Combating Kentucky's opioid epidemic and substance use disorder
3. Reducing provider abrasion and administrative burden

Our proposed innovations to support these priorities are described in the sections that follow and include a discussion of challenges that we anticipate and how we will work to address them. These innovations are intended to be cost-effective by ensuring members receive the right care, at the right time, and in the most appropriate setting, and providers do not have administrative burdens that detract from their time and resources. At the end of this response, we have included an inventory of the proposed innovations referenced throughout our proposal.

Innovation 1: Addressing Social Determinants of Health and Barriers to Access to Care Through Passport's Health & Well-Being Campus

Passport is addressing current limitations in health care and social services delivery systems through its investment in the Passport Health & Well-Being Campus. Our experience working with vulnerable populations highlighted the need for increased access and integrated services that incorporate social



determinants and establish trust through community engagement. In response to this need, Passport's Board of Directors and leadership team established the vision for a new corporate headquarters that could also strategically address members' health-related social needs and be a model for establishing healthy communities across the Commonwealth. This vision led Passport on an ambitious journey to acquire nearly 20 acres in west Louisville as the home for the Health & Well-Being Campus. Passport selected west Louisville given the health disparities that west Louisville residents experience, including a life expectancy that is as much as 12 years shorter than the Louisville average (Louisville Health Equity Report 2017). Home to some 75,000 members, Passport coordinates care for roughly 1 in every 2.4 west Louisville residents. Providing services in one location for our members to access means we can interact with them face-to-face, which is more efficient – both in terms of cost savings and impact on health outcomes – than trying to engage them remotely or via partnerships with various providers and community-based organizations across multiple locations.





Overview: Vision for the Health & Well-Being Campus: Passport envisions a Health and Well-Being campus to provide **access to whole-person care** for our members and the surrounding community. With a focus on SDoH, the campus is also intended to fuel **economic development** by bringing jobs and workforce initiatives to west Louisville, and create an **"innovation lab"** that can pilot and identify promising models that Passport can replicate in other parts of the Commonwealth.

a) Access to Whole Person Care

A 2018 focus group conducted in Jefferson County (mostly with residents of west Louisville) for a Community Health Needs Assessment concluded that most have difficulty accessing health care due to

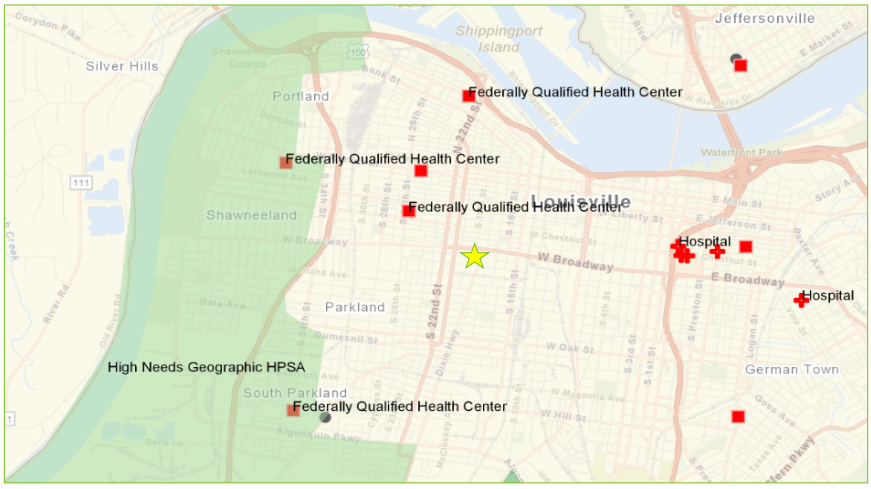
lack of transportation and affordability. The focus group also reported challenges with sometimes or often being unable to afford food (23%) and living in poor housing conditions (19%). The Campus is designed for Passport to directly engage with and serve the community. For example, we envision a Client Services area where members and residents can interact with Passport health and education personnel to address any health-related questions, obtain clarity on their benefits, and receive education about the resources available to them through Passport and our Campus partners. Passport's mission also recognizes that health and well-being is about more than just one's health insurance; therefore, Passport has secured commitments of interest from other service providers to co-locate on the Health & Well-Being Campus and provide services that benefit the holistic needs of Passport members and the community. Passport identified these service providers as potential partners based on the needs of the surrounding community; for example, UofL Health will provide access to basic healthcare services, AbsoluteCARE will provide healthcare services and care management for members with high-acuity, complex conditions, and Family Scholar House will provide affordable housing, education and career programs.

Exhibit A.5-1 provides a map of healthcare providers in Jefferson County, with a star for the location of Passport's Health & Well-Being Campus. Much of west Louisville is designated by the federal government as a Health Professional Shortage Area (HPSA), an area that has a shortage of health care providers in primary care, mental health and/or oral health. To combat this issue, Passport's Health & Well-Being Campus is conveniently located along a major bus route and will have healthcare providers on the Campus, which will address members' access issues and ensure they receive care in the most cost-effective setting. In particular, UofL Health is committed to developing a health care presence on the Health & Well-Being Campus. The primary service area of University Hospital and Jewish Hospital (two major UofL Health facilities) includes many west Louisville zip codes. Consideration of services offered at the site will be reflective of the needs of west Louisville residents, but UofL Health anticipates a health care presence on the Campus that results in reduced utilization of high-cost inpatient and emergency room-based care in acute settings. Using the provider and resident resources of UofL Health and the UofL School of Medicine, offerings could include after-hours urgent care, primary care and women's services clinics, and specialty follow-up clinics to serve the needs of patients who require post-discharge follow-up and chronic condition management.

> "At the core of UofL Health's mission is to provide health care to areas of the Commonwealth that are under-served. Partnering with Passport at the Health & Well-Being Campus in west Louisville gives us a chance to expand our services and provide whole person care to those who need it most."
> *~Ken Marshall, Chief Operating Officer, UofL Health*

Exhibit A.5-1: Map of Jefferson County Health Care Service Providers; Star Denotes the Location of the Passport Health & Well-Being Campus

(Note: The Federally Qualified Health Centers (FQHCs) shown on the map are Passport owners in the Louisville/Jefferson County Primary Care Association).



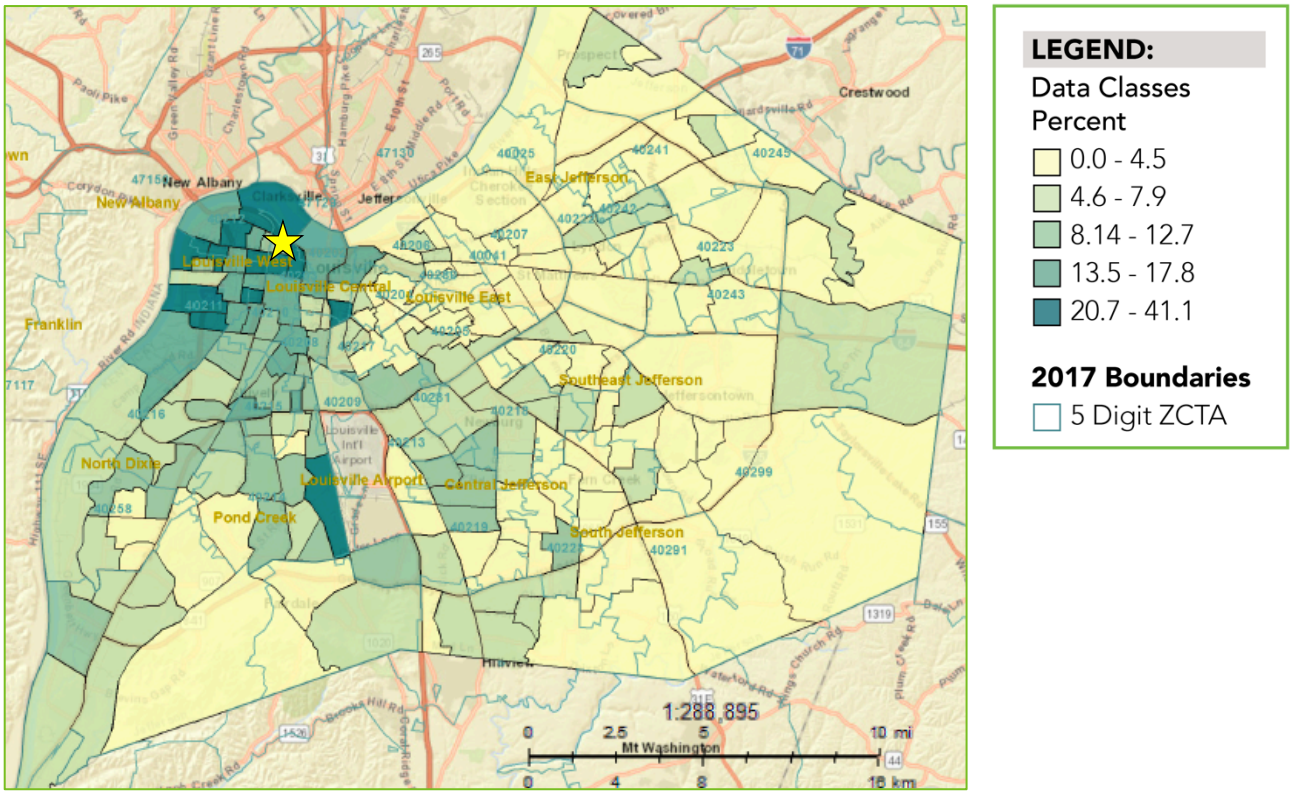
b) Economic Development

Employment is also a critical need in the west Louisville community: in a study of unemployment from 2013 – 2017, the unemployment rate ranged from 13.5% to 41% in the census tracts surrounding the site for Passport's Health & Well-Being Campus, compared with 6.4% unemployment for all of Jefferson County. **Exhibit A.5-2** provides a map of the unemployment rate in Jefferson County, with a star for the location of Passport's Health & Well-Being Campus. The U.S. Department of Health and Human Services "Healthy People 2020 Social Determinants of Health" research describes how unemployment can also have negative health consequences. Those who are unemployed report feelings of depression, anxiety, low self-esteem, demoralization, worry, and physical pain, and they tend to suffer more from stress-related illnesses such as high blood pressure, stroke, heart attack, heart disease, and arthritis. In addition, experiences such as perceived job insecurity, downsizing or workplace closure, and underemployment have implications for physical and mental health. Passport and the other service providers can collectively bring over 750 initial jobs to west Louisville, with more to come as additional service providers join the Campus. Several of the other potential service provider partners interested in co-locating on the Campus focus on workforce

"Family Scholar House is enthusiastic about the proposed development of Passport's west Louisville headquarters and the collective impact of having affordable housing, education and career programs, health and well-being services, and wrap-around support not only for those living on the campus but also for the west Louisville community. This Passport-led collaboration of multiple community organizations will serve as an example of what is possible when we put the well-being of our community first."
~Cathey Dykstra, Chief Possibility Officer, President & CEO, Family Scholar House

development initiatives to provide job training and placement assistance to prepare the community for a new tomorrow and improve health outcomes through employment.

Exhibit A.5-2: Map of Unemployment Rates in Jefferson County; Star Denotes the Location of the Passport Health & Well-Being Campus



Legend indicates Map of Unemployment rate; Estimate; Population 16 years and over (2013-2017 American Community Survey 5-Year Estimates; U.S. Census Bureau)

c) Innovation Lab

The Campus is the "first of its kind" in Kentucky to provide a multi-disciplinary physical location for health and well-being. Health is multi-faceted, and the Campus is an "innovation lab" because its elements target the multi-factors that impact health. Passport has a history of focusing on SDoH, designing our whole-person model of care to help members along their journey to better health. Passport will use the Campus to pilot programs and models, deepen partnerships, and replicate the most promising, impactful and cost-effective initiatives in other parts of the Commonwealth. We are in preliminary discussions with a leading Medicaid innovation venture capital firm to co-locate on the Campus and pilot unique innovations focused on improving health outcomes for our Medicaid members. To evaluate the impact that Passport's Health & Well-Being Campus is having on west Louisville and determine which partnerships, programs, and initiatives implemented within the Campus are most effective to replicate, Passport has engaged the University of Louisville (UofL) Center for Health Organization Transformation (CHOT). UofL CHOT is housed at the School of Public Health and utilizes faculty and graduate research assistants across the university in the College of

Business, JB Speed School of Engineering, Kent School of Social Work, School of Medicine, and the School of Public Health and Information Sciences. CHOT's research team brings expertise in computer science, engineering, healthcare management, medicine, business, health economics, and health policy. CHOT has experience evaluating healthcare innovations, including technologies and processes with the healthcare industry and their communities.

Multi-Level, Multi-Year Evaluation Plan: For Passport, CHOT will dedicate researchers to develop a multi-level, multi-year evaluation plan for the Health & Well-Being Campus. The CHOT research team anticipates capturing sociodemographic, healthcare, nutrition, and labor market outcomes data before construction is completed to serve as a baseline. The team will monitor key levers over time that reflect the priority areas (e.g., healthcare, workforce development, education, housing, poverty) we hope to improve through the services on the Campus. In addition to measurement, CHOT researchers will assist with creating an integrated data program with all organizations across the Campus to ensure collection of consistent and accurate information for comprehensive, ongoing, and long-term evaluation. CHOT's research will be critical to assist Passport in identifying which innovations to export to other parts of the Commonwealth and create other models of the Health & Well-Being Campus concept (e.g., co-location with other community providers, mobile health access).

Dissemination of Innovations to the Rest of the Commonwealth: Passport was a founding partner of Shaping Our Appalachian Region (SOAR), a non-profit, non-partisan organization established in 2013. Through collaboration and innovation, SOAR has a network of partners, including individuals, organizations, and businesses who believe in the future of Appalachia Kentucky. Through collaboration with other like-minded organizations and individuals, SOAR is focused on job creation and enhancing the opportunity, innovation, and identity of the Appalachian region. Similar to Passport, SOAR is focused on improving the health and quality of life of Kentuckians in this area. Passport envisions collaborating closely with SOAR to tailor the innovations from the Health & Well-Being Campus to the needs of Eastern Kentucky, where there is some of the greatest need for these innovations.

Cost-Effectiveness: Passport recognizes that we do not have deep expertise in real estate development and that we need experienced partners to maximize the potential for our west Louisville development site in a cost-effective manner. As a result, Passport released the first stage of a Developer Request for Proposal (RFP) process in January 2020 to identify a developer whose qualifications and related experience will help to bring the vision to life with Passport and our partners. Having the expertise of experienced real estate developers who understand community-based projects such as the Health & Well-Being Campus will help to ensure that the project is completed **on time and on budget** and is positioned for long-term impact and success. Working with a developer will also ensure that Passport focuses its attention and resources on what it does best: ensuring high-quality, accessible care for Medicaid members. The vision for west Louisville is much more than just a building; it is a commitment to access, to community, and to elevating the health and well-being of some of our most vulnerable residents.

Anticipated Challenges / Solutions: Passport anticipates three primary challenges for the Health & Well-Being Campus:

a) **Ensuring Successful Partnerships:** We recognize that working with partners to provide complementary services is critical to meeting the holistic needs of Passport members and the surrounding community. That said, organizations who are interested in forging partnerships for the Campus or helping replicate innovations in other parts of the Commonwealth may be faced with a variety of challenges, such as providing the necessary staffing, technology, and infrastructure. We will work to thoroughly vet our service providers prior to engagement and dedicate sufficient resources to support our partners to ensure success.

b) **Making Our Resources Known:** We also know that for the Campus to have an impact on our members and the surrounding community, these groups must be aware of the resources available and how to connect with them. We plan to promote the Campus through marketing campaigns, outreach events for the community, resource education sessions, and direct collaboration with our community partners (e.g., local churches, agencies, advocacy organizations). We believe that a multi-faceted community engagement strategy will work to establish trust with members, which is the first step to health engagement.

c) **Connecting for a Seamless Experience**: While we are excited about the opportunity to co-locate with service providers to help address the multi-faceted issues that impact health, we recognize that simply being co-located is not enough. To ensure those who seek resources on the Campus have a seamless experience, Passport and the other service providers must be connected and able to coordinate and learn from one another. Passport intends to use the United Community platform to track referrals and share information with other Campus/community partners to ensure that members have an integrated service experience.

Innovation 2: Combating Kentucky's Opioid Epidemic by Expanding Access to Treatment for Substance Use Disorder (SUD)

Passport understands the immense toll that substance use disorder is having on the Kentucky population. Approximately, 35,000 of our members (11% of our total membership) have a SUD diagnosis, and SUD is most prevalent among our adult members at an estimated 19 percent. These members contributed $448M to Passport's total medical and pharmacy costs, which is 27 percent of our total medical spend.

Overview: Passport proposes four innovations to help combat Kentucky's opioid epidemic:

a) Removing Financial Barriers to Behavioral Health Services

There are many reasons why members do not access needed health services, especially behavioral health services. Passport's Behavioral Health Access Committee shared feedback that providers, advocates and members in the community felt that copays were a significant barrier for members to access behavioral health services. To break down this barrier, Passport has decided to remove copays for all Behavioral Health services (inpatient and outpatient). We feel strongly that by lifting these copays, we are helping our members move one step closer to the help they need and deserve by

ensuring their financial circumstances are not a limiting factor. Other ways we are exploring to remove barriers include encouraging practice design transformation that incorporates whole person care, whether via true integration or co-location of behavioral and physical health services. We are dedicated to helping find solutions for more available and effective health services in local communities through engagement and expansion of our extensive network of community-based service providers.

b) Partnering with Stay Clean

Developed by a Kentucky-based company, Stay Clean is a web-based application that facilitates direct virtual care for members to a provider, offers online access to informal peer support groups such as AA, NA, Cocaine Anonymous, and AL-ANON, and has a repository of information related to SUD. Stay Clean offers a clinical treatment protocol completely delivered online including a tested, reliable and secure telehealth network and an electronic health record. All clinical treatment is delivered by certified and licensed alcohol and drug counselors working directly with those with substance abuse disorders as well as with codependents, a recognized diagnosis in itself. Members are connected to peer support after treatment to provide support and guidance as needed. Clinical service including assessment can be delivered individually or where appropriate in groups, scheduled at times convenient for the client, from the security of their home, and is intended to augment, not replace, current treatment or twelve step programs.

Passport has worked closely with Stay Clean to provide feedback about its integrated platform and offering as it completes development for a broader roll-out. The developers of Stay Clean are currently piloting the program with a goal of over 1,000 local active users (including many Passport members) by the summer of 2020. Assuming the outcomes data continues to show positive results for our members (e.g., treatment adherence, health outcomes), we intend to expand access significantly to provide more extensive, complementary support services to members recovering from substance use disorder. Stay Clean has also already partnered with The Healing Place, Beacon House, Commitment House, and Ladies of Promise to use its platform and program.

c) Opioid Prescriptions and Provider Prescription Patterns

To better understand prescribing patterns, we performed a retrospective cohort analysis using a nationwide database of medical and pharmaceutical claims in the U.S. between 2012 and 2018. We identified opioid-naïve members who received their initial opioid prescription in a primary care office setting. For members who returned for a follow-up appointment within 30 days, we differentiated between those who saw a different clinician (exposure) versus those who returned to the same initial prescribing clinician (control). We compared rates of long-term opioid use, adjusting for differences in initial prescription and members' characteristics. Members who saw a different clinician during their follow-up appointment experienced a 33 percent reduction in their rates of long-term opioid use (adjusted odds ratio 0.67 [95 percent confidence interval: 0.52, 0.86]). This suggests that in the primary care setting, scheduling a member with a second medical opinion early in their opioid journey may significantly curb rates of long-term opioid use. Based on these results, we plan to engage select primary care providers in a demonstration project to determine the impact of "second medical opinions" early in a member's exposure to opioids.

d) Pharmacogenomic Testing to Prevent Opioid Dependency

It is widely acknowledged that individual responses to pain and pain control using opioid analgesics are variable. Some members experience complete relief using a standard dose, whereas others require a much higher or lower dose to alleviate pain. Some members receiving opioid treatment become addicted, whereas others do not. Because of these significant interindividual differences, successfully achieving pain control and avoiding adverse events in all members remains an elusive goal. Although many different factors contribute to the individual pain response, significant research effort has demonstrated a strong genetic component to pain sensitivity and response to opioids. More recently, pharmacogenetics companies have made significant progress in development of a non-invasive DNA test to understand an individual's likelihood of developing a dependency. We intend to partner with a leading company in this area to better understand the benefits of testing prior to initiating opioids.

Cost-Effectiveness: According to the National Institute on Drug Abuse, substance abuse in the United States costs more than $740 billion annually in costs related to crime, lost work productivity, and health care. There is no single solution to this costly and debilitating problem, so it is important to pilot new models and determine what works as quickly and cost-effectively as possible. Therefore, Passport is committed to working with evidence-based partners such as those described above to pilot projects and expand those that are most successful.

Anticipated Challenges / Solutions: We acknowledge that expanding treatment to those with SUD will be challenging given the number of providers that currently exist in the Commonwealth. Members must also be aware of the initiatives we are undertaking, so we plan to conduct outreach and send mailings to raise awareness. Accessing Stay Clean's resources requires a smart phone or computer, so that is a potential barrier to access for members. Even though the Deloitte 2018 Survey of US Health Care Consumers found that adult Medicaid beneficiaries own smartphones (86 percent) and tablets (69 percent) at the same rates as the general adult US population (86 percent and 72 percent, respectively), we want to ensure that a lack of these technologies is not a barrier to access. To overcome this issue, we plan to connect members to the digital inclusion program sponsored by the city of Louisville which provides a free, refurbished computer and reduced fee internet access, and we will identify similar programs/partnerships to support members in other parts of the Commonwealth.

Innovation 3: Reducing Provider Abrasion and Administrative Burden for Cardiology and Oncology Providers

As a provider-driven plan, Passport knows first-hand how complicated it can be to treat members with complex conditions. All too often, the administrative burden on providers is abrasive and causes burn-out, impacting the quality and timeliness of care for their patients. Because of these demands, providers are left with minimal time to help educate patients about their condition, much less help them navigate the complex health, financial, and social elements associated with it. Furthermore, with the pace of development in drug diagnostics and clinical pathways, it is difficult for providers to stay on the leading edge to adopt best-in-class care plans for patients.

Overview: A particular focus for Passport is ensuring those who have complex conditions have the right services delivered in a coordinated way to maximize outcomes while effectively using resources. One example of our innovative solutions is Precision Pathways, a web-based point-of-care tool that empowers providers with the latest evidence-based, innovative therapies and clinical compendia. Providers use Precision Pathways to identify the most effective, least harmful, and least expensive treatment options for Passport members who have cancer and heart disease, the top two leading causes of death in Kentucky in 2017.

a) **Precision Pathways – Oncology**

Our Oncology Care Program addresses the three main pillars of clinical variation and cost in oncology: drug utilization, ED and hospital admissions, and end-of-life care.

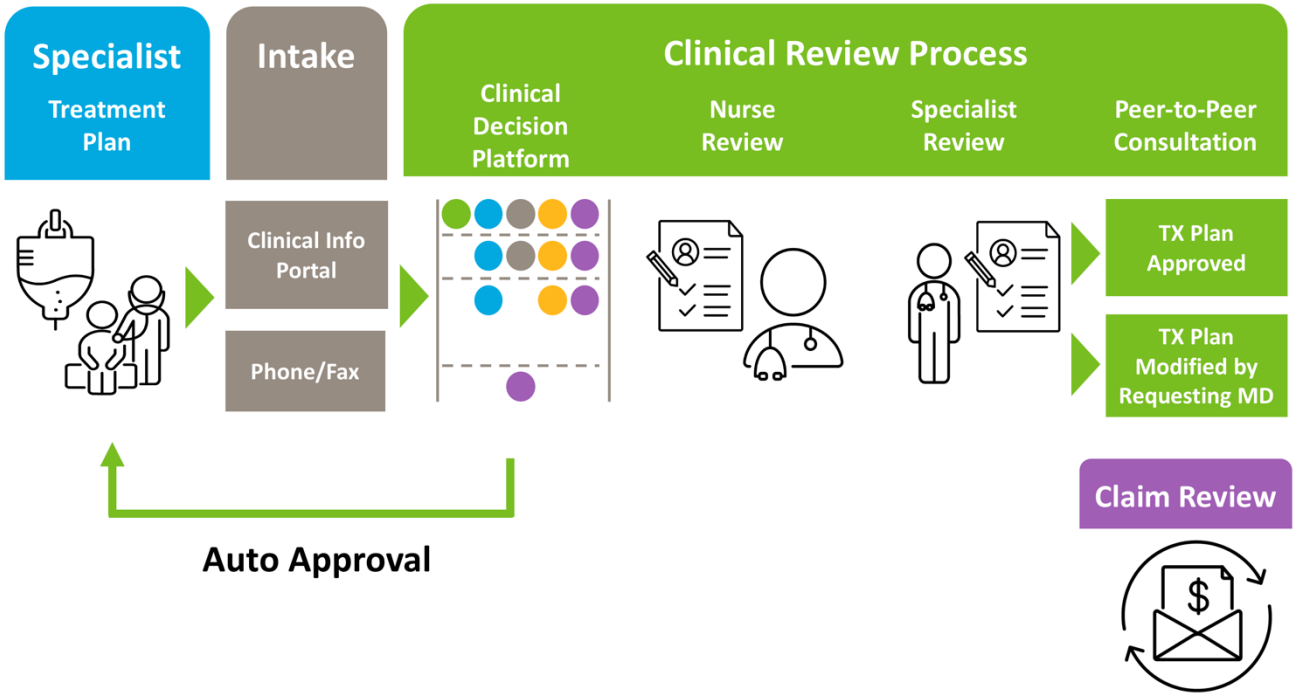
b) **Precision Pathways – Cardiology**

The Cardiology Care Program addresses total cost of care through evidence-based clinical delivery for 98% of all cardiovascular care services, including: clinical cardiology, cardiovascular interventions, electrophysiology, and cardiac and vascular surgeries.

"They have a collegial approach to dealing with physicians. Their physician reviewers are board certified oncologists and are very knowledgeable in this field. As a participant in helping to develop their guidelines, I am able to attest that these guidelines are based upon the peer-reviewed literature; they first look at quality, then at side effects, and then at cost when deciding to cover new drugs. Their decisions are considered and reasonable."
~Lawrence Brennan, M.D.
Oncology and Hematology, St. Elizabeth Physicians (Edgewood Kentucky)

Precision Pathways Alleviate Friction for Providers: Value-based clinical pathways like Precision Pathways reduce friction with both the member and provider because they prioritize regimens that will be most effective, with the fewest side effects. When a pathway is selected, the regimen is automatically approved. This eliminates the need for prior authorization "hoop-jumping" that can lead to long waits for treatment or even denial of reimbursement to specialists for drugs they already administered. At the same time, our Precision Pathways maintain provider independence: if a provider believes a different evidence-based regimen is best given the member's circumstances, they can select it. Providers can also engage in peer-to-peer consultation with our specialists at any point in the process and treatment of a member.

Exhibit A.5-3: Precision Pathways Workflow for Oncology and Cardiology Treatment



Cost-Effectiveness: Precision Pathways ensure members not only receive the most cost-effective treatment the first time, but they also avoid costs associated with ineffective treatments or costs of treatment for negative side effects. Both our Oncology and Cardiology Care Programs empower providers to make evidence-based, individualized treatment decisions:

- **Oncology Care Program**: based on an evaluation of 250,000 annual treatment plan reviews, the Oncology Care Program achieved 85% approval of initial treatment plans and less than 2% recommended adverse determinations. Of those voluntarily changed (withdrawn or modified and resubmitted by the physician), all resulted in higher quality treatment, with only 9% increasing cost, 23% maintaining the anticipated cost of the initial treatment plan, and fully 68% achieving lower cost while delivering higher quality care to the member.
- **Cardiology Care Program**: reduced cardiology service utilization by 14.3% for professional services, 23.6% for hospital and emergency medical services, 26.1% for hospital elective procedures, and 22% for hospital emergency procedures.

Anticipated Challenges / Solutions: Passport is currently in the process of implementing Precision Pathways for Passport's oncology and cardiology providers. We have trained over 1,000 providers to-date and will continue to in-service more than 500 additional providers over the course of 2020. While our focus has been on oncologists and cardiologist as defined by those taxonomies in Commonwealth's provider file, we have found that other primary care and specialist providers are also delivering these services to Passport members. To address this challenge, our analytics and implementation teams are working together to identify these additional providers so our teams can train them on our Precision Pathways and ensure all providers have access to the leading evidence-based pathways.

Listing of Additional Proposed Innovations

We will focus to ensure that the innovations and initiatives described in this response are implemented to achieve improved health outcomes for our members in a cost-effective manner. In addition to the innovations listed in the response to A.5, below is a listing of additional innovations, as illustrated in **Exhibit A.5-4: Listing of Additional Innovations.**

Exhibit A.5-4: Listing of Additional Innovations

RFP Subsections	Proposed Passport Innovation	Description	Anticipated Challenges / Solutions
Behavioral Health	Partnering with Community-Based Providers to Provide Home Visits Post-Hospitalization	To improve access to follow-up care after hospitalization, Passport is piloting an innovative contract with two community-based providers to provide home visits in which they review discharge plans and provide support during the transition to outpatient care.	This program was piloted in Lexington in 2019. Passport seeks to expand this type of program after completing the study of the program's efficacy, which may uncover some challenges/lessons learned to help expand the program.
Enrollees with Special Health Care Needs	Leveraging Remote Care Tele-monitoring for Obesity, Hypertension for High-Risk Members, and High-Risk Pregnancy	Remote care tele-monitoring is a program to assist members in managing their chronic disease symptoms and provide them with tools to recognize worsening symptoms before going to the ED or hospital. When appropriate, the Care Advisor arranges for the member to obtain specialized tools (e.g., a Bluetooth-connected tablet and blood pressure cuff). We will evaluate obesity, hypertension for high-risk members, and high-risk pregnancy for the program in 2020.	Challenges: Remote Care Tele-monitoring requires the member to use a smart tablet and Bluetooth devices, which can be confusing to some members. Solutions: Passport has staff that can go into the member's home to help set-up the equipment and teach them how to operate it comfortably.
Enrollees with Special Healthcare Needs	Engaging Members in Care Management through a Mobile Application (Identifi Engage)	Identifi Engage is a mobile application supported on both Android and iOS platforms that is aimed at fostering member engagement to effectively manage care and improve outcomes. Engage is designed for members and their designated care givers to easily interact with their Passport care management team. The	Challenges: Identifi Engage requires that a member have a smart phone or tablet, which creates a potential barrier to access for some members. Solutions: Care management staff will remind members of the availability of a smart phone via the Safe Link

RFP Subsections	Proposed Passport Innovation	Description	Anticipated Challenges / Solutions
		secure mobile application provides bi-directional messaging (chat) capability between the care team and member. In 2020, this application will be available to all of our care management staff for use with members engaged in any CM program.	program and help members to sign up for the free phone if they want to opt in.
Enrollees with Special Health Care Needs	Implementing Real-Time Risk Stratification to Engage Highest-Need Members	Real-time stratification will leverage real-time data sources such as hospital ADT, utilization management notifications, lab results and prescriptions. By re-scoring patients daily through this process, we can quickly reprioritize our Care Advisors' work lists to direct them to the highest-need individuals on a given day. By reaching out to the highest-need individuals, our Care Advisors can engage and educate members when it matters most, hopefully reducing the probability of their condition declining, and in turn resulting in admissions or ED visits. Reaching patients at the right time is also effective in improving member engagement because we will be able to intervene quickly after a health event, when members are more willing to accept help.	Challenges / Solutions: Passport will launch real-time stratification once Kentucky HIE connection goes live in 2020. There is still much work to be done to create interface with KHIE, and timelines will need to be managed appropriately.
Quality Management	Decreasing Tobacco and Vaping Use Among Adolescents	Kentucky has a long history of smoking acceptance. We offer pharmacy coverage for smoking cessation products offered at a $0 copay to reduce the financial barriers that can be associated with quitting. Counseling will follow the Best Practices for Youth Antitobacco Education provided by the Kentucky Department for	Challenges: Among adolescents, social pressures to smoke or use e-cigarettes can be difficult to overcome. Identifying adolescent members who smoke may also be a challenge since they may not be forthcoming about their tobacco use if their parent is unaware of

RFP Subsections	Proposed Passport Innovation	Description	Anticipated Challenges / Solutions
		Public Health. We will work with our providers to integrate this messaging into their office workflow and evaluate a member incentive for adolescents who complete a smoking cessation program and have a negative cotinine test conducted by their provider.	their usage. Solutions: Leveraging programs designed specifically for adolescents such as teen.smokefree.gov can help to introduce positive messages and role modeling. Providing confidential surveys and educating providers on effective messaging tactics may assist in uncovering adolescent smokers.
Enrollees with Special Health Care Needs	Identifying Members with SDoH Needs through the Social Needs Index (SNI)	SNI is an easily understandable and unique "score" that quantifies a member's SDoH risk level correlated to adverse health outcomes. Passport is able to score each member's social needs by combining community strain, which is represented by an aggregated score for the social strains for the community in which the member lives, with individual social needs, which are extracted from consumer data, Health Risk Assessments, patient eligibility files, claims, UM notes, and care notes. Members that do not stratify into our other population health management programs but who have identified care coordination needs due to barriers or social determinants of health will be identified through the SNI and care managed with this innovation.	We know that one of the largest issues identified with SNI is unstable housing or homelessness. This creates the obvious barrier of difficulty locating or reaching the member by phone. To address this barrier, we plan to deploy more resources into the community to meet members where they are (e.g., at homeless shelters, community centers) to help break down their SDoH needs and barriers.
Quality Management	Implementing a Standardized SBIRT Referral Process	Passport seeks to implement a standardized Screening, Brief Intervention, and Referral to Treatment (SBIRT) program with a strong focus on the Referral to	Challenges: While many providers use the SBIRT approach to screen members, not all use a standardized screening tool.

RFP Subsections	Proposed Passport Innovation	Description	Anticipated Challenges / Solutions
		Treatment (RT) aspect that we will address early identification and build stronger collaboration between the member's PCP and BH/SUD providers for those identified as at-risk or within the misuse/abuse level for substances.	Further, while screening is straightforward for providers, intervention and RT can be a challenge due to the time constraints and workflow adjustments needed. There is also a perceived lack of community resources for the referral to the treatment component. Solutions: The program would issue a standardized tool to evaluate members. Passport will work with providers to address these challenges and is open to collaboration with other MCOs.
Executive Summary, Behavioral Health	Partnering with Stay Clean to Expand Access to Treatment for Substance Use Disorder	Stay Clean is a web-based application that facilitates direct virtual care for members to a provider, offers online access to informal peer support groups such as AA, NA, Cocaine Anonymous, and AL-ANON, and has a repository of information related to SUD. Passport has worked closely with Stay Clean to provide feedback about its integrated platform; Stay Clean is piloting the program and will have over 1,000 local active users (including many Passport members) by the summer of 2020.	Challenges: Accessing Stay Clean's resources requires a smart phone or computer, so this creates a potential barrier to access for members. Solutions: Passport plans to connect members to the digital inclusion program sponsored by the city of Louisville which provides a free, refurbished computer and reduced fee internet access, and we will identify similar programs / partnerships to support members in other parts of the Commonwealth.
Capitation, Quality Management	Improving Specialty Care Through Value-Based Payment (VBP) Programs	Passport is partnering with providers to pilot and iteratively evolve VBP programs to improve care and related SDoH for behavioral health conditions or those in foster care. Passport has	Challenges: The healthcare and social needs of the behavioral health and foster care specialty populations are not only unique from the general population but can

RFP Subsections	Proposed Passport Innovation	Description	Anticipated Challenges / Solutions
		partnered with Centerstone Kentucky (Seven Counties Services) to test and evolve VBP programs with both these specialty populations; we've seen material improvement in metrics like inpatient hospital stays, ED visits, and hospital readmission. For the Foster Care population, Passport proposes we not only continue to idea share with our providers, but also with other MCOs and academic healthcare research groups. We also propose that additional VBP programs focused on specialty populations be developed.	also vary significantly by individual. There is likely no silver bullet to engage these specialty populations as a whole, so various strategies must be deployed and paired in different ways to improve care for as many members as possible. Solutions: Passport is committed to test-and-learns with the providers to identify the best tactics and combination of engagement efforts. Shared learning from across the state and along the care continuum would expedite transformative care delivery.
Capitation, Quality Management & Population Health	Engaging Smaller Provider Groups for VBP Program Participation	VBP programs tend to flourish where there are economies of scale for provider groups. Subsequently, smaller provider groups- often in rural settings- miss out on targeted support to enhance their population health management and be financially rewarded for improving their quality of care. Passport is committed to engaging more of its provider network in VBP programs and proposes aggregating smaller groups into functional collaboratives, similar to a clinically integrated network or IPA, where providers could be linked for purposes of program participation. Aggregating smaller provider groups would help solve for VBP program analytic barriers by increasing attributed membership to support statistical significance.	Challenges: These small or independent provider groups may have a learning curve or reservations in partnering with other groups for program participation, particularly because VBP program incentive earnings are at stake. Solutions: We must help build trust and camaraderie amongst providers in the functional collaborative, such as through facilitating Joint Operating Committee (JOC) meetings with representatives from each group while also offering practice-specific Care Conferences in alignment with the collaborative's JOC discussions. Passport will need to refine its analytics

RFP Subsections	Proposed Passport Innovation	Description	Anticipated Challenges / Solutions
			processes to aggregate collaborative participants for program scorecard performance evaluation.
Behavioral Health	Waiving Behavioral Health Member Copays to Increase Access to Services	The Behavioral Health Advisory Committee shared provider, advocate, and member feedback that copays are a significant barrier to behavioral health care access, so Passport will remove copays for all Behavioral Health services: inpatient, outpatient, and diversionary levels of care.	Challenges: Members must be aware that paying a copay is no longer a barrier to their accessing treatment. Solutions: Passport plans to conduct outreach and send mailings to raise awareness.

Conclusion

Passport is dedicated to improving the health and quality of life for its members and for all Kentuckians. Throughout this Request for Proposal, we will come back to these three differentiators that define Passport's core models and mission:

- **We are Kentuckians Serving Kentuckians** -- More than 20 years of local experience and local leadership in Kentucky Medicaid to increase access to health care



- **Our Closed-loop Social Determinants of Health Model** magnifies the impact of our Population Health Model in improving outcomes



- **Providers are in our DNA** - Formal participation by Kentucky providers in our governance structure and ongoing provider input into our medical policies and clinical programs allows us to engage with providers as team members and that connection ultimately leads to high member engagement in their health and well-being



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.

B. Company Background



B.1 Corporate Experience



B.1. Corporate Experience

a. Describe the Vendor's experience in the provision of managed care services to the populations specified in this Contract. Include the following information in the response:

i. Experience in implementation of population health management programs and initiatives. Include information about how the Vendor has addressed social determinants of health.

ii. Three (3) examples of initiatives the Vendor has implemented for Medicaid managed care programs that have supported improved outcomes. Describe whether such initiatives were cost effective and resulted in sustained change.

iii. A summary of lessons learned from the Vendor's experience providing similar services to similar populations.

iv. How the Vendor will apply such lessons learned to the Kentucky Medicaid managed care program.

Passport Highlights: Corporate Experience

How We're Different	Why It Matters	Proof
The Passport team brings an unparalleled 22+ years of experience working with providers and community organizations to elevate member health and well-being in the Medicaid program.	• In-depth knowledge of member issues and local relationships is essential to coordinate care across providers and community organizations. • Commitment as long-term partner for the Commonwealth's health care priorities has driven program innovation.	• Passport supports 300,000+ lives across Kentucky and has received numerous national, regional and local awards for health plan performance and member satisfaction. • Passport has consistently been the pilot partner for Department of Medicaid Services (DMS) innovations such as integrating behavioral health and implementing the Kentucky Children's Health Insurance Program (KCHIP).
Passport's partnership with Evolent Health supplements our local expertise with national best practices, clinical analytics and pathways, and robust technology and systems.	• Clinical and operational best practices from leading Medicaid providers nationally. • Cutting-edge predictive analytics for early identification of impactable members. • Higher member engagement rates for care management interventions. • Reduction in inpatient admissions, readmissions and total medical expenses.	• Evolent supports over 35 partners nationally across 3.7 million lives. • Evolent's care management programs have delivered externally validated reductions in hospitalization and total medical costs. • 57% of Evolent-managed members are enrolled in care programs nationally. • 41,000 hospital days avoided annually.

How We're Different	Why It Matters	Proof
Passport's Population Health Management (PHM) program is a fully integrated, member-centric population health model powered by industry-leading analytics and evidence-based practices validated by the National Committee for Quality Assurance (NCQA).	• Care team proactively identifies members at risk before they incur an avoidable admission. • Encourages member participation in preventive services, Social Determinants of Health (SDoH) solutions, engagement activities.	• Passport reduced emergency department (ED) visits by 35%, inpatient admissions by 32%, and total medical expense by over 21% for patients in complex care programs. • Gift card redemption increased in 2019, which dramatically increased member vaccination rates.
All of our programs and practices are member-focused, connecting our members to community resources through community outreach, engagement and education. These deep, longstanding trusted relationships ultimately create more access points for members.	• Our leaders and staff participate directly on many local boards and agencies • Extensive community presence helps improve outcomes for members, including those who are some of the hardest to reach.	• Our team members serve on nearly 200 boards, advisory committees, interagency councils, coalitions, and community health worker (CHW) associations. • Passport homeless members visit ED approximately 30% less frequently than the national average (3.57 ED visits per year vs. national average of 5 visits).

B.1.a. Describe the Vendor's experience in the provision of managed care services to the populations specified in this Contract. Include the following information in the response:

Passport Health Plan (Passport) brings to the Commonwealth a unique offering of over two decades of local experience in providing innovative Medicaid managed care services and regularly implementing targeted population health programs and initiatives. We are ready, willing and able to find new approaches to improve health outcomes in the areas of health and wellness, including tobacco use cessation, colorectal screenings, diabetes prevention and care, cancer care, programs for individuals with special health care needs, and behavioral health (BH)/substance use disorder (SUD) interventions, to name just a few.

Local Experience

Passport is headquartered in Louisville, Kentucky, and has a strong, long-standing corporate presence in the Louisville community. We make decisions right here in the Commonwealth, without the need to check in with a corporate office in another



state. In 2013, Passport expanded operations from 16 counties to a statewide presence. We also opened an office in Prestonsburg in early 2015 (~40 employees) to meet the specific needs of members in Eastern Kentucky and to provide economic development to this region. Even more impressive than the location of our offices is that our team members reside in 51 of the 120 Kentucky counties. During our tenure supporting Kentucky Medicaid, we have established a comprehensive provider network, hired and trained staff (including Community Engagement and Provider Relations representatives located across the Commonwealth), established contractual relationships with subcontractors as needed to obtain national best practices, and developed successful operational processes and clinical protocols.

Passport was established in 1997 in response to the desire of both the Commonwealth of Kentucky and the Centers for Medicare and Medicaid Services (CMS) to meet the following goals:

- Improve access and quality of care to Medicaid beneficiaries
- Stabilize growth in Medicaid costs
- Emphasize primary care and prevention

Passport responded by creating a unique model for health care delivery by aligning the interests of the Commonwealth, Medicaid providers and Medicaid recipients. This was ultimately accomplished through the development of a Kentucky-based health maintenance organization (HMO) owned and operated by providers. The original model—adopted under an 1115 waiver and often referred to as the "Partnership Waiver/Model" between the Commonwealth of Kentucky and the CMS—called for a tri-party contract for Medicaid managed care services in Region 3. This contract was made between the Commonwealth of Kentucky, Passport and the Partnership Council. This contractual relationship continued until the waiver was transitioned to a 1915 waiver, at which time the Partnership Council was no longer a party to the contract. However, leadership and governance felt that maintaining tight linkages to additional providers and community members was important to continue.

As a result of that commitment to local community, much of the original partnership model remains intact. While now a committee under Passport's Board of Directors, the Partnership Council maintains a deep tie to the community, with 32 members representing major categories of providers, members and service providers. The Council assists in the development and oversight of Passport's clinical programs, including care management (CM), utilization management (UM), quality and pharmacy. Indeed, the depth and breadth of the Partnership Council and its subcommittee structure can be measured by the nearly 100 community providers and volunteers that comprise them.

As a provider-driven organization, we have individuals from the community and local providers with real governance authority at all levels of our governance structure, which is highly differentiated from most other managed care organizations (MCOs).

Passport Leadership

Our leadership team is locally based and has a strong balance between local Kentucky experience and national experience in Medicaid. There is no need to balance other priorities since "the buck stops here" in Kentucky. We believe understanding our population requires our teams and leaders to be engaged in the communities we serve. These experiences provide context for decisions made to support our community-based operating model. Our executives and leaders participate in Kentucky organizations and boards such as St. George's Institute, Kentuckiana Chapter of the March of Dimes, the Kentucky Derby Festival, American Heart Association Go Red for Women, the Kentucky Colon Cancer Project, the Kentuckiana Health Collaborative, the Jewish Hospital Foundation, WLKY Spirit of Louisville Foundation, the University of Louisville School of Public Health Advisory Board, the Kentucky Board of Psychology Licensure, and many others. Several of our executives are graduates of both Leadership Louisville and Leadership Kentucky and remain active in these organizations.

Member Services

Leadership: With each administration, state program or federal policy change that Passport has faced during our many years serving the Commonwealth, our program has been guided by an experienced Kentucky-based Member Services director and member-focused team. Our Member Services director has 20 years of experience at Passport, and our two Member Services senior managers have 18 years and 10 years of experience at Passport. Our Member/Provider Services team has grown from less than a dozen Member Services representatives (MSRs) in 1997 to over 100 today. Our Member Services team is regularly applauded by our members for the service they provide, as evidenced by a Consumer Assessment of Healthcare Providers and Systems (CAHPS) score of 88% in 2018. The team truly takes the time to care and be there when our members need us most.

Results: In 2019, Passport MSRs responded to 126,382 inbound calls, with a call abandonment rate that is consistently less than 5% and an average speed of answer of less than 30 seconds. We look forward to continuing to enhance our services to continue this legacy of excellent customer service tailored to the needs of Kentucky Medicaid members in the future.

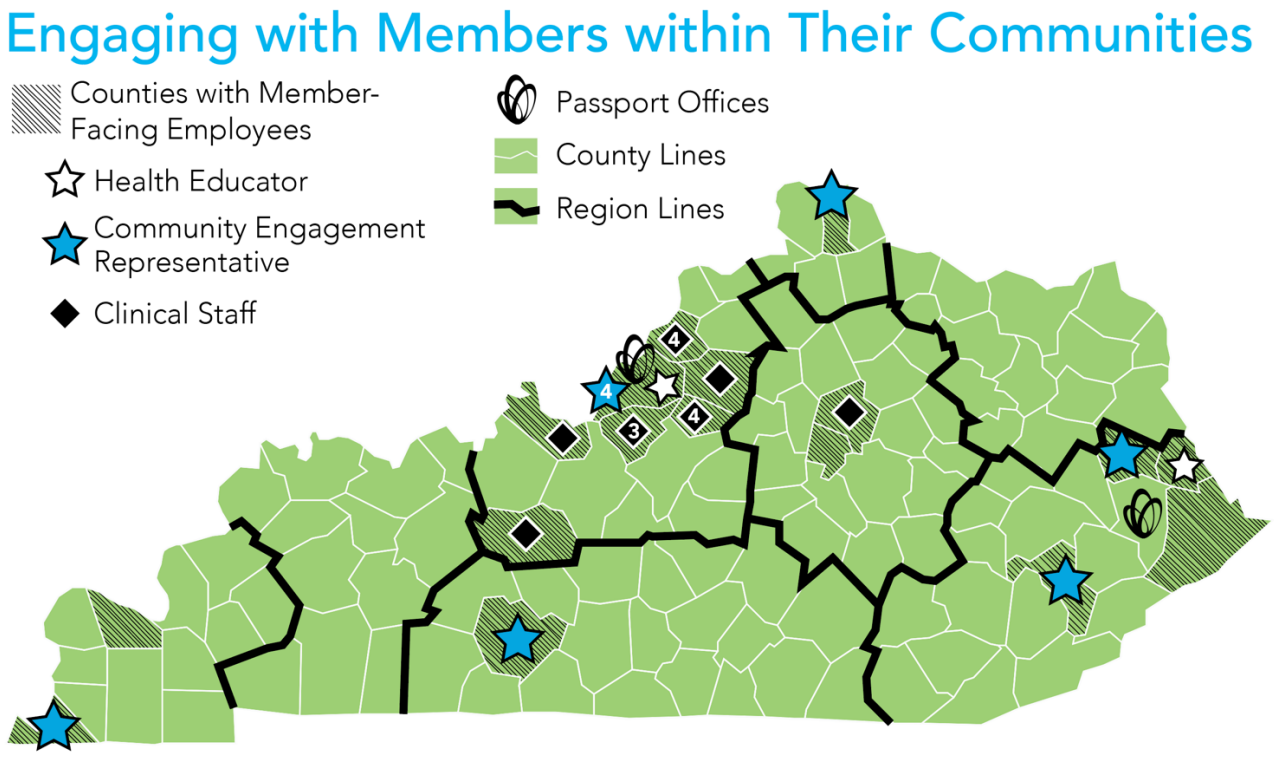
Community focused: Achieving engagement from Kentucky Medicaid members requires a truly personalized approach. We work one-on-one with members in-person in the community, at their provider's office and even in their homes to help empower them to engage in their health care. Our goal is to persuade members to take control of their health and trust that we will be there to support them every step along the way and in any way that influences their health and well-being. We want them to know that we are there for them, especially when they need us most. Our MSRs are not only able to identify and link to community resources using tools such as Healthify and United Community (Unite US), but they also draw upon their extensive local knowledge, having lived in the community for years.



Community Engagement

Our Community Engagement department is the force driving our education and outreach efforts throughout urban and rural Kentucky. Passport has existing statewide representation on a regional basis for Community Engagement representatives to be accessible to members and their community. **Exhibit B.1-1** shows how our current Community Engagement representatives are spread around the Commonwealth, with Community Engagement staff covering each region. This is also a team effort with many more member-facing staff engaging members. The exhibit, with shading and stars, illustrates that there are individuals throughout the Commonwealth who interact with members each day. There are even more individuals who live throughout the Commonwealth who are not depicted on this map, such as Passport's Provider Relations representatives, Member Services and Health Integration teams, among others, also playing an important role engaging with additional stakeholders in our communities.

Exhibit B.1-1: Community Engagement Representatives by Region



Consistent with our philosophy, Passport Community Engagement staff actively provide health and benefit education to members, participate on many local boards, and collaborate with agencies that support DMS goals and our mission. Passport has documented a sample of the thousands of interactions that have taken place in local communities to address the full spectrum of health and wellness, community engagement and social/environmental issues across the highly diverse communities at the regional, county and city/town level. **Attachment A-1** contains a sample of interactions intended to serve as a description of the deeply embedded relationships that Passport has across the state, not only with the geography, but within each *community*. The breadth of our community-based network is essential in serving vulnerable populations that struggle with access issues and need multidimensional support to address complex health and social issues.

Provider Services and Network Management



Passport team members support our network of providers from within Kentucky. We employ a team of more than 20 Provider Relations representatives who, combined with our population health managers, create an effective bridge between provider operations and clinical quality.

As we know, health care is local. This is especially true in evaluating the delivery network and assessing access and supporting the providers. There are many areas of the Commonwealth where time and distance do not match and might not be recognized when viewed from afar. Whether in the mountains of Eastern Kentucky that make travel more circuitous or in the Land Between the Lakes in Western Kentucky, where there can be miles and miles of shoreland with limited crossings, having an intimate knowledge of our various communities helps develop proactive plans to address and mitigate concerns. Passport has more than a dozen field-based Provider Relations representatives serving providers across the Commonwealth with a high touch, relationship-based service model.

National Experience Supports Successful Provision of Managed Care Services in Kentucky

Our community-centric operating model is supplemented by national experience serving Medicaid populations. We are confident that we can learn from other states and bring those creative solutions to Kentucky. Our operating partner and part owner, Evolent Health, supports over 3.7 million lives across 35 partners in 40 states. Specifically, within Medicaid we can bring lessons learned from 11 partners and 1.7 million Medicaid lives across the country—and approximately 45,000 primary care providers (PCPs). Passport draws upon Evolent Health's national experience and impressive clinical results, such as enrolling 57% of members in care programs and avoiding 41,000 hospital days on an annual basis. For decades, Evolent has worked with Medicaid managed care health plans across the nation to increase access to quality care, drive down administrative costs and provide a superior experience to their provider networks and

members. Passport can bring these solutions to help Kentucky quickly respond to new regulatory and program developments with the latest innovations.

Passport regularly taps into other provider-driven plans and organizations in Evolent's national network that serve Medicaid members—SOMOS Community Care (in New York), Lee Health (Florida), Empower Healthcare Solutions (Arkansas), Nicklaus Children's Health System (Florida), Baptist Healthcare (Florida), South Bend Clinic (Indiana), and CountyCare (Illinois)—to identify paths proven to be successful, taking on a fast-follower approach.

Thanks to this combination of local and national experience and work to improve clinical results together, Passport and Evolent have returned over $115 million of value to Passport over three years (on average, over $40 million per year), based on comparisons to national benchmarks. These savings are above and beyond savings that would have been achieved without their support, and they drive down overall costs to the Commonwealth to ensure its Medicaid resources are used most effectively.

B.1.a.i. Experience in implementation of population health management programs and initiatives. Include information about how the Vendor has addressed social determinants of health.

Approach and Experience Implementing Population Health Management Programs and Initiatives

Passport's Population Health Management Program Implementation Approach

Implementation of PHM programs and initiatives requires regional population health assessment, including understanding SDoH needs, in-depth planning, timely execution, collaboration and ownership with providers, and a framework for evaluating progress to achieving the intended outcomes. Our specialized implementation team partners with the front-line teams to implement programs or initiatives. Providing this level of planning and execution expertise, combined with the clinical and relationship expertise, ensures that member care is not interrupted, and program integrity is maintained.

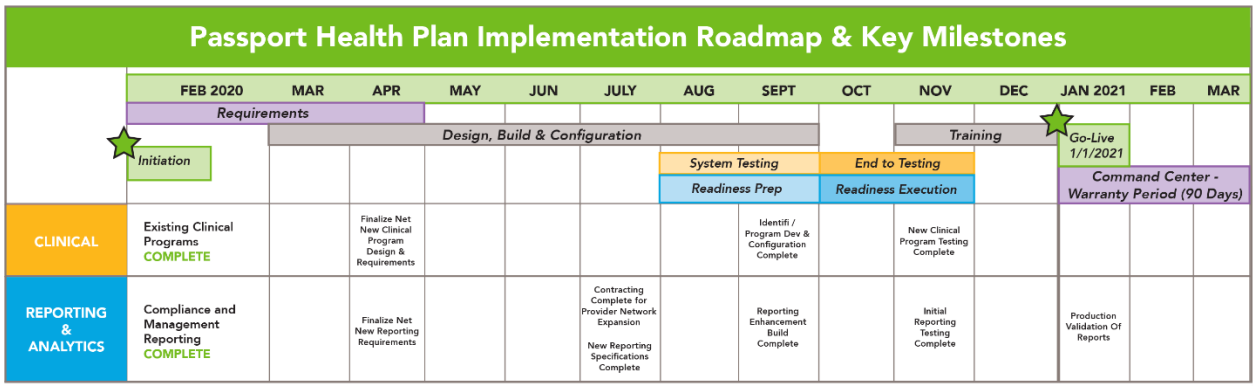
Passport's program implementation approach is grounded in the Project Management Body of Knowledge (PMBOK). The internationally recognized framework provides guidance and best practices for planning, measuring and overseeing complex projects and programs over their entire lifecycle. Our flexible, yet disciplined approach ensures appropriate capacity and internal controls are in place to successfully launch new and refined PHM programs on time.

The implementation framework and process has been codified and tested throughout the past 20+ years in more than 50 instances and begins with extensive planning and development of a program implementation plan, as detailed in **Exhibit B.1-2**. The program implementation plan includes tasks and timelines across all domains, ensuring that all areas impacted (e.g., analytics, provider engagement, platform) are planned and tracked. Our implementation lead and Program Management Office are responsible for managing the

implementation in collaboration with the clinical domain leads and ensuring that risks and issues are rapidly mitigated.

As implementation moves through the three phases of launch (go-live, 30 days, 90 days), the operational team progressively starts assuming more responsibility as duties are transitioned from the Implementation team to the Operations team. Agreed upon interim measures of success (e.g., number of patients identified for program, number of program enrollees, percentage engaged) are tracked and shared across the teams. A hotline is set up to ensure front-line staff have a resource to rapidly answer any questions and address concerns. Member calls are monitored; information gleaned is both aggregated and shared across teams for rapid-cycle improvement and adjustments and used for individual coaching opportunities.

Exhibit B.1-2: Key Milestones for PHM Programs and Related Reporting & Analytics

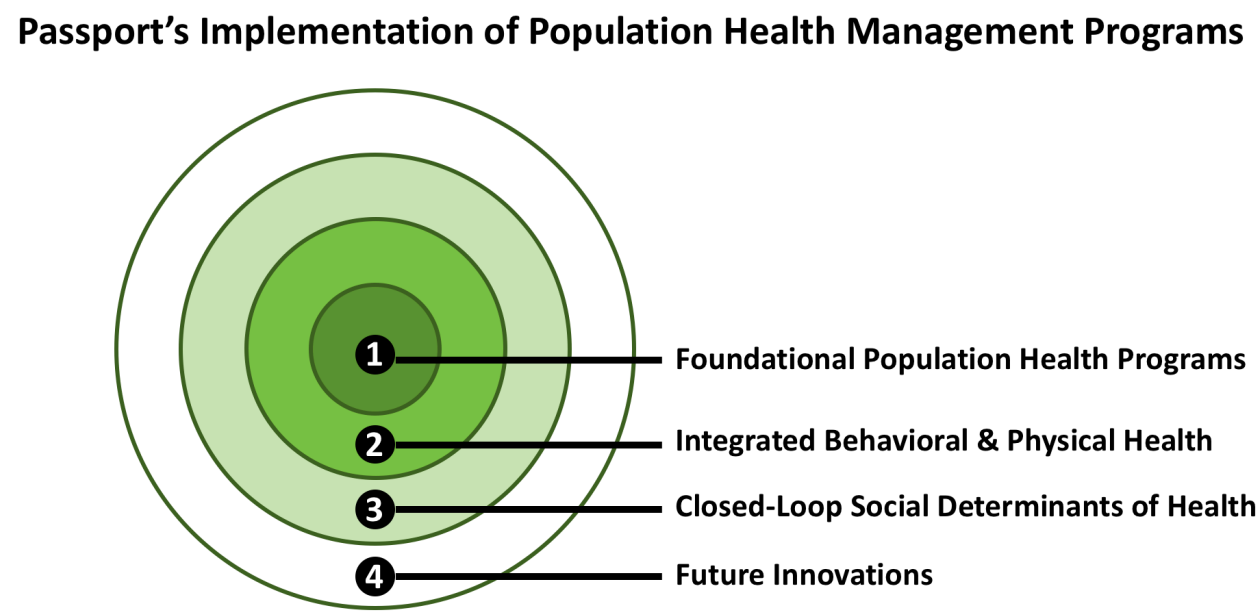


Clinical and operational training is a key component of implementing any PHM program or initiative. Training is delivered in collaboration with the Implementation team and Operations team to the Care team. Participants are trained on the population, SDoH (as they relate to the population), and program goals, as well as goals of DMS and contractual requirements, assessment/screening tools, interventions, outcomes, evaluation methods and technology training when applicable. Information is also shared with providers on how to refer a patient, the goals of the program, collateral provided to patients, roles and responsibilities, and how to get questions answered.

Passport's Implementation Experience of PHM Programs

Passport has long recognized that its PHM programs must adapt to the evolving needs of our membership. As shown in **Exhibit B.1-3,** Passport began its PHM journey with **Foundational Population Health programs** (1), then we **integrated Behavioral and Physical Health** within our programs (2), and most recently, we introduced our **Closed-Loop Social Determinants of Health** (3) model to address the social needs that impact our members' health. The basis of our PHM programs is data analytics, which enable us to proactively identify patients to engage and identify opportunities to implement **Future Innovations** (4).

Exhibit B.1-3: Passport's Implementation of PHM Programs



1) Foundational Population Health Programs

In 2016, Passport implemented an **integrated, member-centric PHM model** with cutting-edge technology and data analytics to perform member risk assessment and stratification to improve population health outcomes. Our predictive modeling tool, Identifi℠, identifies members for CM services. Passport combines data from multiple sources to use in its population stratification and program eligibility process. For example, we incorporate medical and behavioral claims/encounters; pharmacy claims; laboratory results, when available; health risk assessment results; electronic health records, when applicable; data from health plan UM or CM programs; and advanced data sources, such as the Commonwealth of Kentucky immunization registry. Identifi allows everyone in various departments to access the same information. Data is interconnected, and encounters are loaded so that anyone working with an individual member is able to see the entire picture of the member's health and quality of life based on our claims data, call notes and more.

Central to our predictive modeling approach is our focus on identifying **impactable** members. This means that instead of merely identifying high-risk individuals, we focus on identifying members who require immediate intervention and support due to the presence of indicators that demonstrate physical or behavioral health at risk for decline in the next 12 months. These are the members who present the greatest opportunity for us to help change the trajectory of their health by engaging them in our PHM program, thereby avoiding significant cost.

The implementation of the Identifi technology and associated data analytics provided the base for our **Foundational Population Health programs**, and all other PHM programs we have since implemented. Passport has five Foundational Population Health programs: Catastrophic Care, Complex Care, Transition Care, Condition Care and Maternity Care. In addition to implementing these programs at Passport, our operating partner has implemented these programs over 150 times over the course of eight years with partners across the country, as shown in **Exhibit B.1-4**.

Exhibit B.1-4: Implementation Instances of PHM Programs

PHM Program Name	Catastrophic Care	Complex Care	Transition Care	Condition Care	Maternity Care
Description	Supports high-risk members with medical complexities due to severe illness or injury	Supports high-risk members with high likelihood of admitting due to complex chronic conditions	Supports members with high risk of readmission post-discharge	Supports members with moderate risk of admitting due to unmanaged chronic condition	Support low, moderate and high-risk members with perinatal and postpartum care and coordination
Implementation Instances of PHM Program	22	40	40	32	18

To operationalize the Foundational Population Health programs outlined above, we implemented:

- **Interdisciplinary care teams:** Deployed interdisciplinary teams throughout the local market or telephonically from a centralized location to operate clinical programs, engage patients and support physicians
- Community-based patient engagement strategies: Integrated machine learning technologies, predictive modeling and processes that enable outreach to engage patients in their own care plan
- Quality and provider engagement: Engagement of physicians to identify opportunities to close gaps in care, improve clinical documentation and execute on population health efforts

2) Integrated Physical & Behavioral Health

As Kentucky's Medicaid program services have grown and evolved in scope, Passport has repeatedly demonstrated its flexibility to adapt and scale up its business model, system infrastructure and employee expertise to successfully meet expanding requirements. For example, Passport facilitated the transition of BH services into managed care. Because Passport had been working closely with membership in the region for 15 years prior to integrating BH services with its medical and pharmacy needs, Passport was well-positioned to assist community mental health center providers navigate this transition. Working with MCOs was completely new to the community mental health centers, which were the only outpatient providers at the time. By providing continuous one-on-one support, Passport successfully helped these providers

overcome the significant transitional challenges associated with adapting their business models to accommodate working with MCOs.

Among the current Passport adult population, over **60%** of our members have three or more chronic conditions (across 47 common chronic conditions, including diabetes, hypertension, obesity, metabolic syndrome, renal disease, epilepsy, and low back pain), and **40%** have at least one BH-related diagnosis (e.g., mood disorder, autism, psychosis, PTSD). Passport's PHM model of care (MOC) meets these unique needs by fully integrating physical and behavioral health services across the entire health care spectrum. We are acutely aware that medical and behavioral health issues are tightly interconnected, and the effects of chronic medical conditions, prolonged stress, poverty and trauma can have direct and devastating effects on members and their families. Our experience indicates these factors are deeply rooted in SDoH and can contribute to physical and behavioral health complications, which led us to develop and implement the third PHM program: the Closed-Loop Social Determinants of Health Model.

3) Closed-Loop Social Determinants of Health Model

We continuously draw upon our field experience to enhance our integrated whole-person MOC to better serve our members in improving their health and quality of life. As a result, we developed our innovative Closed-Loop Social Determinants of Health Model, which leverages cutting-edge technology and innovative best practices to integrate SDoH into our PHM practices. Passport is in the process of implementing this model to deliver the tailored whole-person care our members need from our highly skilled clinical teams and specialized care management programs.

Identifi integrates dispersed SDoH data sources at different levels (e.g., individual, census block, census track) across five main domains (housing instability, transportation barriers, food insecurity, financial stress and health literacy). It creates a single Social Needs Index that indicates a member's risk level, which assesses the potential impact to their health outcomes. Having one single index indicating how an individual's social needs place health outcomes at risk not only gives us the ability to prioritize members for care management, but it also simplifies the workflow for Care Advisors to integrate social services into the clinical care management plan. We use the index to direct efforts and resources to the most at-risk members and pinpoint their individual needs.

After Identifi has identified members as having social needs, it will populate referrals. Then our case managers, social workers and CHWs can proactively reach out to the members. Conversely, if a member approaches a Community Engagement representative or calls into Care Connectors or Member Services with an SDoH need, our team can address it at that time.

Passport is continually implementing program enhancements to support SDoH. For example, we have implemented:

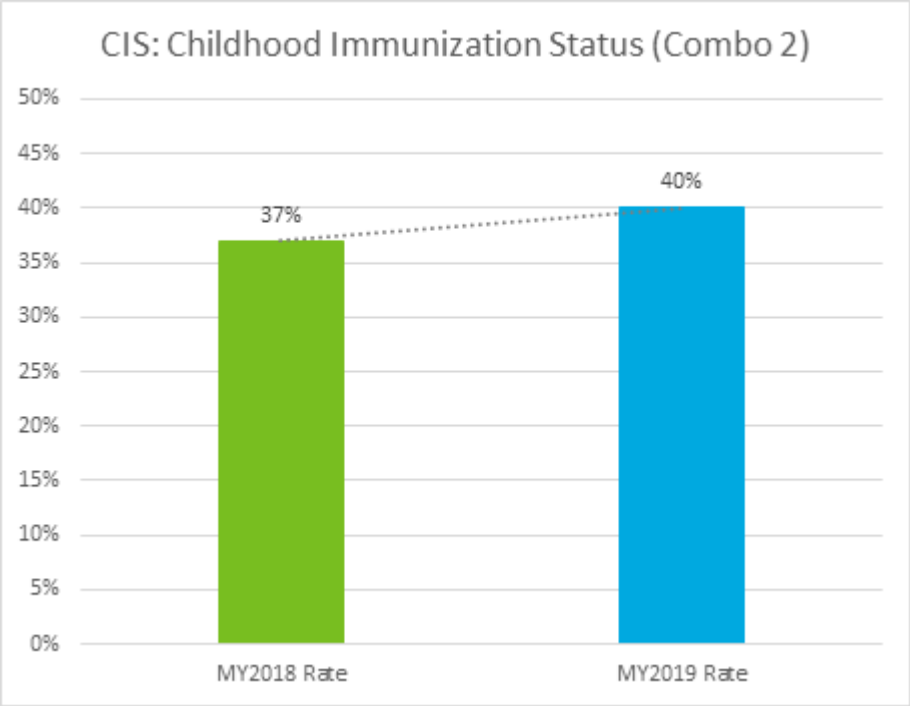
- **Community health workers:** In 2018, we implemented a new program enhancement where our CHWs conduct face-to-face visits in the members' homes, provider offices and in community service organizations. Passport CHWs serve as advocates, helping members schedule doctor appointments, obtain the necessary resources to resolve SDoH barriers, and assess for any literacy or interpretation services needed. Our CHWs teach members how to become engaged in their health care and assume accountability for making necessary resource arrangements.
- **Homelessness supports:** As in other parts of the Commonwealth, the Louisville metropolitan area finds homelessness is becoming an increasingly prevalent social issue. Throughout the 120 counties we serve, Passport care managers help our members find housing options. We work with local providers and meet face-to-face with our members to understand their situations. We enroll homeless members in a care management program, complete an assessment to fully understand their needs, and work with members to set specific goals to help them improve their health and address their housing needs, as applicable. Serving as member advocates, our CHWs use a web-based tool to quickly search and locate housing resources available in the community. Our staff provides this information to members, assisting them as needed to contact the community housing organizations.

Results: In a sample of 2,000 members we screened for SDoH (using Healthify), 1,787 total referrals were made across 451 distinct members, indicating that a portion of the population has multiple needs (on average, approximately four distinct needs requiring a specialized service). Preliminary results show that per member per month (PMPM) costs dropped by approximately 22% (or $390 PMPM) in the six months after a member acted upon the referral (closed the loop).

4) Future Innovations

Passport continuously analyzes performance measures to identify opportunities for future innovations in our PHM programs. For example, in early 2019 we identified an opportunity to improve the relationship between members and their PCPs and improve screening and participation rates for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program through Childhood Immunization Status (CIS). We conducted a call campaign for six weeks to contact all members with an open care gap for CIS Combo 2. The team assisted members with scheduling appointments while also providing a brief education about why it is important to stay current on vaccinations. During these calls, we reminded the member's parent or guardian that there is an incentive in the form of a gift card when keeping their appointment. From the first full call campaign, we gleaned lessons learned that led to additional eligibility and claims verifications, collaboration with the care team for members already enrolled in one of our clinical programs, and further assistance for members interested in redeeming incentives. **Exhibit B.1-5** depicts these improved outcomes for CIS Combo 2. Based on the pilot, we believe the program could impact several thousand more members to increase vaccination rates and care compliance.

Exhibit B.1-5: Childhood Immunizations Increased in 2019 as a Direct Result of Passport's CIS Campaign



*Administrative only rates were pulled for the CIS: Combo 2 measure as of December 2018 and 2019 for accuracy of reporting quality improvement progress. May not reflect the final rates.

Based on the pilot, we believe the program could impact several thousand more members to increase vaccination rates and care compliance. To achieve this, Passport has implemented an EPSDT IVR campaign runs monthly for different age groups. In 2019, there were a total of 143,219 automated outreach calls attempted by our vendor. For members that were not able to be reached by automated means, we attempt to complete a live outreach call. For live EPSDT outreach we made 5,916 attempts and 1,228 members were reached. During the live outreach call we conduct education about EPSDT and the importance of completing those visits. Our reach rate for those live outreach calls was 21% this past year (2019). Members that remain unable to reach receive a mailing. In 2019 we completed a total of 4,668 mailings. At the end of the 2019 EPSDT measurement year, our EPSDT screening rate was 88%.

Effective Implementation: Results of Passport's PHM Programs

We know our implementation of PHM programs has been successful based on our impressive results.

- Member engagement
- Our focus is on ensuring that members are well educated and engaging in their care plans. We have trained over 70 care team members and have improved administrative efficiencies so that nurse case managers are able to help more of our members with their care needs. We have improved performance by doubling the number of members our CMs are effectively engaging with versus historical rates. In 2019, our Care Advisors and Health Educators maintained an average engagement rate of 40% (members with completed assessments out of all members identified for programs), which is 33% higher than corresponding national averages. Ninety-nine percent of Passport members engaged in our care coordination programs have implemented an integrated care plan within 14 days, and 98% of members have been successfully referred to social workers, when needed.
  - Our member engagement metrics do not count a single phone call or mailing as engagement; instead, we consider engagement to be commitment to participate in our programs. The engagement rate is much higher in instances where there is face-to-face conversation between provider and the member, which is why our focus on collaboration with providers leads to much better outcomes for members. To that end, we have embedded Care Advisors in high-density practices, which drives significantly higher engagement rates as a result of direct interaction.[1]
- Clinical and financial outcomes
  - An impact study of our Care Management program based on 2018 data found that $3 million of investment in the program generated $15 million of reductions in medical spending and better engagement and health outcomes for members.
  - Over the past four years, we have realized an average savings per engaged member of $6,500, equating to a 5:1 ratio. This is based on a case control study conducted to evaluate the impact of the Complex Care program. We observed that every engaged member had $6,500 lower costs as opposed to comparable members in the control group. The return on investment (ROI) is estimated based on total savings for all engaged members and total staff costs for running the program.
  - Over the past five years, Passport's incentives and engagement strategies contributed to a significant decrease for the following:
    - 35% decrease in low birth weight deliveries
    - 37% decrease in very low birth weight deliveries
    - 39% decrease in pre-term deliveries (less than 37 weeks)
  - We compared the members who received intervention with a propensity score-matched control group. As a result of this exercise, we found:
    - Complex Care Cohort and Program (n=1,332) → 32% and 20% reduction in inpatient admissions and total medical expense, respectively
    - Transition Care Cohort and Program (n=1,016) → 14% and 8% reduction in 30-day all cause readmissions and total medical expense, respectively

1 Source: ahrq.gov/professionals/systems/system/delivery-system-initiative/holtropstudysnapshot/index.html

- Catastrophic Care Cohort and Program (n=426) → 33% and 16% reduction in inpatient admissions and total medical expense, respectively

- Our Identifi-produced predictive models outperform industry standards by employing a unique approach—emphasizing not only predictive accuracy but also timeliness. We design and deploy care interventions based on the predictive model's results. This ensures that not only the right members are stratified, but they are stratified early and at the most impactable moment before their health condition becomes more serious. **Exhibit B.1-6** illustrates how our suite of predictive stratification models target impactable future medical events.

Exhibit B.1-6: Predictive Models Outperform Industry Standards

		Performance
Ambulatory Care Sensitive Model	Predicts the risk of Inpatient/ED utilization for patients (includes peds) with one of five major chronic conditions	c-stat = 0.82
Readmission Risk Model	Real time identification of patients who are likely to be readmitted (unplanned) within 30 days of discharge for any reason	30% more accurate than commonly used LACE tool
Behavioral Health Risk Model	Predicts risk of a BH-related event (inpatient and ED); identifies patients with undocumented BH issues using alternative datasets	2x more accurate than using prior diagnosis alone

B.1.a.ii. Three (3) examples of initiatives the Vendor has implemented for Medicaid managed care programs that have supported improved outcomes. Describe whether such initiatives were cost effective and resulted in sustained change.

Passport has realized impressive outcomes and cost savings as we have improved health for members through the following collaborative initiatives for Kentucky's Medicaid managed care program:

1) **Helping Foster Children with Care Management and Support for a Brighter Future**
2) **Community Health Workers Improve Health Outcomes Through Face-To-Face Interactions**
3) **Partners in Wellness Program Improves Health for Members with Serious Mental Illness**

1) Helping Foster Children with Care Management and Support for a Brighter Future

Many children in foster care have complex health needs, including higher levels of physical, oral and behavioral health issues than the general pediatric population. A study by the Center for Health Care Strategies shows that children in foster care represent only 3% of children in Medicaid, but 15% of children in Medicaid using behavioral health services.[2] In addition, foster children represent 13% of those in Medicaid

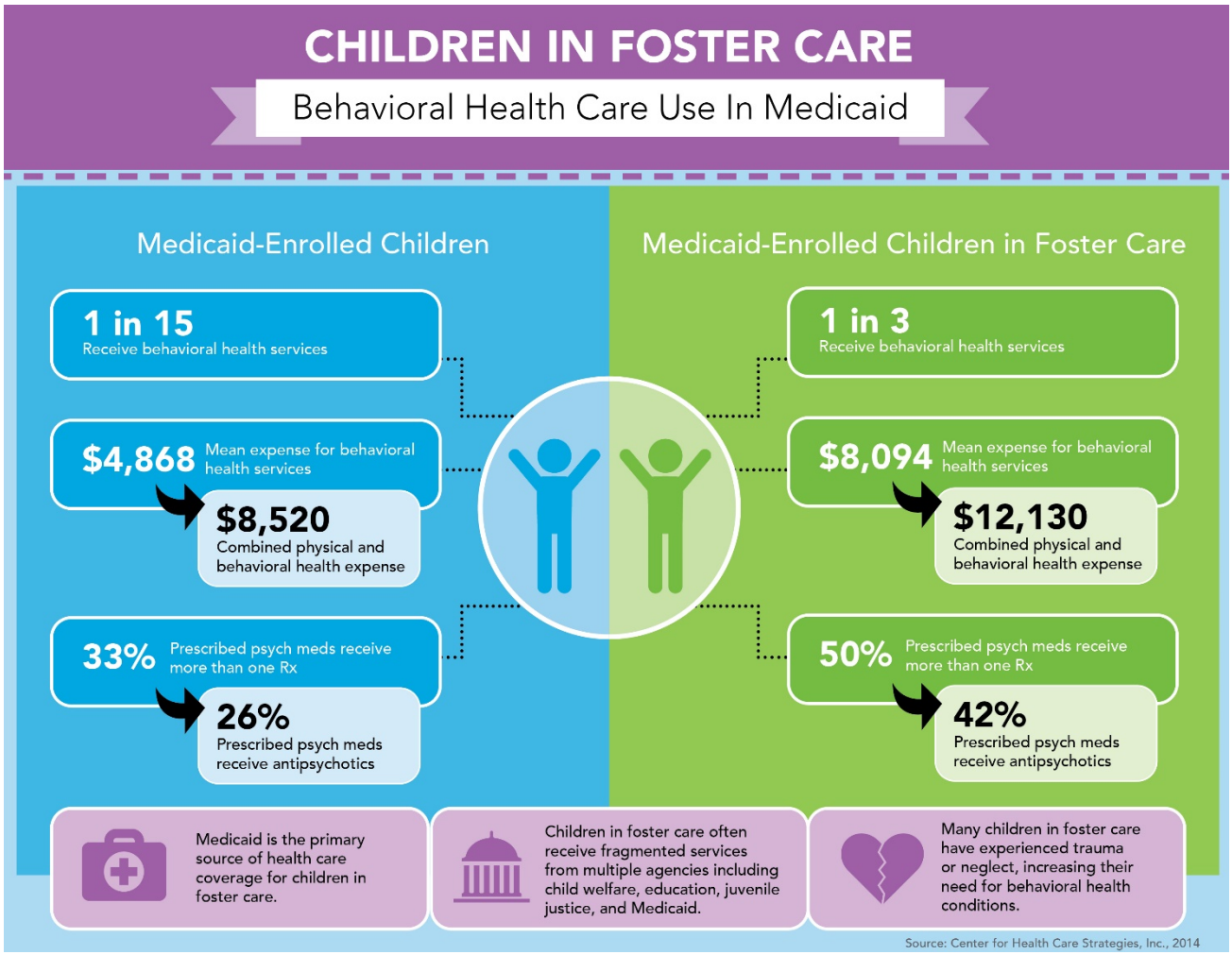
[2] *Source:* Centers for Health Care Strategies, Inc. (2014), "Children in Foster Care: Behavioral Health Care Use in Medicaid."

receiving psychotropic medications, and they are four times more likely to receive these medications than children in Medicaid overall.

There are several factors contributing to the complexity of health care in this population. Foster children are often removed from their biological families due to neglect or abuse, and these traumatic experiences have significant impacts on their health. Foster care members tend to move frequently, and the transitions to new homes and new communities make it difficult to establish a medical home and proper continuity of care.

The individuals caring for foster children also face difficulties. Caregivers and providers often do not know the child's full medical and developmental history. Without this information, it is challenging to ensure the child has proper care management. Due to their behaviors—which are often adaptations that help them cope with their difficult situations—and lack of information and coordination of care, foster children are prescribed psychotropic medication at a higher rate than other children. This can lead to the overuse of antipsychotic medications and to further medical complications, as illustrated in **Exhibit B.1-7**.

Exhibit B.1-7: Children in Foster Care: Medicaid Behavioral Health Care Use



Passport has a specific Foster Care program to provide the needed care and guidance for these vulnerable children. Serving as their advocate, our Foster Care specialists provide foster children with compassionate and caring support during their transition and time in Department of Community Based Services (DCBS) care. The specialists develop a relationship with the foster children, their caregivers and their social services workers and attentively listen to their concerns and answer any questions they have. Our team focuses their attention and care on the member and caregiver, compassionately guiding them throughout the program.

Passport helps the caregiver identify a PCP to serve as the medical home for the foster child members. The CM process entails performing physical and behavioral health assessments, and monitoring for care gaps, psychotropic medication use and dental care. A member-centric care plan is developed and continuously monitored by our foster care specialist during the duration of the program.

The foster children care planning process includes:

- Reviewing whether third-party liability is on the member's record
- Evaluating the most recent EPSDT exam and provider claims review to check for other well visits, chronic conditions, frequent ED visits, inpatient hospitalizations, etc.
- Reviewing medical, dental, vision, and pharmacy utilization
- Determining whether the member is currently receiving BH services
- Reviewing existing care notes and communications

The foster care specialist performs regular follow-up visits or phone calls and assesses the foster child's progress and notes any findings and further actions required. All information regarding the member's care is documented and recorded in the member's electronic medical record for proper care coordination.

Each foster care specialist is assigned to specific regions across the state to develop collaborative relationships with key state stakeholders and community partners. They serve as liaisons between Passport and DCBS, private foster care agency staff, foster parents and other social services entities. As a part of their role, the foster care specialist continuously communicates with all key stakeholders involved with the foster children's care to review the care plan progress and make updates as needed.

An Innovative Approach to Improving Foster Children's Health and Well-Being

Passport conducted a pilot program providing intensive care management for children and youth in foster care. For the initiative, we partnered with two local provider organizations, Centerstone Kentucky (Seven Counties Services) and ResCare, to provide intensive care management services using a high-fidelity wraparound approach. The pilot program proposed to serve 60 high-risk children between the ages of 4 and 17.5 years old who experienced three or more placements within 24 months and were at risk for entering a group home, psychiatric hospital or 24-hour BH treatment facility. Our goals were to increase the foster child's health and well-being, permanency in the family home, and community placement, and provide needed support to the caregiver. The pilot program was designed for 12 months with a six-month follow-up period. During this time, we continuously monitored and measured the goals for:

- Reduced cost of care
- Improved school attendance and academic performance
- Increased behavioral and emotional strengths
- Improved clinical and functional outcomes
- Increased stability of living situations
- Improved the caregiver's work attendance
- Reduced suicide attempts
- Decreased contacts with law enforcement

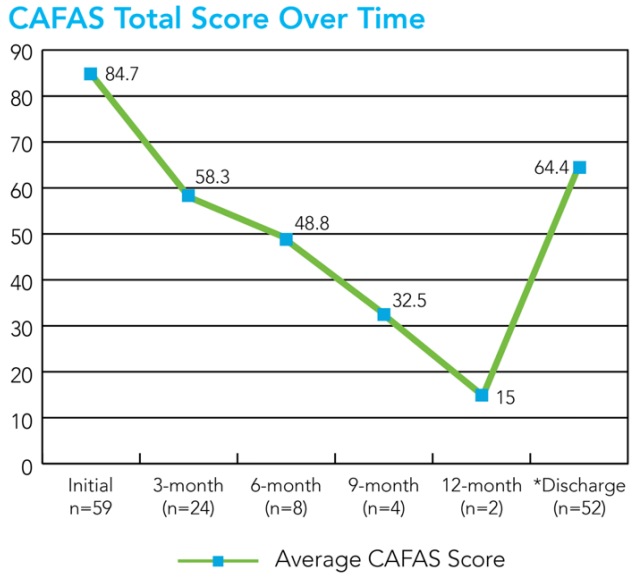
The program assessed the goals with a combination of claims and cost data analysis, interviews and behavioral inventories, specifically the Child and Adolescent Function Assessment Scale (CAFAS). The CAFAS used information from eight life domains: school, home, community (delinquency), behavior toward others, moods and emotions, self-harm, substance abuse, and cognitive thinking (irrational thoughts). The program participants were scored at intake and every three months during the program.

We deployed a high-fidelity wraparound-based team decision-making process, promoting youth and family voice and choice in the health care process and clinical interventions. The program was facilitated by the intensive care manager, and the care team members comprised of the child, identified family or foster family member, DCBS social services worker, treatment providers, Passport clinician and informal network support members.

Improved Outcomes, Cost-Effectiveness and Sustainable Change

Improved outcomes: The children's health and well-being also increased during the program, with declining CAFAS scores as a positive indicator. Furthermore, the longer the child participated in the program, the more the scores improved, as illustrated in **Exhibit B.1-8.**

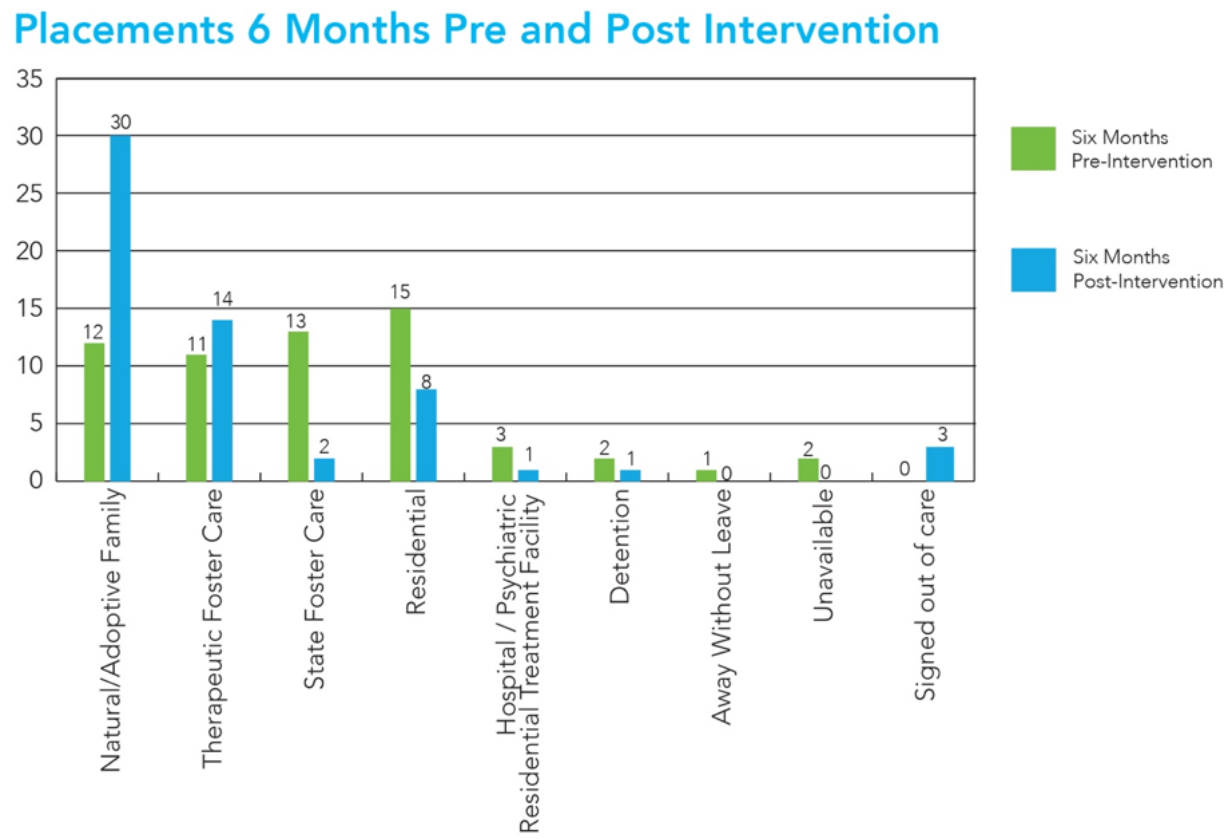
Exhibit B.1-8: Foster Care Intensive Care Pilot Study Improved CAFAS Scores



Cost-effectiveness: The pilot program demonstrated that by using an innovative model of interventions for children and youth in foster care, we were able to improve outcomes and decrease costs. Specifically, there was a 150% increase in children being reconnected with their biological or adoptive family six months post-intervention and foster care placement, while the number of children placed in residential care (including psychiatric hospitalization, private childcare residential treatment and detention centers) decreased.

Sustained change: Passport followed these children six months prior to intervention, with placements six months post-intervention, and found sustained change. As shown in **Exhibit B.1-9**, six months post-intervention, over half of the participants were living with their natural family. This was a 150% increase in children living with natural family members compared with six months prior to intervention. Therapeutic foster care also saw an increase of 27% post-intervention. All other placements decreased, some dramatically so. For example, there was a 47% decrease in participants being in residential care. The target goal was 80% of children served by the pilot will be maintaining their current placement or stepping down to a lower level of care. In the follow-up period, 82% of the youth served were either with natural family, a DCBS foster home or in therapeutic foster care.

Exhibit B.1-9: Placements Six Months Pre- and Post-Intervention



Passport's Dr. David Hanna and Stephanie Stone presented the findings from our foster care pilot at the national Family Focused Treatment Association (FFTA) conference in July 2019. We want to share our experience with others and get feedback on how we might further our pilot concept. We previously presented during our implementation phase at the Children's Mental Health Research and Policy conference with representatives from the Department of Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID) and DCBS about how an MCO and state government agencies uniquely collaborated to create a piloted solution for our state.

2) Community Health Workers Improve Health Outcomes Through Face-To-Face Interactions

In 2018, we implemented a new program enhancement where our CHWs conduct face-to-face visits in the members' homes, provider offices, and in community service organizations. Currently, there are seven CHWs concentrated in an area of Louisville where Passport has a large member population with health outcomes that have historically been lower than for the rest of our population. The CHWs serve as advocates in helping members to schedule doctor appointments, obtain the necessary resources to resolve SDoH, and assess for any literacy and interpretation services needed.

The CHWs use the Healthify resource solutions tool to assist members with SDoH. They first conduct an online questionnaire with the member to gain insights into their personal situation. Using the results of the questionnaire, they search for the most appropriate community resources and social services to fit our members' needs. The Care Coordinators and Care Advisors also use the Healthify resource solutions tool to assist members with finding resources for SDoH. This information is provided to the member, teaching them to become engaged in their health care and take charge of making the resource arrangements. We also proactively make the appropriate appointments on behalf of our members, if preferred, so that they can obtain the needed resources with convenience.

The Healthify tool offers referral information for the following:

- **Behavioral health:** Treatment and supportive services for mental health and SUDs, including rehabilitation, psychiatry, support groups and therapy
- **Education:** Services that provide and promote education, including academic scholarships, special education programs, early childhood education programs, tutoring services, English as a Second Language (ESL) classes and General Educational Development (GED) programs
- **Emergency services:** Immediate and short-term emergency services assistance, including mental health crisis intervention services, emergency shelters, emergency financial assistance, disaster preparedness and response services, and heating and cooling centers
- **Family and youth:** Support services to families and youth, including family counseling, adoption and foster care services, childcare programs, infant and child supplies, parenting support and education, and youth empowerment programs
- **Financial support:** Assistance paying for housing, education, food, transportation, medical expenses, and so on, or that is aimed at improving financial literacy, such as financial education and tax preparation assistance

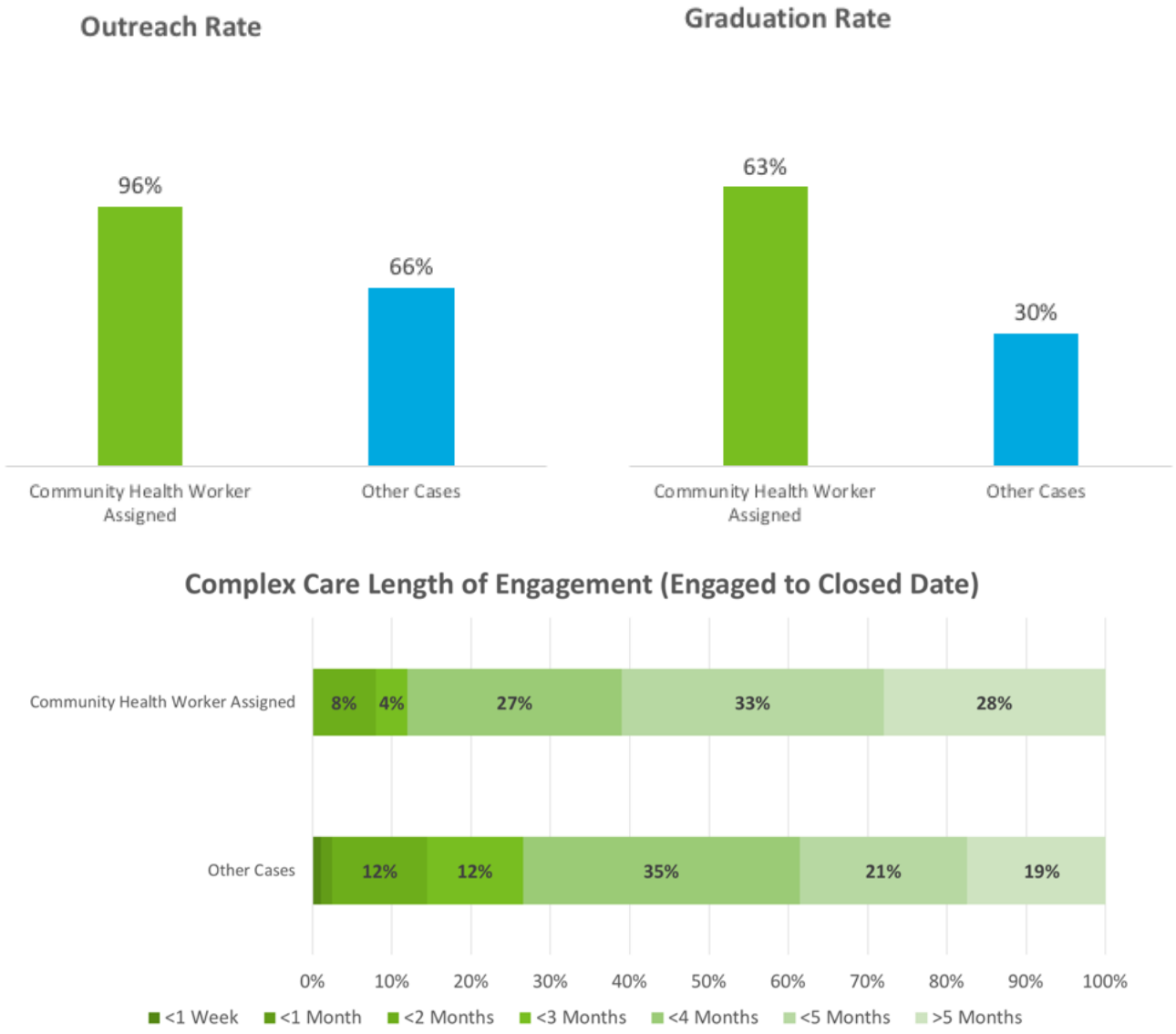
- **Food services:** Access to adequate and nutritious food, including food delivery, free or low-cost meals, food pantries, food vouchers and farmers' markets
- **Goods services:** Basic goods such as clothing, furniture, medical supplies, and toiletries for free or at a reduced cost
- **Health services:** Resources for navigating, accessing, and paying for health services, including primary and specialist care, medical bill and prescription assistance, wellness programs, health insurance enrollment assistance, and harm reduction services
- **Housing:** Services aimed at improving access to safe and affordable housing, including housing counseling, emergency shelters, low-income housing, financial assistance, supportive housing, and home repair services
- **Legal:** Legal support and advocacy services, including free or low-cost legal representation, citizenship application assistance, support services for individuals involved in the criminal justice system, and assistance with obtaining and changing identity documents
- **Social supports:** General community support services, such as community centers, case management, and benefits assistance, as well as services that are population-specific, such as LGBTQ services, disability services, senior services, and HIV/AIDS services.
- **Transportation:** Services for accessing and paying for transportation, including car repair assistance, free or low-cost transportation, disability-accessible transportation, and driver's education.
- **Employment:** Resources for workers and job seekers, including job search assistance, career counseling, job training resources, supported employment, retirement, and unemployment benefits assistance.

Passport's staff tracks all referrals and activities in our integrated system for proper care coordination. The technology enables us to better serve the most vulnerable population in an expedited manner.

Improved Outcomes, Cost Effectiveness, and Sustainable Change

The outcomes reveal that the Community Health Workers initiative increases members' engagement levels and CM program graduation rates. In this program, using CHWs to support our Complex Care program, we found that members' engagement levels increased by 41% and their graduation rates improved by 110% compared to other CM cases. This **resulted in an ROI of nearly 5:1,** demonstrating the cost effectiveness of using CHWs to support our clinical Care Advisors. Since the pilot, we have expanded the program by more than doubling the number of CHWs and have observed similar results, suggesting the intervention is not only cost effective, but also scalable and sustainable. Details of the pilot study are illustrated in **Exhibit B.1-10.**

Exhibit B.1-10: Pilot Study Results of Community Health Workers Program: Engaged Members



3) The Partners in Wellness Program Improves Health for Members with Serious Mental Illness

As part of Passport's Partners in Wellness program, we collaborated with BH provider Centerstone Kentucky (Seven Counties Services) to provide hands-on complex CM as part of their value-based agreement to deliver the service.

Services included reconciliation of medications, screening and referral to treatment for SUDs, monitoring of blood pressure and body mass index (BMI), referral to dental care, connection to unmet social needs

(SDoH), and screening for diabetes for members with schizophrenia or bipolar disorder prescribed antipsychotics.

Performance incentives were tied to activating members to participate in improving their health and documenting progress toward reaching a health behavior goal, including number of members who smoked and were offered smoking cessation, members who engaged in at least 30 minutes of exercise per week, members who received an annual physical, members' progress toward improving performance on Healthcare Effectiveness Data and Information Set (HEDIS) targets (including follow-up after hospitalization, schizophrenia measures, and alcohol or drug dependence measures), and increased access to social supports.

Centerstone Kentucky (Seven Counties Services) had the opportunity to earn a percentage share of the pool created by savings after the intervention for medical inpatient cost, ED cost and BH inpatient cost. The provider could earn up to 50% of the pool for having achieved savings in these three areas. The other 50% was tied to quality measures of increasing member activation and documenting progress toward a health goal.

Improved Outcomes, Cost Effectiveness, Sustainable Change

The following outcomes were achieved as a result of this unique collaborative program:

- **Longevity:** On average, people with severe mental illness die 25 years sooner due to their comorbid health conditions. We created an integrated program that brings medical case management into the relationship of trust with the BH provider and brings the issue of longevity into the discussion.
- **Improved Outcomes:** Achieved goal of increasing management of health in a community-based setting:
  - 45% reduction in inpatient hospital days
  - 27% reduction in ED visits
  - 69% reduction in hospital readmissions
- **Cost Effectiveness: 63% reduction in combined medical inpatient, ED and BH inpatient expenses**
- **Sustained Change: 142 members with severe mental illness were served for up to six months each over a nine-month period.**
  - Centerstone Kentucky (Seven Counties Services) is expanding this model to other clients.
  - There are plans to study the longer-term impact of this program for the members served.

B.1.a.iii. A summary of lessons learned from the Vendor's experience providing similar services to similar populations.

B.1.a. iv. How the Vendor will apply such lessons learned to the Kentucky Medicaid managed care program.

Through Passport's years of service to the Commonwealth and extensive work with other Medicaid populations across the nation, we have a profound appreciation for this simple truth: Medicaid populations are diverse and full of unique challenges. What works for one region of a state does not always work for

another. Thanks to this long-range perspective and dedication to Kentucky, our immersion in this market and spirit of continuous improvement has highlighted the 10 lessons described in the sections that follow.

These valuable lessons from our experiences have influenced our service model, day-to-day activities and long-term planning, ultimately shaping our service plan for the Commonwealth, members and providers. Through a combination of local and national support, Passport will draw on our lessons learned in Kentucky and across the nation as we strive to continually find new and better ways to improve the health and quality of life of our members while reducing costs for the Commonwealth.

Lessons Learned

1. Aligning for Clear Organizational Accountability Drives Better Results
2. Deploying an Integrated Administrative Platform Prepares for the Future
3. Restructuring Our MOC Engages More Kentucky Medicaid Members
4. Partnering Directly with Providers Achieves Better Coordination of Care
5. Incorporating Community Feedback Improves Processes to Meet Kentucky's Evolving Needs
6. Customized Tactics Are Required for Unique Segments of the Kentucky Population
7. Reaching Members Requires Collaboration with Multiple Stakeholders
8. Personalized and Face-to-Face Interaction Increases Engagement with Members
9. An Integrated and Holistic Medicaid MOC Is Important
10. It iI Beneficial to Apply Lessons Learned from Other Markets

1. Aligning for Clear Organizational Accountability Drives Better Results

Lesson Learned

Passport has recognized the criticality of having unambiguous accountability for performance within the organization. In the complex, interdisciplinary realities of plan operations, allowing processes or structures with too many organizational handoffs, either within the organization or with subcontractors, can create performance gaps if accountability is unclear.

Application of Lesson for Positive Impact

Passport has made advancements in its leadership and accountability frameworks in the last year, with many actions taken recently to reinforce these structures. As a result of the growing relationship with Evolent, Passport has been able to further refine our organizational structure to create alignment, high levels of accountability and measurement mechanisms. This bolstered rigor is reflected in the following:

- Accountability for performance is deeply embedded in the organization structure, with clear lines of authority up to the chief executive officer (CEO) and the Board of Directors. Passport's Board of Directors, composed of community and industry leaders as well as provider owners, has total governance authority for the program that is administered on behalf of the DMS. Passport's CEO, Scott Bowers, is directly accountable to the Board of Directors. Scott is a veteran Medicaid managed care executive and manages a team of executives that report directly to him who direct the day-to-day operations. This team brings a combination of local knowledge and national experience. Many of the executive leadership team are Kentuckians by birth, and all have more than 10 years of experience in health care leadership and/or managed care. This combination is vitally important to translating programs for implementation in our communities.
- The focus of the leadership team at all levels is aligned with our program goals, and clear objectives are fully integrated into these leaders' job descriptions, performance monitoring and compensation models.
- Distinct oversight committees and governance bodies perform fiduciary oversight of the management team yet allow Passport leadership to have full management authority and control over day-to-day performance of the health plan.
- Through our expanded partnership, we are now able to also leverage an increased amount of expertise and resources from other Medicaid plans across the nation. By refining our organizational structure, we are able to move some positions that previously might have been split across subcontractors into Passport. This enables us to reduce redundancies, create efficiencies, establish greater accountability, and streamline reporting and authority structures.

2. Deploying an Integrated Administrative Platform Prepares for the Future

Lesson Learned

An integrated administrative platform has the power to change the trajectory of health outcomes, service quality and cost. When systems are disjointed, we lose the benefit of real-time, holistic views of the operating and clinical landscapes and the underlying data that provides actionable insights, and thus cannot act proactively with maximum effect. By minimizing separately operated components of service and leveraging a central platform, we open the door to added sophistication in data modeling and the feedback loops that allow for continual evidence-based iterations.

Application of Lesson for Positive Impact

At the end of 2017, Passport converted to a new integrated administrative platform to improve service quality by making our operations and member services more scalable and agile. This involved a full migration to an integrated system for eligibility, claims and call center operations. Our leadership team knew that an implementation of this scope and size would be complex and multifaceted, and that we could encounter complications with such a large-scale shift in systems and processes. For example, during the implementation, we experienced challenges with member eligibility data, data configuration and encounters. The Passport team immediately began working to resolve these problems. We have resolved the implementation issues and are now seeing improved results in line with our core objectives that drove the move toward an integrated platform. We have remained committed to the belief that this

administrative platform married with clinical operations will bring faster, deeper insights and serve as the springboard for program innovations. We have evidence of this benefit, including ROI measurements and outcomes of clinical programs.

3. Restructuring Our Model of Care Engages More Kentucky Medicaid Members

Lesson Learned

Passport's traditional model emphasized what might appear to be the most obvious or pressing issue facing the individual (e.g., out of control A1C for patients with diabetes) and tended to engage the member when it was too late to avoid admissions or unwanted episodes. By using machine learning and routinely focusing holistically on all the underlying issues facing the individual, such as BH and social or environmental barriers, the true drivers of the disease are addressed and mitigated much more effectively. In addition, these traditional models failed to maximize the total member population that can be supported for better health outcomes, as they relied on inbound member- or provider-initiated referrals for participation in a care program.

Application of Lesson for Positive Impact

Historically, Passport conducted disease management programs in a way that was very similar to other MCOs in that it was heavily reliant on referrals directly from providers or members themselves. While this model had some impact and benefits, there was often bias in the selection process, and it inherently limited enrollment growth in programs that could have a substantial impact on overall health outcomes. While the previous model led to high satisfaction of those enrolled in programs, graduation rates were not as high as would be expected. Also, when looked at critically, it became clear that many members who needed help were being missed by this inbound approach. These gaps occurred for several reasons, including the following:

- Lack of self-referral
- Lack of provider referral
- Lack of member engagement with providers
- Disproportionate attention devoted to members who had less intense needs that were being managed through self-care

Passport took the following actions to restructure the MOC:

- In 2016, Passport began to deploy a new, comprehensive, member-centric population health model. Passport fundamentally changed our MOC by fully integrating the member's physical well-being, BH, oral health, pharmacy and SDoH services across the entire health care spectrum. We are acutely aware that medical and BH issues are tightly interconnected, and that the effects of chronic medical conditions, prolonged stress, poverty and trauma can have direct and devastating effects on members and their families. Our experience indicates these factors are deeply rooted in SDoH that can contribute to physical and BH complications. We have used our experience to develop our MOC to address the "whole person" to better serve our members in improving their health and quality of life.

- We established strong clinical leadership focused on developing and deploying this new MOC and establishing clear accountability and goals for member impact. As a result, all clinical and quality results are the responsibility of the PHM director, the vice president (VP) of Clinical Operations, and the VP of Health Integration under the oversight of the chief medical officer (CMO). The chief operating officer (COO) has accountability for all health plan operations that are necessary to ensure successful execution of this and all other Passport programs.
- We deployed IT and data integration strategies for action and insights. This new program design also highlighted the need for actionable information to appropriately identity and stratify members for intervention. This has been accomplished via the integration of our data warehouse and will continue to evolve under the direction of our Management Information System Director. This data model allows for a proactive approach based on predictive modeling, to target outreach and engagement to a far larger population than that traditionally reached, and does so early in the process, when engagement can circumvent catastrophic health events and address root issues to decrease the severity of comorbid conditions. This metrics-based view also brings greater focus to key indicators such as graduation rates, decreasing admissions and cost avoidance.

Passport has realized positive outcomes because of this transformation in our PHM program. We have learned that integrating our services and approaching programs from a whole-person perspective is well-received by members and providers and benefits overall health outcomes and the financial bottom line. This impact is summarized in **Exhibit B.1-11,** which shows the relative difference in impact between members engaged in our programs compared to matched control group – or members who are not engaged but are statistically similar to participants on demographics, historical cost and utilization, chronic conditions and risk score, as well as social determinants. These results reflect the impact six months after engagement in our programs.

Exhibit B.1-11: Impact of Passport CM Program and Overall MOC

	Total Medical Expense	Inpatient Admissions	ED Visits
Transitions Care (n=1016)	▼ 8%	▼ 14%	▼ 8%
Catastrophic Care (n=426)	▼ 16%	▼ 33%	▼ 16%
Complex Care (n=1322)	▼ 20%	▼ 32%	▼ 35%

4. Partnering Directly with Providers Achieves Better Coordination of Care

Lesson Learned

Without strong provider coordination, we cannot maximize member health outcomes and depth of member engagement. A common theme we see behind low-cost, high quality Medicaid managed care is close collaboration with provider partners. As a provider-owned plan, Passport has always been a firm believer in

the importance of collaborating with providers with the goal of improving the health and quality of life of our members at both an individual and population level. We believe that sharing and exchanging information and building positive relationships with our provider networks is central to this goal.

Application of Lesson for Positive Impact

The subsections that follow describe examples of Passport's application of this insight.

We embedded Care Advisors and social workers to work within provider offices and hospitals. We have learned that if a member receives a call from Passport in connection with a provider's office—such as a Passport Care Advisor calling from a PCP's office—the member is much more likely to respond and engage in his/her care. Based on publicly available information, the engagement rates for disease management among health plan members is about 13%.* In contrast, the engagement rates at Passport have been consistently high, at 40% or higher. In addition, the engagement rate is much higher in instances where there is a face-to-face conversation between the provider and the member. We have embedded Care Advisors in high-density practices where we see higher engagement rates as a result of direction interaction. Beyond this member-based engagement, this strategy builds deeper connections with individual providers to observe and respond to site-of-care insights.[3]

We launched pilot programs in close partnership with providers. We are now observing an increased trend of cost savings and positive health and engagement outcomes through close analysis of several recent pilot programs and grants. The subsections that follow describe a representative sampling of these programs.

Emergency Department Reduction Pilot with Park DuValle

The Quality and Population Health Management teams collaborated on 2019 Performance Improvement Project (PIP) intervention aimed at reducing Potentially Preventable Hospital Admissions and ED Visits due to ACSC. Passport has laid the foundation for collaboration with Park DuValle when they are ready to fully launch the intervention. When implemented Passport will provide emergency room utilization information to Park DuValle Community Health Center and in turn, Park DuValle staff outreaches to members who had an ER visit to try to get them in to see their PCP. They will also educate members on appropriate ER use.

These efforts build on Park DuValle's year-long efforts to coordinate care for its members. The provider gets a daily email from a care coordinator at Norton Hospital alerting them of any Park DuValle member who has visited or been admitted to the ED. Park DuValle then starts their own transition checklist that they use to make sure these members schedule a follow-up with their PCP and any specialist visits needed, obtain necessary medications, receive education about appropriate ED usage, etc.

[3] *Source:* https://www.ahrq.gov/professionals/systems/system/delivery-system-initiative/holtropstudysnapshot/index.html

Based on preliminary data, ED utilization rates among Park DuValle's members in this program are lower than market averages. Passport's provision of ED utilization information from other facilities beyond Norton will increase the success of this initiative.

Partners in Wellness Program

As described in full detail in **Section 2,** we partnered with our largest BH outpatient provider, Centerstone Kentucky (Seven Counties Services), to provide hands-on complex CM as part of their value-based agreement to deliver the service. We created an integrated program called "Partners in Wellness" that would bring medical case management into the relationship of trust with the BH provider. Working with this provider, we supported the development of infrastructure and systems to allow for proactive member outreach. By starting with data exchanges and stratification support, we created the opportunity for Centerstone Kentucky (Seven Counties Services) to engage with both populations of members that had engaged in their care and those that had not yet done so.

This unique collaborative program achieved the following:

- 142 members with severe mental illness were served for up to six months each over a nine-month period.
- There was a 63% reduction in combined medical inpatient, ED and BH inpatient expenses.
- We achieved the goal of increasing management of health in a community-based setting, as demonstrated by the following:
  - 45% reduction in inpatient hospital days
  - 27% reduction in ED visits
  - 69% reduction in hospital readmissions

This collaborative program development sets the stage for expansion of value-based arrangements with Centerstone Kentucky (Seven Counties Services). Together we identified critical data and metrics upon which future program expansions can be built and reliably measured.

Grant to Kentucky Children's Hospital for Teen Suicide Prevention

Teen suicide rates tripled between the years of 1952 and 1992. Today, those aged 10-20 years are underrepresented in the current health care system due to their usually good health. Only 5% of deaths among this age group are due to illness; the remainder are due to accident, homicide or suicide. In Kentucky in 2013, 46 teens died from suicide, whereas only six died from diabetes. Yet, Kentucky spent only $0.01 on teen suicide prevention for every $700 spent on diabetes research. Kentucky Children's Hospital's teen suicide prevention program has been attributed with saving somewhere between 2,000 and 3,000 teens from committing suicide between 1997 and 2014. Passport provided a three-year grant to Kentucky Children's Hospital to bring this pilot program to the Louisville area.

Over three years, this program completed 2,320 preventive visits, identified 243 high risk teens and performed 2,010 total intervention visits in Harrison County, Kentucky. Many poor outcomes were prevented, and there were no completed suicides. The community requested a larger presence for the program, and a clinic was established at Harrison County Hospital once a week. The local health department,

WEDCO, committed to funding the project permanently. The program was later expanded to include Lincoln County.

At least 15% of the members seen were Passport members. Due to the implementation of this program, we were able to avoid Medicaid payments through Passport for approximately 150 clinical visits. This has also helped to avoid costs for other MCOs and will help reduce overall Medicaid costs for this population due to the program's permanent implementation in this community.

Psychotropic Drug Intervention Program

Passport's Psychotropic Drug Intervention Program (PDIP) began in April 2014 and serves as the foundation for the enhanced RxSolve program. PDIP was designed to run an algorithm on pharmacy claims and notify members and providers whenever members had not refilled psychotropic prescriptions as prescribed (the intervention); when there were multiple drugs prescribed from the same psychotropic drug class, suggesting possible polypharmacy; or when a prescription for a psychotropic drug had been written for a suboptimal dosage. About 10% of psychotropic medicines prescribed are prescribed by a psychiatric provider (either a psychiatrist or a psychiatry nurse practitioner). This provides an additional level of support for our members who are receiving psychotropic medications.

Pharmacy claims data was analyzed after the members and providers were notified to see if the notice resulted in a change in behavior. Following the notification and time for potential change in behavior, the members were split into two groups: those associated with a changed behavior and those associated with a lack of changed behavior for each of the three algorithms.

Next, costs for members associated with the behavior change were subtracted from costs for members associated with a lack of behavior change to calculate the net PMPM return. The net savings was then multiplied by the PDIP outcome for that particular algorithm type (percent change in Medication Possession Ratio for non-adherence, behavior change rate for polypharmacy, and suboptimal dosing) to calculate the PDIP savings.

Lastly, the PDIP savings for each category of costs (hospital admissions, ED visits and prescriptions) were summed and multiplied by member months associated with the particular algorithm type to calculate the total savings.

As detailed in **Exhibit B.1-12,** over a four-year period (April 2014 to March 2018), Passport's PDIP achieved the following[4]:

- Total savings for adherence interventions: $3,510,122
- Total savings for polypharmacy interventions: $3,172,867
- Total increased spend for suboptimal dosing: $198,468[5].

[4] *The reported savings may not be solely attributed to PDIP interventions, as there are other factors unknown to us that could potentially impact the analysis. Such factors include, but are not limited to, benefit design, network reimbursement, changes in health plan drug costs, and formulary design.*

[5] *Although suboptimal dosing resulted in more spend overall, the member should have received more efficacious treatment based on increasing the amount of medication prescribed to recommended dosages.*

Exhibit B.1-12: PDIP Outcomes and Savings (April 2014 – March 2018)

	April 2014 – March 2015				April 2015 – March 2016			
Intervention	**Intervened & Changed Behavior**	**Intervened & No Behavior Change**	**Net PMPM Savings**	**PDIP PMPM Savings**	**Intervened & Changed Behavior**	**Intervened & No Behavior Change**	**Net PMPM Savings**	**PDIP PMPM Savings**
Cost Type for Adherence								
Hospital Admissions	$175	$209	$34	$7	$162	$222	$60	$10
Emergency Department	$40	$53	$13	$3	$39	$53	$14	$2
Prescription	$270	$313	$43	$9	$264	$351	$87	$15
Member months	19,144	18,485	37,629	37,629	24,952	27,646	52,598	52,598
Total Adherence Savings			**$3,422,577**	**$718,741**			**$8,443,485**	**$1,460,757**
Cost Type for PolyPharmacy								
Hospital Admissions	$323	$200	($124)	($82)	$353	$221	($132)	($76)
Emergency Department	$51	$53	$2	$1	$55	$56	$1	$1
Prescription	$534	$603	$68	$45	$549	$567	$318	$183
Member months	4,146	1,988	6,134	6,134	5,082	3,167	8,249	8,249
Total PolyPharmacy Savings			**($330,837)**	**($219,345)**			**$1,541,320**	**$887,800**
Cost Type for SubOptimal								
Hospital Admissions	$56	$150	$94	$60	$221	$305	$84	$48
Emergency Department	$48	$61	$13	$6	$53	$40	($13)	($7)
Prescription	$205	$322	$116	$74	$520	$351	($169)	($97)
Member months	556	406	1,292	1,292	1,219	629	1,848	1,848
Total SubOptimal Savings			**$288,469**	**$183,465**			**($180,512)**	**($103,975)**

	April 2016 – March 2017				April 2017 – March 2018			
Intervention	**Intervened & Changed Behavior**	**Intervened & No Behavior Change**	**Net PMPM Savings**	**PDIP PMPM Savings**	**Intervened & Changed Behavior**	**Intervened & No Behavior Change**	**Net PMPM Savings**	**PDIP PMPM Savings**
Cost Type for Adherence								
Hospital Admissions	$184	$204	$20	$2	$55	$110	$52	$6
Emergency Department	$44	$52	$8	$1	$20	$38	$18	$2
Prescription	$269	$337	$68	$7	$253	$312	$59	$6
Member months	25,824	21,941	47,766	47,766	30,310	32,591	62,900	62,900
Total Adherence Savings			**$4,587,224**	**$463,310**			**8,105,739**	**$867,314**
Cost Type for PolyPharmacy								
Hospital Admissions	$250	$273	$23	$17	$103	$106	$3	$2
Emergency Department	$57	$57	($1)	($1)	$29	$45	$19	$11
Prescription	$520	$844	$324	$240	$558	$741	$183	$101
Member months	4,659	2,075	6,733	6,733	4,662	2,184	6,046	6,046
Total PolyPharmacy Savings			**$2,329,969**	**$1,726,507**			**$1,406,700**	**$777,905**
Cost Type for SubOptimal								
Hospital Admissions	$161	$55	($106)	($74)	$45	$130	$84	$50
Emergency Department	$43	$44	$1	$0	$33	$25	($8)	($5)
Prescription	$504	$377	($127)	($89)	$416	$339	($77)	($46)
Member months	1,279	423	1,702	1,702	1,482	506	1,988	1,988
Total SubOptimal Savings			**($394,854)**	**($276,003)**			**($3,302)**	**($1,955)**

5. Incorporating Community Feedback Improves Processes to Meet Kentucky's Evolving Needs

Lesson Learned

Regular proactive solicitation of feedback allows for continuous program improvements and is critical as the needs of the community evolve. As a provider-owned, community-based plan, we will continue to evolve and make decisions based on proactive feedback and input from our associates, providers, community partners and members. We approach every initiative with a sense of humility, knowing that often those who can help us determine how to best serve members are those who work directly with them on a daily basis. Seeking this input allows us to understand members' unique challenges and barriers. We are then able to incorporate this perspective into our planning, thereby creating and continually adjusting our programs to better meet the unique needs of Kentucky Medicaid members and the providers and agencies serving them.

Application of Lesson for Positive Impact

Incorporating Feedback from Committees

In addition to our Partnership Council and Quality Member Access Committee (QMAC) as central forums to hear the voice of our wide variety of stakeholders, we also leverage several smaller, more focused committees—such as our Behavioral Health Advisory Committee (BHAC)—in our decision-making processes.

Example: Collaboration Creates Solution that Benefits Members and Providers for Applied Behavioral Analysis Services

When Passport identified that multiple providers were hesitant to join the provider network and deliver Applied Behavioral Analysis (ABA) services, our Health Integration team spent time working with providers to better understand the root of the issue. it was determined that the codes recommended for these services nationally were not part of the DMS fee schedule and were not allowed to be used in Kentucky. We collaborated with Kentucky ABA providers to develop a complete list of codes that were used nationally for these unique services and endorsed by these providers. In review and collaboration with DMS, the code list was expanded. This effort reduced concerns and barriers to provider participation and supported broader availability of these needed services for members.

Example: Collaboration with Providers and State Medicaid Agencies on SBIRT Codes Receives National Best Practice Recognition

Passport is one of seven safety-net health plans from around the country that committed to a joint three-year learning project to help increase the identification of youth who are at risk for SUDs.

The project, led by the Center for Health Care Strategies in partnership with the Association for Community Affiliated Plans (ACAP), makes extensive use of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model. SBIRT is an evidence-based approach for identifying members who are at risk for abuse of alcohol or drugs, and is intended to identify not only those members who have SUDs but also those who are at high risk for developing such a disorder, and to reduce their level of risk.

The project that Passport has developed for the effort involves expanding the number of adolescents screened annually for SUD, since many teens begin experimenting with substances during adolescence. Passport has developed regional trainings for providers to teach them how to implement SBIRT, and also developed webinars for providers to complete training in their home communities, as well as continuing education for those who participate in the training. Passport also worked with our providers to break down any barriers to coordinating care for our members who show positive symptoms.

Recognizing how important this initiative was for the Commonwealth, Passport worked with DMS to investigate how it could expand the codes available for SBIRT to ensure that providers could capture their work in this needed area. A challenge discovered once providers began delivering the intervention was that they reported that the CPT codes approved for use could not be used if the intervention took less than 15 minutes. Many times, the intervention took much less than that, and providers thus could not bill for the time spent completing the SBIRT, nor could we track how many were being administered. Our staff worked extensively with DMS to help identify another code that could be used to document the time spent if less than 15 minutes. Now providers can deliver the service and be reimbursed even in such cases.

Passport also leveraged our relationships with our providers to assess the barriers they perceived and advocate for them with the state. Because of the expertise gained from the learning collaborative, we were invited to work with Kentuckiana Health Collaborative (KHC) on creating a provider workbook that walked providers through SBIRT and how it can be used to help address the opioid crisis. The project was funded by the state (via a grant to KHC).

The following excerpt describes this program and our efforts in establishing a national best practice for SBIRT. It is scheduled to be published this summer in a public brief by the Center for Health Care Strategies Inc., a nonprofit policy center dedicated to improving the health of low-income Americans.

> Health plans can collaborate with their state Medicaid agency to maximize the use of SBIRT-related billing codes to support enhancements in care for adolescent populations. This includes using billing codes to help incentivize provider uptake of SBIRT and allowing health plans to interpret claims data to support quality improvement initiatives. The Substance Abuse and Mental Health Services Administration is invested in SBIRT and is working with the Centers for Medicare & Medicaid Services to educate practitioners regarding the billing rules.[i] However, states have the autonomy to "turn on" individual codes. Health plans can educate their state Medicaid agencies about SBIRT implementation issues related to provider billing and can collaborate to devise a strategy that provides coverage for all SBIRT components. Passport Health Plan worked with their state partners to "turn on" H0049 after receiving feedback from their providers that there were significant limitations in only having 99408 and 99409 available. H0049 offers providers the ability to bill for the substance use screen separate from any brief intervention that might occur.

Incorporating Feedback from Members via Surveys and Focus Groups

Passport also regularly conducts annual statewide surveys facilitated by an NCQA-accredited vendor as well as surveys for all care program participants to solicit the member perspective. In-person focus groups with Medicaid-eligible Kentuckians from across the Commonwealth facilitated by our Community Engagement and Marketing teams also are used as a channel to better understand the population's needs, understand awareness and impressions of companies like Passport, and provide information on value-added programs and offerings. Similar sessions are conducted with the BHAC and Pharmacy and Therapeutics Committee. In addition to gaining feedback on overall service, these sessions provide a touch point on the effectiveness of our marketing and branding campaigns as tools to inform and engage members to support their needs, leverage resources, and empower active preventive care and screening self-management to achieve improved health and appropriate utilization.

Passport also conducts surveys of members who are engaged in, or have completed, our care programs. This feedback is vital in helping us modify our programs to improve upon our already high engagement rates and the clinical results of our members. The aggregate information is included in our Program Evaluation and informs modifications in the following year's Program Description.

6. Customized Tactics Are Required for Unique Segments of the Kentucky Population

Lesson Learned

Serving a diverse population requires a vast arsenal of communication approaches, mediums and targeted strategies to reach unique portions of our community with extenuating circumstances that call for deep attention and support. From Johnson county to McCracken county, there are hundreds of communities with unique needs based on location, socioeconomic status, race, gender and other factors. We have learned that custom CM, outreach, and collaborative efforts are needed to help each population improve their health and quality of life while simultaneously reducing overall Medicaid costs.

Application of Lesson for Positive Impact

Over time, based on our lessons learned, we have developed and continually enhanced multiple programs to meet Kentucky's evolving needs, including our refugee and homeless care coordination programs, opioid integrated care program, foster care guardianship program, BH and integrated care, medically frail case management team, Care Connectors and ED navigators, to name a few. We will continue to research and seek input from members, providers and community partners on best practices to serve the evolving needs of special populations.

The following are just a few examples of lessons we have learned from serving these unique populations and developing tailored approaches to meet their needs:

- While working with Kentucky's **foster care** and adoptive population, we have learned how to coordinate care for children who travel frequently and therefore constantly need to change PCPs. Passport has continuously evolved and adapted our process over the years in an effort to find new and better ways to meet this unique population's needs. Passport has maintained a dedicated team that works across our own functional areas to ensure that the needs of these children and their families are met. Our team members are experienced in working with the foster care system, and include former DCBS employees, former team members of providers of services such as the Home of the Innocents, and current foster and adoptive parents. This experience is irreplaceable in meeting stakeholders where they are. We understand that changes lie ahead for the administration of benefits for the foster care program as well as members receiving adoptive assistance, and we look forward to addressing these in the Kentucky SKY program.
- Working with Kentucky's **homeless** population, we have learned that clinical engagement and outreach is extraordinarily difficult, even with free cell phones. We have found success with this population through embedding Care Advisors at family health centers and having BH case managers embedded in, and Community Engagement representatives visit, homeless shelters. By physically meeting with these members one-on-one in the locations they frequent, wherever they may be, we are able to better coordinate their care and help them access medical services in a timelier manner. In the future, we hope to expand this effort and dedicate a full-time Care Advisor to serve the homeless population throughout Kentucky. Through the years, and working with providers such as Kentucky River Community Care, we have come to understand that homelessness in more rural areas does not look the same as it does in Louisville or Lexington, where it is not uncommon to see members moving between residences of family members and friends, which can make identifying and targeting this subpopulation challenging. The options and solutions for keeping a pulse are different from those for more traditional groups. Connections with these members can be pursued through tangential organizations that may surface their housing situation, such as the Homeless Coalition and the Louisville Office of Resiliency.
- Concerning Kentucky's **refugee** population, we have learned that close collaboration with refugee resettlement agencies, providers and other social service agencies is critical to successful care coordination. Passport has learned that we can best serve these members with an embedded Care Advisor who meets with them in person to develop individual approaches to meet their extremely unique needs.



- Kentucky has an increasing number of **pregnant women addicted to opioids and other substances.** We have adapted our approach to coordinate with social service agencies and providers in an overarching effort to help these expectant mothers detox and give birth to the healthiest babies possible. Examples include a long-term relationship with the Freedom House, a program offered by the Volunteers of America and Chrysalis House in Lexington. Our Health Integration team also has staff members dedicated to researching and developing company-wide processes to address populations such as those affected by the opioid crisis in Kentucky. This staff member works to understand SUD needs and to implement integrated care across departments. This type of staffing allows us to take lessons learned and apply them on an ongoing basis.

7. Reaching Members Requires Collaboration with Multiple Stakeholders

Lesson Learned

Developing active relationships with members exhibiting high levels of engagement can be best supported by working with stakeholders to present and reinforce a unified message about the resources and benefits available. Increasing the variety of stakeholders we actively engage with makes us better able to reach a wide and diverse population.

Application of Lesson for Positive Impact

Based on our 22 years of experience working closely with Kentucky Medicaid members as a community-based plan created by Kentuckians for Kentuckians, Passport has learned that reaching and engaging members requires a collaborative effort with various community partners across the Commonwealth. We work every day with members and multiple other stakeholders to access members in-person and through advocacy agencies to get them the information they need concerning benefits, access to care, preventive services, etc. Passport's outreach plan spans ongoing interaction and collaboration with the stakeholder groups outlined in **Exhibit B.1-13.** Passport's first and foremost priority is to educate and empower Kentucky Medicaid members across the Commonwealth. This includes, for example, the homeless, grandparents raising grandchildren, persons with limited English proficiency, those with BH concerns, individuals with disabilities, the elderly, dual-eligibles, young families and pregnant mothers. Together with these stakeholders, we can build multiple channels and interactions to achieve a far reach.

Exhibit B.1-13: Passport Health Plan Outreach Stakeholders

Stakeholder	Passport Health Plan Outreach Description
Advocacy Outreach/ Grassroots	This traditional form of meeting with individuals and groups will be ongoing and includes interactions with faith-based organizations, service providers, interagency groups, community action agencies, local health departments, provider groups and other small coalitions.
Civic Involvement	Our Community Engagement representatives will interact with and make presentations to civic groups throughout the state, including neighborhood and county business associations, rotary clubs, independent business associations, etc.
Business Partnerships	Passport Community Engagement representatives will continue education and outreach efforts by meeting in person with, sending electronic communications to, and joining groups such as local chambers of commerce, the Hotel/Motel Association, Housing Authorities, restaurant associations, etc.

Stakeholder	Passport Health Plan Outreach Description
General Public	In addition to outreach to our members, Passport is committed to improving health in our Kentucky communities. Therefore, we provide health information to anyone we meet in the community—including members of competing MCOs—through local and open-attendance events.
Employer Groups & Outplacement Services	Our Community Engagement representatives will continue to successfully develop relationships with employer groups and outplacement services throughout Kentucky (such as temporary staffing agencies, human resources groups and job fair coordinators) as a means of direct education to both employers and agencies and to unemployed or under-employed individuals.
Education Organizations	Passport has, and will continue to, provide information about Medicaid and health promotion to public and private schools (including community and technical colleges), GED programs and migrant education providers. We will work closely with each school district to reach out to their adult education programs and migrant education initiatives.
Statewide Coalitions	Our Community Engagement representatives participate in statewide groups, such as Enroll America and the National Alliance on Mental Illness (NAMI), that focus on issues relevant to Passport's current and future priorities for members and providers.

8. Personalized and Face-to-Face Interaction Increases Engagement with Members

Lesson Learned

Contact is critical, but connection is key. While myriad forums exist to bring us together to communicate with members, experience shows that the most effective interactions happen at the personal level. It is through those exchanges that personalized conversations centered on an individual's experience and situation can be tailored to highlight for them the appropriate messages concerning next steps, support, resources or education and help fulfill their immediate and longer-term needs.

Application of Lesson for Positive Impact

In-Person Member Education Sessions



Passport's Community Engagement team hosts member outreach and education sessions throughout the year. We achieve optimal member engagement through one-on-one meetings with members, group presentations and general outreach. In fact, in 2018 we conducted 1,101 individual member outreach sessions and 570 member education sessions. Our community partners help us advertise these events to local members through flyers, e-newsletters and word of mouth.

We are also dedicated to meeting members across the Commonwealth. During 2019's first quarter alone, we reached members in 98 of the Commonwealth's 120 counties.

Passport Community Engagement—Going Above and Beyond:

A Passport Community Engagement representative met a member after a recent member education session. The member had been ill for quite some time and had recently broken her leg. She needed a shower chair, but her Kentucky Medicaid benefits did not cover this. The Community Engagement representative was able to contact a local community partner and obtain a brand-new shower chair for the member, free of charge. Our representative picked up the chair and delivered it to the member during her time of need, helping to keep the member safe and prevent a potential inpatient admission due to an otherwise avoidable fall.

9. An Integrated and Holistic Medicaid Model of Care Is Important

Lesson Learned

Technology alone cannot drive results in PHM and value-based care. The greatest impacts and successes are achieved when a model based on advanced technology and data is combined with outstanding leadership and staff. When team members are charged with designing an array of layered care programs around the concept of holistic support, lasting and powerful impacts are felt.

Application of Lesson for Positive Impact

Passport also continues to invest in our support model. For example, we have developed a staffing model to support our Medicaid-specific MOC to address the holistic needs of Medicaid enrollees. This model incorporates nurses, social workers, CHWs, clinical pharmacists, dentists, psychologists and physicians.

Passport's MOC has been refined over 22 years of serving members through our provider network in Kentucky and receiving input and guidance from all levels of leadership and governance. This is especially true of the provider committees that are part of the Partnership Council structure, such as the PCP work group, the BHAC, and the Quality Medical Management Committee (QMMC), which collectively encompass nearly 100 volunteer clinicians and community members. Our MOC focuses on providing holistic care across the full continuum of health—from wellness services to complex care. The MOC establishes a comprehensive foundation for our Medicaid clinical program design and strengthens our validated predictive model to help identify high-risk, "impactable" Medicaid enrollees. This stratification process identifies members not only by medical, BH and pharmacy service utilization patterns, but also by SDoH, such as housing instability and poor educational attainment, and by BH diagnoses. This stratification engine is continually evolving based on new evidence and learning. As one example, when this process first became a reality at Passport, the BH component was in development, while today it stands as a deeply integrated component that helps us to further support our members.

After stratification, identified members are enrolled in our CM programs that address both physical health and BH across a comprehensive array of conditions and sites of care (ambulatory, inpatient, ED, etc.). We then deploy a broad array of interventions powered by innovative engagement tools—not the least of which are highly trained professionals skilled in motivational interviewing techniques—and support the member, provider and Care Advisor with CHWs, member navigators and an extended care team.

10. It is Beneficial to Apply Lessons Learned from Other Markets

Lesson Learned

We know that being local is an important factor in driving member engagement. In addition, taking best practices in engagement from Medicaid plans across the country and tailoring them for Kentucky has resulted in member engagement rates in our clinical programs that are much higher than industry averages.

Application of Lesson for Positive Impact

Our high member engagement rates are due, in part, to our being local and readily available to our members. Because the personal measures we implement have a significant positive impact on our members' well-being, we will continue to meet them at doctor appointments, in their homes, in shelters or wherever is most convenient to them to help them get the care they need, when they need it. Because we have also learned that being local allows us to be strongly physician-aligned, we will continue to use our deep relationships with our providers to help us have a meaningful impact on our members based on direct involvement in their care.

Based on learnings from the population across markets, we have also refined our predictive model to consider multiple inputs to identify impactable members, allowing us to engage those who need us the most. Finding the right members who can truly benefit in a meaningful way from our services makes it more likely that we will work with them from start to finish within a program.

Our identification methodology now includes a "readiness to change" component. Those members more likely to be ready to change are prioritized above those who have a lower score in this area. This is a lesson we have learned over time through our collaboration with national Medicaid and Medicare health plans. Passport is excited to continue to bring these ideas to Kentucky.

Conclusion

Passport has been providing the Commonwealth with PHM programs and initiatives for decades, continuously innovating and implementing improvements. As a result of these advancements, today we have in place an integrated, whole-person PHM model that considers all facets of the member—physical well-being, BH and SDoH—to ensure our members get the care they need, when and where they need it.

As we strive to improve our members' health and quality of life, Passport has and will continue to realize impressive outcomes and cost savings through many forward-thinking, collaborative initiatives we have in place with our community partners. Our NCQA-based practices and valuable lessons we have derived from our experiences over the years have influenced and advanced our service model, day-to-day activities and long-term planning, ultimately shaping our responsive service delivery to members, providers, advocates and the Commonwealth. Through a combination of local and national expertise, Passport will continue to implement programs based on lessons learned in Kentucky and across the nation. We will continue to focus on new and better ways to improve our members' health and quality of life while reducing costs for the Commonwealth.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

B.2 Corporate Information



B.2. Corporate Information

a. Provide required 42 CFR 1.04 disclosures:

1)(i) The name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity, fiscal agent, or managed care entity. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address.

(ii) Date of birth and Social Security Number (in the case of an individual).

(iii) Other tax identification number (in the case of a corporation) with an ownership or control interest in the disclosing entity (or fiscal agent or managed care entity) or in any subcontractor in which the disclosing entity (or fiscal agent or managed care entity) has a 5 percent or more interest.

(2) Whether the person (individual or corporation) with an ownership or control interest in the disclosing entity (or fiscal agent or managed care entity) is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the disclosing entity (or fiscal agent or managed care entity) has a 5 percent or more interest is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling.

(3) The name of any other disclosing entity (or fiscal agent or managed care entity) in which an owner of the disclosing entity (or fiscal agent or managed care entity) has an ownership or control interest.

(4) The name, address, date of birth, and Social Security Number of any managing employee of the disclosing entity (or fiscal agent or managed care entity)."

b. Indicate the Vendor's form of business (e.g., corporation, nonprofit corporation, partnership, etc.) and provide the following information:

i. Names and contact information for all officers, directors, and partners.

ii. Relationship to parent, affiliated and/or related business entities and copies of management agreements with parent organizations.

iii. Provide copies of the Vendor's articles of incorporation, bylaws, partnership agreements, or similar business entity documents, including any legal entity having an ownership interest of five percent (5%) or more.

iv. Provide the Vendor's Uniform Certificate of Authority or application for the Uniform Certificate of Authority, as well as copies of reports filed with the Kentucky Department of Insurance during the prior twelve (12) months, if applicable.

c. Demonstrate financial viability for the Vendor and each Subcontractor, as evidenced by sustained bottom line profitability and no current areas of significant financial risk for the past three (3) calendar years or the Vendor or Subcontractor's fiscal years. For the Vendor and each Subcontractor, provide copies of financial statements from the most recently completed and audited year.

d. Provide a statement of whether there is any past (within the last ten (10) years or pending litigation against the Vendor or sanctions, including but not limited to the following:

   i. Litigation involving the Vendor's failure to provide timely, adequate, or quality Covered Services. If any litigation listed, include damages sought or awarded or the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include an opinion of counsel as to the degree of risk presented by any pending litigation and whether the pending or recent litigation will impair your organization's performance in a Kentucky Medicaid Managed Care Contract.

   ii. Sanctions for deficiencies in performance of contractual requirements related to an agreement with any federal or state regulatory entity. Include monetary sanctions the Vendor has incurred pursuant to contract enforcement from any state, federal, or private entity, including the date, amount of sanction, and a brief description of such enforcement, corrective action, and resolution.

   iii. Any Securities Exchange Commission (SEC) filings discussing any pending or recent litigation. Include information for Parent Company, affiliates, and subsidiaries. The Vendor may exclude workers' compensation cases.

e. For the Vendor, Parent Company, subsidiaries and all Subcontractors list and describe any Protected Health Information (PHI) breaches (within the past five years) that have occurred and the response. Do not include items excluded per 45 CFR 164.402.

f. Has the Vendor ever had its accreditation status (e.g., National Committee on Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC), or Accreditation Association for Ambulatory Health Care (AAAHC)) in any state for any product line adjusted down, suspended, or revoked (within the past five years)? If so, identify the state and product line and provide an explanation. Include information for the Vendor's Parent Company and subsidiaries.

g. Provide a listing of Medicaid managed care contracts held in the past ten (10) years for which the Vendor has:

   i. Voluntarily terminated all or part of the contract under which it provided health care services as the licensed entity.

   ii. Had such a contract partially or fully terminated before the contract end date (with or without cause).

   iii. Had a contract not renewed.

   iv. Withdrawn from a contracted service are.

   v. Had a reduction of enrollment levels imposed?

Passport Highlights: Corporate Information

How We're Different	Why it Matters	Proof
Passport's population health model is augmented by the nation's first NCQA-accredited Population Health Program as a result of our partnership with Evolent Health.	• Kentucky Medicaid members experience better health outcomes as a result of Passport's clinical models, which implement and integrate best practices, such as NCQA-accredited case management, utilization management, and population health management programs	• For the Passport member population, "Medication Management for People with Asthma" Medication Compliance was 75% (Total), demonstrating a positive trend since 2016. 2018 vs. 2019 shows an improvement of 10 percentage points, which indicates a NCQA 4-star rating on this measure. There are other similar and significant data points.
Passport is positioned to leverage increased financial stability through our partnership with Evolent	• The Kentucky Department for Medicaid Services can be confident in Passport's financial stability, as we have implemented several successful initiatives to increase our level of capital and surplus and to grow our financial resources and liquidity to achieve and maintain a statutory Risk Based Capital (RBC) ratio of at least 150 percent of the NAIC RBC Authorized Control Levels (ACL).	• Passport is above the 150% risk-based capital requirements and has access to an extensive line of credit.
Passport's provider-owned legacy continues to steer and govern Passport's mission and values.	• Kentucky Medicaid providers produce better health outcomes with Passport members, because we draw on our provider-driven, deep Kentucky roots to collaborate directly with providers, empowering and supporting them in meeting the challenges we collectively face.	• Because of our unique provider-driven governance, Passport engages clinical experts, particularly within our provider owner organizations, to assist with critical emerging health issues such as hepatitis, AIDS, Substance Use Disorders, child psychology issues, and others. • The historical provider sponsors retain 30% ownership of the health plan with meaningful placement on the Board of Directors.

Introduction



In 2019, Passport Health Plan and its provider owners (University of Louisville Physicians, Inc., University Medical Center, Inc. Norton Healthcare, Inc., Louisville/Jefferson County Primary Care Association, Inc., and Jewish Heritage Fund for Excellence, Inc.) commenced a competitive process to select a strategic affiliate, assessing multiple national and regional potential partners. Passport and its provider owners selected Evolent Health, Inc. (Evolent) to enter a strategic asset acquisition transaction - as partner - because Evolent's mission best reflects Passport's core beliefs around provider engagement, community connectedness, and proactive care management. The closer alignment of Evolent's national Medicaid health care experience and innovative approaches coupled with Passport's local knowledge, engaged provider community, and 22 years of experience in the Commonwealth will lead to stability and reduce risk for the Kentucky Medicaid program. It will also infuse clinical and population health innovation to benefit Kentucky's most vulnerable populations. While Evolent has a 70% ownership stake in Passport, the remaining 30% continues to be held by University of Louisville, Norton Healthcare and other Kentucky-based provider organizations, thus keeping Passport closely tied to its provider-owned, Kentucky roots. The University of Louisville is the largest percentage owner, and with the other provider owners, has an equal say in key issues related to health plan strategy, operations and financial management.



Evolent's focus on population health, specialty care management, and supporting infrastructure that simplifies administration throughout the healthcare system makes it a natural partner for a provider-oriented health plan like Passport. Passport's relationship with Evolent further improves our ability to ensure our members receive high-quality care that is cost-effective, evidence-based, and highly-integrated. Our partnership provides access to leading-edge analytics and technology that leverages machine learning and artificial intelligence to assess risk-levels, including social risks, across the member population and enables us to intervene quickly to prevent adverse events. Advanced tools, such as Identifi, Healthify, and Unite Us, also enable our integrated teams to locate resources for members with social risk factors and create a closed loop by tracking referrals all the way through fulfillment of services and member satisfaction. The extensive clinical knowledge base now available to Passport was initially developed at UPMC Health Plan, one of the largest provider-owned Medicaid health plans in the country, and enhanced through a national network of providers and over 3.7 million lives in value-based care arrangements.



Sharing health plan ownership with providers is the most advanced form of true engagement and value-based care alignment. The top-performing health plans in the country (e.g., Kaiser Permanente, UPMC Health Plan, Intermountain, Geisinger) have provider ownership as a fundamental tenet of creating an Integrated Financing and Delivery System. As a provider-driven health plan, Passport is uniquely differentiated from other national plans and intimately understands the challenges that providers face, which in turn impact providers' ability to care for members. Passport

provides consultation and advisory services to providers that often goes far beyond the participating provider contract.

B.2.a. Provide required 42 CFR 455.100-107 disclosures:

Passport complies with the disclosure requirements of 42 CFR 455.100-107 in its current contract with DMS and will continue to do so as required by applicable law and DMS requirements.

B.2.a.i.(1) The name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity, fiscal agent, or managed care entity. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address.

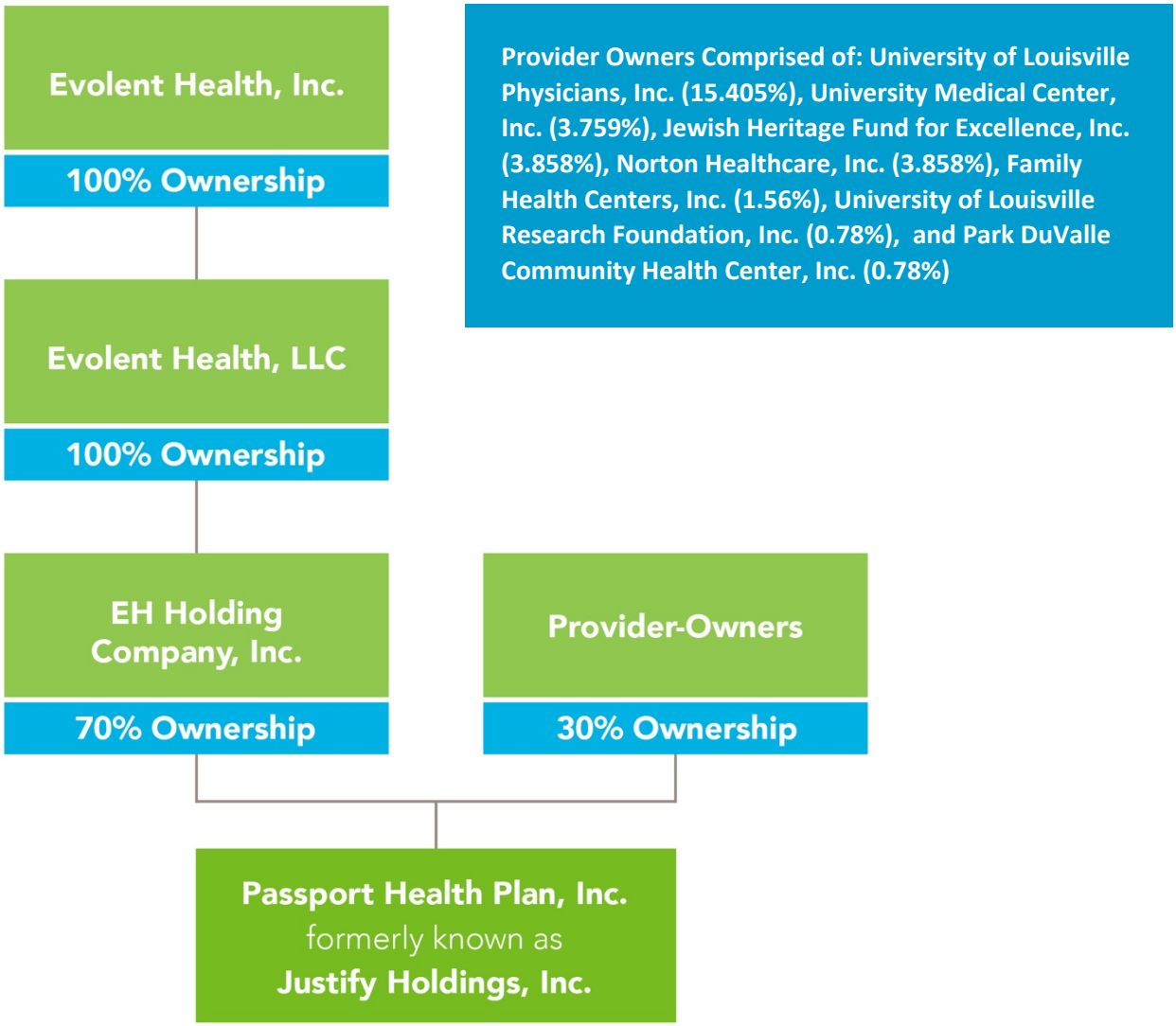
Please refer to **Exhibit B.2-1**: Entity Ownership Allocation.

Exhibit B.2-1: Entity Ownership Allocation

Entity Ownership Allocation of Passport Health Plan, Inc. with Ownership/Control Interest and Address	Equity Percentage
EH Holding Company (Evolent Health, Inc., a publicly traded company) 800 N. Glebe Rd., Suite 500, Arlington, VA 22203	70%
University of Louisville Physicians, Inc. Abell Admin Center # 404, 323 E. Chestnut Street, Louisville, KY 40202	15.405%
Norton Healthcare, Inc. 4967 US Highway 42, Suite 100, Louisville, KY 40222	3.858%
Jewish Heritage Fund for Excellence, Inc. 101 S. 5th Street, Suite 1600, Louisville, KY 40202	3.858%
University Medical Center, Inc. 11001 Park Road, Anchorage, KY 40223	3.759%
Family Health Centers, Inc. 2215 Portland Ave., Louisville, KY 40212	1.56%
University of Louisville Research Foundation, Inc. 300 E Market St #300, Louisville, KY 40202	0.78%
Park DuValle Community Health Center, Inc. 3015 Wilson Ave. Louisville, KY 40211	0.78%

The following **Exhibit B.2-2** is an organizational chart showing the owners of Passport Health Plan, Inc. (formerly known as Justify Holdings, Inc.).

Exhibit B.2-2 Parent Organizational Chart



The EH Holding Company, Inc. entity is merely a holding company that has no operational assets. The EH Holding Company is wholly owned by Evolent Health LLC which, in turn, is wholly owned by the ultimate parent, Evolent Health, Inc. Evolent Health, Inc.'s publicly-traded status (EVH) gives it access to capital markets for growth and investment in Kentucky to benefit this program. By way of background, as explained in the Executive Summary of this proposal, when Evolent acquired a 70% ownership interest in Passport, the transaction needed to be structured as an asset acquisition, not a stock or membership acquisition. As a result, Evolent created Justify Holdings, Inc. which obtained a Kentucky HMO license and upon closing of the Evolent-Passport transaction, all assets of the former Passport company were transferred into Justify Holdings, Inc., which was then renamed Passport Health Plan, Inc., and is the bidder under this RFP.

The individuals shown in **Exhibit B.2-3** are Officers or Directors of the disclosing entity, and therefore, are considered persons with a control interest in Passport Health Plan, Inc.:

Exhibit B.2-3: Officers and Directors

Officers	Board of Directors
Scott A. Bowers, Chief Executive Officer and President 5100 Commerce Crossings Drive Louisville, KY 40229 502-585-8352	**Kimberly A. Boland, MD** 571 S. Floyd St., Suite 432 Louisville, KY 40202 502-852-8600
Jonathan Weinberg, Secretary 800 N. Glebe Road, Suite 500 Arlington, VA 22203 571-389-6000	**Jenni Landrum Davis** University of Louisville Physicians University of Louisville Health Sciences Center Abell Admin Center # 404 323 E. Chestnut Street Louisville, KY 40202 502-852-6986
Scott Worthington, Chief Financial Officer and Treasurer 5100 Commerce Crossings Drive Louisville, KY 40229 502-585-7324	**Kenneth Marshall** University Medical Center 11001 Park Road Anchorage, KY 40223 502-562-3901
	Seth Blackley 800 N. Glebe Road, Suite 500 Arlington, VA 22203 571-389-6000
	Thomas Peterson 800 N. Glebe Road, Suite 500 Arlington, VA 22203 571-389-6000
	Jonathan Weinberg 800 N. Glebe Road, Suite 500 Arlington, VA 22203 571-389-6000
	Frank Williams 800 N. Glebe Road, Suite 500 Arlington, VA 22203 571-389-6000

B.2.a.i.(2)Date of birth and Social Security Number (in the case of an individual).

The dates of birth and Social Security Numbers for those individuals listed in response to subpart (i) above are confidential and sensitive and are submitted as proprietary in **Attachment B.2-1_DOB and SSN_Proprietary.**

B.2.a.i.(3) Other tax identification number (in the case of a corporation) with an ownership or control interest in the disclosing entity (or fiscal agent or managed care entity) or in any subcontractor in which the disclosing entity (or fiscal agent or managed care entity) has a 5 percent or more interest.

The Tax Identification Numbers for those corporations that hold a 5% or more interest in Passport Health Plan, Inc. are provided in **Exhibit B.2-4** (please also refer to the explanation of corporate structure in B.2.a(i)(1) above):

Exhibit B.2-4: Corporations with 5 Percent or More Interest in Passport

Entity	Tax Identification Number
Evolent Health, Inc.	32-0454912
Evolent Health LLC	45-3084136
EH Holding Company, Inc.	82-2870041
University of Louisville Physicians, Inc.	27-3645560

B.2.a.ii. Whether the person (individual or corporation) with an ownership or control interest in the disclosing entity (or fiscal agent or managed care entity) is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the disclosing entity (or fiscal agent or managed care entity) has a 5 percent or more interest is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling.

No person (individual or corporation) with an ownership or control interest in Passport is related to another person with ownership or control interest in Passport as a spouse, parent, child, or sibling. Passport does not have a 5% or more interest in any subcontractor.

B.2.a.iii. The name of any other disclosing entity (or fiscal agent or managed care entity) in which an owner of the disclosing entity (or fiscal agent or managed care entity) has an ownership or control interest.

Evolent also has an ownership or control interest in the following other active managed care entities, including:

- True Health New Mexico, Inc. (a New Mexico HMO)
- GlobalHealth, Inc. (an Oklahoma HMO)

- Two (2) provider-sponsored networks that hold Medicaid managed care contracts with the State of Florida –
  - Lighthouse Health Plan, LLC
  - Miami Children's Health Plan, LLC

Except for True Health New Mexico, Inc., Evolent owns a minority interest in the aforementioned entities.

B.2.a.iv. The name, address, date of birth, and Social Security Number of any managing employee of the disclosing entity (or fiscal agent or managed care entity)."

Passport's managing employees include the individuals shown in **Exhibit B.2-5**, all of whom are located at 5100 Commerce Crossings Drive, Louisville, KY 40229. In addition, the dates of birth and Social Security Numbers for those individuals listed in response to subpart (i) above are confidential and sensitive and are submitted as Proprietary in **Attachment B.2-1_DOB and SSN_Proprietary.**

Exhibit B.2-5: Passport Managing Employees

Managing Employee's Name	Passport Title
Scott A. Bowers	Chief Executive Officer
Scott Worthington	Chief Financial Officer
Shawn Elman	Chief Operating Officer
Steve Houghland, MD	Chief Medical Officer
David Henley	Chief Compliance Officer

B.2.b. Indicate the Vendor's form of business (e.g., corporation, nonprofit corporation, partnership, etc.) and provide the following information:

Passport Health Plan, Inc. (Passport) is a Kentucky corporation.

B.2.b.i. Names and contact information for all officers, directors, and partners.

Passport Health Plan's Officers and Directors are listed in **Exhibit B.2-6**; there are no partners:

Exhibit B.2-6: Officers and Directors

Officers	Board of Directors
Scott A. Bowers, Chief Executive Officer and President 5100 Commerce Crossings Drive	**Kimberly A. Boland, MD** 571 S. Floyd St., Suite 432 Louisville, KY 40202 502-852-8600

Officers	Board of Directors
Louisville, KY 40229 502-585-8352	
Jonathan Weinberg, Secretary 800 N. Glebe Road, Suite 500 Arlington, VA 22203 571-389-6000	**Jenni Landrum Davis** University of Louisville Physicians University of Louisville Health Sciences Center Abell Admin Center # 404 323 E. Chestnut Street Louisville, KY 40202 502-852-6986
Scott Worthington, Chief Financial Officer and Treasurer 5100 Commerce Crossings Drive Louisville, KY 40229 502-585-7324	**Kenneth Marshall** University Medical Center 11001 Park Road Anchorage, KY 40223 502-562-3901
	Seth Blackley 800 N. Glebe Road, Suite 500 Arlington, VA 22203 571-389-6000
	Thomas Peterson 800 N. Glebe Road, Suite 500 Arlington, VA 22203 571-389-6000
	Jonathan Weinberg 800 N. Glebe Road, Suite 500 Arlington, VA 22203 571-389-6000
	Frank Williams 800 N. Glebe Road, Suite 500 Arlington, VA 22203 571-389-6000

B.2.b.ii. Relationship to parent, affiliated and/or related business entities and copies of management agreements with parent organizations.

Please see the following attachment for the Master Services Agreement between Passport Health Plan and Evolent : **Attachment B.2-2_ Passport Health Plan and Evolent Health Services Agreement**

In 2019, Passport Health Plan and its provider owners (University of Louisville Physicians, Inc., University

Medical Center, Inc. Norton Healthcare, Inc., Louisville/Jefferson County Primary Care Association, Inc., and Jewish Heritage Fund for Excellence, Inc.) commenced a competitive process to select a strategic affiliate, assessing multiple national and regional potential partners. Passport and its provider owners selected Evolent to enter a strategic asset acquisition transaction as partner because Evolent's mission best reflects Passport's core beliefs around provider engagement, community connectedness, and proactive care management. Evolent's national Medicaid experience and innovative approaches combined with Passport's local knowledge, engaged provider community, and 22 years of experience in the Commonwealth will result in increased financial stability and clinical and population health innovation for Passport. While Evolent maintains a 70% ownership stake in Passport, the remaining 30% continues to be owned by University of Louisville, Norton Healthcare and other Kentucky-based provider organizations, thus keeping Passport closely tied to its provider-owned, Kentucky roots. Evolent also provides certain subcontracted services to Passport as further described throughout this proposal. Please also see **Exhibit B.2-1** for reference.

B.2.b.iii. Provide copies of the Vendor's articles of incorporation, bylaws, partnership agreements, or similar business entity documents, including any legal entity having an ownership interest of five percent (5%) or more.

Please see the following attachments for the Articles of Incorporation and Bylaws of Passport Health that are in the name Justify Holdings, Inc., which is the former name of Passport Health Plan, Inc. as explained in B.2.a.i.(1) above. Documentation filed with the Secretary of State and the Kentucky Department of Insurance evidencing the name change from Justify Holdings, Inc. to Passport Health Plan, Inc. is also included. In addition, we include the Articles of Incorporation and Bylaws for the University of Louisville Physicians, Inc., the only other entity with an ownership interest of five percent (5%) or more.

- **Attachment B.2-3_Justify Holdings Articles of Amendment**
- **Attachment B.2-4_Justify Holdings Bylaws**
- **Attachment B.2-5_Uniform Certificate of Authority Name Change**
- **Attachment B.2-6_University of Louisville Physicians, Inc. Articles of Incorporation and Bylaws**

B.2.b.iv. Provide the Vendor's Uniform Certificate of Authority or application for the Uniform Certificate of Authority, as well as copies of reports filed with the Kentucky Department of Insurance during the prior twelve (12) months, if applicable.

Please see **Attachment B.2_7_Certificate of Authority_Passport Health Plan, Inc**. Justify Holdings, Inc. was the former name of Passport. Documentation filed with and approved by the Kentucky Secretary of State evidences the name change to Passport Health Plan, Inc. and is included in **Attachment B.2-8_Name Change Documentation.**

Passport Health Plan, Inc. (formerly known as Justify Holdings) has filed no reports with the Kentucky Department of Insurance (DOI) for the previous twelve (12) months. However, we provide the following report attachments in **Exhibit B.2-7**, which includes copies of the reports filed by Passport Health with the Kentucky Department of Insurance during 2019.

Exhibit B.2-7: 2019 Passport Health Reports Filed with DOI

Name of Report	Report Period	Attachment Reference
MAR Report	April of each year	Attachment B.2-9_Management Report of Internal Controls to DOI
ORSA Report	August of each year	Attachment B.2-10_2019 ORSA Report
PP_Reports_181228_Report53Revised	Covers 2Q18, which corrected inconsistencies identified and requested by DOI	Attachment B.2-11_PP_Reports_181228_Report 53 Revised
PP_Reports_190329_Report53 covers 3Q18	Covers 3Q18	Attachment B.2-12_PP_Reports_190329_Report 53
PP_Reports_190628_Report53	Covers 4Q18	Attachment B.2-13_PP_Reports_190628_Report 53
PP_Reports_190926_Report53	Covered reporting period 1Q19, but was reported as 1Q18 in error	Attachment B.2-14_PP_Reports_190926_Report 53
PP_Reports_190926_Report53Revised	The "Reporting Time Frame" on Sheet 1 to the correct reporting period, 1Q19	Attachment B.2-15_PP_Reports_190926_Report 53 Revised
PP_Reports_191218_Report53	covers report period 2Q19	Attachment B.2-16_PP_Reports_191218_Report 53

B.2.c. Demonstrate financial viability for the Vendor and each Subcontractor, as evidenced by sustained bottom line profitability and no current areas of significant financial risk for the past three (3) calendar years or the Vendor or Subcontractor's fiscal years. For the Vendor and each Subcontractor, provide copies of financial statements from the `most recently completed and audited year.

Passport has been a financially strong organization over its 22-year history of serving the Kentucky Medicaid and foster care populations. Passport reported a financial bottom line profit in 2017. In 2018, Passport realized losses due to an unexpected rate reduction imposed on Region A in that year; that rate change did not reflect the actual underlying medical expense trend; that year is an anomaly in the context of our 22+

years of operating in the Commonwealth. As we describe below, the combination of actions taken by Passport and new rates implemented in 2019 resulted in a return to profitability by the third quarter of that year. Secondly, the losses incurred in 2018 were by far the most significant we have incurred in our 22+ years of operations in the Commonwealth and do not in any way reflect on either our historical performance or future outlook. It is important to review 2018 results in context of Passport's long history of solid fiscal performance. If one were to exclude 2018, Passport's gains over 10 years and 23 years is $95M and $183M, respectively. These funds were used to both reinvest into the community, and build reserves on the balance sheet. The average annual Net Income, excluding 2018, for 10 and 23 years is $10.5M and $8.3M, respectively.

As we entered 2019, Passport instituted widespread transformational changes to drive a financial turnaround from the 2018 results. Passport projects a bottom-line breakeven for 2019 - a significant improvement over 2018. The positive turnaround was done in partnership with our long-term business partner, Evolent, which also infused $40 million of capital into Passport in 2019 and ultimately acquired 70% ownership in the assets of Passport on December 30, 2019.

The financial turnaround of 2019 was augmented by new DMS capitation rates, coupled with a very focused and lengthy effort in the following areas of medical spend:

- Renegotiated contracts with all our third-party partners (pharmacy, behavioral health, dental, and vision). All of these subcontractors remain financially strong partners of Passport and continue to provide effective solutions.
- Adopted a new solution to improve Oncology and Cardiology Management through evidence-based practice.
- Invested in and expanded care management programs, which has increased member engagement and decreased medical costs.
- Renegotiated numerous network (provider) contracts to ensure Passport is a good steward of the Commonwealth's money, aligning contracts with Medicaid rate expectations.
- Implemented numerous initiatives to assure appropriate medical utilization and spending, while launching administrative cost savings initiatives that:
    - Reduced administrative costs as a percentage of revenue (while increasing the number of care managers) by focusing on staffing levels, automating processes through technology, and further refining our processes and procedures.
    - Reduced Evolent's fee for administrative services provided.
    - Reduced pharmacy administrative fees while transitioning to a model aligned with the Commonwealth's direction.

These efforts have produced six consecutive months of operating income from July 2019 – December 2019. Importantly, Passport has significant cash and investments funds readily available to meet operational needs and maintains a statutory net worth in excess of 150% of the risk-based capital requirements, as outlined in the Financial Security Obligation Section of this proposal (See Section 60.7.C.4). Passports overall

administrative loss ratio has been dramatically reduced, going from 9.5% of revenues in 2017 to 9.1% of revenues for the last six months of 2019, an improvement of 0.4% - or about $8 million.

Passport will maintain its statutory surplus at or above the regulatory action level. There are no known impending changes to Passport's financial structure, nor has Passport had debt called prior to expiration within the past ten (10) years. Passport has not filed for protection under any Commonwealth or federal bankruptcy laws, and none of Passport's property, plant, or equipment has been subject to foreclosure or repossession within the preceding ten (10) year period. Passport's current financial position, staff expertise and experience, access to liquid assets, and Evolent ownership and commitment to providing access to additional credit, if necessary, will ensure that Passport is financially strong now and into the future.

Exhibit B.2-8 identifies the financial statements we have provided for Passport Health Plan and each of our Subcontractors. These demonstrate our financial viability to undertake the responsibilities of the Kentucky Medicaid program. The statements cover the last 3 years (2017, 2018, 2019). If a subcontractor was not yet able to provide 2019 financial statements, we included their 2016 to provide three years of information. Per your request, we have also included the most recently competed and audited financial statements for Passport and each of our Subcontractors within the attachments.

Exhibit B.2-8: Passport and Subcontractor Financial Statements

Vendor/ Subcontractor	2016	2017	2018	2019
Passport Health Plan, Inc. including predecessor University Health Care, Inc. [1]	Information can be provided at a future date if needed.	Attachment B.2-17_Passport Health Plan Financial Statements_2018_2017_Audited_proprietary	Attachment B.2-17_Passport Health Plan Financial Statements_2018_2017_Audited_proprietary	Attachment B.2-18_Passport Health Plan Preliminary Financial Statements_CY2019_proprietary
Evolent Health LLC [2]	Attachment B.2-19_Evolent Health Financial Statements_2018_2017_2016_Audited	Attachment B.2-19_Evolent Health Financial Statements_2018_2017_2016_Audited	Attachment B.2-19_Evolent Health Financial Statements_2018_2017_2016_Audited	Attachment B.2-20_Evolent Health Financial Statements_Quarterly Report Ending March 31 2019
Avēsis Third Party Administrators	Attachment B.2-21_Avesis Financial Statements_2016 to 2017_Audited	B.2-21_Avesis Financial Statements_2016 to 2017_Audited	Attachment B.2-22_Avesis Financial Statements_2017_2018_Audited	Information forthcoming and can be provided at a later date.
Conduent Payment Integrity Solutions	Attachment B.2-23_Conduent Annaul Report_Financial Statements_2016_Audited	Attachment B.2-24_Conduent Annual Report_Financial Statements_2017_Audited	Attachment B.2-25_Conduent Annual Report_Financial Statements_2018_Audited	Information forthcoming and can be provided at a later date.

Vendor/ Subcontractor	2016	2017	2018	2019
CVS/Caremark	Attachment B.2-26_CVS Financial Statements_2018_2017_2016_Audited	Attachment B.2-26_CVS Financial Statements_2018_2017_2016_Audited	Attachment B.2-26_CVS Financial Statements_2018_2017_2016_Audited	Information forthcoming and can be provided at a later date.
Beacon Health Options (Beacon Health Options was formed by the merger of Beacon Health Strategies and Value Options. The contract that Passport has for Beacon's services is with Beacon Health Strategies, but throughout this RFP references are made to the successor company, Beacon Health Options)	Attachment B.2-27_Beacon Financial Statements_2016_Audited_Proprietary	Attachment B.2-28_Beacon Financial Statements_2018_2017_Audited	Attachment B.2-28_Beacon Financial Statements_2018_2017_Audited	Information forthcoming and can be provided at a later date.
Infomedia Group, Inc. d/b/a Carenet Healthcare Services[3]	Attachment B.2-29_Infomedia Group dba Carenet Healthcare Services Financial Statements_2018_2017_2016_Audited* *Audited 2016 and 2017	Attachment B.2-29_Infomedia Group dba Carenet Healthcare Services Financial Statements_2018_2017_2016_Audited* *Audited 2016 and 2017	Attachment B.2-29_Infomedia Group dba Carenet Healthcare Services Financial Statements_2018_2017_2016	Information forthcoming and can be provided at a later date.

Footnote 1:

Passport Health Plan, Inc. (f.k.a. Justify Holdings, Inc.)

Given the not-for-profit status of University Health Care, Inc., Evolent's purchase of a 70% ownership interest in Passport was structured as an asset acquisition. To complete the transaction, Evolent created Justify Holdings, Inc. which obtained a Kentucky HMO license. Upon closing of the Evolent-Passport transaction on 12/30/2019, the assets and contracts of the former Passport company were acquired by Justify Holdings, Inc.,

Vendor/ Subcontractor	2016	2017	2018	2019

which was then renamed Passport Health Plan, Inc. ("PHP, Inc."), and is the bidder under this RFP. Given the timing of the Evolent transaction, Passport met with the current Commissioner of the Department of Insurance during January, 2020 to align on a financial reporting methodology for 2019.

- Under that plan, the 2019 Income Statement is being reported on the NAIC statutory filing of University Health Care, Inc., rather than Passport Health Plan, Inc. The 2019 Income Statement illustrates significant Net Income improvements.
- The Passport Health Plan, Inc. Balance Sheet is provided which calculates to greater than a 150% RBC level, with equity of around $87.5 million.
- There is also a pro forma statement that combines both Passport Health Plan, Inc. and University Health Care together for 2019.

Full financial statements for 2017 and 2018 are provided for University Health Care, Inc.

Footnote 2:

Evolent Health LLC – Is the subsidiary through which Evolent Health, Inc. conducts its operations. Evolent Health LLC's financials are consolidated with those of its parent, Evolent Health, Inc. Evolent Health, Inc. is a publicly traded company who is the sole owner of Evolent Health, LLC. Three years of the financial statements are provided.

EH Holding Company, Inc. Is merely a holding company that has no operational assets or transactions outside of its ownership of Passport Health Plan, Inc., and therefore no financial statements have been provided. It is wholly owned by Evolent Health LLC.

Footnote 3:

Infomedia Group, Inc. d/b/a Carenet Healthcare Services is a privately held organization and considers its financial information to be confidential. Please see **Attachment B.2-30_Infomedia Group dba Carenet Healthcare Services Financial Statements_2018_2017_2016**, which can be found in the Proprietary Binder that is included with this RFP response submission. Any additional information will be provided upon request upon contract award.

B.2.d. Provide a statement of whether there is any past (within the last ten (10) years) pending litigation against the Vendor, its Parent Company, its subsidiaries or Subcontractors, or sanctions, including but not limited to the following :

From time to time, Passport has been sued for various causes of action, none of which have been material from a financial standpoint. Such litigation has not impaired Passport from meeting contractual or performance requirements of the Kentucky Medicaid Managed Care contract. Passport will continue to disclose all additional material threatened or pending litigation against it or its Affiliates that arise after the submission of this RFP prior to Execution, in writing to the Finance and Administration Cabinet ("FAC"). In addition, Passport will disclose any new material litigation filed against it or its Affiliates in writing to FAC

within ten (10) Business Days of receipt of notice of new pending litigation. The following information addresses litigation against Passport and its parent company, Evolent Health.

Litigation Filed Against Passport

Within the past ten (10) years, Passport has been a defendant in the following litigation matters. More specific information related to litigation and sanctions is listed below. Per counsel, Passport does not have any pending or recent litigation that will impair it from meeting contractual or performance requirements of the Kentucky Medicaid Managed Care Contract. Please see opinions of outside counsel in **Attachment B.2-30_Schoenbaechler Law Firm Letter** and **Attachment B.2-31_Frost Brown Todd Law Firm Letter**.

The following suits have been filed against Passport.

- Plaintiff: First Stop Urgent Care Center, PSC, First You Medical Center, PLLC
  Defendant: University Health Care, Inc. d/b/a Passport Health Plan and d/b/a Passport Advantage.
- Plaintiff: Cesarz, Dr. Hans
  Defendant: Passport Health Plans
- Plaintiff: Kentuckiana Perinatology, PSC, et al
  Defendant: University Health Care, Inc.
- Plaintiff: PHI Air Medical, LLC
  Defendant: University Health Care, Inc.
- Plaintiff: PHI Air Medical, LLC
  Defendant: University Health Care, Inc.

Litigation Filed Against Evolent Health, Inc. and its subsidiaries (Evolent)

Within the past ten (10) years, Evolent has been a defendant in several litigation matters. More specific information related to litigation and sanctions is listed below. Per counsel, Evolent does not have any pending or recent litigation that will impair Evolent or Passport from meeting contractual or performance requirements of the Kentucky Medicaid Managed Care Contract. Please see opinions of outside counsel in **Attachment B.2-32_King and Spalding Law Firm Letter** and **Attachment B.2-33_McguireWoods Law Firm Letter.**

The following suits have been filed against Evolent Health, Inc. and its subsidiaries.

Evolent has been named in three (3) litigation matters that have settled in the past ten (10) years. In each case, the lawsuit was dismissed, and the parties entered into a Settlement Agreement. None of the settlements had a material economic impact on Evolent.

- Weil v. Evolent Health LLC - employment matter
- Burns v. Valence Health - employment matter
- Sendero Health Plans, Inc. v. Valence Health - Texas claims dispute.

(Evolent Health acquired Valence Health and assumed the two matters listed above filed against Valence Health.)

Evolent Health also has the following pending litigation

- *Kelly, Sakinah v. Evolent Health* – employment matter, U.S. District Court for N.D. of Illinois (the parties have reached settlement and are awaiting court approval of the settlement. Upon court approval, the case will be dismissed.)
- *Sendero Health Plans, Inc. vs. Evolent Health LLC* – claims dispute in arbitration regarding Texas Department of Insurance claims processing fines.
- *Torres, Martin v. Evolent Health LLC* - employment matter, U.S. District Court for N.D. of Illinois
- *DeLeon, Hugo v. NCH Management Systems, Inc.* - employment matter, Superior Court for the State of California for the County of Orange (NCH Management Systems, Inc. is a subsidiary of Evolent Health)
- *Plymouth County Retirement System v. Evolent Health, Inc., Frank Williams, and Nicholas McGrane* - class action investor lawsuit, U.S. District Court, E.D. of Virginia

B.2.d.i. Litigation involving the Vendor's failure to provide timely, adequate, or quality Covered Services. If any litigation listed, include damages sought or awarded or the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include an opinion of counsel as to the degree of risk presented by any pending litigation and whether the pending or recent litigation will impair your organization's performance in a Kentucky Medicaid Managed Care Contract.

Per counsel, Passport Health Plan does not have any pending or recent litigation that will impair Passport Health Plan from meeting contractual or performance requirements of the Kentucky Medicaid Managed Care Contract. Please see opinions of outside counsel in **Attachment B.2-30_Schoenbaechler Law Firm Letter** and **Attachment B.2-31_Frost Brown Todd Law Firm Letter.** The following lawsuit involve Passport's alleged failure to provide timely, adequate, or quality Covered Services.

- *Brenda Turner, by and through her authorized representative, Appalachian Regional Healthcare, Inc. v. Commonwealth of Kentucky, Cabinet for Health and Family Services and Vickie Yates Brown Glisson and Passport Health Plan. Filed December 18, 2015. Litigation was handled by Ozair Shariff of Stites & Harbison.* The plaintiff sought judicial review of a Final Order by the former Secretary of the Cabinet for Health and Family Services dismissing an administrative appeal for a denial of medical services. The plaintiff sought reversal of the dismissal of the appeal and remand to the Cabinet for an administrative hearing on the denial of the services. The plaintiff also sought attorneys' fees and costs and other relief to which she is entitled. The case was dismissed for lack of prosecution.

Per counsel, Evolent Health, Inc. the parent company of Passport Health Plan, does not have any pending or recent litigation that will impair Evolent or Passport Health Plan from meeting contractual or performance requirements of the Kentucky Medicaid Managed Care Contract. Please see opinions of outside counsel in **Attachment B.2-32_King and Spalding Law Firm Letter** and **Attachment B.2-33_McguireWoods Law Firm Letter.** Further, there are no suits that involve Evolent's alleged failure to provide timely, adequate, or quality Covered Services. Please also refer to **Exhibit B.2-2** for a summary of items pertaining to this section.

B.2.d.ii. Sanctions for deficiencies in performance of contractual requirements related to an agreement with any federal or state regulatory entity. Include monetary sanctions the Vendor has incurred pursuant to contract enforcement from any state, federal, or private entity, including the date, amount of sanction, and a brief description of such enforcement, corrective action, and resolution.

Please see **Attachment B.2-34_Sanctions and Adverse Actions Summary** for Passport Health Plan's list of sanctions, adverse actions, and corresponding details requested.

There are no sanctions, adverse actions, or corresponding details for Evolent Health, Inc. (Passport Health Plan's parent company). Please also refer to **Exhibit B.2-2** for a summary of items pertaining to this section.

B.2.d.iii. Any Securities Exchange Commission (SEC) filings discussing any pending or recent litigation. Include information for Parent Company, affiliates, and subsidiaries. The Vendor may exclude workers' compensation cases.

Passport Health Plan does not have any Securities Exchange Commission (SEC) filings. Please see **Attachment B.2-20_Evolent Health Financial Statements_09302019** which includes pages 26 through 28 of the SEC filing Form 10-Q for the quarter ended September 30, 2019 for Passport Health Plan's parent company, Evolent Health, Inc., which discusses pending/recent litigation matters. University of Louisville Physicians, Inc. does not have any SEC filings. Please also refer to **Exhibit B.2-2** for a summary of items pertaining to this section.

Exhibit B.2-9 provides information responsive to B.2.d.i through B.2.d.iii for Passport's other Subcontractors:

Exhibit B.2-9. Table Summary for Sections B.2.d.i-iii.

Subcontractor	B.2.d.i.	B.2.d.ii.	B.2.d.iii.
Avēsis Third Party Administrators, Inc.	There was one lawsuit filed against Avēsis alleging Avēsis's failure to provide timely, adequate, or quality Covered Services, but this case does not affect Avēsis's ability to administer ancillary benefits for Medicaid enrollees in Kentucky. The suit was filed against treating physicians and Avēsis alleging substandard dental care and the plaintiff seeks damages on a variety of legal theories including vicarious liability and fraud. The case was filed in 2018 in the Court of Common Pleas,	Between 2014 and today, there have been a total of four regulatory actions, sanctions, or fines imposed by regulatory entities related to Avēsis: • *(2015) Avēsis Third Party Administrators, Inc.*: Oklahoma Department of Insurance fined Avēsis for failure to submit its Third Party Administrator Renewal Application to the Department by the required due date. **This penalty was not related to the provision of**	There are no SEC filings discussing any pending or recent litigation against Avēsis.

Subcontractor	B.2.d.i.	B.2.d.ii.	B.2.d.iii.
	Philadelphia County, PA and was dismissed.	**Medicaid or Medicare services.** Between 2016 and 2019, Avēsis paid just under $500,000 in penalties to four health plan clients due to an encounter file error affecting only our Kentucky market. No fines, sanctions, or regulatory actions were imposed by any regulatory body for this error. To its knowledge, Avēsis is not currently under investigation by any regulatory body.	
Beacon Health Options	There are 3 active lawsuits filed against Beacon Health Options currently. New York City Health and Hospitals Corporation v. Beacon Health Strategies, LLC, D/B/A Beacon Health Options, and Affinity Health Plan, Inc. is a claims dispute filed in the U.S. District Court for the S.D. of New York. Pettenato v. Beacon Health Options, Inc. is a misclassification suit filed in the U.S. District Court for the S.D. of New York. ABC Services Group v. Beacon Health Options, Inc., Beacon Health Strategies LLC, ValueOptions Federal Services, Inc and Beacon Health Options of California, Inc. is a claims dispute filed in the C.D. of California. Beacon also had several cases brought against it and either	To its knowledge, Beacon is not currently under investigation by any regulatory body.	There are no SEC filings discussing any pending or recent litigation against Beacon Health Options.

Subcontractor	B.2.d.i.	B.2.d.ii.	B.2.d.iii.
	settled, withdrawn, or dismissed. These cases involved claims disputes or various employment matters.		
Infomedia Group, Inc. d/b/a Carenet Healthcare Services	There is no pending or recent litigation.	Carenet has not been subject to sanctions for performance deliveries with any federal or state regulators.	Carenet is a privately held S-corporation, incorporated in the state of Texas and owned by a group of private investors. There is no pending or recent litigation to disclose in SEC filings.
Conduent Payment Integrity Solutions	Conduent is party to no litigation which will materially affect its ability to perform the services required by this RFP. However, in the normal course of operations, Conduent becomes involved, from time to time, in general, commercial, or business litigation, as either a plaintiff or a defendant. The number of cases varies and involves disputes on matters of payment, breach of contract, negligence, employment, and similar matters common to employers doing business in the United States. No pending cases are, in Conduent judgment, material or likely to have an adverse impact on Conduent ability to perform services under this RFP. There has been no such litigation in the past three years.	To its knowledge, Conduent is not currently under investigation by any regulatory body.	There are no SEC filings discussing any pending or recent litigation against Conduent.

Subcontractor	B.2.d.i.	B.2.d.ii.	B.2.d.iii.
CVS/Caremark	As a participant in the health care industry, our business operations are subject to complex federal and state laws and regulations and oversight by federal and state governmental agencies as described in the Company's Annual Report on Form 10-K for the year ended December 31, 2018, filed with the SEC on February 28, 2019. We are subject from time to time to various claims, lawsuits and/or governmental investigations relating to our PBM operations which may include, without limitation, business matters, contract matters, employment issues and professional liability claims.	To its knowledge, CVS/Caremark is not currently under investigation by any regulatory body.	SEC filings describing certain legal proceedings affecting CVS/CAREMARK Health Corporation can be found here: **2018:** https://investors.cvshealth.com/investors/sec-filings/default.aspx **2017:** https://d18rn0p25nwr6d.cloudfront.net/CIK-0000064803/a44339a7-8b7b-4257-b86c-11b5ac6cc86c.pdf **2016:** https://d18rn0p25nwr6d.cloudfront.net/CIK-0000064803/2f0e714f-09d8-4347-b692-c7b2d6c74272.pdf **2015:** https://d18rn0p25nwr6d.cloudfront.net/CIK-0000064803/335b4151-fe93-4430-99e1-f933d8db3848.pdf

B.2.e. For the Vendor, Parent Company, subsidiaries and all Subcontractors list and describe any Protected Health Information (PHI) breaches (within the past five years) that have occurred and the response. Do not include items excluded per 45 CFR 164.402.

Please refer to **Exhibit B.2-10**.

Exhibit B.2-10. PHI Breaches

Subcontractor	PHI Breaches
Passport Health Plan, Inc.	Passport itself has never had a breach. The below Breach described by Passport's subcontractor Avesis involved some Passport members, however.

Subcontractor	PHI Breaches
Evolent Health LLC/Evolent Health, Inc. (collectively, Evolent)	Evolent has had one (1) reportable Breach in the last 5 years. The Breach affected 4 individuals. To address the incident, Evolent conducted corrective action and retraining of its staff and offered credit monitoring services to the affected individuals. Additionally, Evolent has had various security incidents in the form of misdirected faxes, which are usually sent to an unintended Covered Entity. We investigate each one that we are aware of and engage in mitigation and corrective action, and as far as we know, none have resulted in improper use or redisclosure of PHI.
Avēsis Third Party Administrators, Inc.	Over the last five years, Avēsis had one privacy breach affecting 500 or more members, 11 of which were Passport members. In January 2019, they became aware of a privacy breach related to eligibility file errors that resulted in utilization review decision letters being sent to the wrong member. They used their standard breach protocol to conduct a root cause analysis to identify that a code change associated with the 834-file created waterfall logic resulting in member mailing addresses being cascaded to other member records. To mitigate the issue: (1) Bad code was replaced with the correct code and logic; and (2) Eligibility files were reloaded and tested to ensure records were loaded correctly. As the Business Associate, they reported the breach to their impacted health plan clients, the Covered Entities. Existing protocols were implemented, which require beneficiaries to be informed within 60 days of the breach discovery in compliance with U.S. Department of Health and Human Services guidelines. The breach affected one health plan client located in Kentucky. The breach consisted of 908 utilization review letters mailed to 634 members. Jointly, the Covered Entity and their government healthcare team were able to mitigate all but 31 members but obtaining assurances that the misdirected letters were unopened and/or destroyed by the recipient. To further rectify the problem, Avēsis made systemic changes to the eligibility/EDI file change process including: • Implementing software development lifecycle change processes for eligibility/EDI file changes. • Mandating segregation of duties for eligibility/EDI file changes. • Introducing a requirement that someone with the title of manager or higher must complete testing review of eligibility/EDI file changes before they are moved to production • Introducing an annual review of client eligibility/EDI changes to ensure compliance with requirements and the integrity of the files and the change process.

Subcontractor	PHI Breaches
Beacon Health Options	Over the past 5 years, Beacon has had 100 separate Breaches. The Breaches were resolved in accordance with Beacon Policy Number: CO 30.7 (HIPAA Intake and Investigation). The most common reasons for the Breaches are as follows: • 61% – Letter was mailed to the wrong person • 14% – Email was sent to the wrong person • 13% – Fax was sent to the wrong person Two Breaches during this timeframe included Passport members: • 2016 – A letter was mailed to the last address on file; however, the member had moved • 2017 – A pharmacy letter was mailed to the last address on file; however, the member had moved.
Infomedia Group, Inc. d/b/a Carenet Healthcare Services	No PHI Breaches
Conduent Payment Integrity Solutions	No PHI Breaches by this division
CVS/Caremark	CVS/CAREMARK has experienced a small number of breaches/data security incidents in the past. There are occasional, inadvertent HIPAA disclosures as a result of an employee who fails to follow an established process or receives incorrect information. Occurrences of violations represent less than 1% of the total volume. With each case, CVS/CAREMARK remained consistent with its privacy and security policies and procedures, and investigated the incidents immediately, following the federal and state notification requirements. CVS/CAREMARK then took the necessary steps to mitigate any harm and implemented corrective action, including sanctioning employees or subcontractors. CVS/CAREMARK follows a documented Incident Response Procedure with specified roles, responsibilities and contact information. We notify clients within the agreed upon response time in the established business associate agreement. CVS/CAREMARK provides its list of PHI breaches affecting more than 500 individuals in **Attachment B.2-35_CVS HIPAA Breaches**. In the list, CVS/CAREMARK includes only breaches affecting 500 or more individuals in alignment with U.S. Department of Health and Human Services Office for Civil Rights requirements. CVS/CAREMARK asserts that it cannot provide details about incidents impacting fewer than 500 individuals due to the confidentiality provisions of its customer and vendor contracts. Occurrences of HIPAA violations represent less than 1% of CVS/CAREMARK Health's total volume, and CVS/CAREMARK implements corrective action plans to mitigate any harm when incidents do occur,

Subcontractor	PHI Breaches
	ensuring violations are handled in accordance with federal and state notification requirements.

B.2.f. Has the Vendor ever had its accreditation status (e.g., National Committee on Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC), or Accreditation Association for Ambulatory Health Care (AAAHC)) in any state for any product line adjusted down, suspended, or revoked (within the past five years)? If so, identify the state and product line and provide an explanation. Include information for the Vendor's Parent Company and subsidiaries.

Passport Health Plan has been NCQA Health Plan Accredited since 2002. In 2002, Passport was awarded NCQA Accreditation of "Excellent" the highest NCQA Health Plan Accreditation. Passport continued to maintain the NCQA highest designations year after year. In 2005, Passport in was named the 18th ranked Medicaid Health Plan in the country and continued its stellar performance in 2007 ranked 11th and 2008 ranked 9th respectively. In 2012, Passport was ranked the top Medicaid Health Plan in Kentucky with 4 Stars. However, the Passport NCQA Health Plan Accreditation designation decreased in 2017 to "Commendable" and subsequently in 2018 to "Accredited". The decreases can be attributed to the following sequence of events: Passport's statewide Medicaid program expansion, and its transition to a new TPA, which led to administrative data issues. These issues have been resolved as evidenced by the year over year (2016-2018) improvement in the Medication Management for People with Asthma performance. Passport has been diligent during this time, adhering to the rigorous NCQA Accredited Population Health Accredited programs and working closely with the providers and the community to ensure a strong relationship. Passport is now well-positioned to regain a high NCQA Health Plan Accreditation rating.

Passport Health Plan is fortunate to use the clinical program structure from the nation's first NCQA-accredited Population Health Program from its operating partner, Evolent. Evolent is the first organization in the country to receive NCQA Accreditation of its Population Health Program for three (3) years. Evolent is a recognized leader in improving population health, and its programs are integrated into Passport's day to day clinical management. Evolent also holds NCQA Case Management Accreditation and Utilization Management Accreditation, each for three (3) years. There are no other accreditations held by Passport, its parent company Evolent, or any subsidiaries.

B.2.g. Provide a listing of Medicaid managed care contracts held in the past ten (10) years for which the Vendor, or Vendor's Parent Company or subsidiaries has:

i. Voluntarily terminated all or part of the contract under which it provided health care services as the licensed entity.

ii. Had such a contract partially or fully terminated before the contract end date (with or without cause).

iii. Had a contract not renewed.

iv. Withdrawn from a contracted service area.

v. Had a reduction of enrollment levels imposed?

Passport Health Plan has been a long-standing partner of the Commonwealth's Medicaid managed care program, under continuous contract(s) with the Cabinet for over 22 years. None of the specified circumstances apply to Passport's tenure in the Commonwealth or elsewhere. Further, none of the above circumstances apply to Evolent as Passport's Parent Company. Passport does not have any subsidiaries.

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.

B.3 Staffing



B.3. Staffing

a. Describe the Vendor's proposed approach to staffing this Contract, including the following information at a minimum

   i. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to Kentucky's Medicaid program and Enrollees and supports stakeholder groups (e.g., Enrollees, providers, partners, among others).

   ii. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner.

   iii. Description of the governing body, how members are selected, and envisioned role specific to the Vendor's support of the Kentucky Medicaid managed care program.

   iv. A listing of Key Personnel identified in Section 9.2 of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," and as otherwise defined by the Vendor, including:

      a. Individual names, titles, brief job descriptions, qualifications and fulltime equivalents (FTEs) dedicated to this Contract, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be two thousand eighty (2,080) hours.

      b. Whether each Key Personnel position will be filled by a Vendor's employee or a Subcontractor.

      c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.

   v. Summary of recruitment timelines and activities for Key Personnel positions for which individuals have not been identified at the time of the proposal. Describe contingency plans should those positions continue to remain open after Contract Award.

   vi. Overview of the Vendor's proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," for all operational areas.

   vii. Overview of Vendor's approach to monitoring Subcontractors' progress in recruiting and training of staff to meet all requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

   viii. Retention approach for key personnel.

b. Provide a detailed description of the Vendor's organizational structure for this Contract, including an organizational chart that clearly displays the following:

   i. Management structure, lines of responsibility, and authority for all operational areas of this Contract.

   ii. How the RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices" fits into the overall organizational structure of the Parent Company

iii. Where subcontractors will be incorporated.

iv. A summary of how each Subcontractor will be integrated into the Offeror's proposal performance of their obligations under RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," to ensure a streamlined experience for the Members, providers and the Department.

v. Number of proposed FTEs dedicated to RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," by position type and operational area and how the Vendor determined the appropriateness of these ratios.

Passport Highlights: Staffing

How We're Different	Why It Matters	Proof Points
Experience and Local Presence: Passport has been focused on serving Kentucky Medicaid for over twenty (20) years. Our staffing model prioritizes local experience and knowledge. Our service model is based on deep community presence and hands-on service. Passport's members are our neighbors, friends and community.	• The Medicaid population has unique needs, and experience matters in helping members navigate their health needs. • Community presence creates greater access points and better care coordination, and builds trust with members. • Deep relationships with local service providers help to addresses Social Determinants of Health (SDOH). • Local, relationship-based model deepens provider engagement • Local hiring stimulates Kentucky's economy	• Passport's staff bring experience working in Kentucky Medicaid. • Close to 90% of staff supporting Passport staff lives in and around Kentucky with local presence in all counties. • Passport has a direct presence including Board representation with over 200 Community Service providers and helped to launch **United Community** – an effort to initiate and close referrals across many organizations, agencies, and services.
Deep Organization in Place Today, Passport has the in-depth expertise across every major functional area required to service the contract. As a Managed Care Organization (MCO) dedicated to the Kentucky Medicaid program, Passport's Mission and the Commonwealth's objectives for the program are highly aligned.	• Passport has had an historically strong reputation for excellent service to both providers and members. • Given that the existing organization/infrastructure is in place, our members will not experience any service disruption. • Passport has historically demonstrated a continued ability to evolve and expand its' organization based on Department of Medicaid	• Passport has over 20 years of experience successfully serving Medicaid members. • The Passport organization is fully staffed today with highly qualified leaders/employees. • Passport's reputation as a leading plan and employer has attracted deep candidate pools for open positions and rapid hiring timelines. • Time and time again, Passport has responded in partnership with the Commonwealth to new challenges such as

How We're Different	Why It Matters	Proof Points
	Services (DMS) needs and future vision for the program.	Medicaid expansion, inclusion of behavioral health (BH), and innovation in foster care.
Focus on Whole-Person, Integrated Care: From our experience, many members have multiple health needs, yet care experience is siloed. Several years ago, Passport implemented a Health Integration initiative, which has been responsible for proactively collaborating across internal departments, primary care and specialty providers as well as community advocates to develop innovative whole-person integrated care and population health management (PHM) solutions	• Provides a full picture of the members health issues to get the right treatment plan in place. • Integrates care model to incorporate areas such as BH, pharmacy and care management to support members. • Pro-active, whole-person approach maintains health by avoiding acute episodes, improving quality and reducing costs • Promotes quick reporting of inappropriate utilization to compliance team for investigation and resolution • Facilitates provider education and gives essential support to providers around caring for members with complex needs.	Worked with providers to: • Reduce barriers, increasing access to applied behavioral analysis (ABA) services • Develop treatment addressing trauma needs of members cycling in/out of the hospital with mislabeled BH problems • Help members receiving IV medications to receive care while in substance use disorder (SUD) treatment vs. inappropriately placed in a LTAC to receive IV treatment without needed SUD services • Complex Care Program successfully engaged at-risk members and substantially reduced hospitalizations and Total Cost of Care. • In Depth provider support around diagnosis and pathway development for members with cancer
Provider Leadership and Engagement: Passport's organization is founded on deep inclusion of providers in plan governance, clinical policy setting and driving innovation to better serve our members. This approach engages providers as partners and helps to elevate member engagement.	• Ensures clinical best practice and a strong clinical orientation that places the member first. • Aligns providers around the broader issues and context that the Commonwealth faces within the Medicaid population. • Multi-disciplinary, locally based approach to problem solving leads to better solutions and support for members.	• Our Board of Directors (Board), committee structure and organizational processes involve more than 100 representatives from providers, community volunteers, and local service providers. • Local, engaged clinicians have helped to develop the model of care for critical health issues in the Commonwealth including AIDS, child trauma, hepatitis, etc. (make sure these foot with examples in other sections)

How We're Different	Why It Matters	Proof Points
	• Focus on participation and engagement reduces abrasion with providers. • Creates member-centered design focus in new solutions	• New solutions such as our population health programs have been more successful as a result of early stakeholder participation and buy-in.

Introduction

As a Kentucky-based organization, Passport Health Plan (Passport) is proud to provide the vast majority of its staffing opportunities to Kentuckians. Passport currently has staff that reside in 30 Kentucky counties spreading our employee footprint across the Commonwealth and allowing us to keep a finger on the pulse of what is happening in its local communities. Many of our staff also serve their local communities by serving on community boards and councils and providing grass-roots support. The focus on locally based staff allows it to better serve our members and providers as a result of our familiarity with their unique, regional needs. Deep local knowledge and relationships are critical with vulnerable populations that struggle with access, trust of the healthcare system and broader barriers to improving their health status. It also allows us to tailor our approach to best meet the needs of DMS while also providing employment that positively impacts 550 families and stimulates the Kentucky economy. We are a proud Kentucky employer, building off of two (2) decades of excellence and investing in our staff to meet the evolving needs of the Commonwealth.

B.3.a. Describe the Vendor's proposed approach to staffing this Contract.

Passport is a Kentucky-based health plan serving roughly 300,000 Medicaid members. Passport has served as a steadfast partner, contracted as an MCO, to the Department for Medicaid Services (DMS) for 22 years. As a current Medicaid contract holder with DMS, Passport currently has the corporate structure, including all Key Personnel to service this Contract. Throughout Passport's history, we have demonstrated the ability to maintain a staffing level within our organization and through our subcontractor relationships that has appropriately supported any and all levels of membership that we have encountered. A prime example is when Passport was able to rapidly increase its staffing to accommodate the Medicaid expansion that occurred in 2014; successfully recruiting and hiring over 350 qualified employees – in only a matter of months - to support our newly expanded membership level. We are prepared to increase staffing again in response to greater KCHIP and Medicaid expansion enrollment should Governor Beshear's budget proposal pass to fund enrollment programs. Our highly qualified Human Resources staff continuously works closely with our operational leaders to determine appropriate staffing levels, and the recruiting team is ready to accommodate plan growth or add new capabilities as we have repeatedly throughout our history.



There are certain instances after careful analysis where we leverage a vendor or subcontractor to deliver a particular service to our various stakeholders. We do not take these decisions lightly and will only pursue a

vendor relationship if we have clarity around the value proposition, level of expertise and the ability to support efficient and effective service delivery. Additionally, Passport only selects subcontractors that demonstrate alignment with our mission of improving the health and quality of life for our members. Accordingly, if this staffing approach is used, Passport remains fully accountable for the end-to-end delivery of our obligations to DMS, members, providers and the community.

These strategic decisions are led by our experienced, Kentucky-based Executive Leadership Team (ELT) and supported by an organization that includes the key management and staff positions required by DMS, as well as other dedicated project implementation team members. Our local team knows the Commonwealth, and the communities we serve and strives to provide a high touch service experience for members. In fact, Passport is supported by a staff of approximately 600, 89% of whom are local. This emphasis on local staffing is a key element to Passport's success; our members are our neighbors, friends, and community. As a result, we believe that we understand the needs of this population at a very in-depth level. For example, our "boots on the ground" staff of embedded Care Advisors (BH professionals, nurses and social workers), community health workers, guardianship specialist, foster care team, community engagement representatives, health education team, and Equity, Diversity and Inclusion (EDI) team are all working in the community directly with our providers, members and agencies. In addition, our special Health Integration teams (who support the improved integration of physical and behavioral care with full reviews of members' SDoH) is comprised of seasoned Kentucky provider leaders who work to identify care gaps, collaborate with local provider experts to generate solutions, enhance our approach with national best practices, problem solve for potential solution barriers, measure outcomes, and adjust the approach based on results. These teams all collaborate with other operational staffing functions to provide a comprehensive approach to improving members' health while decreasing total cost of care. Passport's goal is to ensure both smooth and timely implementation and ongoing management of the Kentucky Medicaid program to exceed all DMS requirements.

B.3.a.i. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to Kentucky's Medicaid program and Enrollees and supports stakeholder groups (e.g., Enrollees, providers, partners, among others).

Our Integrated, Stakeholder-Oriented Organizational Structure

Passport's Organizational Structure Ensures Innovative Solutions Are Embraced

Passport's organizational and governance structure empowers employees at all levels to "take action" for members and those who care for them, while ensuring systemic issues are identified, escalated and resolved by our leadership team right here in Kentucky. By creating clear role structure and accountability, we set decision authority to the appropriate levels in the organization to empower our front-line staff to engage directly with members and providers to solve their challenges in real-time. Our commitment to innovation starts with our ELT and overall governance structure and permeates throughout our organization.

Executive Leadership Team and Key Personnel

Passport's organizational structure provides for close integration across all levels of health plan operations, ensuring alignment and a multi-disciplinary process to identifying, assessing and implementing innovative solutions. Passport's President and Chief Executive Officer (CEO), Scott Bowers, reports to the Passport Board. While Mr. Bowers has ultimate accountability for Passport's performance and the requirements of the Medicaid Managed Care Contract, his executive team is responsible for all health plan functions and practices that ensure the integrated and coordinated delivery of services to our members. Passport's ELT has a comprehensive understanding of Medicaid managed care and the interdependencies that exist among health plan functions. The ELT comprise those highly talented and dedicated executives listed in 3.a.iv. below who have extensive experience with national health plans and evidence-based medicine, as well as deep knowledge of Kentucky Medicaid services. As a result, the leadership team deeply understands the issues and the associated priorities of the Commonwealth. Whether addressing SDoH and barriers to care access, combatting Kentucky's opioid epidemic, or reducing provider abrasion and administrative burden, the leadership team is in-tune with Kentucky's priorities. We engage key constituents throughout the Commonwealth at regular agency meetings, provider meetings, health care-related forums and member listening sessions. Our long tenure in Kentucky, community-based approach and focus on active listening and engagement ensures that our leadership team stays regularly informed and has the full local context to make the right decisions for members.

ELT Collaboration: Passport's CEO chairs weekly ELT meetings to ensure all functional areas are appropriately integrated. The meetings are used to resolve issues, identify, assess, and monitor the deployment of innovative solutions, and to review all aspects of health plan performance. The ELT meeting agendas also routinely include functional subject matter experts to address important business topics and as well as issues that pertinent to our members.

Senior management and all other supervisory staff are included in onsite monthly forums where operational priorities and plan updates from ELT are provided and discussed. This cascading of information also happens in real-time through a multi-channel communication approach including teleconferences, disseminating performance dashboards, comprehensive email updates, and open office hours so that the organization's leadership have face-to-face opportunities to discuss pertinent matters of business with department leaders. Additionally, in our more formal forum discussions, departments are invited to share important updates and innovations that may potentially affect or require cross functional support. This multi-dimensional approach to communication and collaboration further advances Passport's ability to develop holistic, innovative, and integrated solutions that ultimately benefit our members and providers.

Passport's Governance Structure Integrates Stakeholders to Inform Innovative Solutions for Kentucky Communities

Because of our roots as a Kentucky-based, provider-driven organization, Passport has strong, existing partnerships with local provider groups, community advocates, and members. To help us maintain these deep community ties and inform decision-making, we have implemented a unique governance structure that integrates stakeholders in a comprehensive way.

Overview

Our Partnership Council and its supporting quality committees and sub-committees advance the development and oversight of the health plan's clinical programs and policies. The Partnership Council and Quality Committees and Subcommittees are described further under the governance discussion in section a.iii. Formal engagement of critical provider and community stakeholders helps Passport to access deep expertise around clinical and social issues facing our members as well as obtaining better input into new innovations as we identify and test new solutions directly with members, providers, and community partners. We then deploy a rigorous methodology for assessing comprehensive data and program outcomes to iterate our approach before collaborating with DMS for larger-scale adoption. Our work in supporting the commonwealth around innovative approaches to SDOH, Foster Care, integration of Behavioral Health and Cancer Care are examples of the benefits of having formal structures to engage community-based constituents

1. **Partnership Council**
   Passport's Partnership Council has deep ties to the community and allows us to develop innovative solutions through our 32 members representing major categories of providers, members, and community services organizations. The Council assists in the development and oversight of Passport's clinical programs including care management, utilization management, quality and pharmacy. It receives and reviews management and improvement actions from Passport's quality committees to continuously improve the quality of our team's service delivery and develop new, innovative solutions. Council members are nominated and elected to represent different categories of providers and community "areas."

2. **Supporting Quality Committees and Sub-committees**
   Passport also has quality committees and sub-committees that report into the Partnership Council. Led by Passport leadership and staff, these committees' partner with community leaders to focus on member health outcomes, SDoH and quality of care. They are an integral part of our governance process and provide an excellent platform for Kentucky communities to inform and facilitate implementation of strategic decisions that directly affect their constituents. In particular, the Quality Member Access Committee (QMAC) is a means for Passport members, consumers, and advocates to provide input regarding access and quality of care for the membership, in addition to identifying opportunities for improvement.

The ELT, and Partnership Council are based out of Louisville and designed to support the Department's vision and goals for the Kentucky Medicaid program. Please refer to **Exhibit B.3-1** for a depiction of Passport's Member-Centric Organizational Model.

Exhibit B.3-1: Passport's Member-Centric Organizational Model to Improve Member' Lives



How Passport's Organizational and Governance Structure Drives Innovative Solutions

Passport has demonstrated its commitment to the Commonwealth and its Medicaid population by addressing its programmatic goals in an innovative, integrated way. Passport recognizes that innovative solutions are required to effectively address the inter-related challenges facing Kentuckians in the current health care and financial environments. To this end, our leadership team has implemented innovative solutions to improve health outcomes and lower costs that address the Commonwealth's top priorities. In more recent times, we have focused on:

- Addressing social determinants of health and barriers to access to care
- Combating Kentucky's opioid epidemic and substance use disorder
- Reducing provider abrasion and administrative burden

Solving complex stakeholder issues requires multi-level, cross-functional efforts within an MCO. One way that we attempt to illustrate the connectivity with the organizational structure at Passport – that drives impactful innovation to benefit our members - is through the following "case study."

Case Study: Passport Provides Innovative Solutions to Address SDoH and Remove Barriers to Substance Use Disorder Treatment for Members and Providers in Rural Kentucky

Context: Access to treatment for SUD, especially in rural areas of Kentucky, is critical to the health and well-being of Medicaid members. Passport has roughly 35,000 members with a diagnosis of SUD (11% of all members), who contribute approximately $448 million in total expense annually.

Problem Statement: Because of increased utilization of acute services (e.g., emergency visits, hospital admissions), Passport has identified a proliferation of members in rural, Eastern Kentucky with a combination of substance use disorder and SDoH issues (e.g., unemployment, unstable housing, limited English proficiency). These members struggle to access effective SUD treatment because of limited number of qualified providers; they also struggle to access effective primary care because the Federally Qualified Health Centers (FQHCs) in their area are overwhelmed, have limited resources, and find it difficult to manage these members with complex needs.

Passport's Organizational Structure: Like most ambitious programmatic goals, expanding access to treatments for SUD cannot be managed by one department; this issue requires a cross-functional, multi-level process. Passport's ELT is the central body that addresses and monitors its approach to these types of cross-functional issues to ensure accountability at the highest level. Clinical Operations, having identified the issue through utilization reporting, escalates the issue to the ELT for discussion in its weekly meeting. Based on the discussion, ELT decides to assemble two forums. First, they bring the discussion to the next Partnership Council meeting to discuss the issue and opportunities. Second, the ELT convenes an internal working group that includes functional representatives of Clinical Operations, Provider Network Management, Benefits, and Marketing & Community Engagement to develop and implement solutions that address the following areas of concern:

1. **Members' immediate needs to access treatment**
2. **Systemic issues that create barriers to treatment**
3. **Cross-functional communication and issue resolution**

1. **Addressing Members' Immediate Needs to Access Treatment:** Under the direction of Passport's Chief Medical Officer (CMO) and the Partnership Council, the Clinical Operations team, mobilizes its Care Advisors to engage the members that have been identified through risk stratification analysis to help stabilize them. The first approach is to help navigate affected members to any openings in local disorder treatment centers. Where there is limited available capacity, the team connects members to Stay Clean, a web-based application that facilitates virtual care for members to a certified and licensed alcohol and drug counselor **(2).** Stay Clean also provides online access to informal peer support groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous, and Al-Anon and has a repository of information related to SUD. The Care

Advisors help members address their SDoH by identifying available community resources through our two web-based community resource platforms Healthify and Unite Us. These two innovative technology platforms initiate and close referrals across many community support organizations all using a shared tool. The technology platforms enable seamless referrals between agencies across a multitude of services to directly connect individuals with services they need. However, before connecting members to identified resources, the Care Advisors from the Clinical Operations team leverage our Community Engagement team to advise them on which community resources are culturally appropriate for a particular members' unique needs. Our Data Analytics team then analyzes interventions and outcomes across various member segments to improve our predictive modeling algorithms and treatment pathways to ensure high levels of member engagement and improved outcomes.

2. **Addressing Systemic Issues that Create Barriers to Treatment:**

- **Members:** As part of our multi-disciplinary approach to organizational design, the benefits team engaged in removing financial barriers for members to access treatment, and waived co-pays for SUD treatment. Since Passport's chief operating officer (COO) is fully engaged across Benefits and other key operational areas, she immediately approved the co-pay elimination and mitigated any potential operational barriers to ensure rapid implementation. Through ELT, she also collaborated with the Marketing & Community Engagement team, who developed an effective communication campaign to ensure members, providers, and community stakeholders were aware of this change and actively encouraging members to seek treatment**.**
- **Providers:** Given that capacity issues at rural treatment centers was an identified barrier to care access, the Provider Network Management worked to enhance incentives to accept Medicaid beneficiaries. Building on its current model to pay Patient-Centered Medical Home (PCMH) providers care management fees to encourage their active participation in Medicaid, the team at Passport introduced a similar model to compensate the SUD treatment providers in Eastern Kentucky for value-added services as an incentive to accept Passport members**.** Also, recognizing that the FQHCs are overwhelmed and need more support to help members with SUD, Passport's Clinical Operations team developed a comprehensive education program for FQHC staff on Screening, Brief Intervention, and Referral to Treatment (SBIRT), an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs**.**
- **Community Resources:** Passport's comprehensive approach to community engagement also has played an important role in our approach to Substance Use Disorder. Our Community Engagement team addresses the needs of our members at the local level and radically enhances access and impact for members. Passport's first and foremost priority is to address the health issues and care gaps of Kentucky Medicaid members through education and empowerment of enrolled members across the Commonwealth. We work closely with individuals and groups in the community who support our members including faith-based organizations, service providers, interagency groups, community action agencies, local health departments, provider groups and other coalitions. WA multi- pronged, well-coordinated approach to member support ensures adequate access, education and treatment impact for members. We also proactively engage our members around accessing our urgent care network and 24-Hour Nurse Hotline to allow for immediate intervention while avoiding costly and unnecessary trips to the emergency department. For members with substance abuse issues who also have complex care needs or

chronic diseases (such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, heart disease, and obesity), we provide comprehensive health education and enroll them in Passport's specialized programs designed to help meet their individual health needs.

3. **Addressing Cross-functional Communication and Issue Resolution:** To ensure all relevant staff are informed of the initiatives outlined above, the ELT cascades information from its weekly meetings to the supervisors and managers (via their weekly meetings) so that they can share relevant information with their direct reports. Because Passport's employees and subcontracted staff are co-located in Louisville, they can quickly collaborate to resolve any operational issues or questions that arise – there is no need to call an out-of-state entity or decisionmaker to resolve any issues.

Incorporating Feedback from Passport's Broader Governance Structure: The role of Passport's Quality Member Access Committee (QMAC) is to monitor our care model and clinical programs and provide feedback on access and quality of care, including helping to identify opportunities for improvement. During its quarterly meeting, Jill Bell, Passport's executive leader over QMAC, presents the solutions outlined above and solicits input and feedback from the members, consumers, and advocates to help identify ways Passport can continue to improve access and holistic care for those with substance use disorder in rural areas. The recommendations are then returned to the relevant member(s) of the ELT, who decide how best to incorporate them in our existing program.

Summary:

Through our "take action" approach for members that was outlined in this section, Passport's agile and member-centric organizational structure ensures that innovative solutions are addressing the needs of the Commonwealth's most vulnerable citizens. As Kentuckians serving Kentuckians, Passport is well positioned to solve for the complex challenges facing Kentuckians in the current healthcare and financial environments and is committed to applying innovative solutions that will aid in solving for the top priorities of our Commonwealth.

B.3.a.ii. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner.

Passport's organizational structure, (described in detail in our response to b.i), supports whole-person integrated care, population health and cost-effective improvements in health outcomes through collaborative partnerships developed and fostered across many departments. Passport has created collaborative relationships established and nurtured between not only clinical and BH departments, but also engaging with Member Services, Operations, Provider, Compliance, Community Engagement and Marketing and Communications, among others. Our leadership team uses an integrated approach to deliver positive results to improve our members' health and quality of life in a cost-effective manner. For example, our director of population health management sits in the office next door to our director for member and provider services. Our director of community engagement sits on the floor directly below. These leaders

meet face-to-face nearly every day to discuss whole-person solutions to issues impacting our members and our communities. Our leadership culture encourages team members to work seamlessly together to effectively address the full spectrum of whole-person integrated care:

- **Health and wellness issues** such as dental, wellness and BH, prevention/health education, vision, nutrition, substance use, heart health, respiratory care and cancer care
- **Community engagement issues that create barriers to well-being,** such as early childhood education, kindergarten readiness, school supplies, workforce-ready skills and after school care
- **SDoH issues** such as housing, clothing, food security, transportation, education, record expungement, accessibility and domestic violence/safety

Clinical Team – Catalysts for Multi-departmental "Solutions"

Passport operates a team-based clinical model, headed by Chief Medical Officer (CMO), Dr. Stephen Houghland, to fully support whole-person integrated care and population health. With medical and behavioral departments under his responsibility. Dr. Houghland is accountable for leadership pertaining to all major health programs related to the DMS contract, as well as Passport's treatment processes and policies, medical management, quality management and improvement efforts, and PHM activities. As illustrated in our organizational chart, **Exhibit B.3-9** in our response b.i, his team consists of two vice presidents (VPs) focusing on Health Integration and Clinical Operations and performance. Dr. Liz McKune and Courtney Henchon, respectively, work collaboratively to ensure medical and BH care align with the care delivery system to ensure a whole-person centered approach is delivered to all members. This collaborative relationship between teams, including SKY, facilitates our clinical staff's ability to improve health outcomes in the lowest cost setting.

Health Integration Team

Within our clinical team, Passport has established an innovative Health Integration team, which is responsible for proactively collaborating across all organizational departments to develop whole-person care solutions tailored to Kentucky Medicaid and geared towards improving members' health outcomes and reducing overall costs. Under Dr. McKune's supervision, Passport maintains a dedicated staff of Health Integration specialists who work closely with our clinical health workers (CHWs), clinical operations team and Provider Network team to minimize SDoH barriers to care. Examples illustrating these collaborations are described below:

Example: Passport's Health Integration, Quality, Provider Network Management, and Population Health teams recently came together to analyze data for the provider incentives tied to quality outcomes.

We implemented three (3) major improvements as a result of cross-functional work teams:

- Provider Relations representatives now collaborate with Population Health Managers during meetings to connect providers to any areas or initiatives occurring across the health plan that they may need to better serve their Kentucky Medicaid members.

- Quality and Population Health teams address the trends across providers and work with the provider to see how both the providers and Passport can learn from the data shared by our data analytics team. The Population Health team then looks at the organization efficiencies and makes suggestions to improve operational work streams.
- The Health Integration team analyzes the provision of clinical care relative to established clinical protocols and helps to steer providers to expert resources and to evidence-based support to aid in improving the quality of care for metrics that fall below desired performance.

Example: The Health Integration team and the Beacon Behavioral Health team work together to identify trends in utilization of BH services.

Passport's Health Integration team worked together with Beacon, our BH partner to complete a trend analysis for the utilization of BH services by members. They noted that a significant increase in utilization of the targeted case management (TCM) service. When the recent increase in utilization was noted in Community Mental Health Centers (CMHCs) in 2018 and 2019, the Health Integration team and Provider Network Management team visited to the CMHCs to learn more about how each CMHC was delivering the service and determine the level of effectiveness and efficacy. The Health Integration team also alerted our Compliance Department so they could conduct their own review.

During site visits, the team discovered significant variability in how TCM was delivered across the CMHCs. While some had tailored specific interventions uniquely to each member, others delivered a standardized service to all members without much variance in treatment goals or expected outcomes. We felt the best way to ensure the service was creating the desired health outcome for the member was to tailor the service based on pre-determined criteria established by local clinical experts and we established a pre-authorization process like to ensure that the right treatment was delivered upfront.

Once we began looking at cases on an individual basis, we determined that a significant portion of CMHC's authorization requests did not meet medical necessity requirements for the service. Members did not have unique goals, documented progress or tracking of outcomes. The Health Integration team, other BH clinical team members, and provider network representatives worked together to review the trends with the affected CMHCs, including review of individual member cases with providers, and performed education sessions and compliance training for providers.

During the first quarter of the change to pre-authorization, denials increased until CMHCs across the commonwealth began using the service more consistently following administrative regulations and medical necessity criteria for which the service is designed. The pre-authorization measure also resulted in improved outcomes for members as a result of tailored solutions and a reduction in spending for this service as consistent service delivery criteria emerged. We are continuing to enhance the pre-authorization process based on feedback from members and providers so that we can continue to monitor cost and quality outcomes until appropriate utilization criteria and stable trends are realized.

Clinical Operations Team

Our clinical programs have interconnected reporting structures that lend to the overall support of our members. Within Clinical Operations, we implement a matrixed organizational structure. Each employee on the team has a direct supervisor who is responsible for oversight of his/her work and team performance, and also has "dotted line" reporting to other clinical leaders to promote a whole person approach to care delivery. For example, our Specialty Populations manager reports to our director of Care Management, and also receives feedback and support from the director of UM, director of Member and Provider Services, and the VP of Health Integration. The work of his team is essential to ensure coordinated care and interventions, so it's important to have cross-functional input and oversight to complement his team's day-to-day operational focus. Our focus on collaboration and matrixed structure prevents a siloed approach to care delivery, which is ultimately a critical link in promoting a whole-person, care model for our members.

Integrating a PHM and H Organizational Model Within Clinical Operations

Within the Clinical Operations team organization, our PHM) director and BH managers all report directly to the VP of Clinical Operations (and Quality Improvement Director), Ms. Henchon. Passport recognizes that a well-designed Care Management and Care Coordination Program is crucial to improving the effectiveness and efficiency levels of health care particularly given the prevalence of BH issues across the membership base.

Passport's PHM model of care fully integrates data related to physical health (PH), BH, and SDoH, and medication services across the entire health care continuum. We are cognizant that medical and behavioral health issues are tightly interconnected, and the effects of chronic medical conditions, prolonged stress, poverty and trauma can have direct and devastating effects on members and their families. Our experience indicates these factors are deeply rooted in SDoH that can contribute to physical and BH complications. We have used our experience to evolve our model of care to address the "whole-person" and better serve our members in improving their health and quality of life.

Not all member needs present themselves through our traditional Member Services interactions or Case Management access. As such, Passport implements a "No Wrong Door" policy to ensure members can access the integrated services they need, when and where they need them. BH and PH are closely linked because a member's mental health status directly affects his/her ability to maintain optimum PH. If a member does not have optimal BH, this condition may create poorer PH outcomes and higher preventable costs. In turn, chronic medical conditions can have a significant impact on BH and decrease a member's ability to engage in his/her BH treatment and recovery plan. Our model of care implements a whole-person approach to integrated care and uses evidence-based medicine to comprehensively assess and address each member's unique behavioral, physical, and psychosocial needs. This ensures members receive the appropriate medical and BH care as well as the integrated interventions, and support they need to address the full spectrum of health issues they are facing. Our whole-person care plans are sensitive to the multi-dimensional needs of our members and our comprehensive care team is responsive to a member's functional level.

The member success stories that are highlighted throughout the request for proposal (RFP) response result from the deeply embedded relationships that Passport teams maintain cross functionally within our organization and externally with providers and community stakeholders across the Commonwealth.

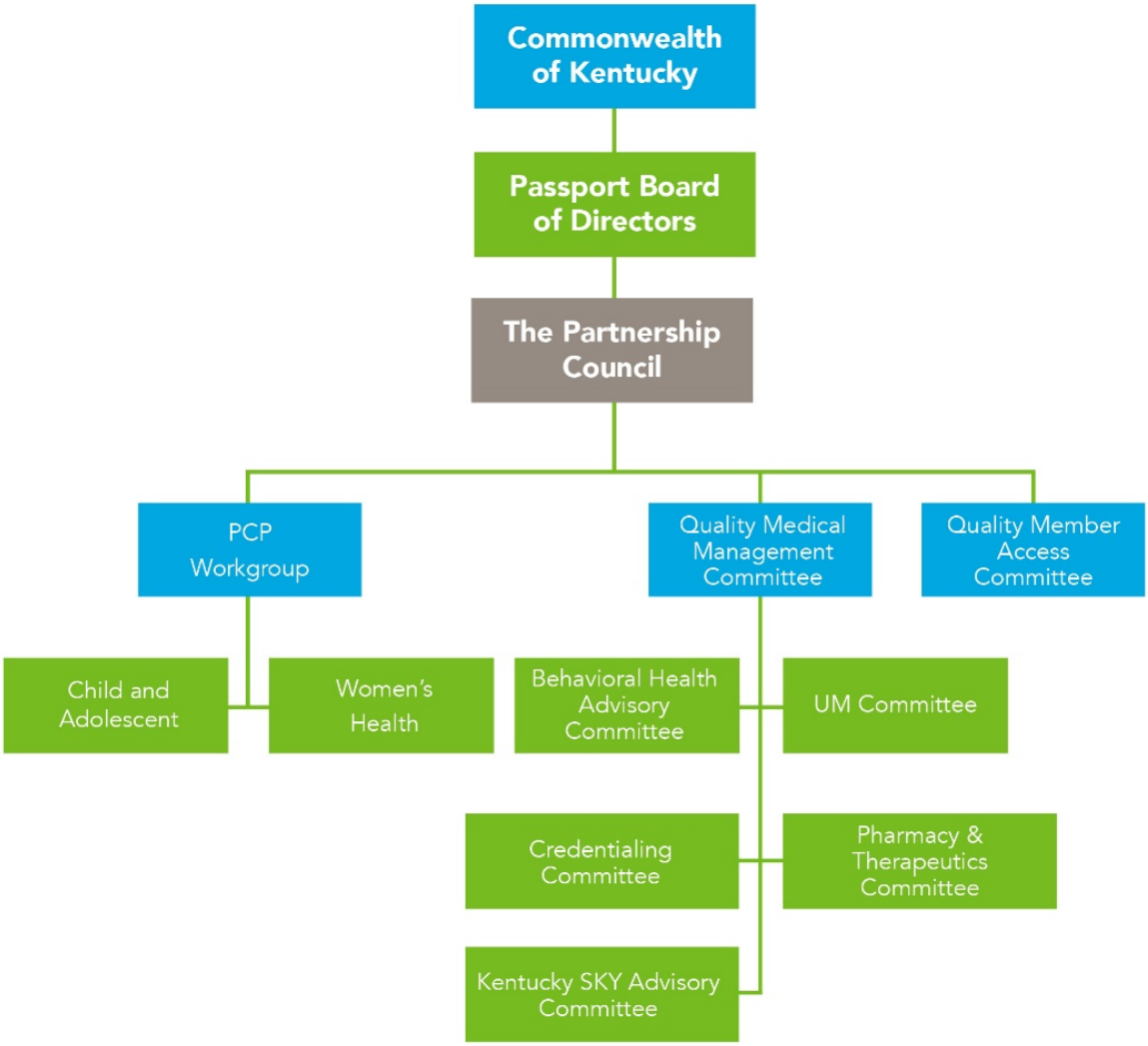
B.3.a.iii. Description of the governing body, how members are selected, and envisioned role specific to the Vendor's support of the Kentucky Medicaid managed care program.

Passport's governance structure is truly differentiated from other MCOs and supports our commitment to providing best-value services to the Kentucky stakeholder communities we serve. As discussed in earlier sections, Passport has owners who are also providers. As such, Passport is keenly focused on collaboration with providers and the active solicitation of provider insight to make decisions that affect how quality of care for members is delivered and can be improved. At the highest level, Passport is governed by a Board, which includes a subordinate coalition called the Partnership Council. This Partnership Council is supported by several committees and subcommittees. Both the Board and the Partnership Council are detailed later in this section. The unique working relationships established between these groups facilitates communication and collaboration, not only within our organization but also with our provider community, to drive innovation for Kentucky Medicaid.

At the top of the Passport governance structure, the Board has fiduciary responsibility for the health plan and has broad oversight of the health plan's strategic direction, performance, and compliance. Through its unique relationship with the Partnership Council, Passport's Board also maintains oversight of quality of services, UM and clinical programs. The Partnership Council receives and reviews management and improvement actions from the Partnership Council committees/subcommittees to continuously improve the quality of our team's service delivery.

The Passport governance structure, illustrated in **Exhibit B.3-2**, enables us to holistically manage quality throughout our organization, channeling DMS's goals through the Board, and disseminating to the Partnership Council and across each department in our organization. Passport's deep inclusion of community stakeholders in governance committees is unique and differentiates Passport by ensuring community stakeholders' interests are represented in the decision process.

Exhibit B.3-2: Passport's Governance Structure



Passport Board of Directors:

The Passport Board is the most senior governing body for Passport. The Board governance structure, designed to maintain Passport's local perspective and provider-guidance, is at the helm of all critical decision-making regarding operation of the health plan. The provider-owner Board members have an equal number of votes with Evolent Board members on key strategic and operational issues to ensure Passport maintains its local orientation and provider and member focus. This voting structure is designed to ensure a continued focus on provider alignment and innovative care which is important for members as well as ensuring the health plan is meeting its fiduciary obligations to the Commonwealth.

The Board comprises seven (7) members. Board members are selected by appointment with four (4) seats appointed by Evolent and three (3) seats appointed by Passport's provider owners. Current Board members, whose experience and background is described in *Section A – Executive Summary* of this response, include:

- Kimberly Boland, MD, FAAP - Professor of Pediatrics and Chair for the Department of Pediatrics at the University of Louisville
- Jennifer Davis, JD - University of Louisville, Associate Vice President for Strategy and General Counsel
- Ken Marshall, MBA - COO, University of Louisville Health Care
- Seth Blackley, MBA - President and Co-Founder, Evolent Health
- Tom Peterson, MMHC - COO and Co-Founder, Evolent Health
- Jonathan Weinberg, JD - General Counsel, Evolent Health
- Frank Williams, MBA – CEO and Co-Founder, Evolent Health

Sharing health plan ownership with providers is the most advanced form of true engagement and value-based care alignment; the top-performing health plans in the country (e.g., Kaiser Permanente, UPMC Health Plan, Intermountain, Geisinger) have provider ownership as a cornerstone of creating an integrated financing and delivery system. As a provider-driven health plan, Passport is uniquely differentiated from other national plans and intimately understands the challenges that providers face, which in turn affect providers' ability to care for members. This inherent alignment with providers from the board level through Clinical Policy Committees cascades throughout the organization and establishes an orientation that engages and builds trust in every interaction.

For example, Passport:

- Leverages in-house, independently licensed professionals to provide support and consultation to providers about clinical services, billing and workflow to improve quality of care for members and retain providers
- Geographically locates provider representatives in markets across the Commonwealth who are readily accessible for face-to-face problem-solving with providers
- Reprocesses claims in real-time over the phone with providers and holds "office hours" during which providers can ask questions or resolve billing issues
- Streamlines the prior authorizations / pre-certification process by formalizing local provider input into review criteria for medical policy and auto-authorizations for high-performing providers or high-value treatment pathways
- Performs telephonic-based coaching and care management support in close collaboration with providers to help manage patients outside of the office setting and patient education and engagement
- Engages clinical experts particularly within our provider owner organizations to assist with critical emerging health issues such as hepatitis, AIDS, SUD, child psychology issues, etc.

The Partnership Council

Reporting to the Board, the Partnership Council, comprise 32 members representing a broad coalition of community stakeholders including physicians, nurses, hospitals, health departments and



ancillary providers. We use a considerable amount of detail describing the Council below, because it truly is a differentiating component of our health plan and our integral relationship with our local community.

We actively solicit and encourage statewide stakeholder participation on the Council and across all supporting committees and subcommittees. Council members are carefully evaluated and selected based on their expertise as it relates to groups listed in the **Exhibit B.3-3**. The service term for Council members is one (1) year, though many members have served for many years. Council candidates are nominated and voted upon in accordance with the Bylaws of the Partnership Council which were adopted September 17, 2019. Nominations are based on the exhibit's definition of "class" once per year at the July meeting and are eligible for re-appointment without limitation.

Exhibit B.3-3 Partnership Council Areas of Expertise

The Partnership Council, Inc

Organization & Governance Membership

32 Seats

- At-Large (1)
- Behavioral Health Class (1)
- Consumer Class (4)
  - Children and Family Related
  - Children with Special Needs
  - Aged
  - Disabled Adults
- Dental Class (1)
- Federally Qualified Health Centers Class (1)
- Health Department Class (2)
  - Jefferson County Health Department
  - Non-Jefferson County Health Department
- Hospital Class (4)
  - University Medical Center, Inc
  - Kosair Children's Hospital
  - Jefferson County Hospital
  - Non-Jefferson County Hospital
- Skilled Nursing Class (1)
- Population Health Class (1)
- Other Health Services Class (5)
  - Pharmacy
  - Home Health
  - Nurse
  - Commission for Children with Special Health Care Needs
  - Palliative Care
- Physician Class (8)
  - Two (2) Greater Louisville Medical Society
  - Medical School Practice Association
  - Association of Primary Care Physicians
  - Falls City Medical Society
  - Kosair Children's Physicians Hospital Organization
  - Two (2) Non-Jefferson County Physician
- School of Medicine Class (1)
- Transportation Class (1)
- Vision Class (1)

The Partnership Council meets bi-monthly and has ongoing responsibility for setting policy, reviewing and evaluating quality activities, and overseeing follow-up as appropriate. The Council has oversight authority

for Passport clinical programs, including Quality, UM, Care Management, and Pharmacy, and receives and reviews quality management and improvement activities from the Partnership Council committees and subcommittees. The committee structure, described below, enables us to holistically address quality throughout our organization, channeling DMS' goals through the Board and down to our QMMC, and through every department in our organization. The Partnership Council is an approving body for the QMMC.

Partnership Council Committees and Subcommittees

The Partnership Council committees and subcommittees oversee member health outcomes, SDoH and quality of care, and provide an excellent platform for the Kentucky community to inform strategic decisions.

These committees and subcommittees comprise community stakeholders and are supported by health plan leadership and staff. They receive reports of pertinent subject matter, provide feedback, and provide approval or decline recommendations. Depending on the scope of the committee, some are more advisory in nature, while others with more of a financial impact are actively involved in shaping policy, subject to approval by the Partnership Council, Finance Committee, and ultimately the Board.

Our Quality Member Access (QMAC) Committee is comprised of community-active members who serve on nearly 200 Community Boards, Advisory Committees, Interagency Councils, Local Chamber Events, Coalition Meetings, Re-entry Coalitions, Community Health Worker Associations and more, to address many of the core issues our members face.

In total, well over 100 volunteer clinicians, representing multiple specialties, consumers and member advocates inform Passport's governance process through these committees. For example, the Credentialing Committee reports through the QMMC to the Partnership Council.

The Partnership Council committees and subcommittees, their governance roles and membership selection details are described in **Exhibit B.3-4** and tracks back to the earlier illustration in **Exhibit B.3-3.** Member selection for these committees is accomplished using the following criteria and process:

- Provider candidates must be in good standing within the network. These candidates can self-nominate or be nominated by their peers or health plan staff and must complete an application listing required experiences, credentials, and other qualifications. Applications will be reviewed and voted on by committee members. The committee will make elections to maintain a balance of: specialties represented, number of providers representing any one organization/group/system, and geography to ensure appropriate regional representation.
- Member/consumer candidates may nominate themselves to applicable committees; and must complete an application. Applications will be reviewed and voted on by committee members. The committee will make elections to ensure appropriate demographic and geographic representation.

- Community members/advocates-at-large may nominate themselves or be nominated by their peers or by health plan staff; and must complete an application. Applications will be reviewed and voted on by committee members. Elections will be made considering the overall membership of the committee to promote diversity and representation. Ideally members in this category will be leaders of reputable community organizations that are in good standing with state and local government entities.

Each committee reviews participation at least annually. If a committee member has difficulty meeting attendance requirements, that individual will be asked if they wish to continue to participate or may be removed from the committee due to non-appearance/non-performance.

Exhibit B.3-4: Partnership Council Committees and Subcommittees

Partnership Council Committee/ Subcommittee	Governance Role	How Members Are Selected
Primary Care Provider (PCP) Workgroup	The PCP Workgroup provides direction to Passport on issues concerning PCPs and their panels of members. As a provider-driven organization, Passport places emphasis on input from its physicians. This advisory workgroup is responsible for identifying and addressing the needs and concerns of PCPs and their roles with Passport and raises them up through the Partnership Council. It is chaired by the CMO or his delegate. Other participating organizations include the Kentucky Primary Care Association (KPCA), University of Louisville, One Pediatrics, Family Health Centers and private practice physicians. Having this broad provider perspective to review and approve recommendations regarding Passport policies, procedures, and programs helps to enhance the quality of care and improve access to primary health care services.	PCP Workgroup typically averages ten (10) members. The participants, including subcommittees represent many of our largest providers and many participate in the value-based programs we offer. Membership nomination and selection is detailed in the lead-in discussion preceding this table.
PCP Workgroup Subcommittee: Child and Adolescent Health Subcommittee	**Child and Adolescent Health Subcommittee:** This directs and oversees the management of the care provided to newborns up to age 21 years. Responsibilities include: • Approval of medical and administrative policy, clinical practice guidelines (CPG), and work plan deliverables. • Provides guidance for the development of new programs or interventions, and early and periodic screening, diagnosis and treatment (EPSDT) issues and results including screening,	Subcommittee members are selected from current members of the PCP Workgroup, based on their expertise.

Partnership Council Committee/ Subcommittee	Governance Role	How Members Are Selected
	participation, immunizations, and special studies.	
PCP Workgroup Subcommittee: Women's Health Subcommittee	**Women's Health Subcommittee:** Passport understands the importance of women's health for its members and is focused on the high rate of caesarian section and the prevalence of neonatal abstinence syndrome (NAS). An OB-GYN specialist chairs this committee, which is of ten (10) network OB-GYNs. This committee provides direction to, and oversight of, the management of the care given to women throughout their life including pregnancy.	Subcommittee members are selected from current members of the PCP Workgroup, based on their expertise.
QMMC	The QMMC provides oversight and input for quality improvement and accreditation activities for Passport and its provider network. The committee is chaired by the CMO, and includes representatives from Norton Healthcare, the University of Louisville, a rural CMHC, a clinical pharmacist, and a private practice OB-GYN, among others. The Partnership Council is an approving body for the QMMC.	Membership nomination and selection is detailed in the lead-in discussion preceding this table.
QMMC Subcommittee: Behavioral Health Advisory Committee	**Behavioral Health Advisory Committee:** This committee provides feedback and recommendations related to BH care and pharmacy in collaboration with the BH delegate. This group reviews utilization and performance metrics for BH. It also provides recommendations regarding proposed policy and program changes that affect the BH benefit. Having the provider, advocate, and member perspectives involved in the policy development and performance review help to ensure quality of care and increased access to BH services. Decisions and recommendations from the BH committee are submitted to QMMC for review and adoption.	Membership nomination and selection is detailed in the lead-in discussion preceding this table.

Partnership Council Committee/ Subcommittee	Governance Role	How Members Are Selected
QMMC Subcommittee: Credentialing Committee	**Credentialing Committee:** This committee administers policies and procedures for credentialing and re-credentialing and certification and recertification for practitioners and organizational providers in accordance with Passport Health Plan and National Committee for Quality Assurance (NCQA) standards and monitors and evaluates related trends and issues in collaboration with the credentialing delegates.	Membership nomination and selection is detailed in the lead-in discussion preceding this table.
QMMC Subcommittee: UM Committee	**UM Committee:** This committee supports provider clinical decision-making by providing medical and BH expertise with regard to medical necessity criteria selection and approval. It provides continuous review of the entire UM program and all delegated entities to ensure the UM program meets the needs of Passport and DMS. The UM Committee achieves its end goal of safeguarding our members against unnecessary and inappropriate medical care.	Membership nomination and selection is detailed in the lead-in discussion preceding this table.
QMMC Subcommittee: Pharmacy & Therapeutics Committee	**Pharmacy & Therapeutics Committee:** This committee provides direction to, and oversight of, pharmaceutical issues concerning members using pharmacological, economic, and clinical information. It is charged with the review, evaluation, and delivery of recommendations related to utilization (under and over) of medications and pharmacologic agents, additions and deletions to the formulary, and, monitoring and review of pharmacy programs and program results. The committee is also tasked with the review of medical policies related to pharmacy utilization.	Membership nomination and selection is detailed in the lead-in discussion preceding this table.

Partnership Council Committee/ Subcommittee	Governance Role	How Members Are Selected
QMMC Subcommittee: Kentucky SKY Advisory Committee	**Kentucky SKY Advisory Committee:** Upon award of the Kentucky SKY MCO contract, we will add a sub-committee to the QMMC to focused on the specific needs of the Kentucky SKY population. Having the perspectives of youth currently in foster care, foster care parents, providers, advocates and caregivers involved in the policy development and performance review will help to ensure quality of care and increased access to services for this sensitive population. This committee will provide feedback and recommendations, (including issues related to PH, BH care and pharmacy, reviews utilization and performance metrics, provides recommendations regarding ongoing QI, and proposed policy and program changes to continuously improve health outcomes and quality of life for the Kentucky SKY population.	The committee will be co-chaired by the Kentucky SKY executive director and medical director. Membership nomination and selection is detailed in the lead-in discussion preceding this table.
Quality Member Access (QMAC) Committee	The QMAC committee is a means for Passport members, consumers, and advocates to provide input regarding access to care and quality of care for the membership, in addition to identifying opportunities for improvement. The committee reviews member education materials and recommends outreach programs and community activity offerings. The QMAC also reviews and comments on quality access standards, grievance and appeals processes, Contractor/subcontractor relationships, and policy modifications that affect members.	QMAC currently has ten (10) members and advocates on the committee. Candidates are solicited from individuals who have been known to be both active and vocal during direct interactions and with other advocate agencies. In addition to staff recommendations, current members of the QMAC are aware that Passport is always looking for new members who will challenge the Plan to improve its services.

I. Primary Care Provider Workgroup

The Primary Care Provider (PCP) Workgroup is one of three committees that reports directly to the Partnership Council. This Workgroup provides direction to Passport on issues concerning PCPs and their panels of members. As a provider-driven organization, Passport places emphasis on inputs from our physicians. This advisory workgroup is responsible for identifying and addressing the needs and concerns of PCPs and their roles within Passport, and it raises these concerns up through the Partnership Council. It is chaired by Passport's CMP or designee. Other participating organizations include the KPCA, University of Louisville, OnePediatrics, Family Health Centers and private practice physicians. Having this broad provider perspective to review and approve recommendations regarding Passport policies, procedures, and programs helps to continuously enhance the quality of care and improve access to primary health care services.

The PCP Workgroup provides a provider perspective on our efforts to deliver quality services to our membership with the goal of (i)achieving DMS's priorities for transforming the Kentucky Medicaid program, (ii) engaging individuals to improve their health and engage in their healthcare, (iii) significantly improving quality of care and healthcare outcomes, and (iv) reducing or eliminating health disparities.

Voting membership is comprised of participating providers appointed or elected annually by existing members currently sitting in the workgroup. Voting members are supported by non-voting staff as shown in **Exhibit B.3-5**.

Exhibit B.3-5: Passport PCP Workgroup Membership

PCP Workgroup Voting Members	PCP Workgroup Non-voting Staff
Partnership Council Chairperson (Chair) Practitioner Representatives, Pediatrics (8) Practitioner Representatives, Internal Medicine (2) Practitioner Representative, Family Practice	Chief Medical Officer Vice President, Health Integration Vice President, Operations Director, Quality Improvement Medical Director Director, Provider Network Management

PCP workgroup subcommittees: The following subcommittees focus on issues that directly affect specific large populations within Passport's membership.

1. Child and Adolescent Health Subcommittee:

The Child and Adolescent Health Subcommittee directs and oversees the management of the care provided to members from birth up to age 21. Responsibilities include:

- Approval of medical and administrative policy, clinical practice guideline, and work plan deliverables.
- Provision of guidance for the development of new programs or interventions, EPSDT issues and results including screening, participation, immunizations, and special studies.

2. Women's Health Subcommittee:

Passport understands the importance of women's health and is focused on the high rate of caesarian sections and the prevalence of NAS. The Women's Health Committee is chaired by an obstetrics and

gynecology specialist (OB-GYN). The committee is composed of ten (10) network OB-GYNs. This committee provides direction to, and oversight of, the management of care given to women throughout their life including pregnancy.

II. Quality Medical Management Committee

The QMMC provides oversight and input for QI and accreditation activities throughout the health plan and the provider network. The committee is chaired by Dr. Stephen Houghland, our CMO, and includes representatives from Norton Healthcare, the University of Louisville, a rural CMHC, a clinical pharmacist, and private practice OB/GYN, among others. The QMMC serves as the primary conduit for achieving our holistic organizational goals for quality which flow from DMS's stated priorities of (i) transforming the Medicaid program, (ii) engaging individuals to improve their health and engage in their healthcare, (iii) significantly improving quality of care and healthcare outcomes, (iv) and reducing or eliminating health disparities. Through its oversight of quality for the entire Passport organization, the QMMC facilitates Passport's focus on whole-person care across the full spectrum of needs and services, regardless of whether these services are delivered directly by Passport, or via a subcontracted arrangement. The Partnership Council is an approving body for the QMMC.

As required by the contract, the QMMC will maintain records that document its activities, meeting minutes, findings, recommendations, actions, and results. Records will be available for review upon Department request, during the annual on-site external quality review organization (EQRO) review, or for NCQA accreditation review. Passport will provide DMS's Chief Medical Officer with ten (10) days advance notice of all regularly scheduled QMMC meetings and with an agenda and related meeting materials, as available, to support determination of attendance.

The QMMC

- Provides direction to, and oversight of, subcommittees responsible for the provision of clinical care and services;
- Approves the annual QI and UM program descriptions, twice annual review of the QI Work Plan, and annual QI and UM evaluations;
- Evaluates, offers feedback, and approves all CPGs, under- and over-utilization findings, UM criteria, clinical and service audits and findings, and administrative policies and procedures (such as confidentiality) that have an impact on members' health care
- Offers recommendations for provider education and interventions, health education programs, and other Passport initiatives
- Reviews and evaluates member and provider surveys and interventions, clinical program descriptions and evaluations, EQRO focused studies, audits, or findings, and member complaints and sentinel events referred to the QMMC by Passport staff for quality of care concerns that have the potential to adversely affect members
- Provides Performance Improvement Program (PIP) oversight

- Analyzes aggregate data of member complaints, sentinel events, and provider audits, and makes determinations regarding corrective action to be taken.

QMMC voting members consist of 5-10 participating providers (medical and behavioral) including specialists appointed or elected annually. They are supported by non-voting staff, as shown below in **Exhibit B.3-6**.

Exhibit B.3-6: Passport Quality Medical Management Committee Membership

QMMC Voting Members	QMMC Non-voting Staff

Participating Network Providers (5-10)
• Medical
  ◦ Physician
  ◦ APRN
• Behavioral
• Specialists
  ◦ OB/GYN
  ◦ Multispecialty Groups and Health Systems
  ◦ Clinical Pharmacy
	• Medical Director(s)
	• Operations Executive
	• Vice President, Health Integration
	• Health Integration Program Manager
	• QI Director
	• QI Manager(s)
	• UM Director or Manager(s)
	• Clinical Operations Director or Manager(s)
	• Compliance Manager
	• Member Services Director or Manager(s)
	• Pharmacy Director
	• Provider Network Director or Manager(s)

QMMC subcommittees: Passport believes it is important to integrate other management activities into the decision-making process for our QMAC. As a result, the QMMC encompasses several subcommittees that advise the QMMC and Passport on various issues specific to populations or therapeutic topics and issues. These subcommittees report to the QMMC, providing minutes and reports of activities. The QMMC can accept, reject, or request more information on subcommittee recommendations. Additionally, if a matter needs immediate attention, the QMMC may act on its own authority without subcommittee input. These subcommittees include:

1. **Behavioral Health Advisory Committee:**

   The BHAC provides feedback and recommendations related to BH care and pharmacy in collaboration with the BH delegate. This group reviews utilization and performance metrics for BH. They also provide recommendations regarding proposed policy and program changes that impact the BH benefit. Our goal in having the provider, advocate, and member perspectives involved in program policy development and performance review is that this will help to continuously improve quality of care and ultimately increase access to BH services. Decisions and recommendations from the BHAC are submitted to QMMC for review and adoption. Responsibilities include:

   - Review and provide recommendations for BH clinical guidelines
   - Review and provide recommendations for BH performance standards and metrics
   - Review and provide recommendations for BH work plan and program activities
   - Provide recommendations for BH PIPs
   - Perform oversight of delegated BH activities
   - Provide formulary recommendations

2. Credentialing Committee

The Credentialing Committee administers policies and procedures for credentialing and re-credentialing, and certification and recertification for practitioners and organizational providers in accordance with Passport and NCQA standards, and it monitors and evaluates related trends and issues in collaboration with the credentialing delegates. Responsibilities include:

- Reviewing credentials of practitioners and organizational providers who do not meet the standard credentialing and re-credentialing certification process
- Peer review of quality of care concerns and sentinel events.

3. Utilization Management Committee:

The UM Committee supports provider clinical decision making by providing medical and BH expertise with regard to medical necessity criteria selection and approval. It provides continuous review of the entire UM program and all delegated entities to assure the UM program meets the needs of Passport and DMS. The UM Committee achieves its end goal of safeguarding our members against unnecessary and inappropriate medical care. Responsibilities include:

- Review and evaluate utilization data sets and other information, such as member demographics, costs, and recommend actions
- Review and approve studies, standards, clinical guidelines, and trends in utilization patterns
- Review and recommend approval, revision, or denial of medical review criteria
- Identify opportunities to improve the care and services provided to members
- Assist in developing action plans review and approve action plans submitted to the committee from other sources and review action plan progress reports
- Review and approve the UM program description, work plan and annual evaluation
- Provide oversight of inter-rater reliability (IRR) review process and opportunities for improvement
- Monitor quality of care or service and member safety issues
- Review utilization issues (cases) requested by the CMO or UM medical directors
- Recommend policies for development; review and approve, deny, or recommend revisions to policies related to the UM program and quality management or UM activities
- Review quarterly utilization reports from delegated entities and make recommendations for improvement
- Review delegation oversight reports and approve CAPs
- Review, evaluate and recommend provider and member educational activities and interventions

4. Pharmacy and Therapeutics (P&T) Advisory Committee

The P&T Advisory Committee provides direction to, and oversight of, pharmaceutical issues concerning members using pharmacological, economic, and clinical information. It is charged with the review, evaluation, and delivery of recommendations related to under and over utilization of medications and pharmacologic agents; additions and deletions to the formulary; and, monitoring and review of

pharmacy programs and program results. The committee is also tasked with the review of medical policies related to pharmacy utilization. Responsibilities include:

- Review and provide recommendations for pharmacy policies and procedures
- Review and provide recommendations for operating metrics
- Review and provide recommendations for resolution of complaints and grievances
- Review and provide recommendations for clinical program descriptions
- Analyze and evaluate data
- Recommend opportunities for improvement

5. Kentucky SKY Advisory Committee

Upon award of the Kentucky SKY MCO contract, we will add the Kentucky SKY Advisory Committee a subcommittee, focused on the specific needs of the Kentucky SKY population. Having the perspectives of youth currently in foster care, foster care parents, providers, advocates and caregivers involved in the policy development and performance review will help to ensure quality of care and increased access to services for this sensitive population. The subcommittee will provide the QMMC with feedback and recommendations related to Kentucky SKY, including issues related to PH, BH care and pharmacy. This group will engage collaboratively in the following activities to continuously improve the health outcomes and quality of life for the Kentucky SKY population:

- Review utilization and performance metrics for Kentucky SKY
- Address ongoing QI and clinical programs for Kentucky SKY specific to the foster care population
- Provide input and recommendations on programmatic direction, policy discussion and implementation
- Provide input and recommendations on QI initiatives

This subcommittee will be co-chaired by the Kentucky SKY executive director and the Kentucky SKY Medical director. Decisions and recommendations from the Kentucky SKY Advisory Committee will be submitted to QMMC for review and adoption.

III. Quality Member Access Committee

The role of Passport's QMAC is to help to oversee its care model and provide feedback on access and quality of care, including helping to identify opportunities for improvement. During its quarterly meeting, Jill Bell, Passport's executive leader over the QMAC, presents potential solutions for implementation and solicits input and feedback from the committee to help identify ways Passport can improve access and whole-person care for Kentuckians. Recommendations are then returned to the relevant ELT sponsor(s), who decide how best to implement them.

The QMAC is a means for Passport Health Plan members, consumers, and advocates to provide input regarding access to care and quality of care for the membership, in addition to identifying opportunities for improvement. The QMAC allows Passport to hear the voice of the customer in order to better understand and accommodate member wants and needs in our efforts to deliver quality services to our membership

with the goal of achieving DMS's stated priorities of (i) transforming the Kentucky Medicaid program, (ii) engaging individuals to improve their health and engage in their healthcare (iii) significantly improving quality of care and healthcare outcomes and (iv) reducing or eliminating health disparities.

The QMAC reviews member education materials, recommends outreach programs and community activities, and offer recommendations for new efforts or for refining existing programs. Reviews and comments on quality access standards, grievance and appeals processes and policy modifications are based on aggregate grievance and appeals data and member handbooks. The QMAC also reviews and comments on contractor/subcontractor and department policies that affect members. The QMAC assists Passport staff to address overall member experience, reducing friction across medical, behavioral, pharmacy, vision and dental health care needs and ensuring that all subcontractors are integrated into our whole-person approach.

Passport's close collaboration with community members, providers, members, and other stakeholders through inclusion and participation in Passport's governing body and committee structure ensures that appropriate member care remains at the forefront of its performance goals under the Kentucky Medicaid managed care program.

B.3.a.iv. A listing of Key Personnel identified in Section 9.2 of **RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices,"** and as otherwise defined by the Vendor, including:

a. Individual names, titles, brief job descriptions, qualifications and fulltime equivalents (FTEs) dedicated to this Contract, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be two thousand eighty (2,080) hours.

b. Whether each Key Personnel position will be filled by a Vendor's employee or a Subcontractor.

c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.

All resumes may be viewed in **Attachment B.3-1_Resumes** and job descriptions can be viewed in **Attachment B.3-2_Job Descriptions. Exhibit B.3-7** describes the executive and key personnel, and **Exhibit B.3-8 describes** the qualified staff, dedicated to oversee and manage this contract.

Exhibit B.3-7 Executive and Key Personnel Position Tables

Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Chief Executive Officer	Scott Bowers	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: Reporting to the Board, this position is responsible for providing strategic vision, oversight and organization leadership for all areas of Passport Health Plan. Full-time administrator with clear authority over the general administration and implementation of the requirements detailed in the Contract.

Required Qualifications, Including Clinical Licensure: Bachelor's degree in Business required. Master's degree in Business Administration or related field preferred, 10 or more years of experience in health plan financial management, with significant experience as a health plan CEO or chief financial officer preferred. Medicaid managed care plan experience preferred.

Incumbent Qualifications: Bachelor's degree in Psychology. Master of Business Administration.
23 years managed care leadership experience, at President, CEO, Director or CFO level.

Executive Title / Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Chief Operating Officer	Shawn Beth Elman	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: Reporting to the CEO, the COO is responsible for providing direction and strategic vision for all operational functions, oversight of subcontracted entities and leadership of the Passport line of business. The COO is also responsible for providing strategic leadership for the company by working with the CEO, Board of Directors and executive management to establish long-range goals, strategies, plans and policies.

Required Qualifications, Including Clinical Licensure: Bachelor's degree (Master's preferred) in business or health related discipline such as Health Care Administration or Healthcare Management or substantially equivalent experience required; minimum 15 years progressive experience in business, preferably health care; minimum 10 years management experience required, preferably health care; minimum 8-10 years managed care experience required. Medicaid managed care plan experience preferred.

Incumbent Qualifications: Bachelor's degree in Accounting; Master of Business Administration;
20+ years' experience in health care; 20+ years Medicaid management experience.

Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Chief Financial Officer	Scott Worthington	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: Oversees the budget and accounting systems implemented by Passport. Responsible for directing the fiscal functions of the company in accordance with both statutory accounting principles and generally accepted accounting principles issued by the Financial Accounting Standards Board, the Securities and Exchange Commission, Kentucky Department of Insurance and other regulatory and advisory organizations and in accordance with financial management techniques and practices appropriate within the industry.

Required Qualifications, Including Clinical Licensure: Bachelor's degree in Business required. Master's degree in Business Administration or related field preferred; 10 or more years of experience in health plan financial management, with significant experience as a health plan CFO preferred. Medicaid managed care plan experience preferred. Certified Public Accountant preferred

Incumbent Qualifications: Bachelor's degree in Accounting; Certified Public Accountant; 25+ years in managed care and health plan financial management.

Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Chief Compliance Officer (COO)	David Henley	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: The CCO's primary duty is planning, implementing and monitoring the Compliance Program. The Compliance Program includes activities that involve enterprise risk management, HIPAA privacy, program integrity and delegation oversight. In addition, the CCO is the Custodian of Records. Maintains current knowledge of Federal and State legislation, legislative initiatives, and regulations relating to Contractors, and oversee the Contractor's compliance with the laws and requirements of the Department. Serves as the primary contact for and facilitates communications between Passport leadership and the Department relating to Contract compliance issues. Oversees implementation of and evaluates any actions required to correct a deficiency or address noncompliance with Contract requirements as identified by the Department.

Required Qualifications, Including Clinical Licensure: Bachelor's degree required. Minimum of 12 years of relevant work experience in compliance, management of a compliance program, and at least 5 years related to federal or state regulatory/compliance activities required. Experience managing a Compliance Program for a health insurance or healthcare company preferred. Familiarity with federal and state Medicaid regulatory environment preferred.

Incumbent Qualifications: Bachelor's degree in Business and Economics; Juris Doctor; currently licensed Attorney in Kentucky; 20+ years of leadership and general counsel in managed care, including compliance and regulations.

Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Medical Director/Chief Medical Officer (CMO)	Stephen Houghland, M.D.	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: This position is responsible for providing organization leadership in the operational areas of Medical Management, Quality Management, and related policy and practice initiatives. This position serves as a lead physician on the medical management team, working closely with other physicians, physician reviewers, the Director of Quality/Medical Management, Manager of Utilization Management, Manager of Case Management, Manager of Quality Management, Manager of Mommy & Me, the Pharmacy Director, and other Managers/Directors as needed. Oversees Passport's clinical functions and is actively involved in all major Passport health programs. All clinical directors, including those employed by subcontractors, report to the Medical Director for all responsibilities of this Contract. Responsible for treatment policies, protocols, QI activities, PHM activities, and UM decisions and ensures timely medical decisions. Is available for after-hours consultation, if needed.

Required Qualifications Including Clinical Licensure: A medical degree (MD or DO); minimum of 5 years of medical management and general management experience in a managed care environment is preferred. primary care discipline, prior experience as Associate Medical Director (or equivalent) or physician reviewer in a Managed Care Plan preferred. UM experience preferred.
Minimum 5 years of progressive business experience. Board Certified Physician. Must possess a current, active, state license to practice medicine in Kentucky.

Incumbent Qualifications: Medical degree; certification in Internal Medicine; current Kentucky Medical License and certifications; 9 years managed care experience at VP and Medical Director level;
18 years clinical experience; 5 years' experience as medical director of multispecialty medical practice (University Physicians Associates).

Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Pharmacy Director	Carrie Armstrong	Subcontractor – Evolent Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: Reporting into Passport's VP Clinical Operations, Director of Pharmacy for health plans including Medicaid. Coordinates, manages and oversees the provision of pharmacy services to members.

Required Qualifications, Including Clinical Licensure: Pharmacy degree; either BS Pharmacy or Pharm. D required; advanced degree (e.g., MBA, MHA) preferred; 5-10 years of Medicaid experience required;3+ years of pharmacy benefits management (PBM) account management required; active Kentucky Pharmacy License required; 2+ years health plan pharmacy director or PBM clinical operations leadership preferred.

Incumbent Qualifications: Doctorate of Pharmacy (PharmD); Master of Business Administration; active KY Pharmacist License; 10+ years PBM Clinical Operations Leadership in Medicaid Managed Care.

Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Dental Director	Jerry Caudill, DMD	Subcontractor–Avesis Employee / 1.0 FTE	Campbellsburg, KY



Brief Job Description: Reporting into Passport's CMO, the Dental Director leads the clinical oversight for all aspects of the dental program, including plan design, review of new methodologies, and appropriateness of care. The Dental Director will be authorized and empowered to represent Avesis regarding clinical issues, Utilization review and quality of care inquiries. Reviews policies and procedures, guidelines and clinical protocols relative to the dental program. Is actively involved in all Passport oral health programs and ensures timely oral health decisions. Is available for after-hours consultation, if needed.

Required Qualifications, Including Clinical Licensure: Bachelor's degree required. DDS or DMD. Licensed in the Commonwealth of Kentucky. Completion of credentialing process following NCQA guidelines. Minimum of 10 years of experience.

Incumbent Qualifications: Doctor of Dental Medicine from the University of Kentucky; Pre-Dental, Morehead State University; currently licensed in KY.

Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Behavioral Health Director/VP Health Integration	Elizabeth McKune, Ed.D	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: This position is responsible for planning, coordination, and managing of overall BH services; including provider identification, provider quality measures and service functions. This position provides oversight of regulatory compliance with applicable laws, regulations, and policies that govern BH aspects of Medicaid and acts as the BH leadership for the organization, assuring excellent customer service and provider relations. Is actively involved in all programs or initiatives relating to BH. Coordinates efforts to provide BH services by Passport or any BH subcontractors.

Required Qualifications, Including Clinical Licensure: M.S. in Nursing, MBA, MPH, MHA, Ph.D. or MD required. 7-10 years of clinical experience. 5-7 years' experience as a Director or comparable experience preferred; BH practitioner licensed in Kentucky.

Incumbent Qualifications: Doctorate of Education in Counseling Psychology; current KY Licensed Psychologist; current Chair of KY Board of Examiners of Psychology; 20+ years of Clinical experience with 12+ years at Director level or higher.

Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Provider Network Director	Melanie Claypool	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: This position is responsible for providing leadership and direction to Provider Contracting and Provider Network Management. Responsible for oversight of Provider Services and Provider Network Development. Provides oversight of required coordination with the Department's contracted credentialing verification organization(s) (CVOs). Coordinates workforce development initiatives conducted by Passport and collaboratively with the Department and other contracted MCOs.

Required Qualifications, Including Clinical Licensure: Bachelor's degree required. Master's degree preferred; minimum 10-12 years progressive experience in business, preferably health care; minimum 6-8 years managed care experience, including Provider Contracting, and Provider Relations experience.

Incumbent Qualifications: Bachelor's degree in English Education. Master's in Education. 15+ years Medicaid managed care, 10+ years' experience with provider relations and/or contracting experience at Manager or Director level.

Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Quality Improvement Director/VP, Clinical Operations	Courtney Henchon, RN	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: Responsible for the operation of Passport's Quality Improvement Program. Reporting into Passport's CMO, this position supports the all quality functions and (i) designs, builds and manages health plan quality programs that meet Center for Medicare and Medicaid Services (CMS) and NCQA requirements; (ii) sets strategy for, monitors, and optimizes QI initiatives for performance-based payment programs and, (iii) coordinates care gap closure efforts with other physician-facing initiatives. Performs a key role in creating infrastructure required for performance monitoring and QI purposes, as well as strategies for raising performance on national measures of PHM. Drives the customization, launch and ongoing operations of the Proactive Care program, a multi-pronged approach to identifying and closing important gaps in care for member populations.

Required Qualifications, Including Clinical Licensure: Clinical training and Master's in health-related field desirable. Past health plan or managed care environment highly preferred, 5+ years clinical and/or health care management experience, with general understanding of performance measures (e.g., NCQA/Healthcare Effectiveness Data and Information Set (HEDIS) measures, MSSP measures, etc.). Knowledge of QI/CQI principles, CMS requirements and regulations, and NCQA standards and regulations. Experience with analyzing HEDIS, Consumer Assessment of Healthcare Providers and Systems (CAHPS), HOS

Incumbent Qualifications: Bachelor's Degree in Nursing, Master of Science in Nursing, MBA, 18+ years' experience in health care; 10+ years' experience in clinical/healthcare management, strong knowledge NCQA accreditation, HEDIS measures, QI and CQI. Licensed registered nurse (RN).

Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Population Health Management Director/ Clinical Operations	Stephanie Stone, MSSW, LCSW	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: Responsible for coordination and oversight of the PHM program and services. This role includes developing and driving an annual clinical initiative plan, monitoring key program and population metrics, participating in QI efforts and working directly with the care management staff including RN care managers, PCPs, community health workers, health coaches, BH specialists, social workers, and pharmacists in delivering optimal results. In addition, this individual will contribute to the ongoing development of clinical guidelines and protocols used in delivery of population health services, as well as the ongoing design and commercialization of the company's integrated population analytics and care management workflow technology platform.

Required Qualifications, Including Clinical Licensure: Bachelor's degree required. 3-5 years of experience in healthcare change management/process improvement, outpatient-focused operations or other relevant experience required. Master's degree in Public Health, Public Policy Health Administration or other related healthcare field preferred.

Incumbent Qualifications: Bachelor's degree in Psychology; 11 years' experience in health care; 5+ years Medicaid managed care experience; Master of Science in Social Work; Licensed Clinical Social Worker.

Exhibit B.3-8 Qualified Staff Position Tables

Qualified Staff Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Management Information Systems Director	Kevin Staebler	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: Oversees, manages and maintains the Passport Management Information System (MIS). This position is responsible for providing leadership, vision, and management to the technology and analytics team. The focus of this role is to map technology, reporting and data science capabilities to strategic priorities, serve as the executive sponsor for technology process innovation, develop and administer the technology and analytics project portfolio, measure new efficiencies and return on investment (ROI); and to replace manual processes with technology to drive both cost savings and revenue generation.

Required Qualifications Including Clinical Licensure: Master's degree preferred. minimum of 7 years progressive healthcare and/or IT project management experience; at least 6 years directing, managing and leading an Information Technology (IT) team; 5-7 years of experience as a Director of Information Technology or comparable experience preferred.

Incumbent Qualifications: BA, Computer Information Systems - University of Louisville; 7+ years of healthcare experience; 7+ years of directing and leading an IT team at the Manager IT level and above.

Qualified Staff Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Enrollee Services Manager	Judy Palmer	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: This position is responsible for implementing new procedures within the department, keeping up to date on Medicaid changes within the state, investigating issues for the Director and troubleshooting issues. Coordinates all communications with and advocates for members. Supervises Enrollee Services staff to respond in a timely manner to members seeking prompt resolution of problems or inquiries.

Required Qualifications, Including Clinical Licensure: Bachelor's degree preferred; minimum of 6-8 years in customer services preferred; 3-5 years of experience in a supervisor position preferred. 3-5 years of managed Medicaid experience preferred; 3-5 years of experience as a Manager Customer Service or comparable experience preferred.

Incumbent Qualifications: Pursuing bachelor's degree in Business; 23 years' supervisor experience; 19 years managed Medicaid experience; 19 years' experience overseeing Member and Provider Services.

Qualified Staff Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Provider Services Manager	Stephanie French	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: This position is responsible for implementing new procedures within the department, keeping up to date on Medicaid changes within the state, investigating provider issues for the Director and troubleshooting issues. Coordinates network development and all communications with providers, out-of-network providers (as applicable), and subcontractors who are involved in clinical services. Manages Provider Services staffing ratios to support network development, communications and education, and to respond in a timely manner to providers seeking prompt resolution of problems or inquiries.

Required Qualifications, Including Clinical Licensure: Bachelor's degree preferred; minimum of 6-8 years in customer services preferred; 3-5 years of experience in a supervisor position preferred; 3-5 years of experience in provider claims preferred; 3-5 years of managed Medicaid experience preferred;
3-5 years of experience as a Manager Customer Service or comparable experience preferred.

Incumbent Qualifications: Bachelor's in Communications-; Master's in Communications; 10+ years of healthcare experience; 10+ years in supervisory/management role; 10+ years customer services experience.

Qualified Staff Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Claims Processing	Riley Fitzpatrick	Subcontractor – Evolent Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: The Claims Manager is responsible for management, oversight and development of the Claims Department to ensure employees are engaged to complete timely and accurate adjudication of claims for health care services, received from contracted and non-contracted providers and to ensure all federal and state a requirements are met timely and efficiently in accordance with regulations and guidelines. Ensures the timely and accurate processing of claims, including original claims, corrected claims, and re-submissions, and the overall adjudication of claims, including the timely and accurate submission of encounter data.

Required Qualifications, Including Clinical Licensure: Associate's or Bachelor's degree preferred. Extensive experience in health insurance claims processing with a minimum of 3-5 years management experience. HMO Claims or managed care environment preferred, across multiple product lines such as Medicaid, Exchange and employer groups. In-depth knowledge of medical billing and coding, benefits and provider contracts. Direct supervisory experience.

Incumbent Qualifications: BS in Business Administration / Computer Information systems; MBA; 10 years healthcare insurance experience; experience in Medicaid and Commercial lines of business; 10 years' supervisory experience.

Qualified Staff Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Utilization Management Director	Anna Page, RN	Subcontractor – Evolent Health / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: Responsible for the operation of Passport's UM Program and any Passport subcontractors performing services relevant to UM. This role is responsible for overall management of the activities relating to the strategy, tactics, policies, and programs that drive utilization for plan sponsor network providers and members. This role will be responsible for developing new capabilities to develop efficient and effective programs that achieve cost and quality goals in a way that is integrated into the local delivery system.

Required Qualifications Including Clinical Licensure: 5-10 years of progressive experience in UM and/or healthcare financing. Associate's degree in Nursing (with Masters in Nursing, Business Administration/Hospital Administration/Public Health strongly preferred). Active license as Registered Nurse (RN, RNC). Experience working within a provider-owned health plan or a risk bearing provider organization preferred.

Incumbent Qualifications: Associate degree in Nursing; current Licensed RN (KY), 28 years progressive healthcare experience in UM or healthcare finance; 9 years' experience working within a provider owned health plan.

Qualified Staff Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
ESPDT Coordinator	Cheri Schanie, RN	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: This position is responsible for managing the day to day operations of EPSDT outreach program. Coordinates and arranges for the provision of EPSDT services and EPSDT special services for members.

Required Qualifications Including Clinical Licensure: Bachelor's in Health Care or equivalent required; 3-5 years in healthcare or managed care setting; 3-5 years' experience working with Medicaid population.

Incumbent Qualifications: Registered Nurse/BSN; 20+ years' managed care experience; 20+ years managed care leadership experience, at Manager level.

Qualified Staff Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Guardianship Liaison	Brenda Huntsman	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: This position is responsible for identifying, assessing, planning, coordinating, and implementing appropriate cost-effective healthcare services for individuals identified as residing in Out of Home Placement. Serves as Passport's primary liaison for meeting the needs of members who are adult guardianship clients.

Required Qualifications Including Clinical Licensure: Bachelor's degree preferred. 3+ years of experience in Healthcare preferred; 3+ years of experience with Foster Care clients preferred; 3+ years of experience with case management or care coordination preferred; managed care experience preferred. Licensed Behavioral Health Professional preferred.

Incumbent Qualifications: Pursuing Bachelor of Arts; 3 years' experience in healthcare; 3 years' experience with Guardianship and case management coordination.

Qualified Staff Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Program Integrity Coordinator	Katelyn Haycraft	Subcontractor – Evolent Health / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: This position assists in the development and implementation of key metrics for the PIU operational reporting and oversight measures for internal and external (client) purposes, assists with audits, case investigations, provides guidance, direction to fraud, waste and abuse (FWA) Investigators. Implements appropriate claims-based algorithms to proactively identify potential cases of FWA. Manages the day to day workload of PIU staff and Investigators, Works to continually improve a monitoring system which tracks and oversees FWA issues or violations. Monitors and oversees Program Integrity subcontractors. Oversees interactions and relationships with the Kentucky DMS and other state and federal agencies, as needed. Identifies potential areas of compliance vulnerability and risk and works with management to address the issues. Serves as the single point of contact with the Department, whose job duties are dedicated exclusively to the coordination, management, and oversight of Passport's Program Integrity unit to reduce FWA of Medicaid services within Kentucky. Facilitates timely response to Department requests for information.

Required Qualifications Including Clinical Licensure: Bachelor's degree preferred. 3-4 years of compliance experience required; knowledge of investigative practices law required; general knowledge of health insurance, managed care, benefit design, Kentucky revised statutes, Kentucky administrative code and federal regulations required; 3-5 years of experience as a Compliance Coordinator or comparable experience preferred.

Incumbent Qualifications: Associate of Arts Education degree; 5 years Compliance Specialist experience; 3+ years Compliance Managed Care experience; Investigative law.

B.3.a.v. Summary of recruitment timelines and activities for Key Personnel positions for which individuals have not been identified at the time of the proposal. Describe contingency plans should those positions continue to remain open after Contract Award.

At the time of this submission, all key personnel and qualified staff positions have been filled in advance of readiness review. Should there be any future vacancies in key personnel and qualified staff, we will follow two parallel paths: (i) The Passport CEO will select a member of the executive team to fill the vacancy on an interim basis, and (ii) Our Louisville-based HR recruiting staff will immediately seek and hire another qualified candidate. In addition to our local recruiting efforts, Passport has access to national recruiting resources and a deep pool of qualified applicants, through our affiliation with Evolent. Over the last two (2) years, Evolent's recruiting team has received over 150,000 resumes and inquiries for employment. In addition, this relationship provides a unique opportunity to share talent between the organizations resulting in the ability for talent to move from Evolent to Passport where particular staff have deep expertise and meet the qualifications for the position at Passport.

Ensuring full staffing for executive team and key personnel roles is critical to the business continuity and overall performance for Passport. To that end, Passport's CEO partners with the HR team to develop succession plans for each executive and key personnel. Succession plans include a combination of current

Passport employees who could step into the role as well as alternative solutions including restructuring and key talent with affiliate organizations.

Passport is committed to hiring individuals who demonstrate our values. During the hiring process, we screen applicants for education, experience and longevity in a similar position. We find candidates who are both highly qualified and a strong cultural fit. Below is a timeline of recruiting activities to fill key personnel positions these activities represent Passport's contingency plan to backfill key personnel. Our recruiting timeline ensures that Passport remains appropriately staffed to meet the needs of its members and limits the time an executive team member is called upon to take on a dual role.

Recruiting Process for Key Personnel and Timing

- Requisition listed as an external posting – Day 1
- Candidates sourced through web service (LinkedIn) – Day 1
- Requisition posted on all partnered job boards – Day 1
- Recruiter forwards applicable candidates for executive review – Days 8-15
- Recruiter conducts phone screens for all selected candidates – Days 16-20
- Candidates participate in interviews – Days 21-30
- Offers sent to selected candidates – Day 31
- Onboarding turnaround for background checks and screens a*nd* 14-day notice – Days 31-60

B.3.a.vi. Overview of the Vendor's proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," for all operational areas.

Passport provides a comprehensive training program to ensure all staff are sufficiently trained to meet performance expectations in their respective roles. Our staff training program spans three major segments: Mandatory Training, Business Operations Training, and Clinical Operations Training. Each training segment includes learning objectives to prepare our employees to successfully perform their job duties and fulfill all requirements and responsibilities of the contract.

Mandatory Training – All Employees

1. New Employee Orientation Basic Training

All new hires to Passport attend New Employee Orientation on their first day. New hire training occurs every other week, typically on Mondays, following our hiring and onboarding schedule. All new hire training occurs onsite and in person within the Louisville office. The training audience encompasses all full-time, part-time, temporary and subcontractor employees.

New hire training modules include:

- **Company history:** Passport's history is a very important subject matter for new hires to absorb. This training emphasizes the rich history that Passport has had in serving the Commonwealth for 22 years, sharing details on how its constant member-centric focus has been successful since the inception of the plan.
- **Organizational culture:** Passport's culture is deeply rooted in serving its mission, which is to improve the health and quality of life of all Kentuckians. We highlight several corporate culture concepts that are deeply rooted in our values, such as integrity and collaboration.
- **Functions of major departments:** - Passport's organizational structure promotes strong collaboration across all departments, so new hires are taught the essential functions that each major department is responsible for.
- **Trends in the health care market:** As a leading model of managed care, Passport monitors and educates employees on current market trends in the health care market. This includes but is not limited to, new innovations, terminologies, and programs that are relevant to Passport's ability to sustain itself as a market leader.
- **Compliance with federal and state laws and regulations:** Compliance training in the health care environment is a necessity and Passport conducts a robust compliance training upon hire as well as annually for tenured employees. Compliance training encompasses important regulatory subject matter, which is detailed in the next section.

Managers attend additional training that emphasizes the role they play in supporting the success of their employees.

2. Compliance Training

Compliance training is a top priority for all employees. Passport emphasizes our commitment to compliance by providing both initial and ongoing (annual) compliance training for all employees. For new employees, compliance training must be completed within 90 days of the date of hire, and each year from anniversary date. Mandatory compliance training course content includes:

- **Code of business conduct and ethics** – Training is provided to maintain employee awareness and compliance to our company code of business conduct and ethics policy and procedures. Course topics include: conflicts of interest; confidentiality and proprietary information; gifts; accepting business courtesies; corporate recordkeeping. Upon completion of training, all employee and Board members must complete a Conflict of Interest form (upon new hire and annually) stating any and all potential relationships that may present potential conflicts of interest.
- **Preventing discrimination and harassment** – Training is provided to avoid or minimize workplace discrimination and harassment. Course topics include: diversity, respect, anti-discrimination laws, harassment, sexual harassment, retaliation, reporting discrimination and harassment, and the company's policies against discrimination and harassment. Managers learn about supervisory responsibilities, investigation of complaints, retaliation, compliance with state and federal laws, etc.
- **General compliance and FWA** – Training is provided to maintain employee awareness and compliance to our company FWA policy and procedures. Course provides information on the scope and definition of fraud, waste, and abuse, explains the obligation of everyone to detect, prevent, and correct FWA, how to FWA and information on laws pertaining to FWA.

- **HIPAA privacy and security of protected health information (PHI) and personally identifiable information (PII):** Training is provided as necessary and appropriate for our staff to carry out the functions of their jobs; and for covered entities and business associates in their implementation of security awareness and training program for all staff. Course topics include: what is HIPAA; HIPAA privacy rule; HIPAA security rule; HIPAA definitions; why HIPAA is important; disclosures of PHI; safeguarding ePHI; breach notifications; member rights; BA agreements; associate sanctions for HIPAA violations.
- **Deficit Reduction Act: false claims:** Training is conducted to provide our employees with understanding that the Deficit Reduction Act of 2005 (DRA) includes numerous provisions designed to reduce and control Medicaid costs, such as Employee Section 6032 "Employee Education About False Claims Recovery" aimed at curbing Medicaid fraud. Also, as required by the DRA, we provide detailed information regarding our policies and procedures for detecting and preventing FWA of government health care programs.
- **Cybersecurity:** Cybersecurity awareness training is conducted to reduce the risk that our systems can be breached by sophisticated phishing or social engineering methods to gain entry points into our information and data systems. The comprehensive course focuses on helping our associates understand the basic concepts of cyber security, give associates ways to take precautionary measures to keep our company safe while they are online, as well as how to protect the company from the schemes of third parties found on the internet.

Passport uses Cornerstone Learning Management System (LMS), an e-learning software system used to support administration of our mandatory compliance training program and maintain the requisite documentation about course completion. Every level of management is responsible for ensuring their employees complete all required compliance training by the due date. The Learning Center tracks employee training completion dates and alerts managers to any overdue required training. Employees and their managers receive regular reminders of their training obligations, as well as personalized e-mail reminders of outstanding compliance training requirements. Failure to complete required compliance training results in performance actions, up to and including termination of employment.

We provide additional specialized compliance training and refresher training when an individual is appointed to a new position, when the requirements of their job change, as a part of corrective action for non-compliance, or to address an issue of non-compliance. In addition, we use a variety of communication strategies, such as virtual/video training, mass email communication, and onsite information forums to distribute new regulatory guidance, communicate areas of concern or non-compliance, and incorporate compliance into our employees' daily work routines.

3. Cultural Competency Training

At Passport, we understand our employees play an integral role in breaking down barriers to improving member health outcomes, including barriers that may be compounded by language, ethnicity, and other differences. As a result, we have developed a strong cultural competency training course curriculum for our

employees to promote understanding of the unique needs of our diverse membership. We empower and expect our staff to be culturally competent in all encounters.

Our Cultural Competency course teaches our employees ways to deliver culturally and linguistically competent care. The training course content includes:

- National Culturally and Linguistically Appropriate Services (CLAS) standards and the reasons for their development
- Need for and ways to develop self-awareness in culturally competent care
- Communication tools and tips to use when caring for members of different cultural backgrounds, and members with disabilities, or unique SDoH needs
- Translation services that are provided to members, as required by law
- Health care considerations for various cultures

In addition to the mandatory staff training described above, we also maintain strong business and clinical operations training programs that are unique to each function or job role.

Business Operations Training

Passport places the utmost importance on ensuring it maintain a high-performing team. After successful recruiting, the next critical step is ensuring the employees have the training necessary to do their jobs. There are new hire training paths for the business operations positions to ensure compliance with the Medicaid contract and to ensure we are providing consistent, professional service to our members, providers and the Department. A high-level overview of key department training is below. *(Note: Details on specific business operations training path curricula are discussed in each corresponding proposal section as requested, e.g., C.12 Enrollee Services).*

1. Member Services:

The training curriculum for ember Service Representative (MSR) staff includes topics such as:

- Introduction to a Managed Care Organization (MCO)
- Medicaid Concepts and Contract Requirements
- Systems and Applications, including member tools
- Member eligibility
- Plan benefits, community resources and SDoH
- Member centric telephone skills

The employee's learning experience is enhanced by implementing a variety of training methods to ensure operations personnel successfully perform their job duties to fulfill all requirements and responsibilities of the Contract. These methods include:

- Traditional adult learning classroom style with trainer, exams that must be passed for employment to continue
- Creative techniques to make the information memorable and impactful

- Role playing
- Simulated telephone calls
- Games (trivia, bingo, etc.)

- Finally, to ease the transition from training to the production floor, the trainee is paired with a training partner to observe phone calls, workload and team interaction in order to reinforce training instruction and provide hands-on experience with members and providers. Follow up touchpoints are conducted at regularly scheduled intervals to ensure that the member services team members are retaining all information and continue to build on their foundational training.

2. Provider Services:

Staff are promoted into this role from the member services role. Once someone has been identified as having the skills to move to the next level and a position is available, they receive an additional two (2) weeks of provider focused training. This training includes information on such topics as:

- System training for claims
- Provider contracting steps
- Prior authorization requirements
- Provider portal
- Provider centric telephone skills with role playing

While these are not new hires, they are paired with an experienced Provider Services Representative to provide one-on-one support as they learn these new skills.

3. Claims Processing:

To ensure the highest financial and procedural claims quality, claims training starts with the basics and once those skills are mastered, claims processors are trained on more difficult claim types. The course curriculum includes such topics as:

- Introduction to Medicaid Managed Care in Kentucky, including SDoH
- Medicaid concepts and contract requirements
- Systems and applications
- Plan benefits
- Member eligibility, provider selection, authorization requirements, third party liability
- How to read and follow the desk top procedures (DTPs)

Claims processors are taught to process easier claims first (e.g., low dollar member eligibility queues), and once they show proficiency, they are then skill-pathed to learn other claim types, such as authorizations, coordination of benefits (COB), and high dollar claims. Initial training methods include both traditional adult learning and creative techniques with games, and simulated work. Each new processor is also assigned a

mentor to (i) facilitate the transition from training to the production floor, (ii) to observe workload and team interactions in order to reinforce training instruction, and (iii)provide someone to answer questions and ensure consistent processing. Claims processor training is baseline training and provides the core coursework for other promotional opportunities including recovery analyst, claims quality analyst, etc.

4. Provider Network Management:

Our Provider team new hire training takes place over the course of approximately 30 days and includes systems training, as well as job shadowing to gauge level of knowledge. Covered topics taught by the department trainer include but are not limited to:

- Claims processing and provider data
- KHIE and provider portal
- SDoH
- Provider and value-based contracting
- Requirements of a successful provider visit

New provider representatives are supported by their manager and are accompanied on provider visits for introduction and to ensure seamless transitions. Follow-up training takes place in monthly all-staff meetings which often features subject matter experts presenting on topics pertinent for sharing with our providers.

5. Management Training on SDoH:

Through a Poverty Simulation Training tool, our management staff will participate in a highly interactive program intended to increase awareness of the difficulties a Medicaid family may face. This impactful training involves role playing where the team is confronted with a series of challenges and barriers to care, including a shortage of money, sudden illness, no access to transportation, and homelessness.

6. Ongoing Training:

In addition to the traditional new hire training, employees are trained on updates; new programs; important operational enhancements; etc. in team meetings, informal stand up sessions on the production floor, and/or formal training sessions. The trainers also send monthly consistency quizzes to the teams to ensure all are following the same steps and to assist in gauging the training needs. For example, January's consistency review training for claims representatives focused on authorization processing. The quizzes are then scored, and any necessary changes are made to the desk top procedures. (DTPs). We also have internal subject matter experts and external guest speakers who provide training. A recent example of internal training was when our community engagement employees spoke to the member services team about their interactions out in the community. Recent guest speakers included Andrew Bledsoe, director of KHIE who provided training on the program and its benefits to our provider network management team; a local diversity expert from the University of Louisville who provided training on LGBTQ awareness for all staff, and smoking cessation trainers who certified our community engagement teams so that we can conduct this training in the future.

Clinical Operations Training – Care Management Team Staff

Passport also implements a comprehensive core curriculum for clinical operations employees to establish a baseline level of knowledge and training about the health care landscape, industry compliance, the health system and health plan, and the people we serve.

Our Clinical Implementation, IT and training teams work collaboratively to develop and conduct role-specific training for PHM program staff. We use a combination of training methods including instructor-led virtual and classroom, computer-based and e-learning, video, hands-on learning, and coaching and mentoring. The training course content is focused to ensure each PHM care team employee has the foundational information, knowledge and skills to be successful in his or her role. Care Team training course content includes:

- Population health and value-based care
- Use of IdentifiSM, our proprietary predictive modeling care management platform
- Roles and responsibilities of care team members
- Clinical program overviews, workflows, and program graduation requirements
- Documentation standards and performance expectations
- Member engagement skills, including motivational interviewing techniques and self-management support strategies
- Line of business (LOB)-specific overviews

When PHM care team staff have completed new hire training with the clinical implementation team, Passport's clinical trainer becomes responsible for meeting their ongoing training needs. Content that is reinforced for new staff, as well as ongoing for existing staff, include the following:

- Clinical manager training, including performance management and quality audits
- SDoH
- Home visit safety
- Suicide response
- Conducting care conferences
- Care management policies and procedures
- BH
- Health literacy
- Integrated, whole-person care
- SUD
- Trauma informed care, adverse childhood experiences, and the effects of trauma on member health
- Diversity and inclusion

When we observe trends in our member population or challenges our care team staff are facing, our clinical trainer develops or adapts training content to address the identified need. These trainings may be about specific conditions (e.g., obesity), SDoH needs (e.g., transportation), evidence-based practices policy updates, etc. Our licensed care team staff are able to receive free continuing education credits for trainings focused on clinical topics.

As we have described herein, our process for training, educating and supervising staff leverages industry best practices in learning strategy, instructional design and training delivery to ensure that our training plan results in employees who are able to successfully perform in their role as well as continue to develop in their careers. In executing our training plan, we also ensure contract compliance, service excellence and a deep understanding of the populations we serve. The principles we use to develop our competency-based, role-specific training are evidenced-based and industry-recognized as the standard for training course development. Each phase of the development process aids our team in the development of sound instructional content that educates participants involved in the development process while also providing a framework for an evaluation of the training impact on our learners.

B.3.a.vii. Overview of Vendor's approach to monitoring Subcontractors' progress in recruiting and training of staff to meet all requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

Passport's subcontractor relationships to support the Contract are currently in place and well-established with an average of six (6) years of active partnership. Our subcontractors are fully staffed and trained for the performance of their duties. The staffing levels for our subcontractors are based on current Passport membership. To support Passport's monitoring of our subcontractors' staffing performance, we require the following:

- Subcontractors must provide Passport with staffing level reports on a monthly basis (overall and by position) for all employees supporting the program.
- If any acute staffing issues affect subcontractor service level agreement (SLA) performance, subcontractors are required to self-report those issues to Passport.
- Subcontractors are contractually held to maintaining appropriate staffing levels to support their SLAs and will incur fee penalties if SLAs are not met because of insufficient staffing or any other reason.

If additional recruiting is required in the future due to membership fluctuations or staff turnover, Passport implements the following approach to ensure appropriate subcontractor staffing levels are maintained:

- Conduct forecasting discussions with each subcontractor to discuss anticipated membership changes or staff vacancy metrics and collectively evaluate impact
- Require the following from subcontractors:
    - Modeling documents of estimations for additional resources required by role type to support contractual SLA performance levels
    - Hiring plans, including timing and candidate pipeline metrics
    - Biweekly meetings where recruiting and placement metrics are reviewed against plan

    - Evidence to show all subcontracted staff have completed the required background check (including clearance through the Office of Inspector General), and verification that they have the right to work in the United States
- As needed, review resumes or interview subcontractor key personnel associated with our contracted services (Passport reserves this right)
- Perform delegation oversight visits to subcontractor facilities and require access to staff for questioning if desired

Passport maintains involvement and oversight in its subcontractors' training programs to ensure the curriculum is comprehensive in addressing obligations in fulfilling all requirements and performance expectations. Specifically, Passport requires:

- Access to all subcontractor training curriculum materials, policies and procedures, and staff handouts for review and comment prior to the start of the training program.
- Training material including references and citations regarding laws that apply to specific topics.
- Written confirmation that all staff involved in support of the program have successfully completed training requirements. Sign-in sheets, manual or electronic, are required to be delivered to Passport within 30 days of any contractually required training classes.
- All subcontractor agreements enforce compliance with all DMS requirements and a commitment to implementing and administering DMS required changes. For DMS changes, Passport requests the training curriculum and approach for review and comment prior to roll out.

We have established a Delegation Oversight Committee (DOC), that is responsible for monitoring subcontractor recruiting and training activities/progress, administering the above controls, and monitoring each subcontractor's overall performance against SLAs and other contractual requirements. The DOC is comprised of the Director of Compliance, the Delegation Oversight manager, the COO, and appropriate operational and clinical leaders. Recruiting, training, SLA performance and contractual oversight for all subcontractors are addressed in the following forums run by the DOC:

- **Quarterly compliance collaboration calls** hosted by Passport's compliance team with its subcontractors' compliance teams to discuss adherence to contract requirements and share best practices
- Monthly DOC meetings to review metrics and issues to make recommendations for corrective actions
- Monthly operations reviews of Passport performance SLAs to determine where subcontractor performance is supporting or affecting overall SLA achievement and member/provider experiences

B.3.a.viii. Retention approach for key personnel

Passport is passionate about creating and maintaining a culture that supports the engagement and retention of staff. In support of that goal, Passport conducts an annual employee survey measuring indicators of employee engagement and retention risk which are in the top quartile relative to national benchmarks. Our most recent survey conducted in April 2019 found that:

- 86% of respondents indicated that Passport encouraged them to develop their skills
- 95% of respondents felt that Passport cared about their health and wellbeing
- 86% of respondents were satisfied working for Passport
- 97% of respondents reported they were willing to give extra effort to help Passport succeed

Passport has a history of having extremely low turnover with an average employee tenure of seven (7) years. Our strong retention of all employees is driven by a comprehensive benefits package that helps employees and their families maintain their health, support work/life balance and provide security for their future. We believe that employees work hard to help Passport achieve our goals and live our values, and in return, we should provide them with comprehensive benefits. Taking care of our employees' health and wellbeing is core to our values.

The following highlight some of our cultural practices and formal benefits offerings:

- Competitive total rewards including base compensation and performance-based incentives for senior-level roles
- Comprehensive health benefits
- 401(k) match
- Unlimited time off for salaried (including Key Personnel) employees; hourly employees receive 15 days of paid time off and can accrue up to 25 days of PTO, based on tenure
- 4 additional paid days off each year for volunteer work (individual or team-based)
- Ability to telework based on role requirements
- Flexible work hours
- Incentives for wellness activities, such as: weight loss programs, race fees, sports team participation, fitness classes (yoga, barre, cycling, etc.), personal trainer, smoking cessation
- Casual dress is welcomed
- Quarterly all-employee townhall events and departmental social events
- Holiday volunteer activities and drives for those in need

Passport also has a specific focus on the retention and development of our ELT and key personnel (listed in our response to3. a.iv). To ensure market competitive pay, Passport reviews salary survey data on an annual basis and adjusts where appropriate. Additionally, executive team members and key personnel have annual performance-based bonuses and deferred compensation to encourage retention and pay-for-performance. Beyond competitive pay and benefits, Passport conducts a leadership talent review facilitated by HR with Passport's CEO, reviewing the executive leadership team's individual performance, potential, and retention risk as well as identifying any potential successors (as discussed in our response 3. a.v.) as it relates to key personnel recruitment and contingency planning. Additional goals for conducting leadership talent reviews include:

- Assessing leadership bench strength for Passport's ELT including all key personnel roles
- Developing targeted individual development plans that drive key personnel retention levers

- Identifying our succession gaps and developing action plans to respond to key personnel transitions

Passport also provides executive coaching opportunities to its executives and key management staff. Course enrollees are selected by executive leadership on an annual basis and receive both classroom instruction one-on-one time with the instructor once per month. This training is designed to help participants prepare and execute effectively in their executive roles as their responsibilities grow.

B.3.b. Provide a detailed description of the Vendor's organizational structure for this Contract, including an organizational chart.

B.3.b.i. Management structure, lines of responsibility, and authority for all operational areas of this Contract.

Board of Directors

In 2019, Passport and its provider owners (University of Louisville Physicians, Inc., University Medical Center, Inc., Norton Healthcare, Inc., Louisville/Jefferson County Primary Care Association, Inc., and Jewish Heritage Fund for Excellence, Inc.) commenced a competitive process to select a strategic affiliate, assessing multiple national and regional potential partners. Ultimately the Board and Provider owners chose Evolent Health to become a partial owner of Passport and in doing so to provide expanded management and operational support. This decision was based on their national reputation as a leader in population health and its aligned mission focused on provider-driven and community-based care as the most effective strategy for engaging vulnerable populations. On December 30th, 2019 having procured all required state and federal regulatory approvals, the parties officially completed Evolent's acquisition of a 70% ownership stake in Passport. The remaining 30% continues to be owned by University of Louisville, Norton Healthcare and other Kentucky-based provider organizations, thus keeping Passport closely tied to its provider-owned, Kentucky roots. The University of Louisville is the largest percentage owner and along with the other provider owners has an equal say on key issues related to health plan strategy, operations and financial management.

The new entity, Passport Health Plan, Inc., ("Passport" from here forward) continues to operate as its own independent and legal entity, headquartered in Louisville, Kentucky, with an ELT that is focused on Kentucky Medicaid and continues to provide oversight of all subcontractors, including Evolent. The Board governance structure, designed to maintain Passport's local perspective and provider-guidance, is at the helm of all critical decision-making regarding operation of the plan. Passport's local provider owners hold three Board seats. They include Jennifer Davis, University of Louisville Physicians, Associate Vice President for Health Affairs and Strategic Initiatives; Ken Marshall, University of Louisville Health, COO; and Kimberly A. Boland, MD, University of Louisville Professor and Chair of Pediatrics.

Executive Leadership Team

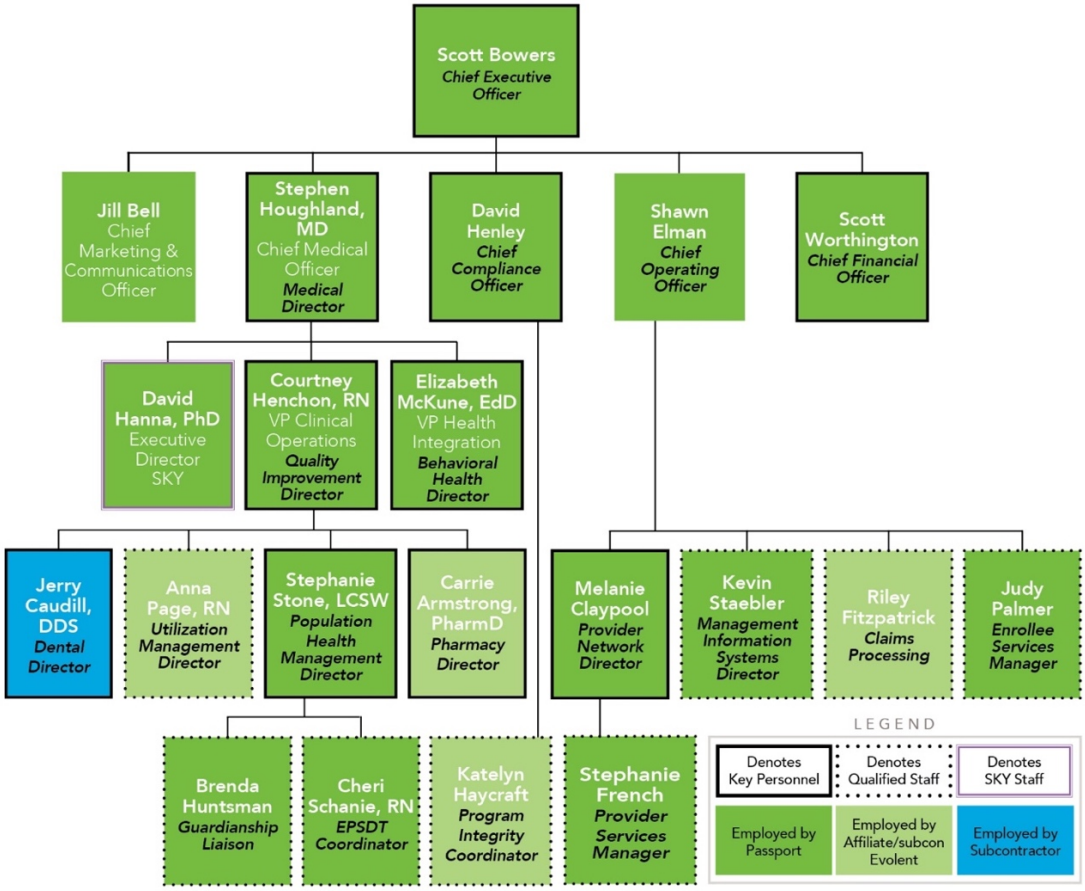
At the next level, the CEO has clear authority over the administration of the contract having oversight of the ELT, consisting of the COO, CMO, VP of Health Integration, VP of Clinical Operations, Chief Financial

Officer (CFO), Chief Compliance Officer (CCO), and Chief Marketing and Communications Officer (CMCO) and key personnel under the contract to ensure appropriate, compliant performance of Passport's responsibilities to members, providers, and DMS. The CEO chairs weekly team meetings to review health plan performance, compliance with contractual requirements, and operational performance and metrics, subcontractor performance and staffing issues; and organizational and cultural topics. These team meeting agendas routinely include various functional subject matter experts to address current business issues. The practice of conducting a weekly forum to review and discuss operational issues with members of the ELT who represent all of the functional disciplines in the health plan facilitates a clear holistic understanding of current relevant business issues and promotes broad communication across the disciplines that supports the contract.

In addition to the ELT, Passport has identified the appropriate qualified staff specified in Section 9.2 of the Contract to support Passport's performance under the contract. An organizational chart identifying the member of the ELT, contract key personnel and qualified staff pursuant to Section 9.2 of the contract is below.

Please see **Exhibit B.3-9** Organizational Chart for Passport

Exhibit B.3-9: Organizational Chart for Passport Health Plan



Passport's organizational structure ensures that Passport retains full control over all aspects of performance under this contract and that Passport employees are performing the oversight of subcontractors. This staffing model makes sure that Passport's regular internal monitoring of operations identifies and addresses issues before they escalate to be out of compliance with the contract. The staffing model further provides clear accountability over each operational area by Passport's leadership team, reporting to the CEO, and beyond to our Board.

In the following sections, we further outline lines of responsibility, and authority for all operational areas of this contract for our leadership team.

Chief Executive Officer

The Passport CEO reports directly to Passport's Board and is responsible for the overall performance of the plan. The CEO oversees the ELT outlined below, as well as the HR department.

Chief Operating Officer

The Passport COO reports directly to the CEO of Passport. The COO has oversight and ultimate accountability for the day-to-day operations of the plan. The COO ensures ongoing managed services provided by the operations teams are optimized and aligned to deliver on strategic goals and objectives. This includes network management; (provider network, contracting, adequacy and provider satisfaction), Member and Provider services; (enrollment/provider files, satisfaction of both members and providers, sets the provider engagement strategy); member and provider call center, (ensuring that compliance and regulatory requirements are met); and the Claims and Benefit Management team, ensuring the providers are loaded correctly, systems are configured and end-to-end testing is completed for allow for timely claims processing. The COO is an integral part in the QMMC ensuring operations outcomes are being reviewed, goals and objectives are being reviewed.

Chief Medical Officer

The Passport CMO reports directly into the CEO of Passport. The CMO has direct oversight and is ultimately accountable for the integration and delivery of Population Health Clinical Strategy including quality for the Plan. The CMO chairs the QMMC and is a member of the primacy care provider PCP Workgroup. In addition, the CMO or his delegate is a member of each QMMC subcommittees. This position is a key role for both internal partners and external stakeholders. This physician business executive exhibits exemplary leadership qualities and clinical expertise in the execution of our clinical model of care, understands the underlying business model and provides input into administrative policy development and decision-making processes. He also is a collaborative member of a team of nurses, social workers, physicians, pharmacists, health economists, and program coordinators, and implements population health strategies that will have a profound impact on the lives of people living with multiple chronic illnesses.

Chief Compliance Officer

The CCO for Passport establishes and implements an effective Compliance Program to prevent illegal, unethical or improper conduct. The position reports to both the CEO and the Board, ensuring management and employees comply with applicable rules and regulations of regulatory agencies, that company policies and procedures are being followed, and that behavior in the organization meets the company's Compliance Program. This position has oversight and accountability to ensure that grievances and appeals are compliant with state and regulatory regulations. The CCO is authorized to implement all necessary actions to ensure achievement of the objectives of an effective compliance program. The CCO performs an active role in the QMMC to ensure all departments compliance metrics, SLAs, TATs and regulatory reporting are reviewed and approved by the committee.

VP of Health Integration

VP of Health Integration is responsible and accountable for creating opportunities for whole-person care for our members by partnering with providers to address gaps in care, building collaborative models for health and wellbeing, and measuring the impact of integrated health efforts on long-term outcomes. The VP of Health Integration is a member of the QMMC and the PCP Workgroup. The VP of Health Integration maps all components of the member journey to ensure alignment with the member experience strategic vision and goals of Passport. The VP of Health Integration builds strong relationships of trust and collaboration across internal partners and external stakeholders for a seamless, coordinated member experience.

The VP of Health Integration and VP of Clinical Operations work closely to promote an interdisciplinary collaborative model of care to drive optimal and member-centric clinical outcomes. The goal of this integration effort is to create and sustain an organizational culture and standard of care that reflects a member experience-centered mission. The VP of Health Integration reports to the CMO of Passport.

VP of Clinical Operations / Quality Improvement Director

The VP of Clinical Operations is responsible and accountable for overall management of the activities relating to the strategy, tactics, policies and programs that drive QI, utilization, clinical operations, and pharmacy for Passport. The VP of Clinical Operations oversees the development of appropriate Quality, UM, CM and Pharmacy programs, policies and activities including design, and implementation of the overarching Integrated Care Management Programs. The VP of Clinical Operations is a member of the QMMC and its subcommittees and the PCP Workgroup. This role functions as the QI Director responsible for the management and oversight of the Quality Improvement team, policies, procedures and related activities; ensuring rigorous, consistent, and disciplined design and execution. The VP of Clinical Operations provides overall direction of activities related to the Quality Improvement Program, management of the Quality Improvement Committee. In addition, the QI director ensures medical record reviews and DMS audits are timely and accurate, addresses potential quality of care concerns, and ensures readiness of the health plan's NCQA accreditation and monitoring the timeliness and accuracy of QI data and reporting to meet requirements of applicable regulatory agencies. This executive is also the primary liaison of Quality to DMS and ensures that all contract requirements are met. Additionally, the VP of Clinical Operations is responsible

for the operational effectiveness of our vendors and subcontractors (e.g., dental, vision and fulfillment) and ensures that all contract requirements are met, SLAs are consistently met or exceeded and that the care the vendors are delivering are of the highest quality to our members. This position ensures that our workflows and cross communication between teams is executed. The VP of Clinical Operations reports to the CMO of Passport Health Plan.

Senior Director of Information Technology

The senior director of IT is responsible for articulating and establishing the vision and strategy for integrated data and technology that enables Passport to achieve its business strategies and goals. This position is also responsible for providing leadership in the development, implementation and governance of the information systems, analytics and technology infrastructure including day-to-day operations.

Senior Director, Utilization Management

The senior director of UM is responsible for the management and oversight of the UM team, policies, procedures and related activities; ensuring rigorous, consistent, and disciplined design and execution. The senior director of UM provides overall direction of activities related to medical review; development of on-site processes where indicated, and telephonic review process of all necessary UM components, monitoring the timeliness and accuracy of UM data and reporting to meet requirements of applicable regulatory agencies. The senior director is an active participant of the QMMC and the QMAC. The senior director of UM is the primary liaison to our vendors and subcontractors (e.g., dental, vision and fulfillment) and ensures that all contract requirements are met, and members are receiving timely and appropriate care. This position ensures that our workflows and communication between teams result in seamless coordinated care for our members. The senior director works closely with the VP of Health Integration to provide a seamless delivery of covered services across vendors and subcontractors to ensure a positive member experience. The senior director of UM reports to the VP of Clinical Operations.

Senior Director, Clinical Operations

The senior director of Clinical Operations reports to the VP of Clinical Operations and is responsible for the management and oversight of the Clinical Operations team, policies, procedures and related activities, including evaluating of program data to ensure rigorous, consistent, and disciplined design and execution of the Care Management Program. The senior director of Clinical Operations provides overall direction of activities related to care management program execution, member enrollment and engagement, community partnerships, and development of resources for members. The senior director of Clinical Operations participates on the QMMC and QMAC. The Senior Director works closely with the VP of Health Integration to ensure gaps in network or community resources are identified to help members to move seamlessly through the continuum of care.

Pharmacy Director

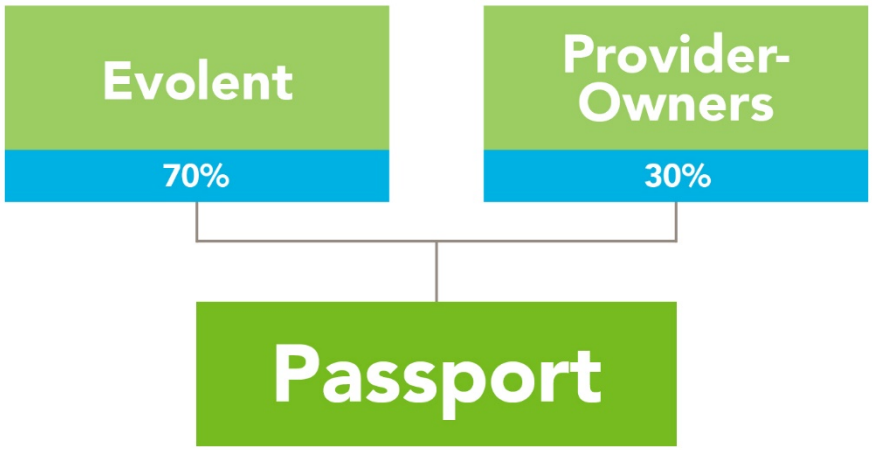
The Pharmacy director is responsible and accountable for the development, coordination and direction of the Pharmacy Program in accordance with the strategic plans and mission. The director of Pharmacy responsibilities include, providing administrative and clinical leadership, participating in ongoing development of policies and procedures for UM, and recruiting, training and evaluating leadership staff, establishing quality and performance standards, monitoring UM program performance and presenting findings to executive leadership on an ongoing basis, and developing budget, staffing plans, and ensuring adequate allocation of resources. The director of Pharmacy participates on the QMMC and the P&T Advisory Committee. The director, Pharmacy reports to the VP of Clinical Operations.

B.3.b.ii. How the RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices" fits into the overall organizational structure of the Parent Company.

By way of background, in the spring of 2019, Passport's Board and provider owners commenced a competitive process to select a partner to provide expanded management and operational support, as well as capital through joint ownership of the health plan. Because of Evolent's experience serving Kentuckians, clinical and administrative capabilities, and aligned, provider-oriented mission, Passport selected Evolent from among several bidders to be the partner to help carry its provider-driven legacy into the future. On December 30, 2019, having procured all required state and federal regulatory approvals, the parties officially completed Evolent's acquisition of a 70% ownership stake in Passport. The remaining 30% continues to be owned by Passport's five (5) provider owners, thus keeping Passport closely tied to its provider-owned, Kentucky roots. While the ownership of Passport has technically changed with the transaction, all of the Passport Medicaid assets, employees, executive leaders, providers agreements, vendors, policies and procedures, clinical and community outreach programs, and innovations remain the same ensuring that the twenty-two (22) years of Kentucky Medicaid experience continue to be engrained in Passport's operational fabric.

Passport continues to operate as its own independent and legal organization, headquartered in Louisville, Kentucky, with an Executive Leadership Team that is focused on Kentucky Medicaid. The ELT provides oversight of all partners and subcontractors, including Evolent. Evolent's increased stake in Passport has enhanced Passport's capabilities with leading-edge analytics and technology that deploys machine learning and artificial intelligence to assess risk-levels across the member population and execute on early interventions to prevent adverse events. Evolent's focus on population health, specialty care management, and supporting infrastructure that simplifies administration throughout the health care system make it a natural partner for a provider-oriented health plan such as Passport. This partnership helps members to engage in their health and receive high-quality care that is cost-effective, evidence-based, and highly integrated. An organization chart illustrating how Passport fits into Evolent's overall organizational structure is provided in **Exhibit B.3-10**.

Exhibit B.3-10 How Passport Fits within Evolent's Overall Organizational Structure



As the parent company to Passport, Evolent understands the important role it plays in assuring financial and operational stability, while allowing Passport and its provider-driven model, to function autonomously. Evolent acts to ensure its own compliance with applicable provisions of the DMS contract, both as a parent company and as a subcontractor to Passport. The relationship between Passport and Evolent is strategic in nature, with the subcontractor services and operations Evolent provides being central to fulfilling Passport's vision of an integrated clinical and administrative platform for better health outcomes and managed costs. Passport's oversight of Evolent, including confirmation of Evolent's compliance with the DMS contract as applicable, will be no different than Passport's oversight of any of its other subcontractors. Passport retains full responsibility for oversight and monitoring of all activities delegated to Evolent, and ultimately, for compliance with DMS and CMS regulations and requirements. Passport will monitor Evolent's performance under its services agreement (as well as its impact on Passport's financial performance, level of services provided and quality of care rendered) through reasonable periodic on-site and remote audits, requests for information, and reporting mechanisms in a manner consistent with applicable law. Passport will document Evolent's compliance with Passport operational and regulatory standards as well as Commonwealth, and federal standards.

B.3.b.iii. Where subcontractors will be incorporated.

Passport uses a carefully selected and tightly managed set of subcontractors in its delivery of service to members and providers and fulfillment of contractual requirements. We incorporate and integrated subcontractors into our operational model where they provide deep expertise and support improved access, quality, health outcomes and financial results. These relationships provide specialized expertise and support efficient service delivery. Additionally, Passport only selects subcontractors who demonstrate alignment

with our mission of improving the health and quality of life for our members. Passport is fully accountable for the end-to-end delivery of our obligations to DMS, members, providers and the community. This accountability informs our carefully vetted selection and due diligence of subcontractors as well as ongoing performance monitoring and oversight.

Following is **Exhibit B.3-11** which includes an overview of subcontractor relationships anticipated in fulfillment of the contract obligations:

Exhibit B.3-11 Overview of Subcontractor Relationships Anticipated in Fulfillment of the Contract Obligations

Proposed Subcontractor	Service Category	Status of Contract
Avesis Third Party Administrators, Inc. 10324 S. Dolfield Rd Owings Mills, MD 21117	• Dental • Vision	Current contract with Passport supporting Kentucky Medicaid for dental and vision services; contracted since 2012
Where We Incorporate the Subcontractor in Our Service Model: Passport partners with Avesis Third Party Administrators for its dental and vision services and network. Avesis performs network contracting and maintenance, UM, and claims processing and payment, and participates in program integrity activities. Avesis has provided essential vision and dental programs for millions of members for over 35 years. **Related Experience:** Avesis has proven expertise in designing and administering innovative vision, dental, and hearing care programs; in-depth knowledge of the ever-changing landscape of government sponsored programs; and regulatory insight into the unique challenges facing the Medicaid, Children's Health Insurance Program (CHIP), and Medicare Advantage populations. Avesis was recently acquired by Guardian Insurance. Guardian has been in the insurance industry for 150 years, providing financial and structural stability to the Avesis organization. Avesis presents Passport's membership with integrated solutions such as: • HbA1C diabetic testing of dental patients in the office, expanding access to preventative services for members at risk of or diagnosed with diabetes. • IV sedation, providing anesthesiologist teams to dental offices so more advanced surgeries and procedures can be performed without going to a hospital, allowing members to receive their care in a familiar setting with reduced wait times and lower costs. • Opioid prevention, reducing the opioid prescribing routines of providers by monitoring prescribing patterns, providing education and communication to ensure providers stay within recommended prescribing guidelines, and offering-peer-to-peer instruction on appropriate prescribing • Diabetic screening of members in optometry and ophthalmology practices		
Infomedia Group, Inc. d/b/a Carenet Healthcare Services 11845 Interstate 10W San Antonia, TX 78230	24-hour Nurse Line	Current Passport subcontractor supporting Kentucky Medicaid; contracted since 2012
Where We Incorporate the Subcontractor in Our Service Model: Passport partners with Carenet Healthcare Services (Carenet) to provide the 24-hour Nurse Line services to allow members direct access to medical professionals. This service gives members access to our multilingual educational library. Powered by technology, best-in-class partners and high-quality talent, Carenet's virtual care solutions provide members with 24/7 access to exactly the level of care they need, when they need it, providing immediate symptom		

Proposed Subcontractor	Service Category	Status of Contract
assessment, referral services, and member education services —helping members avoid the emergency department, urgent or even primary care visits when possible. **Related Experience:** More than 100 of the nation's premier health plans, health care organizations and Fortune 500 companies use Carenet Health (Carenet) as an extension of their organizations, connecting with consumers and members on their behalf. Carenet supports over 50 million health care consumers across the country. Nurse lines serve an essential function for a Medicaid MCO, providing access and extended - member centric service to members, both within and outside of normal Passport member service operating hours. Carenet, in combination with its national partner, averages 70,000 member interactions per day, with its "Intelligent Engagement" model, using technology solutions to drive continuous improvement in the health of members.		
Beacon Health Strategies, LLC 200 State Street Boston, MA 02109	Behavioral health	Current Passport subcontractor supporting Kentucky Medicaid; contracted since 2012
Where We Incorporate the Subcontractor in Our Service Model: Beacon is responsible for claims processing and adjudication, 24-hour telephone access and triage services, clinical review, utilization and case management, pharmacy medical management, quality, complaints, grievances and appeals and reporting. Under a recently revised agreement, we have fundamentally transformed our relationship, increasing Beacon's level of accountability and creating incentives to out-perform in the areas of access and care standards. Under our new capitated, value-based payment arrangement: • Passport and Beacon will build and deliver an integrated whole-person care model • Passport will maintain control of the provider network • Passport will have authority over utilization management changes • Passport will hold Beacon accountable for successful delivery of administrative services through a rigorous oversight structure that includes more stringent SLAs with higher penalties tied to termination • Passport will increase the accountability of our integrated whole-person model by reporting progress on this structure with more stringent SLAs to the BHAC which will report up through the governance structure to the highest level of our Board • Passport will increase the accountability of Beacon's operational performance by reporting on the more stringent SLAs to the DOC which also has a pathway ending with the Board **Related Experience:** For more than 30 years, Beacon has been a leader in behavioral health management, serving 40 million people across 50 states. With over 70 locations across the U.S., Beacon has: • 4,700 employees nationally, serving more than 40 million people • 180 employer clients, including 43 Fortune 500 companies • Partnerships with 65 health plans serving commercial, FEP, Medicaid, Medicare, and Exchange populations • Programs serving Medicaid recipients and other public sector populations in 25 states and the District of Columbia • Services for 5.4 million military personnel and families • Leader serving dual-eligible beneficiaries in six (6) states • Accreditation by both URAC and NCQA		

Proposed Subcontractor	Service Category	Status of Contract
Conduent Payment Integrity 510 West Parkland Dr. Sandy, UT 84070	Subrogation	Current Passport subcontractor supporting Kentucky Medicaid; contracted since 2013

Where We Incorporate the Subcontractor in Our Service Model: Passport contracts with Conduent as a delegate to handle Passport's subrogation needs. Conduent provides general subrogation, mass tort claim identification services and recovery, carrier billing and reclamation. Part of being a good steward of Medicaid dollars is having a robust subrogation program in place to support Medicaid's role as the payer of last resort.

Related Experience: Over the last three (3) years, Conduent has recovered over a half billion dollars on behalf of its subrogation clients. Conduent's differentiated offerings touch millions of lives every day, including two-thirds of all insured members in the U.S. and nearly nine million people who travel through toll systems daily. Whether it's digital payments, claims processing, benefit administration, automated tolling, customer care or distributed learning – Conduent serves a majority of the Fortune 100 companies and more than 500 government entities. Conduent is the world's largest provider of diversified business process services for businesses and governments, specializing in health care and regulatory compliance. Conduent clients include:

- Blue Cross / Blue Shield Plans
- HMOs
- TPAs
- Traditional insurance carriers
- Governments
- Taft-Hartley benefit funds
- Self-insured corporations

CVS/Caremark Pharmacy 8300 Norman Center Dr., Suite 800 Bloomington, MN 55437	PBM	Current Passport subcontractor supporting Kentucky Medicaid; contracted since 2016

Where We Incorporate the Subcontractor in Our Service Model: CVS/Caremark is our pharmacy benefit manager to include UM and member connection activities. Passport and CVS/Caremark recently took steps to improve the member, provider, and DMS experience. The primary goal of Passport's Pharmacy Program is to ensure its members have access to timely, necessary and appropriate pharmaceutical services. The Passport Pharmacy Program focuses on the safety of its members while managing an effective and efficient pharmacy benefit design based upon evidence-based medications, regulatory requirements and contract provisions. We amended our contract to create a transparent PBM, removing some of the confusion around the economics of pharmacy services. Passport continues to work collaboratively with DMS and CVS/Caremark on pharmacy-related initiatives such as our Pharmacy Lock-In Program. The Pharmacy Lock-In Program is designed for members to receive medically necessary medical and pharmacy benefits at the appropriate time.

Related Experience: As the largest PBM in the nation, CVS/Caremark serves 21 million members in 30 managed Medicaid markets and is one of the largest national PBMs for Medicaid members. They operate four mail-order pharmacies and offer broad capabilities that include formulary management and clinical

Proposed Subcontractor	Service Category	Status of Contract
services. On behalf of Passport, CVS/Caremark contracts and manages our network of more than 1,200 pharmacies in Kentucky, and is responsible for credentialing and management, processing pharmacy claims at the point-of-sale, providing administrative and encounter reporting and managing rebate agreements, and producing and distributing our pharmacy explanation of benefits (EOBs).		
Evolent Health LLC 800 N. Glebe Rd., Suite 500 Arlington, VA 22203	Management and operational services, including specialty UM and medical and BH claims administration	Current Passport subcontractor supporting Kentucky Medicaid; contracted since 2015
Where We Incorporate the Subcontractor in Our Service Model: Passport partners with Evolent to provide QI, case management, disease management, continuity and coordination, utilization management, credentialing and re-credentialing, complaints and appeals, member connections, finance, health integration, HR, IT, provider network management, claim processing, adjudication and payment and member services. **Related Experience:** Evolent partners with leading health care organizations to achieve superior clinical and financial results in value-based care and under full-risk arrangements. With a provider heritage and over 20 years of health plan administration experience, Evolent partners with over 35 health care organizations nationwide to actively manage care serving over 3.5 million lives across Medicare, Medicaid, commercial and self-funded adult and pediatric populations. Evolent's services also include oncology and cardiology specialty care management. A proprietary platform brings together clinical capabilities, pharmacy management and physician engagement to assist and better manage the large and complex specialties of cancer and cardiac care for members 18 years and older, resulting in better outcomes and more cost-effective care. Quality management guidance for the full scope of diagnostic and clinical interventions, preauthorization management, and preferred pathway recommendations are central areas of expertise.		

B.3.b.iv. A summary of how each Subcontractor will be integrated into the Offeror's proposal performance of their obligations under RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," to ensure a streamlined experience for the Members, providers and the Department.

Streamlined Experience

Each subcontractor's operations and performance serve as a critical link in the provider and member experience. Operational processes supported by an integrated care management platform provide a streamlined, coordinated approach to serving members and providers under the Passport brand, even when supporting subcontractors are involved. Examples include:

- Passport's Member and Provider Services team act as the primary and central intake and support unit, directly addressing member and provider needs. Passport's Member Service offers a seamless experience for members related to subcontractor services, because Passport's the team is able to directly address member needs related to benefits, claims, eligibility, and finding providers. Members and providers are always directed to the Passport call center for assistance.

- Member Services representatives are trained for first call resolution as a goal. A Special Support team can address escalated issues and will facilitate coordination and resolution with subcontractors, but the member always interacts with a Passport representative.
- Passport Provider Network Management representatives have counterparts at each subcontractor to serve as their resource. Passport representatives can facilitate resolution among subcontractors and Passport staff always respond directly to provider inquiries.
- If in the event a member eligibility discrepancy arises, protocols are in place across all subcontractors so that access to care issues for services or medications are avoided, such as leveraging Kentucky HealthNet to verify eligibility status and conducting a manual member addition.
- Provider appeals for claims are managed by the Passport Appeals team, which manages all subcontractor components and provides a centralized response. If an appeal denial letter is distributed, it is cobranded to include Passport's logo.
- Subcontractors attend provider forums such as the Kentucky Hospital Association meeting, BH events such as Annual Pediatric and Behavioral and Mental Health Symposium, DMS forums; and Passports Annual Workshops to directly hear issues and feedback from providers and members, closing the feedback loop and identifying opportunities to further strengthen service.
- Passport serves as the central intake and responder for all DMS ad hoc and information inquiries, facilitating as needed with subcontractors for centralized response. Passport's Compliance Program serves as the liaison between the operational areas of the Plan and the Department so that we can coordinate inquiries from all sides thus providing a central point of contact for the Department.
- Passport manages implementation of all DMS new requirements and changes, deeply and tightly coordinating with all subcontractors for aligned and timely implementation.
- Subcontractor SLAs emphasize metrics that drive member engagement and satisfaction such as member call center standards related to speed to answer and hold times as well as direct surveying of members on overall satisfaction.

Passport's extensive experience with subcontractors provides valuable lessons and informs seasoned management and structural approaches. We have designed an infrastructure that will allow reduced redundancy, clear paths of accountability and integration, and improved collaboration and coordination. Concerted collaboration with subcontractors is especially important when working to apply significant programmatic changes. For example, we have worked closely with subcontractors on changes including copay applications, SUD coordination of care, and eligibility data. The planning and execution of these changes account for the following, which limit risk for disruption and support a seamless experience:

- Perform collective review of DMS requirements;
- Perform determinations of system readiness or gaps;
- Define end-to-end adjustments and impacts to engage all impacted operational areas;
- Coordinate timing and critical milestones from both the program readiness perspective and internal build perspectives;
- Define data expectations and needs;
- Establish clear roles and responsibilities for joint efforts;
- Create a project plan and assign project leaders;

- Track through execution;
- Deploy testing as readiness is approached and after go-live to ensure stabilization and testing.

Performance Obligation Management

We work with our subcontractors to ensure the best possible stewardship of the Commonwealth's funds and maximization of resources for the benefit of our members. We ensure DMS approval of all proposed subcontractors, and we hold ourselves and our subcontractors accountable for every dollar spent and every action taken.

Performance expectations and associated SLAs are embedded in contracts at the start of all relationships. A selection of sample SLAs in place with subcontractors is provided in **Exhibit B.3-12** below.

Exhibit B.3-12: Examples of Representative SLAs

Service Level	Metric
Authorization for urgent services	• 98% of urgent/expedited requests will be completed within 1 business day of receipt
Authorization for non-urgent services	• 98% of non-urgent/Standard requests will be completed within 2 business days of receipt, with up to 14 business days to collect additional clinical information needed to make decisions if necessary
Eligibility data posting	• Initiate the load of the daily and monthly eligibility files within eight (8) hours upon receipt from Passport
Member eligibility issues	• Notify Passport of member eligibility File discrepancies within one (1) business day of discovery
TPL updates (urgent)	• Update a member's TPL record within one (1) business day of an urgent request
TPL updates (non-urgent)	• Update a member's TPL record within three (3) business days of a non-urgent request
Claims adjudication	• 100% of all claims will be adjudicated within 90 days of receipt
Encounter file submission	• Submit all encounters processed within 30 days of the date of full adjudication defined as the paid date
Encounter file pass rate	• 95% pass rate on first pass submission
Provider data maintenance data entry and maintenance	• 98% of terms will be completed within three (3) business days of requests • 99% of new adds completed in seven (7) business days of request • 98% new changes completed in ten (10) business of request • 100% urgent request completed in two (2) business days

Service Level	Metric
Average speed of answer	• 30 seconds
First call resolution	• 90%
Percent of call abandoned (specialty services)	• 3% of incoming calls
Claim adjudication	• Claims adjudication accuracy rate of 99%

All Passport subcontractor agreements require compliance with all DMS requirements and a commitment to implementing and administering DMS required changes. Subcontractors are required to provide data and reporting to Passport's compliance and operational teams. Passport regularly reviews this reporting for completeness, accuracy and compliance with DMS requirements.

Oversight Responsibility

To meet our DMS commitments regarding subcontractor involvement in service delivery, we implement a straight line of accountability to our DOC, described in further detail in Section C.01 Subcontracts. As described previously, the DOC is comprised of the director of Compliance, the Delegation Oversight manager, the COO, and appropriate operational or clinical leaders. The DOC reports through our Compliance organization and is central to performing subcontractor oversight. The DOC reviews all contractual metrics for each subcontractor including SLAs, performance reports, and QI/UM reports (if applicable). It also reviews the NCQA-required annual delegation audit to ensure compliance with all federal, state, Department, and contract requirements as well as any pre-delegation assessments prior to effective date of new delegation contracts.

Methods of Oversight

Passport uses several methods to monitor performance and collaborate with our subcontractors. We regularly and proactively communicate with our subcontractors in the following forums:

- **Weekly, monthly and quarterly meetings** with dedicated subcontractor business owners and operational leads to review service-level objectives and overall performance satisfaction. Meeting frequency can vary based on subcontractor and type of service.
- **Weekly operational meetings** to track important projects, issues with service impact and any outstanding Performance Improvement Plans. We determine next steps and key milestones and work through obstacles. In these forums, subcontractors are required to self-report any potential issues. This forum is also used to discuss and establish execution plans for any DMS program changes and required coordination.
- **Quarterly compliance collaboration calls** hosted by Passport's compliance team with its subcontractors' compliance teams to discuss adherence to contracts and share best practices.
- **Monthly DOC meetings** to review metrics and issues, and to make recommendations for corrective actions.

- **Monthly operations review** for overall Passport performance SLAs to determine where subcontractor performance is supporting or affecting overall SLA achievement and member/provider experience.

Addressing Performance Issues

Should SLA performance issues occur, Passport promptly initiates action. For example, if a subcontractor issue affects a member's quality of care, Passport immediately levies a CAP, and Compliance actively monitors the CAP remediation. Depending on the level of severity, we will require the subcontractor to submit to a Performance Improvement Plan, address a Letter of Concern (LOC), or comply with a CAP. LOCs or CAPs are used to communicate best practices, deficiencies, significant deficiencies or material weaknesses. Issues can be identified through any oversight group, including Passport's DOC, subcontract operations manager, executive sponsors, business owners or other leadership or regularly scheduled metric and SLA performance reviews. Passport's Delegation Oversight representative works with subcontractors to ensure adoption of best practices and to remediate all identified deficiencies, as applicable.

Subcontractor contracts also include penalties for nonperformance, including timely response to DMS inquiries. Subcontractors are responsible for penalties that may be assessed by the Department that fall in their sole, direct responsibility, furthering alignment with Passport and DMS goals.

B.3.b.v. Number of proposed FTEs dedicated to RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," by position type and operational area and how the Vendor determined the appropriateness of these ratios.

Passport currently maintains approximately 600 staff supporting Passport to ensuring all service and contract functions are performed in compliance with DMS requirements and so that it can provide excellent service to our members and participating providers.

Passport routinely analyzes the demographics of its membership, including geographic distribution and evolving health needs. In a similar way, Passport also analyzes the staffing coverage needed to support its entire provider network. Through this analysis, Passport identifies any staffing changes necessary to better serve members and providers and to support community partners. Having been in the business for 22 years, Passport has consistently adjusted its staffing ratios to levels that have continually allowed to meet and serve the needs of its members and providers. Our highly qualified Human Resources staff continuously works closely with our operational leaders to determine appropriate staffing levels, and the recruiting team is armed and ready to accommodate our identified staffing needs, as proven repeatedly throughout our history.

Passport has also deployed cutting-edge analytics and predictive modeling to vastly improve the effectiveness of our outreach activities. As an example, by using machine learning to focus on impactable patients with complex needs and the ideal engagement strategy we have radically enhanced our engagement and program graduation rates as well as the health outcomes associate with these programs.

Passport believes that its staffing plan will ensure its continued success in managing the lives of its Kentucky members. Passport has a strong core of current staff who have contributed to our 20-year partnership with DMS. Passport will build upon the experience of both current and new staff as well as existing administrative policies and procedures to ensure all requirements are met.

Passport has the appropriate number and type of staff to meet operational metrics (e.g., telephone response times, claims payment times), and to support its commitment to high member and provider satisfaction. Passport carefully examines internal data sources as well as industry benchmark data to determine appropriate ratios and level of investment across departments. **Exhibit B.3-13** shows Passport's staffing ratios based on both anticipated membership level and provider sites. As we work to find more efficient ways to administratively support the operating model, we plan to work with DMS on further streamlining operations and will ensure staffing ratios are adjusted. We calculated these ratios using the current number of incumbent staff in each listed position, and for our denominators we used an anticipated member count of 309,000 and 21,443 provider sites.

Exhibit B.3-13: Staffing Ratios for Key Member and Provider Positions

Description	Ratio	Basis
Total number of Passport Health Plan employees for each Medicaid Member	1:512	Based on 604 employees
Passport Health Plan Nurses for each Medicaid Member	1:4,478	Based on 69 Nurses
Passport Health Plan Customer Service Staff for each Medicaid Member/Provider	1:2,452	Based on 126 Customer Service Staff
Passport Health Plan Provider Service Representatives for each Participating Provider Site	1:893	Based on 24 Provider Service Representatives
Passport Health Plan Community Engagement Coordinators for each Medicaid Member	1:23,769	Based on 13 community engagement/outreach
Passport Health Plan UM Intake Coordinators for each Medicaid member	1:28,091	Based on 11 UM Intake Coordinators

Exhibit B.3-14 represents the proposed dedicated staffing for on-going operations for this contract.

Exhibit B.3-14: Passport Department and Dedicated Staffing Support Positions

Passport Department Staffing (with Job Position List)		
Accounting/Finance		**FTE Count: 10**
• Accounts Payable Manager • Accounts Receivable Data Analyst • Cash Management Analyst	• Executive Assistant • Junior Accountant • Payroll Manager • Payroll Practitioner II	• Senior Accountant • Senior Accounting Analyst • VP and CFO
Population Health Management		**FTE Count: 77**
• VP, Clinical Operations • Embedded RN Care Advisor	• Program Coordinators • Care Coordinators	• Population Health Manager • Managers, Clinical Operations

Passport Department Staffing (with Job Position List)		
• Telephonic RN Care Advisor • Health Educators • Licensed Social Workers	• Business Analysts • Project Manager	• Director, Clinical Operations • Sr Director, Clinical Operations
Clinical Programs		**FTE Count: 2**
• Emergency Room Coordinator	• Emergency Room Navigator	
Community Engagement		**FTE Count: 13**
• Bilingual Communication Engagement Representative • Community Engagement Representative	• Community Engagement Outreach Specialist • Sr. Manager, Equity Diversity & Inclusion and Health Education	• Community Engagement Coordinator • Director, Community Engagement
Compliance		**FTE Count: 18**
• Investigator, Program Integrity • Compliance Analyst • Compliance Specialist • Compliance Trainer • Specialist II, Regulatory Affairs	• Delegation Oversight Specialist • Executive Assistant • Managing Attorney, Regulatory Affairs • Manager, Compliance	• Manager, Delegation Oversight • Manager, Program Integrity • Director, Compliance • VP and CCO
Executive		**FTE Count: 7**
• President and CEO • COO • Executive Assistant	• Medicaid Operations Manager • Manager, Operations Performance	• Sr Director Plan Development and Chief of Staff
Facilities		**FTE Count: 3**
• Corporate Receptionist	• Facilities Coordinator	• Director, Facility Operations
Health Integration		**FTE Count: 5**
• VP, Health Integration • Behavioral Health Operations Manager	• BH Program Manager	• Behavioral Health Program Manager – Sub. Use Dis.
Human Resources		**FTE Count: 7**
• Associate, Benefits • Benefits Manager • Corporate Recruiter	• Associate Director, Talent Solutions Partner • Director, HR	• HR Generalist • Manager, Recruiting
Information Technology		**FTE Count: 14**
• Business Intelligence Analyst • Desktop Support Analyst • Information Security Manager • Information Security Analyst • IT Operations Analyst Manager	• IT Operations Analyst • IT Services Manager • Systems Administrator • Data Architect Lead	• Sr IT Operations Analyst • Sr Systems Administrator • Technology Lead • Manager, Application Development • Sr Director, IT
Marketing		**FTE Count: 14**
• Digital and Social Media Manager	• Health Educator • Marketing Controller	• Manager, Health Education

Passport Department Staffing (with Job Position List)		
• Graphic Designer • Executive Assistant & Media Relations Coordinator	• Marketing Coordinator • Marketing Project Manager • Manager, Creative Services	• Associate Director, Marketing and Communications • VP & Chief Marketing and Communications Officer
Medical Affairs		**FTE Count: 2**
• Medical Director	• VP and Chief Medical Director	
Member and Provider Services		**FTE Count: 126**
• Member Service Representative • Provider Service Representative • Provider Claims Service Representative	• Care Connectors • Claims Appeals Coordinator • Special Support Technician • Trainer • Supervisor, Member and Provider Services	• Sr Manager, Member and Provider Services • Sr Director, Member and Provider Services
Pharmacy		**FTE Count: 28**
• Director of Pharmacy • Pharmacy Account Manager • Pharmacist – PHM • Pharmacist – UM	• Pharmacist – Clinical Outreach • Pharmacy Technician – UM • Pharmacy Technician – Customer Service Call Center	• Coordinator – Pharmacy Lock-In Program • Analyst – Pharmacy Analytics • Associate – Pharmacy Government Programs
Process Consultants/Project Managers		**FTE Count: 5**
• Project Manager • Market Operations Manager	• Process Consultant • Director, PMO	• Associate Director, Market Operations
Encounters		**FTE Count: 4**
• Manager, Encounters	• Sr. Analyst, Encounters	• Analyst, Encounters
Contracting		**FTE Count: 4**
• Manager, Contracts • Coordinator, Contracts	• Specialist, Contracts	• Analyst, Contracts
Provider Claims and Reimbursement		**FTE Count: 122**
• Analyst, Reimbursement • Analyst, Root Cause • Auditor, Provider Reimbursement • Auditor, Claims • Claims Adjudicator • Specialist, Reimbursement	• Supervisor, Audit and Recovery • Supervisor, Claims • Supervisor, Claims Rework • Supervisor, Root Cause • Manager, Claims Audit and Quality Assurance	• Manager, Claims • Manager, Testing and Implementation • Sr Manager, Provider Reimbursement • Sr Analyst, Reimbursement
Provider Enrollment and Credentialing		**FTE Count: 40**
• Provider Credentialing Coordinator • Provider Enrollment Coordinator	• Analyst, Provider Data • Supervisor, Provider Credentialing • Supervisor, Provider Enrollment	• Program Manager, Vendor Operations • Associate Director, Vendor Operations
Provider Network Management		**FTE Count: 24**
• Provider Network Management Administrator • Provider Services Manager	• Provider Relations Representative • Manager, Provider Network Management	• Director, Provider Network Management

Passport Department Staffing (with Job Position List)			
Quality/HEDIS Clinical			**FTE Count: 10**
• Sr Program Coordinator, Quality & Performance • RN, HEDIS	• RN, Quality Review • Specialist, Quality Review • Manager, Quality Improvement	• Manager, Accreditation • Director, HEDIS Clinical • Director, Risk Adjustment	
Utilization Management			**FTE Count: 69**
• Appeals Intake Coordinator • Coordinator, Intake UM	• RN Care Advisor • Manager, UM	• Director, UM • Sr Director, UM	
Total Staff			**Total FTE Count: 604**

Conclusion

Passport offers a unique combination of highly experienced, community-oriented Kentucky-based staff, who bring a wealth of historical knowledge, deep provider relationships and extensive presence in the community that ultimately serves as a conduit for an integrated, whole person approach to health, well-being and innovation in serving our members.

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.

C. Technical Approach



C.1 Subcontracts



C.1. Subcontracts

a. Describe the Vendor's approach to subcontracting services for this Contract, and how the Vendor will ensure ongoing collaboration with Subcontractors for a streamlined and coordinated approach to serving Enrollees and Providers.

b. Describe how the Vendor will ensure responsiveness of its Subcontractors to all requests from DMS for reporting, data and information specific to operation of the Medicaid managed care program. How will Subcontractors be held accountable for a delay in or lack of response?

c. Provide a listing, including roles and locations, of known Subcontractors that will support the Contract resulting from this RFP.

d. Describe the relevant experience of each Subcontractor. Indicate whether the Vendor has subcontracted with the entity for prior contracts of similar size and scope.

Passport Highlights: Subcontracts

How We're Different	Why it Matters	Proof
Passport constantly identifies strategies to streamline subcontractor management	• Streamlined functions reduces risk for DMS; fewer "moving parts" and less complication; closer alignment with DMS goals	• PBM relationship with CVS/Caremark transformed for added transparency
Passport has longstanding relationships with its subcontractors	• Passport has clearly established data linkages, created operational efficiencies, and possesses a clear understanding of subcontractor performance and capabilities; this lowers risk to DMS of a full-scale subcontractor implementation	• Average length of Passport's subcontractor relationships is six years
Proactive meetings with Passport and subcontractor Compliance Departments to discuss any ongoing issues, changes to regulatory or performance requirements, HIPAA safeguards and sharing of best practices	• Alignment allows Passport to proactively address DMS goals, identify challenges, and issue remediation	• Monthly standing meetings between Passport compliance and subcontractor compliance teams

Introduction

Passport is fully responsible for subcontractor performance and has carefully selected subcontractors that have proven records of providing high quality services. Passport integrates subcontractors into its delivery model to maximize better access, care, outcomes and financial results. Passport's current subcontract relationships have met all DMS requirements, including but not limited to DMS approval of underlying subcontracts.

Our subcontractors are carefully vetted and due diligence is performed in alignment with our provider- and community-driven governance structure. As part of due diligence, a procurement team works with the appropriate Passport business owner to identify the scope of the need to be subcontracted. Possible vendors are identified and assessed with a specific focus on the vendors' outcomes, quality measures and experience, including facilities assessments to ensure IT security and Protected Health Information (PHI) security are properly addressed. We also review the cost proposal to ensure that we are leveraging the best value for the health plan, the Commonwealth and our members. Furthermore, we contact references and fully consider any past regulatory, compliance or legal issues that a potential subcontractor may have encountered. Once contracted, our subcontractors are managed through ongoing performance measurement and oversight.

As a National Committee for Quality Assurance (NCQA) accredited health plan, oversight is provided through our Delegation Oversight Committee (DOC), which reports to Passport's Compliance Committee and ultimately to the Passport Board of Directors. The DOC oversees the auditing and performance monitoring for each subcontractor, including performance requirements for all delegated functions; required reporting and interfaces; review of financial operations and payments for services; and a review of contract compliance, logged complaints and functional performance measurements. Frequent monitoring and communication ensure that we keep our subcontractors on track and aligned with DMS program goals. In addition, accountable Passport business owners are aligned to each subcontractor to assist with consistent management and oversight.

We continue to evolve our relationships with our subcontractors. For example, Passport recently entered into an agreement with CVS/Caremark that enhances CVS/Caremark's accountability and incentives to perform while improving Passport's oversight of its service delivery. The contractual agreement changed to a pass-through pricing model for claims processing, which allows for easier, transparent monitoring of claims payment to pharmacies and insight into rebating metrics. Ultimately, we work with our subcontractors to ensure the best possible stewardship of the Commonwealth's funds and maximization of resources for the benefit of our members. We ensure DMS approval of all proposed subcontractors, and we hold ourselves and our subcontractors accountable for every dollar spent and every action taken.

C.1.a. Describe the Vendor's approach to subcontracting services for this Contract, and how the Vendor will ensure ongoing collaboration with Subcontractors for a streamlined and coordinated approach to serving Enrollees and Providers.

Passport's Approach to Subcontracting Services

Passport uses a carefully selected and tightly managed set of subcontractors in its delivery of service to members and providers and fulfillment of contractual requirements. Subcontractors are integrated into our operational model when they support better access, care, quality outcomes and financial results. These relationships bring specialized expertise and support efficient service delivery. Additionally, Passport only selects subcontractors that demonstrate an alignment with its mission of improving the health and quality of life for members. Passport is fully accountable for the end-to-end delivery of its obligations to DMS, members, providers and the community. This accountability informs our carefully vetted selection and due diligence of subcontractors.

We select subcontractors only after due diligence is performed by our procurement team working with internal leaders overseeing clinical or operational functions. We perform a required NCQA pre-delegation audit prior to contracting with a prospective subcontractor. We also perform security assessments on select external subcontractors with access to PHI as well as those required for contractual or regulatory purposes. We use a combination of questionnaires and on-site assessment to confirm that our vendors maintain an environment that protects the privacy and security of our member data. These due diligence activities confirm that our subcontractors are fully compliant with Section 6.1 of RFP Attachment C, the Draft Medicaid Managed Care Contract and Appendices.

We monitor subcontractors through our provider- and community-driven governance structure, using multilayered oversight to ensure satisfactory subcontractor performance.

Subcontractor Oversight Responsibilities

To meet DMS commitments, a straight line of accountability exists within the Passport organizational structure, beginning with the DOC, which is comprised of the director of compliance, the delegation oversight manager, the chief operating officer and appropriate operational or clinical leaders. The DOC reports through our compliance organization and is central in overseeing subcontractors to which utilization and/or quality management, credentialing, member services, provider services, claims operations and other administrative functions have been delegated. The DOC reviews all contractual metrics for each subcontractor, including service-level agreements (SLAs), performance reports and Quality Improvement (QI)/Utilization Management (UM) reports (if applicable). It also reviews the NCQA's annual delegation audit to ensure compliance with all federal, state, Department and contract requirements as well as any pre-delegation assessments prior to the effective date of new delegation contracts.

Our Quality Medical Management Committee (QMMC) oversees all DOC activities as they pertain to subcontractors and our NCQA accreditation. The QMMC is comprised of our chief medical officer, quality

director, NCQA coordinator and various Passport clinical leaders. The QMMC provides oversight and input for quality improvement and accreditation activities throughout the health plan, provider network and subcontractor relationships. With its focus on quality, the QMMC ensures these delegated entities work as one, so neither members nor providers experience abrasion as a result of engaging with delegates. We want every interaction to be seamless, whether Passport directly provides the service or it is provided by a subcontractor. Our Board of Directors gives the QMMC clear authority and accountability for subcontractors relevant to NCQA accreditation.

At Passport's highest operational levels, the executive leadership team (ELT) oversees appropriate, compliant performance of responsibilities to members, providers and DMS. Our structure supports a comprehensive approach to meeting Passport's quality goals. Our commitment flows from our Board of Directors through the CEO, and spreads throughout the organization. Therefore, ELT members have designated oversight roles, of both functions and specific subcontractors, as presented in **Exhibit C.1-1.**

Exhibit C.1-1: Subcontractor Oversight and Internal Operations

Executive	Roles & Responsibilities	Responsible For:
Chief Operating Officer, Shawn Elman	Oversight of nonclinical contractual requirements: • Handles SLAs • Ensures delegates meet nonclinical needs of member, provider and DMS • Builds relationships for operational effectiveness • Sets operational priorities • Assesses delegates • Creates strong culture of compliance	• Avesis Third Party Administrators, Inc. • Carenet Healthcare Services • CVS/Caremark Pharmacy • Evolent
Chief Medical Officer, Dr. Stephen Houghland	Oversight of clinical contractual requirements: • Ensures delegates meet the clinical needs of member, provider and DMS • Builds relationships for clinical effectiveness • Handles clinical collaboration • Sets clinical expectations • Escalates concern Oversees quality program and ensures subcontractor adherence • Assesses delegates • Creates a strong culture of compliance	• Beacon Health Options • Evolent
Chief Compliance Officer, David Henley	Oversight of delegated services model: • Delegates services manager • Reports plan, schedule and outcomes • Makes corrective action plans • Escalates concerns • Reports through Compliance Committee and Board • Communicates with DMS	• Conduent • Evolent

Executive	Roles & Responsibilities	Responsible For:
	Ensures delegates adhere to expectations, including applicable laws, regulations and guidelines; compliance program requirements • Assesses delegates • PHI Privacy and Security • Creates a strong culture of compliance	
Chief Financial Officer, Scott Worthington	Oversight of all delegated services fiscal requirements: • Reviews solvency and oversight, including financial metrics • Handles risk and bond requirements • Assesses delegates • Creates a strong culture of compliance	• Evolent

Ensuring Subcontractor Collaboration for Streamlined and Coordinated Services

The average length of subcontractor/Passport relationship is six (6) years. Existing data linkages, operational efficiencies and known capabilities lower the risk to Department for Medicaid Services of full-scale subcontractor implementations.

Passport's subcontractors currently include organizations such as CVS/Caremark (pharmacy benefits manager), Avesis (dental and vision), Beacon (behavioral health), Conduent (subrogation) and Evolent (administrative and clinical). Passport's relationship with its majority owner, Evolent, is also one where Evolent acts as a subcontractor. This relationship between Passport and Evolent is strategic in nature, with the subcontractor services and operations that Evolent provides being central to fulfilling Passport's vision of an integrated clinical and administrative platform for better health outcomes and managed costs. Passport's oversight of Evolent aligns with its oversight of any of its other subcontractors. Passport retains full responsibility for oversight and monitoring of all activities delegated to Evolent and ultimately for compliance with DMS and Centers for Medicare & Medicaid Services (CMS) regulations and requirements, just as it does for all of its subcontractors. Passport monitors Evolent's performance under its subcontract (as well as its impact on Passport's financial performance, level of services provided and quality of care rendered) through reasonable periodic on-site and remote audits, requests for information and reporting mechanisms in a manner consistent with applicable law. Passport documents Evolent's compliance with Passport, Commonwealth and federal standards.

Each subcontractor's operations and performance serve as a critical link in the provider and member experience. To ensure performance meets all expectations and requirements, we use a multilayered management and controls structure that includes formal measurements, contract measurements reflecting DMS expectations and regular forums to review performance.

Operational processes provide a streamlined, coordinated approach to serving members and providers, presenting services and interactions as provided by Passport even when supporting subcontractors exist. Examples include:

- Passport's member and provider services teams act as the primary and central intake and support unit, directly addressing member and provider needs. Passport's member service offers a seamless experience for members related to subcontractor services, as Passport's team is able to directly address member needs related to benefits, claims, eligibility and finding providers, for example. Members and providers are always directed to the Passport call center for assistance.
- Passport's member call center intakes all member calls regarding services, providers or benefits (including dental, vision, etc.). Member services representatives are trained for first-call resolution as a goal. A special support team can address escalated issues and will facilitate coordination and resolution with subcontractors, yet the member always interacts with a Passport representative.
- Passport's provider network management representatives have counterparts at each subcontractor to serve as a resource. Passport representatives can facilitate resolution among subcontractors, and Passport staff always respond directly to provider inquiries.
- Protocols are in place across all subcontractors in the event a member eligibility discrepancy arises, so that issues around access to services or medications are avoided, such as leveraging Kentucky HealthNet to verify eligibility status or manually adding a member.
- If members or providers call a subcontractor, warm transfer protocols are used to connect them back to Passport for assistance.
- Provider appeals for claims are managed by the Passport Appeals team, which manages all subcontractor components and provides a centralized response.
- Subcontractors attend provider forums that align with their specialty such as the Kentucky Hospital Association meeting, behavioral health events such as Annual Pediatric and Behavioral and Mental Health Symposium, DMS forums and Passport's annual workshops to directly hear issues and feedback from providers, closing the feedback loop and identifying opportunities to further strengthen service.

Oversight Management Structure

For each subcontractor, Passport created an oversight structure composed of individuals responsible for subcontractor performance. Each subcontractor oversight committee, focused on the business functions of the relationship, includes:

- Passport executive sponsor
- Passport business owner
- Operational leadership
- Compliance liaison
- Subcontractor manager providing direct monitoring of the vendor's performance and adherence to contractual requirements
- Other Passport functions might participate in oversight, such as information security staff

For example, the Avesis subcontractor oversight committee is comprised of Passport's chief medical officer, chief operating officer, claims manager, compliance director and associate director of vendor operations. Together, these staff members oversee the performance of their assigned subcontractor through contract metrics and SLAs.

Contract Measurement

Passport holds subcontractors accountable to metrics and SLAs in line with DMS contractual expectations, as well as a desire to support a smooth provider and member experience, with accountability to quickly drive resolution for any temporary disruption. For example, we expect one hundred percent (100%) responsiveness from our subcontractors when DMS inquiries or requests arise.

In addition to SLAs and DMS contractual requirements, Passport implements other reporting measures for certain operational indicators, such as:

- Authorization decision timeliness
- Authorization decision notice timeliness
- Authorization volume
- Service authorization outcomes
- Call center metrics
- Credentialing activity
- Appointment availability and access
- Financial
- Care management
- Network status
- Appropriate staffing to meet SLAs
- Utilization

As an example of SLA-specific measurements and reporting mirrored across all subcontractors and aligned to financial penalties, our pharmacy benefits manager CVS/Caremark is measured on established SLAs across several key performance metrics, including claims processing accuracy and availability, member services, encounter accuracy and timeliness. We also require CVS/Caremark to attest that all Senate Bill 5 reporting requirements are submitted completely and within required timeframes. Some examples of CVS/Caremark SLA commitments appear in **Exhibit C.1-2**.

Exhibit C.1-2: Examples of CVS/Caremark Service-Level Agreement Commitments

CVS/Caremark Service Level	CVS/Caremark Service-Level Metric
Average speed of answer	Thirty (30) seconds
First-call resolution	Ninety percent (90%)

CVS/Caremark Service Level	CVS/Caremark Service-Level Metric
Percent of calls abandoned (specialty services)	Three percent (3%) of incoming calls
Dispensing accuracy (home delivery and specialty services)	99.99% accurate
Pharmacy claim adjudication	Claims adjudication accuracy rate of ninety-nine percent (99%) for both retail and mail service pharmacies
Turnaround time for routine (clean) prescription (home delivery only)	Within two (2) business days on average
Turnaround time for prescription subject to intervention (home delivery only)	Within five (5) business days on average
Specialty promise to deliver	Ninety-eight percent (98%) of prescription dispensed from specialty pharmacy will be received by the member or physician on the scheduled delivery date
Timeliness standard reports	One hundred percent (100%) guarantee to provide data needed to run client's standard management report available within fifteen (15) calendar days after the end of the month
Specialty pricing reporting	One hundred percent (100%) guarantee to provide quarterly reporting indicating new specialty drugs and proposed discounts and pricing changes to contracted drugs
Management report timeliness	One hundred percent (100%) guarantee that all management reports shall be delivered to sponsor within required timeframes
Encounter file submission	One hundred percent (100%) guarantee that CVS/Caremark reports and submits encounter records in the format specified by the Department, that all records submitted are accurate and timely, that the encounter data will be run every Friday and that the subcontractor will correct and resubmit any corrections within sixty (60) calendar days after the response file is received by the subcontractor

A representative sample of other SLAs in place with subcontractors appears in **Exhibit C.1-3**.

Exhibit C.1-3: Representative Samples of Other SLAs

Service Level	Metric
Authorization for urgent services	• Ninety-eight percent (98%) of urgent/expedited requests will be completed within one (1) business day of receipt
Authorization for nonurgent services	• Ninety-eight percent (98%) of nonurgent/standard requests will be completed within two (2) business days of receipt, with up to fourteen (14) business days to collect additional clinical information needed to make decisions if necessary
Eligibility data posting	• Initiate the load of the daily and monthly eligibility files within eight (8) hours upon receipt from Passport
Member eligibility issues	• Notify Passport of member eligibility file discrepancies within one (1) business day of discovery
Third-party liability (TPL) updates (urgent)	• Update a member's TPL record within one (1) business day of an urgent request
TPL updates (nonurgent)	• Update a member's TPL record within three (3) business days of a nonurgent request
Claims adjudication	• One hundred percent (100%) of all claims will be adjudicated within ninety (90) days of receipt
Encounter file submission	• Submit all encounters processed within thirty (30) days of the date of full adjudication defined as the paid date
Encounter file pass rate	• Ninety-five percent (95%) pass rate on first pass submission
Provider data maintenance and data entry and maintenance	• Ninety-eight percent (98%) of terms will be completed within three (3) business days of requests • Ninety-nine percent (99%) of new adds completed in seven (7) business days of request • Ninety-eight percent (98%) new changes completed in ten (10) business of request • One hundred percent (100%) urgent request completed in two (2) business days

All Passport subcontractor agreements require compliance with all DMS requirements, including but not limited to the filing of any templates. Passport will implement and administer DMS-required changes. Subcontractors are required to provide data and reporting to Passport's compliance and operational teams, which Passport regularly reviews for completeness, accuracy and compliance with DMS requirements.

As documented in Passport's policy UHC-GEN-33, Delegated Entity Oversight, Passport holds weekly and monthly operating meetings with subcontractors to ensure open communication and timely resolution of any known issues or concerns. During these regular meetings with each subcontractor, Passport ensures that all relevant DMS reporting requirements are received and acknowledged by the subcontractor. For transparency and overall compliance, the subcontractor presents current metrics and briefs Passport on any open issues. This is to ensure a healthy and productive discussion of any issues, overall performance on contract deliverables and report accuracy/timeliness.

Regular Forums for Performance Reporting and Management

Passport uses several methods to monitor performance and collaborate with subcontractors. Our subcontractor analysts have a primary responsibility to serve as a conduit to each of our subcontractors. We regularly and proactively communicate with our subcontractors in the following forums:

- Weekly, monthly and/or quarterly meetings with dedicated subcontractor business owners and operational leads to review service-level objectives and overall performance satisfaction (meeting frequency can vary based on subcontractor and type of service)
- Weekly operational meetings to track important projects, issues with service impact and any outstanding performance improvement plans (subcontractors are required to self-report any potential issues, and we also discuss and establish execution plans for any DMS program changes and required coordination)
- Quarterly compliance collaboration calls hosted by Passport's compliance team and subcontractors' compliance teams to discuss adherence to contracts and to share best practices
- Monthly DOC meetings to review metrics and issues and to make recommendations for corrective actions
- Monthly performance reviews with Evolent's compliance team and owners of the subcontractor relationships and programs
- Monthly operations review for overall Passport performance SLAs to determine where subcontractor performance is supporting or impacting overall SLA achievement and member/provider experience

SLA monitoring is a critical task performed throughout the subcontractor oversight processes and committees as noted above. This information is also reported regularly to Passport's ELT and to the DOC. The information flows upward through the DOC to the Compliance Committee and the Board of Directors. Should SLA performance issues occur, Passport takes action. For example, if a subcontractor issue impacts a member's quality of care, Passport immediately levies a corrective action plan (CAP), and Passport's compliance team actively monitors the CAP's remediation.

Collaboration and Coordination with Subcontractors

Passport's extensive experience with subcontractors provides valuable lessons. We have learned from them and have designed an infrastructure that helps to reduce redundancy, clear paths of accountability and integration, and improve collaboration and coordination. The forums noted above are key to concerted collaboration with subcontractors, which is especially important when working to apply significant programmatic changes. For example, we have worked very closely with subcontractors on changes,

including copay applications, substance use disorder programs and eligibility data. The planning and execution of such changes take into account:

- Member care and provider services
- Collective review of DMS requirements
- Determinations of system readiness or gaps
- End-to-end adjustments and impacts to engage all impacted operational areas
- Coordination on timing and critical milestones from both the program readiness and internal build perspectives
- Defined data expectations and needs
- Established roles and responsibilities for joint efforts
- A project plan with assigned project leaders
- Tracking through execution
- Initiating testing as readiness is approached and after go-live to ensure stabilization

Spotlight: Collaboration and Coordination with CVS/Caremark for Pharmacy Services

As a primary example of a refined approach to subcontractor collaboration coordination and deepened partnership, Passport recently amended its contract with CVS/Caremark, our PBM. Passport and CVS/Caremark recently created a transparent PBM, removing confusion around the economics of pharmacy service. Beginning January 1, 2020, Passport and CVS/Caremark entered into a pass-through pricing agreement. This agreement requires CVS/Caremark to provide the necessary reporting to demonstrate contract compliance with pricing transparency requirements. This reporting will also ensure appropriate reimbursement of claims to Kentucky pharmacy providers. Compliance with pass-through pricing requirements are monitored via claims-level detail reporting from our PBM. These reports include the transaction details required to compare the actual amount paid to pharmacies vs. the amount CVS/Caremark charges Passport for the transaction. Passport's contract with CVS/Caremark requires CVS/Caremark to comply with all DMS pharmacy network requirements, including the prohibition of direct or indirect remuneration, membership fees and retrospective renumeration models.

Passport continues to work collaboratively with DMS and CVS/Caremark on pharmacy-related initiatives such as our Pharmacy Lock-In Program, which is designed for members to receive medically necessary medical and pharmacy benefits at the appropriate time, place and frequency. These and other initiatives are managed and explored in periodic sessions. This effort provides a model for future subcontractor management opportunities.

C.1.b. Describe how the Vendor will ensure responsiveness of its Subcontractors to all requests from DMS for reporting, data and information specific to operation of the Medicaid managed care program. How will Subcontractors be held accountable for a delay in or lack of response?

Ensuring Subcontractor Responsiveness to DMS

All Passport subcontractor agreements require subcontractors to comply with all DMS requirements and commit to implementing and administering DMS-required changes. Subcontractors are required to provide data and reporting to Passport, where it is reviewed for completeness, accuracy and compliance. Subcontractors must also provide timely responses to any ad hoc inquiries. As noted, we hold our subcontractors to the same high standard (one hundred percent [100%] responsiveness) that DMS expects of Passport when responding to DMS inquiries.

Passport's subcontractor contracts include penalties for nonperformance, including lack of timely response to DMS inquiries. Subcontractors are responsible for penalties that may be assessed by the Department that fall under their sole, direct responsibility, furthering alignment with Passport and DMS goals.

In the event of delays, Passport escalates, including bringing the issue for ELT review, and, depending on the level of severity, will require the subcontractor to submit to a performance improvement plan, address a Letter of Concern (LOC), comply with a CAP, or in the most severe of cases, could lead to subcontractor termination.

Oversight and Improving Performance Through Corrective Action Plans

Passport's subcontractor agreements contain escalating action steps for noncompliance with contractual obligations and can include placing a subcontractor under a LOC, requiring a CAP with specific remediation requirements, imposing financial penalties, or termination. By establishing expectations at the time of contracting, Passport incentivizes subcontractors' fulfillment of obligations to fully comply with DMS requirements.

LOCs or CAPs are used to communicate best practices, significant deficiencies or material weaknesses. Issues are identified through any oversight group, including Passport's DOC, the subcontract operations manager, executive sponsors, business owners or other leadership. Metric and SLA reporting are reviewed for trends on a monthly, quarterly and annual basis to measure subcontractor performance. If this performance is found deficient, we immediately issue a LOC or CAP. Passport's delegation oversight representative works with the subcontractor to ensure adoption of best practices and to remediate all identified deficiencies.

CAPs are tracked monthly, or as otherwise pertinent, by Passport's compliance team. CAP status is reported up through the Compliance Committee and ultimately to the Passport Board. An example of how we track CAP reporting appears in **Exhibit C.1-4** and would be accompanied by an extensive narrative on each specific issue causing the need for corrective action and CAP to resolve it.

Exhibit C.1-4: Sample Monthly Inventory of CAPs

Monthly Inventory of Corrective Action Plans

Business Area	Beginning Balance	New Issues	Completed Issues	Ending Balance
CVS Operations	1	-	-	1
Dental Claims Processing	3	-	-	3
Investment Management	1	-	1	-
Marketing	1	-	-	1
Pharmacy Claims & Rebates	4	-	-	4
Vision Claims Processing & Payment	3	-	-	3
Total	**13**	**0**	**1**	**12**

C.1.c. Provide a listing, including roles and locations, of known Subcontractors that will support the Contract resulting from this RFP; and

C.1.d. Describe the relevant experience of each Subcontractor. Indicate whether the Vendor has subcontracted with the entity for prior contracts of similar size and scope.

Subcontractors Supporting This Contract and Their Experience

Passport's proposed subcontractors for this contract and their subcontracting experience of similar size and scope with Passport is listed in **Exhibit C.1-5.** As noted, the average length of our relationships with these subcontractors is six (6) years.

This exhibit addresses the section requirements of both questions C.1c and C.1d listed above.

Exhibit C.1-5: Passport Health Plan Subcontractors

Proposed Subcontractor	**Avesis Third Party Administrators, Inc.** *Location:* 10324 S. Dolfield Rd Owings Mills, MD 21117
Service Category	Dental Vision
Status of Contract	Current contract with Passport supporting KY Medicaid for dental and vision services
Original Passport Contract Date	2012
Subcontractor Experience and Service Description	Passport partners with Avesis for its dental and vision services and network. Avesis performs network contracting and maintenance, utilization management, claims processing and payment, as well as participating in program integrity activity. Avesis provides essential vision, dental, and hearing care programs for millions of members. Avesis has 35 years of proven expertise in designing and administering innovative vision, dental, and hearing care programs; in-depth knowledge of the ever-changing landscape of government sponsored programs; and regulatory insight into the unique challenges facing the Medicaid, CHIP, and Medicare Advantage populations. Avesis was recently acquired by Guardian Insurance. Guardian has been in the insurance industry for 150 years, providing financial and structural stability to the Avesis organization. Avesis presents Passport's membership with integrated solutions such as: • HbA1C diabetic testing of dental patients in the office, expanding access to preventive services for members at risk of or diagnosed with diabetes. • IV Sedation provides anesthesiologist teams to dental offices so more advanced surgeries and procedures can be performed without going to a hospital, allowing members to receive their care in a familiar setting with reduced wait times and lower costs. • Opioid Prevention reduces the opioid prescribing routines of providers by monitoring prescribing patterns, providing education and communication to ensure providers stay within recommended prescribing guidelines, and offering-peer-to-peer instruction on appropriate prescribing • Diabetic screening of members in optometry and ophthalmology practices

Proposed Subcontractor	**Infomedia Group, Inc. d/b/a Carenet Healthcare Services** *Location:* 11845 Interstate 10W San Antonio, TX 78230
Service Category	24-hour Nurse Line
Status of Contract	Current Passport Subcontractor supporting KY Medicaid
Original Passport Contract Date	2012
Subcontractor Experience and Service Description	Carenet provides our 24-hour nurse line to allow members direct access to medical professionals. This service gives members a multilingual educational library. Over 100 of the nation's premier health plans, healthcare organizations and Fortune 500 companies use Carenet Health as an extension of their organizations, connecting with consumers and members on their behalf. Carenet supports over 50 million healthcare consumers across the country. Powered by technology, best-in-class partners and high-quality talent, their virtual care solutions provide members with 24/7 access to exactly the level of care they need, when they need it. Carenet provides immediate symptom assessment, referral services, and patient education services, helping them avoid the ER, urgent or even primary care visits when possible. Nurse lines serve an essential function for a Medicaid MCO, providing access and extended patient-centric service to members, both within and outside of normal Passport member service operating hours.

Proposed Subcontractor	**Beacon Health Strategies, LLC** *Location:* 200 State Street Boston, MA 02109
Service Category	Behavioral Health
Status of Contract	Current Passport Subcontractor supporting KY Medicaid
Original Passport Contract Date	2012
Subcontractor Experience and Service Description	For more than 30 years, Beacon has been a leader in behavioral health management, serving 40 million people across 50 states. With over 70 U.S. locations, Beacon has: • 4,700 employees nationally, serving more than 40 million people • 180 employer clients, including 43 Fortune 500 companies • Partnerships with 65 health plans serving commercial, FEP, Medicaid, Medicare, and Exchange populations • Programs serving Medicaid recipients and other public sector populations in 25 states and the District of Columbia • Services for 5.4 million military personnel and families • Leader serving dual-eligible beneficiaries in six states • Accreditation by both URAC and NCQA Under a recent revised agreement, we fundamentally transformed our relationship, increasing Beacon's level of accountability and creating incentives to out-perform in the areas of access and care standards. Under our new capitated arrangement: • Passport and Beacon will build and deliver an integrated whole person care model • Passport will maintain control of the provider network • Passport will have authority over utilization management changes • Passport will hold Beacon accountable for successful delivery of administrative services through a rigorous oversight structure that includes more stringent SLAs with higher penalties tied to termination • Passport will increase the accountability of our integrated whole person model by reporting progress on the structure with more stringent SLAs to the BHAC, which reports up through Passport's governance structure to our Board of Directors Passport will increase the accountability of Beacon's operational performance by reporting on the more stringent SLAs to the Delegation Oversight Committee which also has a pathway ending with the Board of Directors

Proposed Subcontractor	**Conduent Payment Integrity** *Location:* 510 West Parkland Dr. Sandy, UT 84070
Service Category	Subrogation
Status of Contract	Current Passport Subcontractor supporting KY Medicaid
Original Passport Contract Date	2013
Subcontractor Experience and Service Description	Conduent provides general subrogation, Mass Tort claim identification services and recovery, carrier billing & reclamation. Over the last three years, Conduent has recovered over half a billion dollars on behalf of its subrogation clients. Conduent's differentiated offerings touch millions of lives every day, including two-thirds of all insured members in the U.S. Whether it's digital payments, claims processing, benefit administration, customer care or distributed learning – Conduent serves a majority of the Fortune 100 companies and more than 500 government entities. Conduent Clients include: • Blue Cross / Blue Shield Plans • HMOs • TPAs • Traditional Insurance Carriers • Governments • Taft-Hartley Benefit Funds • Self-Insured Corporations Conduent is the world's largest provider of diversified business process services for businesses and governments, specializing in healthcare and regulatory compliance. Passport contracted with Conduent as a delegate to handle Passport's subrogation needs. Part of being a good steward of Medicaid funds includes having a comprehensive subrogation program in place to support Medicaid's role as the payer of last resort.

Proposed Subcontractor	**CVS/Caremark Pharmacy** *Location:* 8300 Norman Center Dr., Suite 800 Bloomington, MN 55437
Service Category	PBM
Status of Contract	Current Passport Subcontractor supporting KY Medicaid
Original Passport Contract Date	2016
Subcontractor Experience and Service Description	CVS/Caremark is our Pharmacy Benefit Manager. As the largest PBM in the U.S., CVS/Caremark serves 21 million members in 30 managed Medicaid markets and is one of the largest national PBMs for Medicaid members. It operates four mail order pharmacies and offer broad capabilities that include formulary management and clinical services. On behalf of Passport, CVS/Caremark contracts and manages our network of more than 1,200 pharmacies in Kentucky, and is responsible for credentialing and management, processing pharmacy claims at the point-of-sale, providing administrative and encounter reporting and managing rebate agreements, and produces and distributes our pharmacy Explanation of Benefits (EOBs). The primary goal of Passport's Pharmacy Program is to ensure our members have access to timely, necessary and appropriate pharmaceutical services. The Passport Pharmacy Program focuses on the safety of our members while managing an effective and efficient pharmacy benefit design based upon evidence-based medications, regulatory requirements and contract provisions. Passport and CVS/Caremark recently took steps to improve the member, provider and DMS experience. We amended our contract to create a transparent PBM, removing some of the confusion around the economics of pharmacy services. Passport continues to work collaboratively with DMS and CVS/Caremark on pharmacy-related initiatives such as our Pharmacy Lock-In Program, designed for members to receive medically necessary medical and pharmacy benefits at the appropriate time.

Proposed Subcontractor	**Evolent Health LLC** *Location:* 800 N. Glebe Rd., Suite 500 Arlington, VA 22203
Service Category	Management and operational services, including specialty UM
Status of Contract	Current Passport Subcontractor supporting KY Medicaid
Original Passport Contract Date	2015
Subcontractor Experience and Service Description	Evolent partners with Passport to provide quality improvement, case management, disease management, continuity and coordination, utilization management, credentialing & re-credentialing, complaints & appeals, member connections, finance, health integration, human resources, information technology, provider network management, claim processing, adjudication and payment and member services. Evolent partners with leading health care organizations to achieve superior clinical and financial results in value-based care and under full-risk arrangements. With a provider heritage and over 20 years of health plan administration experience, Evolent partners with over 35 health care organizations to actively manage care serving over 3.4 million lives across Medicare, Medicaid, commercial and self-funded adult and pediatric populations. Evolent's services also include oncology and cardiology Specialty Care Management. A proprietary platform brings together clinical capabilities, pharmacy management and physician engagement to assist better manage the large and complex specialties of cancer and cardiac care for members 18 years and older, resulting in better outcomes and more cost-effective care. Quality management guidance for the full scope of diagnostic and clinical interventions, preauthorization management, and Preferred Pathway recommendations are central areas of expertise.

Conclusion

Passport carefully selects subcontractors that help us to maximize better access, care, outcomes and financial results. Our subcontractors are carefully vetted, and due diligence is performed in alignment with Commonwealth requirements, NCQA accreditation standards and our provider- and community-driven governance structure. Our long-standing relationships with our subcontractors are evidence of the high quality services they perform for our providers, members and the Commonwealth, and provide substantially

less risk than a full-scale subcontractor recruitment effort. Passport's rigorous oversight and monitoring activities help to avoid service issues and enable swift remediation should performance issues arise.

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.

C.2 Collaboration



C.2. Collaboration

a. Provide a recommended approach for conducting monthly meetings that the Vendor must attend with the Department, other agencies and other contracted managed care organizations (MCOs). In your response, provide the following, at a minimum:

   i. Meeting formats the Vendor proposes that will result in successful collaboration

   ii. Examples of issues, ideas and innovations that the Vendor thinks should be addressed during the initial three (3) to six (6) meetings, the rationale for each and whether collaboration for each will require implementation of short-term and/or long-term solutions

b. Describe lessons learned from similar collaborations that the Vendor has experienced and how those could be applied in moving forward with monthly meetings.

Passport Highlights: Collaboration

How We're Different	Why It Matters	Proof
Passport was created as a Kentucky-based, public-private partnership	• Unique structure and sole focus on Kentucky naturally encourage collaboration among providers, the community and the Commonwealth • Allows us to innovate and evolve to the specific needs of the Commonwealth through collaboration	• High engagement rates for members in care programs as well as consistently high satisfaction of providers • 2019 was an outstanding year for provider satisfaction; Passport's score increased by 3.9% • Provider retention rate was 96.89% in 2018 and 96% in 2019
Passport is governed by local leadership fully dedicated to Kentucky, with the authority to make decisions without relying on a national vs. market paradigm	• Faster decision-making and implementation of Kentucky-specific initiatives • Support Department for Medicaid Services (DMS) interests as early responders through collaboration	• Early participant in and contributor to the Kentucky Children's Health Insurance Program (KCHIP) Coalition and Affordable Care Act (ACA) expansion • Worked one-on-one with community mental health centers to support the Commonwealth's carve-in of behavioral health services

Introduction

Passport was first organized as a private-public partnership that encouraged collaboration among providers, the community and the Commonwealth. This early structure was instrumental as we formed multiple innovative solutions to address rising health care costs and lagging health indicators in Kentucky Medicaid. Over the years, Passport has evolved to meet the changing needs of the Kentucky Medicaid program by using collaboration in several ways.



First, we have collaborated with the provider community, DMS and advocacy agencies to gain their input into Passport's governance to ensure alignment with the goals of the DMS Medicaid program as well as the community. As an example, Passport was the host and convener of the KCHIP Coalition. As an early participant in and contributor to the KCHIP Coalition when the Children's Health Insurance Program (CHIP) program became a reality in Kentucky, we continued to be actively involved in this work for the entirety of the Coalition's existence. We dedicated our team to marketing and community relations activities to reach eligible families and hosted monthly meetings throughout the Passport region with social service agencies, provider groups and government entities to ensure KCHIP's success. We provided detailed enrollment reports by zip code for the participants of these meetings as well. We also actively supported the Department as the ACA expansion was operationalized to ensure that the interests of Kentuckians were met. In fact, for a year after the requirement was lifted, Passport voluntarily extended enhanced payments to primary care providers at the Medicare rate to help continue supporting the Medicaid expansion effort and promote infrastructure development such as care management and investments in technology (e.g., electronic health records [EHRs]).

Second, we value the opportunity to work side-by-side with all agencies. Anchored in the direction provided by DMS, we partner with Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), Department for Community Based Services (DCBS), Department for Aging and Independent Living (DAIL), Department for Public Health (DPH), Department of Juvenile Justice (DJJ), Department of Education and other governmental agencies. For example, to support foster children, we successfully piloted a program in close collaboration with DMS, DCBS and our providers that improved placement stability and health outcomes through an Intensive Care Management model based on High Fidelity (HiFi) wraparound, a model proven in other states.

Finally, Passport continually solicits guidance from providers and member advocates from multiple venues (i.e., our own committee structures as well as the Member Advisory Committee [MAC] and Technical Advisory Committees [TACs]) to aid in program design and implementation. For example, our Primary Care Provider Workgroup, which reports up through our Partnership Council, was instrumental in the development and iteration of our value-based purchasing program, HealthPlus. This has led to high engagement rates, with more than 40% of our members in care programs, as well as the consistently high satisfaction of our providers. In 2019, providers had an overall satisfaction rate of 71.4%.

Third, Passport is a long-term member of the Kentucky Association of Health Plans (KAHP) and the Kentuckiana Health Collaborative (KHC), two organizations that represent the common interests of the Commonwealth. Passport's chief executive officer (CEO), Scott Bowers, sits on the KAHP board and is eager to bring lessons learned from other states where he served in similar roles. Passport has partnered with KHC and its subgroups since its inception in 2003, and its chief medical officer (CMO), Dr. Stephen Houghland, is a member of KHC's Board and Executive Committee. Dr. Houghland helped to develop the Kentucky core measure set that was supported by providers and the Cabinet.

Collaborating together, we are certain that we can enhance the Department's efforts to improve health and quality of life for all Kentuckians, with effective ideas around innovations to bring both short- and long-term solutions to bear. Our 22 years of collaborating with providers, advocates, community organizations and our members should enable us to springboard to a better tomorrow.

C.2.a. Provide a recommended approach for conducting monthly meetings that the Vendor must attend with the Department, other agencies and other contracted MCOs. In your response, provide the following, at a minimum.

Passport suggests collaborative monthly meetings with the Department, other agencies and other MCOs premised on the following principles:

1. Each MCO should commit representatives positioned to make decisions. Passport will assure that either the CEO himself or a senior executive leader reporting directly to the CEO will serve in this capacity. Specifically, Passport's CMO and chief operating officer (COO) will be the immediately accountable staff. In addition, the Vice President for Clinical Operations (VPCO) and the Vice President for Health Integration (VPHI) will be intimately involved, particularly in supporting any and all workstream activity with functional team leads. All necessary Passport staff or their designees will be available for any and all Department-established/scheduled meetings.
2. A forum to set mutual goals should occur early in the process, either as a separate meeting of the MCO CEOs and the Department's leadership (potentially using the KAHP as a vehicle) or by utilizing the plan leadership outlined above with DMS leadership. An annual strategic planning session plus monthly meetings with DMS and the MCOs will ensure that we are all setting aside resources to accomplish the Commonwealth's strategic goals.

The recommendations we highlight below include an effort to create greater accountability by all stakeholders, especially the MCOs. Clear roles, timelines, trackers and minutes will aid in the ability to ensure follow through.

C.2.a.i. Meeting formats the Vendor proposes that will result in successful collaboration.

Successful collaboration across the MCOs and DMS will create a culture of partnership and improved results. To tackle complex issues with multiple stakeholders, we believe that meeting participants should come prepared to advance the direction and vision set by DMS in the following manner:

- **A first meeting to align overall prioritization of future meetings**

  Absolute alignment on prioritization and the end goal is critical. An initial strategy session or two can help to ensure clarity on what we all want to accomplish, especially if such a session sets a cadence, process and rules of engagement for future meetings.

- **Early agenda setting, data gathering and associated pre-work aligned to desired meeting outcomes**

  We all want to ensure that our meetings are useful to both stakeholders and participants. If we can define the goal of the next meeting as far in advance as possible, we will be able to: a) agree on the appropriate individuals from each organization, b) gather data or policies from cross-departmental teams and c) bring a representative from each organization. A defined theme, goals and deliverables set in advance will enable all parties to do their homework and come prepared.

- **Appropriate technology for better knowledge sharing and collective review of materials**

  In-person meetings should be limited to no more than 10 individuals from the plan who have decision-making responsibility and can be agile and responsive to the Department's requests. Inevitably, individuals on the phone will need to participate, so we should identify someone who can ensure that we have quality microphones, in-person computer screens to review materials and a web-enabled screen-viewing option for virtual participants.

- **Stated meeting frequency, rotating location, roles and responsibilities**

  Given the importance of the subject matter, we believe that meetings should occur monthly and be held at rotating locations to promote participation. These locations can alternate between DMS and each of the local MCO headquarters. Passport will assign leaders in key positions to attend meetings of corresponding expertise, such as medical policy (including dental, physical and behavioral), pharmacy, quality improvement, utilization management, etc. Further, we will want to identify both regular and alternating individuals for scheduler, scribe, facilitator, timekeeper and technology lead roles, with clear accountability outlined for each.

- **Acknowledgment and disclosure of conflicts of interest, anti-trust and anti-competition**

  Given the nature of collaboration and the fact that conflicts of interest are possible, Passport recommends beginning each meeting with an acknowledgment that conflicts might exist and are expected to be disclosed when they occur. We support a statement to affirm the avoidance of anti-trust matters and anti-competition.

- **Involvement of key MCO leaders**

  As stated above, Passport believes that having the appropriate plan leadership present will be key to the success of these meetings. We will ensure that Passport's CEO, CMO or COO are present as appropriate for the topic. We suggest that all parties have the option to bring supporting functional leads to supplement any leadership knowledge gaps. Passport will also ensure that the appropriate functional leader, VPCO and/or VPHI are available for any additional workstream support needed.

- **Agenda to address both standing items and urgent issues**

  Meetings should be conducted in a manner that allows enough time for workgroups to report, update and develop next steps for each activity. It would also be extremely helpful for all participants to agree on an agenda in advance that includes both standing and urgent items. We'll also need to work together to determine which items to add to a "parking lot" for later long-term solutioning versus shorter-term topics that should be finalized in session. Subgroups or offshoot meetings could be set up to dive deeper into key complex topics.

- **Consistent minutes and reports disseminated for transparency and accountability**

  It will be beneficial for all participants to receive (in advance of the meeting) the prior meeting's minutes and any reports from workgroups to consider. The scribe could be responsible for gathering this information and tracking related follow-up items, perhaps utilizing a "Next Step Tracker" that includes deliverables, accountable owners, timeframes and desired outcomes. All this transparency should facilitate a culture of combined accountability.

- **Regular topic realignment**

  The environment changes, driving the need to also change intended outcomes or to at least re-prioritize them. We should create a process for resetting and regularly checking in to ensure continued alignment. While accelerating urgent topics, we should at the same time set future agenda topics as strategies as goals progress and evolve.

C.2.a.ii. Examples of issues, ideas and innovations that the Vendor thinks should be addressed during the initial three (3) to six (6) meetings, the rationale for each and whether collaboration for each will require implementation of short-term and/or long-term solutions.

Passport recommends that the first meeting focus on strategic planning to prioritize the challenges we will jointly work on and to gain agreement on topics. Developing a consensus on these topics and developing workstreams to tackle them should also be considered.

Exhibit C.2-1 highlights the issues, ideas and innovations that Passport believes should be addressed during initial collaborative meetings, the rationale for each and whether each will require the implementation of short-term and/or long-term solutions. These suggestions are designed to improve health outcomes for members, address social determinants of health and enhance population health efforts.

Exhibit: C.2-1: Proposed Issues, Ideas and Innovations for MCO Collaborative Meetings

Issue, Idea and Innovation	Rationale	Short-Term Solution	Long-Term Solution
1. **Opiate use/stewardship**	While overdose deaths were down in 2018, they remain well above the national average.	Align standards to reduce clinical practice variation. Agree on common metrics to report on.	Align quality programs and incentive compensation. Address policy opportunities re: quantity limits, referral standards and obtaining second opinions.
2. **Improved access to health care, with a focus on rural Kentucky**	There are reported shortages of primary care and specialty services around Kentucky. Health measures are near the bottom compared to other states.	Align on primary focus areas, goals and what to measure.	Consider policy re: rural provider recruitment and loan forgiveness programs.
3. **Value-based payment**	We need to continue to move the model of health care payment to value.	Align on common metrics, starting with quality.	Address provider agreements and consider common program requirements.
4. **Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS)**	Decreasing the number of Kentucky newborns with NAS in an urgent need.	Convene stakeholders (DMS, DBHDID, DPH, MCOs, neonatologists, behavioral health specialists and high-volume facilities) to develop and adopt common means of identifying and treating.	Develop a consistent process to measure results and develop a system of incentives or penalties for both neonatologists and facilities.
5. **Tobacco cessation in adolescents**	There is a desire to increase smoking cessation rates and prevent smoking in adolescents.	Revamp tobacco cessation brochure about e-cigarettes for teens. Engage other stakeholders such as public health and Department of Education leaders.	Explore policy changes to limit access to tobacco products for adolescents. Create incentives to encourage members not to smoke through monitoring and prevention programs.
6. **Access to affordable medications**	Maintenance medications are critical to good health outcome.	Cap cost of insulin medications.	Cap cost of medications for all maintenance medications.

We have found that the regular and uniform application of this process serves to:

1. Limit confusion among providers and members,
2. Manage provider tension,
3. Minimize complaints to the DMS, and
4. Minimize member disenrollment.

Passport's Participation in Kentuckiana Health Collaborative (KHC) Produces Reduced Standard Primary Care Metrics to Benefit DMS and All MCOs

Recently, Passport had the opportunity to participate in a collaborate effort that benefited DMS and all Kentucky Medicaid MCOs. The Kentucky Core Healthcare Measures Set consists of 38 primary care measures, intended to align measurement efforts toward shared areas of focus. This makes Kentucky one of the first states in the nation to create a healthcare measurement set[1].

The DMS and Department of Public Health kicked off the initiative by outlining the current state of health in Kentucky and charging the workgroups with creating a standardized, manageable set of metrics to use to document changes in health over time. The Kentuckiana Health Collaborative created smaller workgroups to dig in and determine the priority measures for each of the following areas:

- Preventive Care
- Behavioral Health
- Pediatric Care
- Chronic and Acute
- Cost and Utilization

Passport had representatives on the majority of the subgroups that actively worked with consumers, providers, other MCOs, and purchasers of healthcare services to help identify a core set of health measures. **Lists of over 100 measures were culled down to 38 primary care metrics. This provided an excellent opportunity for DMS and the MCOs to work collaboratively with others to prioritize and agree on what matters most.** The outcomes of this partnership with others will allow DMS and the MCOs to use standardized metrics to determine the quality of care and for measuring incentives going forward.

[1] Source: www.khcollaborative.org/initiatives/kchms

C.2.b. Describe lessons learned from similar collaborations that the Vendor has experienced and how those could be applied in moving forward with monthly meetings

Lessons Learned

Years of collaborative trial and error have resulted in more than a dozen areas of opportunity outlined below. We outlined above the ways that these ideas can be applied through monthly meetings. Prior to listing the ideas, we wanted to specifically call out that, historically, there have been some anti-trust violation concerns that have limited how MCOs work together, especially when the Commonwealth or an entity acting on its behalf does not serve as a convener. For this reason, our involvement in the core measure set with the KHC, the collaborative meetings held by the KAHP and the Kentucky Voices for Health are models that we would encourage replicating. Passport's successful collaborations have yielded several valuable lessons learned and informs our recommended approach, including:

1. A first meeting to align overall prioritization of future meetings
2. Early agenda setting, data gathering and associated pre-work aligned to desired meeting outcomes
3. Appropriate technology for better knowledge sharing and collective review of materials
4. Stated meeting frequency, rotating location, roles and responsibilities
5. Acknowledgment and disclosure of conflicts of interest, anti-trust and anti-competition
6. Involvement of key MCO leaders
7. Agenda to address both standing items and urgent issues
8. Consistent minutes and reports disseminated for transparency and accountability
9. Regular topic realignment
10. A workgroup charter to formally define purpose, membership, objectives, timeframes, etc.
11. A specific and prioritized number of initiatives to commit to (a common needs assessment to validate and prioritize initially identified projects is important in this process)
12. Shared agenda setting by all stakeholders
13. Guiding principles to ensure agreed upon outcomes

Recently, a similar collaboration took place in Florida between MCOs and the Agency for Health Care Administration (AHCA). The issue they were looking to address was centered around maternal/neonatal health and early elective deliveries, and the consensus they developed was to uniformly enforce "hard stops" for inductions prior to 38 weeks. The uniform application of this process was important to:

- Limit confusion among providers and members
- Manage provider tension
- Minimize complaints to the Medicaid authority
- Minimize member disenrollment
- Maximize the result of decreasing early elective deliveries and unnecessary C-sections, thereby improving maternal and neonatal morbidity and mortality

The results are not yet available, but this is an example of how all parties were able to agree on a solution that was in their best interest (members, the Commonwealth, all MCOs). No individual MCO was advantaged or disadvantaged.

Conclusion

Passport's long history of collaborating with DMS in the Commonwealth makes it an experienced partner for this procurement opportunity. Passport prioritizes that appropriate local leaders are engaged in community collaborations impacting the delivery of care across the Commonwealth. Because we are a Kentucky-based organization, our leaders are empowered to make decisions by position and authority, without seeking time-consuming permissions from national organizations. We are flexible to meet the needs of DMS and look forward to continuing our 22-year history of collaborating to improve the health and quality of life of all Kentucky Medicaid members.

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.

C.3 Capitation Payments



C.3. Capitation Payments

a. Describe proposed approaches for Physician Incentive Plans, including innovative approaches to incent provider behavior and participation.

b. Provide examples of successful Physician Incentive Plans the Vendor has implemented, including information about their structure, measurable outcomes, challenges and lessons learned.

Passport Highlights: Capitation Payments

How We're Different	Why it Matters	Proof
Passport has taken meaningful steps toward ensuring the provider community has direct input into the evolution of our value-based programs and that providers have the support they need to be successful.	Passport, providers, members and the Commonwealth share a common interest in ensuring that providers are successful in delivering the right care, at the right time, in the right setting. It takes all of us working together to make that happen.	• Feedback received through Passport's Partnership Council and Primary Care Workgroup led to the incorporation of an additional earning mechanism for providers in our largest VBP program, HealthPlus. • Passport's team of Population Health Managers has helped to fill critical voids across the state by providing specific, actionable data and guidance for achieving better outcomes.
Passport's programs have generated meaningful results.	Delivery of care with higher quality outcomes at a lower cost benefits all impacted stakeholders. Passport incentivizes the provider community to increase the level of member engagement to make this possible.	The HealthPlus Program generated $6.7M in shared savings in 2018 and increased the number of formally participating provider organizations from 2 in 2018 to 5 in 2020.
Passport is unique in our commitment to understanding the challenges that providers face in the shift to value-based payment models because providers are in our DNA and we want to support them at whatever stage of the value-based journey they are on.	Not all providers are ready to participate in a shared savings arrangement with up and/or downside risk. Some need an entry-level program that allows them to first build their infrastructure to support more mature models. As the Kentucky provider community matures in its ability to support new models, Passport will be ready with programs that suit their individual needs.	Passport has a variety of Provider Incentive Plans in place with both primary care and behavioral health providers, such as payment for Patient Centered Medical Home (PCMH) practices, care management services and upside-only gainshare with more under development that will support providers' evolution to risk.

C.3.a. Describe proposed approaches for Physician Incentive Plans, including innovative approaches to incent provider behavior and participation.

Passport's Provider-Led History

Passport's entire history reflects deep commitment partnering with providers to meet the needs of our members. In 1997, Passport was founded as a Kentucky-based non-profit organization sponsored by five Louisville hospital and provider organizations. Our goal was to create a unique organization aligning the interests of the Commonwealth, the provider community and Medicaid recipients under the Centers for Medicare & Medicaid Services (CMS) 1115 waiver. In the 22 years that followed, Passport expanded our capabilities and services for our members, collaborated with our providers on health care initiatives to improve quality and supported our advocates in the local communities.

Today, we are the only physician-driven Health Plan solely dedicated to Kentucky. We have grown our membership and now are the second largest Managed Care Organization (MCO) in the Commonwealth serving approximately 300,000 Medicaid beneficiaries.

As the only provider-founded health plan in Kentucky, Passport is deeply rooted in our partnership with our provider community and have offered evolving programs to reflect changing payment arrangements. Specifically, we have substantial experience in value-based payment (VBP) programs, and we are continuing our efforts to reward our providers in offering high-quality care in a cost-effective manner to our members. Our provider philosophy of value complements our model of care in placing our members first and foremost.

A local governance model allows local trends to directly dictate clinical decision-making, rather than a national MCO having to vet any local trend management through a regional/national decision-making process. For example, if local physicians on the local governance committee decide that it is important for the plan to cover a new meningitis vaccine for a specific pediatric population, then that coverage decision is made locally. A national MCO would be required to bring the question to national decision makers and wait for approval from their national Pharmacy and Therapeutics committee.

Since Passport is driven by providers, we achieve greater physician engagement resulting in improvements that not only positively impact Passport's members, but those served by other managed care organizations as well. This system-wide impact creates a greater value to the Commonwealth and its Medicaid recipients. Over the years, providers remain loyal to Passport with continued levels of high satisfaction. In fact, Passport's score increased by 3.9% to an overall satisfaction score of 71.4%, a score that is notably above national benchmark data. Our relationship with our providers is vital, and we strive to maintain strong, collaborative relationships with our network providers and with constituents in the communities we serve.

Provider Involvement in Passport Committees

As a local, provider-driven organization, our providers are not just advisors; multiple key providers have true governance responsibility through participation in the Board of Directors, the Partnership Council, and the

Quality Medical Management Committee (QMMC). Nearly 100 volunteer providers and community members participate in our committee structures.

We also have direct forums to connect feedback of the broader provider community into the committee agendas. For example, the Primary Care Provider (PCP) Workgroup provides important insight and informs the Partnership Council and Passport Health Plan on issues concerning PCPs and their panels of members. The PCP Workgroup also imparts a provider perspective on our efforts to deliver quality services to our membership with the goal of achieving the Department's stated priorities of transforming the Medicaid program; engaging individuals to improve their health and engage in their healthcare; significantly improving quality of care and healthcare outcomes; and reducing or eliminating health disparities.

Passport's Historical Approach to Physician Incentive Plans

Background

In September 2011, CMS approved expansion of mandatory Medicaid Managed Care for nearly all beneficiaries throughout the Commonwealth. Since 2013, Medicaid enrollment has increased 97.60 percent from 606,805 enrollees in September 2013, to 1,199,048 in October 2019.[1] Currently 27 percent of Kentucky's population is enrolled in Medicaid/CHIP, with 44 percent of children covered by Medicaid and 20 percent of Medicare enrollees also covered by Medicaid.[2] Providing services to eligible members who were not previously enrolled in Medicaid led to an increase in costs. Medicaid expansion necessitated payment reforms to move from volume-driven to value-driven reimbursement that incentivizes high-quality, efficient and cost-effective care.

In a fee-for-service model, overutilization often occurs, and siloed care delivery may unfortunately allow members to "fall through the cracks" within the delivery system. Passport believes that transitioning from fee-for-service (FFS) payment models that pay for volume to capitation and VBP models is critical. Passport offers PCP capitation arrangements to more than 100 providers around the Commonwealth. However, we are also interested in transitioning PCPs to payment arrangements that increasingly recognize the value of services provided and improved health outcomes through Physician Incentive Plans is critical to improving the healthcare system. Aligned financial incentives increase access by ensuring that providers are focused on the members and their challenges that need attention the most.

With the growing number of Medicaid beneficiaries, now more than ever it is essential that Passport help control costs and drive toward efficient use of Medicaid dollars by reducing expenditures on unnecessary, redundant or ineffective care. Paying for value through Physician Incentive Plans also supports improved

[1] https://www.medicaid.gov/state-overviews/stateprofile.html?state=Kentucky
[2] KFF: http://files.kff.org/attachment/fact-sheet-medicaid-state-KY

health outcomes by providing financial incentives for performance improvement and penalties and financial risk for poor quality of care and outcomes.

Partnership in Advancing Value-Based Programs

Passport knows that taking on risk is often intimidating for providers and they are therefore hesitant to engage in a shared savings program. We are unique in our commitment to understanding the challenges providers face in the shift to Value Based Payment (VBP) models, as evidenced by Passport taking meaningful steps to ensure the provider community has direct input into the evolution of VBP through forums such as the Partnership Council.

Additionally, we're focused on infrastructure development with providers to support this shift. The majority of providers in our network still need to enhance their population health management capabilities before they will be ready for any shared savings risk that might potentially impact their fee-for-service compensation, let alone a capitated payment that would replace it. As a result, Passport has partnered with providers to administer foundational Provider Incentive Plans that establish population health infrastructure such as a PMPM payment for care management services or Patient Centered Medical Home (PCMH) certification. These programs help providers build core VBP capabilities by allowing for incentives to change behavior.

Passport is committed to helping providers achieve better performance results by delivering specific, actionable data and guidance via our Population Health Manager (PHM) communications and relationships assigned to any provider participating in these programs. This support simultaneously helps providers feel heard, while also assisting in moving providers along the glidepath to risk. For example, one group that received PHM assistance in 2019 felt so supported that they decided to participate in Passport's upside-only VBP program in 2020.

Passport is committed to advancing the progression of the delivery system in Kentucky towards a focus on higher quality and better outcomes. The pages that follow will describe in more detail the following innovative approaches Passport is taking to ensuring the provider community is modifying its behaviors and participating in a meaningful way in our programs that are supporting this evolution towards value:

- Develop, and continue to evolve, a variety of Physician Incentive Plans that "meet the provider where they are" in terms of infrastructure, capabilities, and risk tolerance
- Invest in our providers' ability to advance their population health capabilities by providing financial support for infrastructure buildout
- Incorporate quality measures that can be customized to the needs of a specific practice, such as adjusting for adult primary care or pediatric care
- Provide meaningful, actionable data in a format that is readily available and easily digestible
- Provide frequent on the ground coaching and support through our Population Health Managers (PHMs)
- Hold regular Joint Operating Committees (JOCs) and Care Conferences (CCs) with providers participating in one of our VBP programs

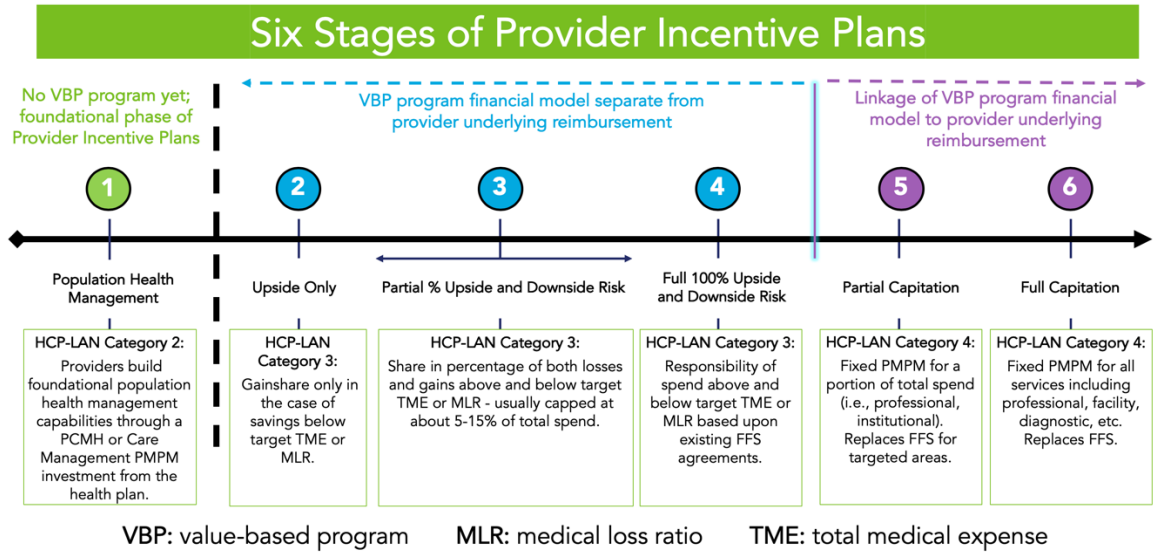
Passport's Current and Future Approach to Value-Based Programs

Provider Risk and Linkage to Physician Incentive Plans

Passport views capitation and Provider Incentive Plans as two distinct but analogous concepts. Passport defines Provider Incentive Plan to mean any compensation program that rewards providers for improving the quality of patient care and outcomes. While a Provider Incentive Plan is most often implemented in the form of a Value Based Program (VBP), it can also take place through PMPM incentives that help provider establish population health management infrastructure.

The below exhibit depicts the six stages of Physician Incentive Plans. The first phase is a preparation phase, focused on building core population health capabilities through a care management or Patient Centered Medical Home (PCMH) PMPM program. Stages two through six incorporate a VBP program with increasing levels of provider risk. In the case of more advanced risk, such as partial or full capitation, providers may or may not participate in a VBP program as defined by CMS' Health Care Payment LAN Framework (HCP LAN). Capitation alone does not necessarily improve quality of care, nor does it allow the arrangement to align with CMS' Health Care Payment LAN Framework. For this reason, when Passport's providers are ready for capitation arrangements, we intend to incorporate a VBP program. Please refer to **Exhibit: C.3-1** for a Glidepath of Physician Incentive Plans.

Exhibit: C.3-1: Glidepath of Physician Incentive Plans



VBP: value-based program **MLR:** medical loss ratio **TME:** total medical expense

Passport will use CMS' HCP LAN Framework which outlines a four-category payment model classification system as our guide for defining Physician Incentive Plans, including VBP programs:

- Category 1 – Fee-for-service with no link of payment to quality
- Category 2 – Fee-for-service with a link of payment to quality and value

- Including: Foundational payments for infrastructure & operations, payment for reporting, rewards for performance, and rewards and penalties for performance.
- Category 3 – Alternative Payment Models (APMs) built on fee-for-service architecture
- Including: APMs (VBPs) with upside gainsharing or APMs (VBPs) with upside gainsharing & downside risk
- Category 4 – Population-based payment
- Including: Condition-specific population-based payment or comprehensive population-based payment.

In addition to leveraging the HCP LAN framework as a guide when developing and refining Physician Incentive Plans, Passport will also continue to ensure that we remain compliant with applicable sections of our contract with the Commonwealth, specifically section 11.5 (Physician Incentive Plans) of the Draft Medicaid Managed Care Contract. Compliance with our contract includes but is not limited to adhering to 42 C.F.R. 422.208 and 42 C.F.R. 422.210; filing templates for compensation agreements (as defined in in 42 C.F.R. § 417.479(c)) with the Department; as well as providing information to members, providers, and the Department regarding our Physician Incentive Plans upon request.

Most of Passport's providers are in the very early stages of VBP program sophistication. Currently our Care Management PMPM and Patient Centered Medical Home PMPM programs align with LAN Framework Category 2. However, Passport's primary care upside-only Outcome-Based VBP program, HealthPlus, aligns with LAN Framework Category 3. Passport's goal is to graduate as much of its network into some form of risk sharing through Category 3 (financial model separate from underlying reimbursement) and Category 4 APMs (financial model linked to underlying reimbursement, such as bundled payments).

While Passport is evolving its VBP with an understanding of provider readiness, we have devised a forward-facing strategy to move providers along the risk continuum. Passport recognizes that payment transformation must be done deliberately and incrementally, and as such has developed a tiered VBP program framework that allows for more mature models as providers continually master population health capabilities.

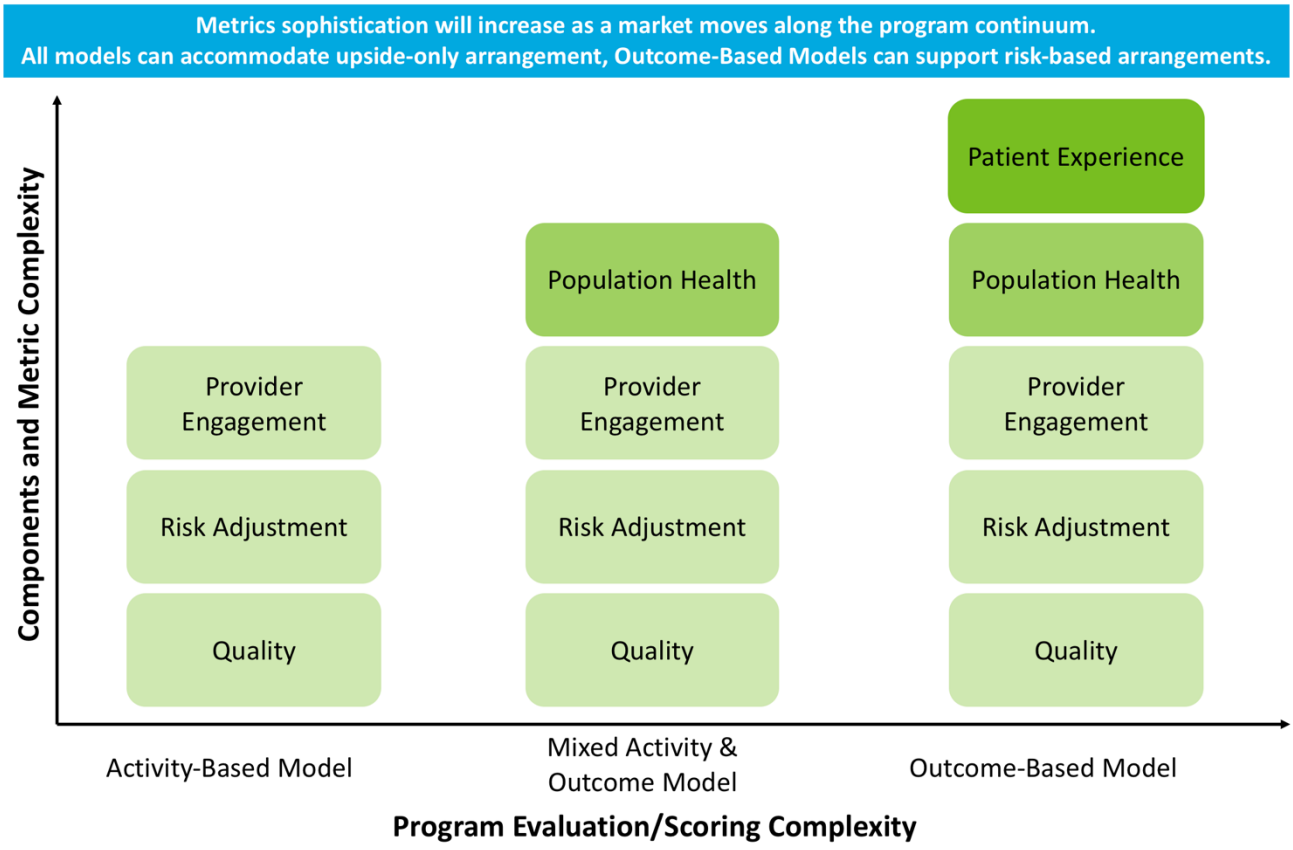
The VBP program strategy has three defined stages.

1. The first stage is an Activity-Based Model in which providers receive a defined payment for completing specific tasks around quality, risk adjustment, and provider engagement (i.e.: submitting Patient Assessment Forms for risk adjustment, attending Joint Operations Committee (JOC) meetings, etc.).
2. The second stage is a Mixed Activity- and Outcome-Based Model in which providers can earn defined dollars by completing specific tasks and performing well on metrics around quality, risk adjustment, provider engagement, and population health (ex: exceeding the HEDIS 50th percentile, reducing Emergency Department utilization by a particular percentage relative to prior year).
3. The third stage is an Outcome-Based Model in which providers can share in savings by performing well on metrics around quality, risk adjustment, provider engagement, population health, and

patient experience. For providers needing encouragement to try an Outcome-Based model, Passport may incorporate additional PMPM earnings to reward high quality scorecard performance even if the Medical Expense Ratio (MER) does not decrease to generate shared savings. Furthermore, we may also offer a PMPM bonus for providers with an already efficient MER, which may be hard to further reduce.

Exhibit C.3-2 provides an overview of our strategy in aligning metric type with program sophistication.

Exhibit C.3-2: Program Evaluation and Scoring Complexity

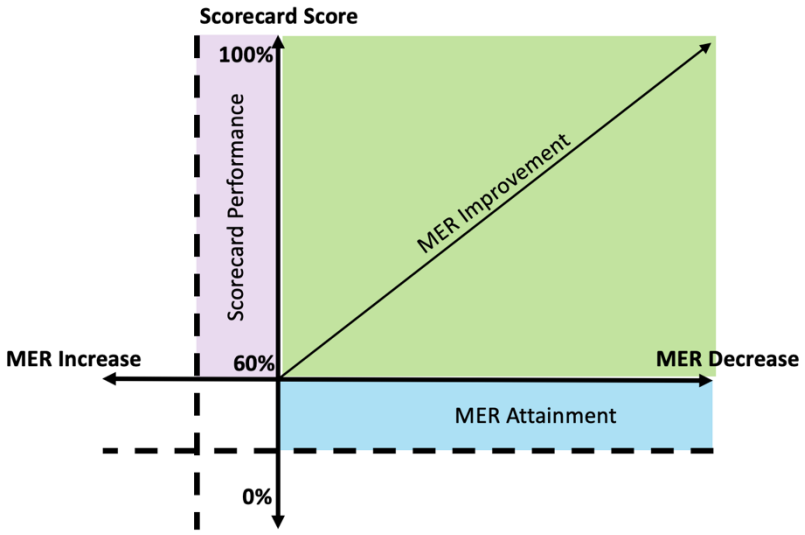


Our VBP models have a sliding scale in program sophistication while covering the full risk continuum. Risk-bearing VBP programs will have proportional upside and downside risk for the providers. Additionally, capitation arrangements with an Outcomes-Based VBP program overlaid offer providers the opportunity to earn additional funds, as shown in Exhibit C.3-3 below.

Exhibit C.3-3: Outcome-Based VBP Program's Payment Mechanisms

There are 3 separate potential earning mechanisms for a participating provider group; the mechanism with the greatest calculated payout will be the one applied.

- **MER Improvement** earnings potential is generated from their individual cost savings from YoY lower MER. The portion of the incentive shared with the provider group is based on their scorecard performance, minimum of 60%. A group can earn up to 50% of its incentive potential.
- **MER Attainment** earnings rewards provider groups that maintain an MER at or below 85% in the case their MER does not improve. Groups must have at least 60% on the Scorecard. MER Attainment only applies for groups that do not have MER improvement.
- **Scorecard Performance** earnings mechanism rewards providers for achieving at least 80% on their scorecard. This earning mechanism only applies for groups that do not have any MER improvement or MER at or below 85% (MER Attainment).



Measuring Improvements in Health Outcomes Through VBP Arrangements

Provider payment models are not considered "value-based" unless payments have a strong link to improved outcomes and cost savings, requiring dedication and rigor around metric measurement. **Exhibit C.3-4**: **Quality Metrics** offers a list of "measures that matter" for PCPs, hospitals and specialists that we measure (where and how) and are considered in conjunction with the various domains and quality gates. This is a nonexhaustive list of metrics that support our VBP programs and quality gates.

Exhibit C.3-4: Quality Metrics

Clinical and Efficiency	Population Health, Access, and Satisfaction
1. Follow-up visit made within seven days following post-acute stay 2. Admission rate 3. ER Utilization rate 4. Plan all-cause readmissions (adult & peds) 5. Ambulatory care sensitive ED rate (adult & peds) 6. Use of imaging studies for low back pain (adult only) 7. Completion of screenings such as the PHQ-9 for detection of depression in the primary care setting or completion of the Edinburgh Depression Scale for women with post-partum depression	8. Expanded office hours outside the hours of 8:00 AM-5:00 PM 9. Member satisfaction (member experience score) 10. Quarterly care plans 11. Transition visit w/in five days of discharge 12. Physician attendance at Physician Engagement programs 13. Pre-visit planning 14. Visit made following stratification of a member into a complex care program 15. Practices adoption and use of our technology platform, Identifi Practice
Adults	**Peds**
16. Comprehensive diabetes care - nephropathy 17. Antidepressant medication management - acute phase 18. Medication management for people with asthma - appropriate meds for at least 75 percent of treatment period	19. Medication management for people with asthma appropriate meds for at least 75 percent of treatment period 20. Adolescent well-care visits 21. Immunization status - Combo 2 22. Appropriate treatment of children with upper respiratory infection
Specialists VBP Measures That Matter	**Behavioral Health VBP Measures**
Many of the PCP metrics and specialist metrics can cross over to the other. 23. Hospital readmission at 30, 60, 90, and 180 days (including psych) 24. Follow up after hospitalization (all types) 25. Caesarean section and early elective delivery rates 26. Obstetricians - prenatal care (first trimester prenatal visit, frequency of prenatal care visits, 6-weeks post-partum) 27. Medication management, including follow-up targeting specific types of drugs	28. Initiation and engagement of alcohol and other drug dependence treatment (IET) 29. Antidepressant medication management (AMM) 30. Follow-up care for children prescribed ADHD medication (ADD) 31. Participation in vocational rehabilitation and other measurable results
Hospitals VBP Measures That Matter	**Maternity/OB VBP Measures That Matter**
32. All-cause readmission rate 33. Risk-adjusted average length of stay 34. Hospital-acquired conditions/infections	Regarding OB specialty, our quality gate would focus on OB care using Medicaid HEDIS and Joint Commission measures. We aim for HEDIS 90th percentile as target, with partial points for 50th and

35. Emergency to observation/inpatient escalation rate 36. Radiology service utilization 37. National Patient Safety and National Quality Improvement goals 38. Hospital Consumers Assessment of Healthcare Providers and Systems (HCAHPS) 39. Mortality rate for three conditions present on admission Indicators 40. Admission notifications within 24 hours	75th. For Joint Commission measures, we use the Healthy People 2020 goal. Three measures we focus on for OB care are: frequency of ongoing prenatal care (FPC); prenatal and postpartum care (PPC); and the Joint Commission: C-section for nulliparous singleton term vertex (NSTV).

Our VBP programs are designed to reduce potentially preventable events. We have identified several clinical and efficiency measures that directly and indirectly reduce preventable events. To ease the burden of providers participating in multiple VBP programs, we may align our metrics with existing the Commonwealth and managed care organization (MCO) initiatives for potentially preventable events. The following are examples of VBP program metrics that target preventable events as outlined in **Exhibit C.3-5** below:

Exhibit C.3-5: Potentially Preventable Event Measures

PCP Measures	Preventable Events
41. Follow-up visit made within 7 days following post-acute stay 42. Admission rate 43. ER utilization rate 44. Plan all-cause readmissions (Adult & Peds) 45. Ambulatory care sensitive ED rate (Adult & Peds) 46. Use of imaging studies for low back pain (Adult Only) 47. Completion of screenings designed to identify members who need specific interventions such as the PHQ-9 for detection of depression in the primary care setting, or completion of the Edinburgh Depression Scale for women who are identified with post-partum depression	48. All-Cause readmission rate 49. Risk-adjusted average length of stay 50. Hospital-acquired conditions/infections 51. Emergency to observation/inpatient escalation rate 52. Radiology service utilization 53. National Patient Safety and National Quality Improvement goals 54. Hospital Consumers Assessment of Healthcare Providers and Systems (HCAHPS) 55. Mortality rate for three conditions present on admission indicators 56. Admission notifications within 24 hours

Analysis of these measurements are used as the basis for provider discussion and program planning. Passport's experience with VBP programs has informed our approach to analyzing performance against targets. We evaluate programs and provide feedback to participating providers on a quarterly basis. We have determined that a quarterly evaluation gives providers sufficient time to impact the metrics, while still providing us the opportunity to adjust program metrics or elements in partnership as needed.

We take a two-tiered approach to physician engagement and scorecard report distribution that offers a comprehensive top-down and bottom-up structure.

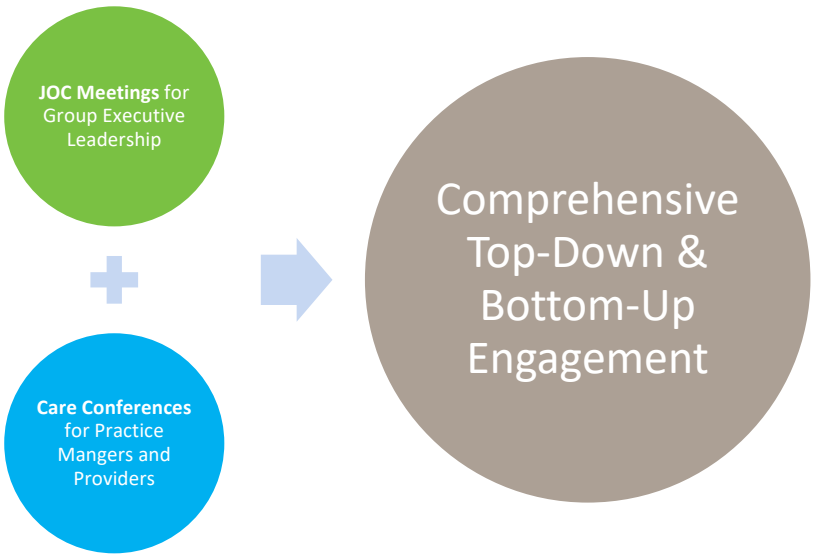
- **Joint Operations Committee (JOC) Meetings**: The purpose of the quarterly in-person JOC meeting is

to work collaboratively with the provider organizations' executive leadership teams to discuss group-level MER and program performance data, best practices, and macro-level areas of focus that ultimately lead toward improved quality and satisfaction for members while reducing unnecessary costs. Passport has an interdisciplinary team that provides comprehensive support for scorecard reports. These meetings allow us to work with the practitioner group leadership to review interventions, and measure progress and jointly determine opportunities for improvement whether that is 1) further root cause drill down for actionable information at a practitioner level, or 2) an opportunity on the practice side including workflow efficiencies, administrative burden, or practitioner engagement.

- **Care Conference (CC) Meetings:** The purpose of the monthly CC meeting is to engage organizations' key practice managers and providers to ensure they understand the VBP program and have the information they need at the point-of-care to successfully participate as well as be able to test and learn from practice level adjustments discussed at the JOC meetings. Passport's PHMs play a critical role in supporting practice-specific performance. PHMs are different than Provider Network Representatives because they are specific subject matter experts around practice transformation, population health, and specifically clinical care management programs and VBP initiatives. Key activities led by PHM with practitioners include:
  - Sharing broad to specific practice-level actionable information on the member panel;
  - Helping providers improve quality, population health, and risk adjustment performance more broadly and specifically around the VBP program elements; and
  - Educating providers on and supporting member engagement in appropriate Passport care management programs.

Please refer to Exhibit **C.3-6** for Passport's Multi-faceted Physician Engagement Strategy.

Exhibit C.3-6: Passport's Multi-faceted Physician Engagement Strategy



A major focus of Care Conferences goes beyond just the VBP metrics and elements. We use the opportunity to provide feedback and inform providers about broader HEDIS, EPSDT, quality, and clinical action items that we can work together on to impact member health more broadly as well as improvements in relationships between Passport and our practitioner network. It is this broader support effort that truly responds to provider asks for assistance in strengthening their population health management capabilities, which are needed for them to be successful in VBP programs and risk arrangements.

In-person Care Conference meetings with prioritized practice locations yield the greatest impact on the provider group's overall scorecard performance. Passport's network providers are also equipped with tools like the provider web portal and Identifi Practice to monitor quality and clinical measures.

Methods for Evaluating the Effectiveness of VBP

Passport has the technical capacity and engagement resources to continue to successfully administer VBPs with providers to track and drive improvement outcomes. Both our Joint Operating Committee and Care Conference meeting forums feature customized analytics, guidance, scorecard performance updates, and training to help providers succeed in our VBP programs. Passport adjusts the support at these engagement meetings per the unique needs of the provider groups and what they feel will be most useful to them.

Passport also will grant authorized providers access to our Care Management (CM) and reporting capabilities through our practitioner communication and interactive provider portal, Identifi Practice. This platform documents care gaps and coding accuracy opportunities on a member-by-member basis and enables providers to understand in near real-time precisely how to close the care gap and thereby improve their performance metrics. Practitioner reports are available on Identifi Practice, and providers have the option to submit electronic authorizations via this portal. Passport will continue to work with our practitioners, especially with input from those that serve on the PCP Workgroup, to further develop and test efficiency enhancements to the tool. A few areas where providers will inform improvments include content and workflow and ease of use such as development of easy, single sign-on capabilities. Further, Identifi Practice allows providers to coordinate with members of the Passport CM team through bi-directional communication and the notes functionality.

Our PHM and care management teams also assist the provider office to support individual care gap closure, actionable clinical guidance regarding member health and well-being, and VBP program arrangements and data results. Local medical directors and PHMs will work with physician offices to understand the practice's opportunities and disseminate best local and national best-practice strategies to improve performance in the areas of care gap closure, identifying and confirming suspected diagnoses that will drive our risk stratification program, and engaging the most complex members in our population in the appropriate clinical management programs.

These PHMs are critical assets to provider practices, working hand-in-hand with physicians, care managers, and office staff to ensure they have access to complex member rosters and gaps in care reporting. They are a resource to the practice to enable them to fully utilize the Identifi Practice tools, analytics, and reporting capabilities to better manage the physicians' patient panel. Other supporting elements include strong data

capture, normalization capabilities, and robust standard and customized report generation that align to the performance scorecard. PHMs are also unique to Passport in that they are practice transformation and population health subject matter experts beyond the typical knowledge and experience of traditional provider network representatives and are deployed to all of our VBP program partners and other key network practitioners.

Passport's PHMs support providers both preparing for and already participating in VBP programs. This customized support not only helps providers feel heard during these evolving times, but is also fruitful in moving providers along the glidepath to risk. For example, a group that received PHM assistance in 2019 felt so supported that they decided to formally participate in Passport's upside-only VBP program in 2020.

C.3.b. Provide examples of successful Physician Incentive Plans the Vendor has implemented, including information about their structure, measurable outcomes, challenges and lessons learned.

Passport "Meets Providers Where They Are"

A core tenet of Passport's Physician Incentive Plan philosophy is to "meet providers where they are." Passport is working in partnership with providers to enhance risk contracting and VBP program sophistiction. In response to provider readiness and preference, VBP programs currently are upside-only and overlay FFS arrangements. As aforementioned, Passport has a defined strategy to move providers along the six stages of Provider Incentive Plans. Together, Passport and its affiliate subcontractor Evolent Health (Evolent), have experience deploying VBP programs with varying levels of risk, including captiated models. Passport will continue to evolve alongside providers as they reach a point of readiness for capitated models that incorporate a VBP program.

The Passport VBP strategy includes a suite of models that "meet providers where they are" as they move along Physician Incentive Plan continuum. Early stages are focused on building foundational population health management capabilities. To date, Passport has implemented two Stage One models that provide a PMPM payment to engage providers in VBP and help them build the necessary infrastructure for more advanced models.

Stage One Physician Incentive Program Models:

- **Care Management PassportPlus:** In working with our existing providers, we learned that some need additional practice investment for their infrastructure enhancements in order to participate in HealthPlus. This Program extends compensation for care management services on a semi-annual basis for participating providers who can then plan their resources accordingly.
- **Patient Centered Medical Home (PCMH) PassportPlus:** This program rewards dozens of existing provider groups to incentivize the core tenets of PCMH behavior in their practices. The incentive is paid monthly with a goal of moving these smaller practices closer to risk-readiness and move them along the quality and value continuum at a comfortable pace without the resource jeopardy that risk often signals to small practices.

While Stage One models serve as a great entry to Physician Incentive Plans, our experience is that patient care and cost savings to Kentucky's Medicaid system improve significantly as providers participate in stages further along the continuum. Though administrative challenges associated with administering either of these Stage One models were minimal, recognizing that they do serve a unique purpose in supporting providers in building their infrastructure with the goal of eventually progressing to a more advanced VBP model, Passport has learned the lesson that additional measures must be taken in order to truly produce better outcomes. Accordingly, over the last three years Passport developed and refined a Stage Two model, an upside-only primary care VBP program called HealthPlus. With one full program measurement year and payout complete, Passport is excited to share that HealthPlus is not only effectively driving outcomes, but also expanding to include more provider groups.

Below we detail four VBP programs that progress along the Physician Incentive Plan maturity continuum that: 1) exemplify Passport's VBP diversity of programs with a care management PMPM for a Clinically Integrated Network (CIN); 2) demonstrate Passport's experience launching a provider-centric primary care VBP program; 3) demonstrate our Behavioral Health Shared Saving Model; and 4) highlight a sample capitation arrangement with a VBP program in another market supported by Passport's vendor, Evolent.

VBP Program with Care Management PMPM for Clinically Integrated Network (CIN) Provider

Passport successfully implemented a physician-centric, shared savings program with hospitals and physicians that was clinically integrated across the care continuum to support triple-aim objectives of improving the member experience of care, advancing the health of populations, and minimizing costs for our members. Physicians and hospitals collaborated with shared goals in performance, quality, value and efficiency while adopting enhanced care coordination for our members and their families.

The shared savings VBP program aimed to incentivize providers that deliver high-quality care in an efficient manner and achieve measurable improvements in quality and efficiency for maximizing the impact of preventable care. Existing FFS agreements were not impacted by the CIN contract, and the program was upside only. Unit cost and VBP contracting were separate agreements.

Passport's CIN performed care management for all members assigned to providers who participated in the network. Passport recognized that to shift focus to meaningful outcomes it needed to assist providers in building a foundation with resources that support population health management. Passport paid the CIN administrative PMPM care management fees to help providers fund and integrate population health management to encourage successful participation in the VBP program. The CIN could also earn additional care management PMPM based on scorecard performance. In addition to a care management PMPM, the CIN could earn a portion of the shared savings through the MER Improvement payment mechanism in which their scorecard performance correlated to a percentage of the shared savings split with Passport.

Measurable outcomes were driven by a true partnership between the plan and providers and included sharing information and resources to attain success. Provider engagement and communication were significant elements of the program. Passport shared performance reports in quarterly Joint Operating

Committee meetings to confirm understanding, gather feedback and offer recommendations for improvement. Passport worked collaboratively with our provider organization's executive, administrative and clinical leadership teams to share data, best practices and areas of focus that lead toward improved quality and satisfaction on their patient panel. We helped providers take action on quality and risk adjustment and educated providers to help them understand and achieve successful outcomes in the value-based program.

Below is a sample performance-based CIN program with a shared savings arrangement for a large Medicaid provider.

The scorecard measures provider performance based on 4 weighted categories for a total of 20 points, as depicted in **Exhibit C.3-7.**

Exhibit C.3-7: VBP Program Scorecard with Care Management PMPM for CIN Provider

Domain	Measure	Points	Weighting
Prevention/ Quality	1. Adolescent well-care visits (12-21 years of age) 2. Chlamydia screening in women (15-24 years of age) 3. Adult BMI Assessment 4. Medication management for people with asthma – appropriate medications for at least 75% of treatment period 5. HbA1C Testing for members with Diabetes (Adults) 6. HbA1C Control less than or equal to 9 for members with Diabetes (Adults)	1 point per measure; Total 6 points	60%
Efficiency	1. Plan all-cause readmissions 2. Ambulatory care sensitive ED rate	1 points max per measure; Total 2 points	20%
Provider Citizenship	1. Attendance at quarterly JOC Meetings	1 points max per measure; Total 1 points	10%
Potential Diagnosis Addressed Rate	1. Office visit with 40% identified population	1 points max per measure; Total 1 points	10%

Passport used intelligent analytic tools to evaluate and support the CIN's performance through actionable insights that foster improvements in quality, efficiency, cost and utilization. Quarterly evaluation of performance during the measurement year showed improvements in various categories. Final performance evaluation reflected marked reductions in MER. While the CIN generated savings as a result of spending below financial target, performance scorecard criteria were not met and the CIN was not eligible to receive shared saving payment or additional care management PMPM. The lessons learned by Passport regarding the CIN's challenges to reach the applicable scorecard criteria helped to inform the development of what is now Passport's leading VBP program for primary care providers, HealthPlus, which is outlined in the following section.

Highlights of measurable outcomes achieved through this particular program include:

- MER reduction of 6%

- Exceeded the target for HbA1C Control > or equal to 9 (adults) by 38%
- Inpatient PMPM decreased 34%
- Outpatient PMPM decreased by 17%
- ED PMPM decreased by 11%

Passport's Sample Primary Care VBP Program

In 2017, Passport collaborated with our PCP Workgroup to design the 2018 HealthPlus Program. We conducted lengthy, multi-session exercises with our providers to vet the program's design and metrics. Passport launched its primary care HealthPlus VBP program in 2018 after gaining approval from DMS. Our primary care VBP program was initially designed for multi-site practices covering nearly 120,000 health plan lives across 2,100 contracted primary care providers.

HealthPlus is uniquely physician-centric and is built upon the guiding principles of Passport's value-based care strategy:

- Ensure the value-based incentive strategy aligns with the plan's mission and governance from DMS
- Begin by focusing on an (adult/pediatric) PCP incentive program designed to manage quality and cost at the member level. Confirm the program has metrics that are inclusive of all primary care practitioners - pediatric, family medicine, and adult-only internal medicine practitioners. Continually work with providers to iteratively test and improve the program to create the best approach.
- Ensure the value-based incentive program is driven by a true partnership between the plan and providers, including sharing information and resources to attain success. Provider engagement and communication are critical elements of the program.



HealthPlus is an upside only provider gain-share program that rewards providers for improved cost and quality outcomes after a quality gate has been achieved. The program is uniquely physician-centric and rewards incremental progress. In direct response to feedback from our provider community and lessons learned from implementing earlier versions of the program, in 2020 Passport is offering three earning mechanisms as an enhancement to the program as compared to its initial roll-out in 2018 which had only two earning mechanisms.

The three opportunities for gain-share reward include:

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

The *Passport Quality Scorecard* includes 15 quality measures that can be customized to the needs of the specific practice, such as adjusting for adult primary care or pediatric care, as shown in **Exhibit C.3-9**. Performance is measured on a calendar year and rewards are paid out the following year once claims have matured, creating an accurate measurement of the provider's performance, as shown in **Exhibit C.3-8**.

Exhibit C.3-8: HealthPlus Outcome-Based Earning Opportunities

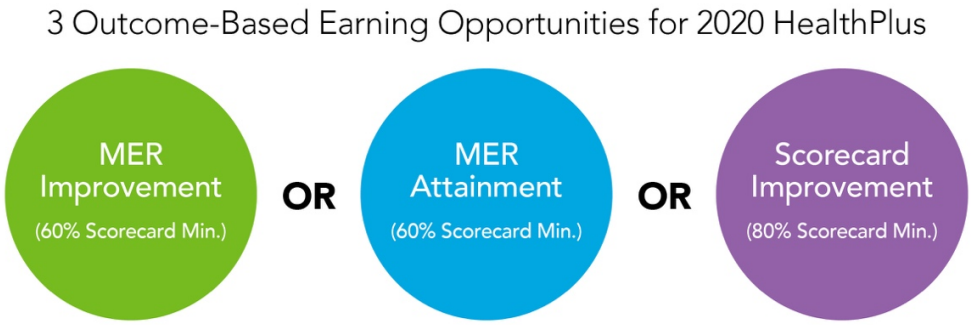


Exhibit C.3-9: 2020 HealthPlus Scorecard Performance Metrics

Domain	Measure	Weighting
Quality (Adults)	1. Comprehensive Diabetes Care - HbA1c Testing 2. Antidepressant medication management -acute phase 3. Medication management for adults with asthma – appropriate medications for at least 75% of treatment period	25% Weighted Adult
Quality (Pediatrics)	1. Medication management for children with asthma – appropriate medications for at least 75% of treatment period 2. Adolescent well-care visits 3. Child well-care visits 4. Appropriate treatment of children with upper respiratory infection	50% Weighted Pediatric
Population Health (Adults)	1. Plan all-cause readmissions 2. Ambulatory care sensitive ED rate 3. Use of imaging studies for low back pain	25% Weighted Adult

Domain	Measure	Weighting
Provider Engagement	1. Practices' physician/clinical leadership and administrative leadership attendance at quarterly Joint Operations Meetings 2. Practices' key location(s) physician/clinical leadership and administrative leadership attendance at monthly Care Conference Meetings	20% Weighted All
Potential Diagnosis Addressed Rate	1. Medicaid Condition Addressed Rate – The percentage of suspect conditions addressed for patients identified as having an intervention opportunity	20% Weighted All
Patient Experience	1. Personal doctor explained things 2. Personal Doctor showed respect	10% Weighted All

The initial launch of HealthPlus in 2018 aimed to strategically improve quality of care, lower costs and engage providers in the pay-for-value paradigm. The program incentivized providers for improvements in quality, costs and patient experience, and ensures the VBP is driven by a true partnership between Passport and its providers. In the spirit of true-partnership and innovation, Passport paused HealthPlus in 2019 to refine the program and to better serve the needs of providers.

Passport has taken meaningful steps towards ensuring the provider community has direct input to the evolution of our value-based programs, and that they have the support they need to be successful. Direct feedback through the Partnership Council led to the incorporation of an additional earning mechanism for providers in HealthPlus, as well as other VBP program revisions.

Of the participating groups, a large practice serving the needs of adult and pediatric patients achieved shared saving incentives resulting from performance in 2018. They demonstrated strengths in improving quality scores in all four measures for adults, and reduced MER by 2.9 percent. Achievements in scorecard performance were less than optimal in the beginning of the program, however a baseline has been established to improve and tailor improvement efforts in 2020. **Exhibit C.3-10** reflects the final performance evaluation for participating groups in 2018.

Exhibit C.3-10: 2018 Final Performance Evaluation

Scorecard Domain	Measure	Percent of Groups that Exceeded Baseline Threshold	Percent of Groups that Exceeded Target Threshold
Quality Adults	Comprehensive Diabetes Care – Medical Attention for Nephropathy	20%	0%
	Antidepressant Medication Management	0%	0%
	Medication Management (Asthma)	80%	20%
Quality Pediatric	Medication Management (Asthma)	86%	0%
	Adolescent Well-Care Visits	29%	14%
	Child Well-Care Visits	29%	14%
	Appropriate Treatment (Respiratory Infection)	86%	43%
Prevention/ Quality Adults	All-Cause Readmissions	20%	0%
	Ambulatory Care Sensitive ED Rate	80%	0%
	Use of Imaging Studies for Low Back	0%	0%
Provider Engagement	Leadership Attendance at JOC Meetings	100%	100%
	Provider Group Use of Identifi Practice	100%	100%
Patient Visit Rate	Medicaid Condition Addressed Rate	43%	43%
Patient Experience	Personal Doctor Explained Things	86%	86%
	Personal Doctor Showed Respect	86%	86%

HealthPlus Program Refinement

After taking 2018 performance and provider feedback into account, Passport has refined the HealthPlus program. Given that HealthPlus remains Passport's primary mechanism for driving outcomes in primary care, our intent is to continue to scale this program across the network, strategically moving providers along the risk continuum in the coming years. Passport worked with targeted provider groups to vet potential program changes while considering activities to strengthen provider engagement, minimize administrative burden, ensure timely, accurate and actionable reporting and increase provider ability to earn incentives. Passport met with individual provider groups and their key staff members to align on areas of improvement that are appropriately beneficial for Passport and participating groups. Through this series of meetings and collaboration, Passport finalized the 2020 HealthPlus program with five provider groups signing agreements to participate.

A key component of the program in 2020 is support and expertise from the Population Health Management (PHM) team. Provider success in HealthPlus is made possible due to the analytic-based, actionable insights

contributed by PHM. Maximizing patient care quality and population health involves several strategies and tools to identify patients who should be targeted for medical interventions, leading to improved quality scores and/or medical/ED avoidance. PHM helps providers identify and target high-risk patients and research why those patients need help. PHM guidance also helps identify members who may benefit from inclusion in our Care Management programs. Member engagement efforts are realized through targeted data for quality and risk, a variety of reporting capabilities, and hands-on member outreach. Program success in 2020 helps prepare participating providers to move from fee-for-service to risk-based alternative payment models (APM).

Exhibit C.3-11 reflects key program changes from the initial program launch to 2020.

Exhibit C.3-11: 2020 HealthPlus Program Changes

Program Element	2018 HealthPlus	2020 HealthPlus	Rationale for change
Earning mechanisms	**2 Payment Elements:** Groups can earn MER Improvement and/or MER attainment.	**3 Payment Elements:** Groups can earn MER Improvement, or MER Attainment, or Scorecard Performance	• Earning mechanisms revise resulting from provider feedback and desire for more simplified methodology • Experience gained administering the program in 2018, direct feedback from providers and effort to "meet providers where they are" prompted the need for the Performance Scorecard payment mechanism. Additionally, MER Improvement was difficult for pediatric practices to attain.
Scorecard Domains	Domain weighting: • Provider Citizenship – 25% • Patient Visit Rate – 15%	Scorecard weighting • Provider Citizenship – 20% • Patient Visit Rate – 20%	• Improving comprehensive care for patients with higher risk factors and more opportunity for providers to achieve points in this category.
Scorecard Measures	Measures: • Adoption and use of Identifi Practice • Comprehensive Diabetes Care - Nephropathy	Measures: • Practice attendance at monthly Care Conferences • Comprehensive Diabetes Care – HbA1C	• Shift focus from provider adoption of a specific tool to ongoing work with the Population Health Management team as trusted advisors at practice level • Providers felt they were better positioned to move the needle on HbA1c

Behavioral Health-focused Value-Based Payment Program

Centerstone Kentucky (Seven Counties Services) has been a provider with us since the behavioral health benefit started in 2013. They were paid initially only on a FFS basis. Our first value-based arrangement with

Centerstone Kentucky (Seven Counties Services) was a Pay-for-Performance model, where they had the opportunity to earn additional dollars for demonstrating that they were putting recommended procedures in place and building relationships to increase 7- and 30- day follow-up post hospitalization. Later, the incentive was enhanced to increase the number of discharged members receiving their 7- and 30-day follow-up appointments. Payments were made quarterly for earned incentives.

Our second arrangement with Centerstone Kentucky (Seven Counties Services) was a Blended Case Rate/Bundle of Services. They had the opportunity to bundle a group of services and receive payment for delivery of High-Fidelity Wraparound services in the Foster Care Pilot. They also had an opportunity to earn an incentive on top of this if they achieved their quality performance targets for the two primary goals of the pilot:

1. Percentage of children who maintained their foster care placement or returned to their natural family, and
2. Percentage of children who improved their functioning on a standardized assessment.

Payments on the Blended Case Rate/Bundle of Services arrangement occurred monthly with any earned incentives paid out at the end of the program.

Our current value-based arrangement with Centerstone Kentucky (Seven Counties Services) is a Shared Savings Model. There are two opportunities to earn these Shared Savings Incentives:

- **Population Incentive:** Through our Population Incentive, Centerstone Kentucky (Seven Counties Services)' members are identified and agreed upon before the measurement period begins. Members are then measured for one quarter, and pre-quarter and end-of-quarter expenses per member are compared (after allowing a quarter for claims lag). A pool is created from any savings on medical inpatient stays, behavioral health inpatient stays and emergency department visits. Thirty percent of the savings, over a quarter, for the agreed-upon members is placed into an "incentive pool," which they may earn. Half the pool is awarded for achieving savings. The other half of the pool is tied to the following quality measures:
- Follow-up after hospitalization
- Documenting members' BMI and having a plan for addressing if it is outside the normal range
- Documenting members' tobacco use, and having an intervention if they use tobacco,
- Documenting of obtaining release and sharing of records with PCP
- Documenting obtaining of release and sharing of records with referring provider
- Completing AIC hemoglobin screenings for members with schizophrenia or bipolar disorder
- Documenting suicide risk assessments for members with major depressive disorder at least every six months
- Screening members for SUD and linking to treatment if needed.
- **Partners in Wellness Incentive**: Centerstone Kentucky (Seven Counties Services) is provided a list of 200 members (in advance of the quarter), beginning with their members with a severe mental illness and their members with the most expense due to their health care utilization. Centerstone Kentucky (Seven Counties Services) is also provided a list of members (who are not currently with Centerstone Kentucky (Seven Counties Services)) with a severe mental illness and the higher expense rates, but the listed members will not have been engaged in care. They have the opportunity to engage these members into the Partners in Wellness Program, an integrated

behavioral and medical case management model with 24-hour access to nursing. Again, this is a shared savings model with pre- and post-measurement for a quarter before and at the completion of the quarter (after allowing another quarter for claims lag). Thirty percent of any savings over the quarter from medical inpatient stays, behavioral health inpatient stays, and emergency department visits is placed into an "incentive pool". Seven Counties can earn half of the incentive pool by closing the quarter with a savings. The other half of the pool is tied to specific quality metrics for the intervention's two primary goals:

- Member activation
- Documentation of member having a health goal with documented progress measured toward achieving the goal

Additional health behaviors and performance on HEDIS targets are documented to possibly use as baseline clinical metrics for future value-based relationships.

The most significant challenge Passport has experienced in implementing the multiple iterations of this highly collaborative VBP arrangement is the investment needed in time, resources, and relationship building in order to optimize this partnership and establish mutual trust. Both Passport and Centerstone Kentucky (Seven Counties Services) have both invested countless hours to ensure that data can be shared bi-directionally in a timely fashion, that processes are working smoothly, and that we are establishing meaningful measures that will truly continue to drive outcomes. As we continue the relationship, our metrics will remain focused on the member receiving whole person integrated care in an effort to improve overall health and wellbeing.

During a Grand Rounds at the University of Louisville, Passport shared its BH program design with Stephen Bartels, MD, MS from the Substance Abuse and Mental Health Administration (SAMHSA) – Health Resources & Services Administration (HRSA) National Center of Excellence for Integrated Health Solutions (CIHS). He strongly supported the idea of focusing on patient activation and focus on physical health goals for outcomes for members with severe mental illness. He also reported they have emerging research that focusing on symptoms of mental illness results in incremental change. Dr. Bartels indicated that for transformative change, the focus needed to be on overall health, even though the program was originally designed for individuals with severe mental illness. The integrated, whole person approach helps members make impactful changes. The results of this value-based experience align with this emerging research (see **Exhibit C.3-12**.)

Exhibit C.3-12: Results from Partners in Wellness Incentive Program

The program served 142 members with severe mental illness for up to 6 months over a 9-month period.

Within that period, we observed the following impact:

- 63% reduction in combined medical inpatient, emergency, and behavioral health inpatient expenses
- 45% reduction in inpatient hospital stays
- 27% reduction in Emergency visits
- 69% reduction in hospital readmissions

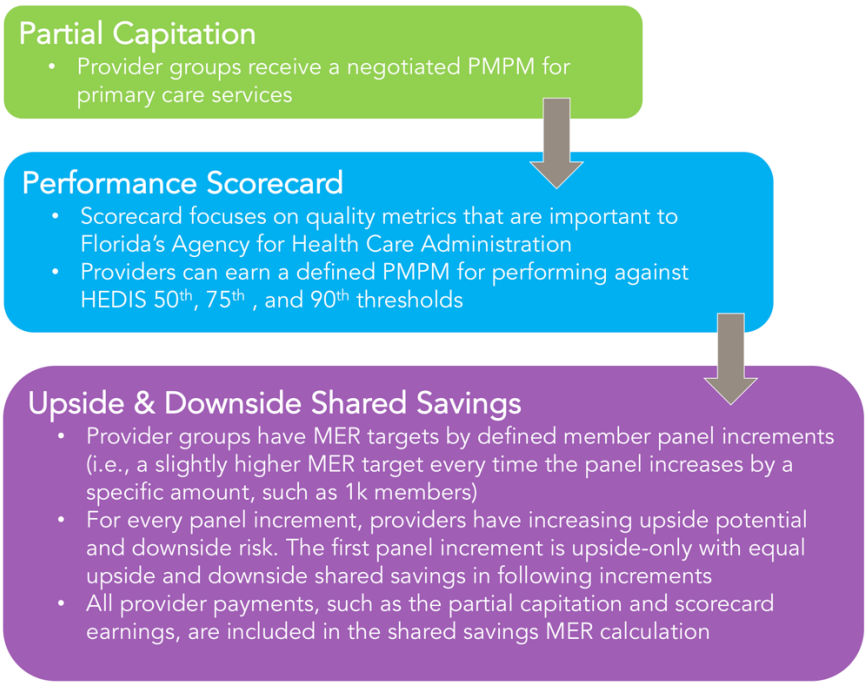
These initial results suggest we have created an integrated program that could bring medical case management into the relationship of trust with the Behavioral Health provider and help us to promote appropriate utilization of intensive care resources

Patients with chronic medical and comorbid mental health or substance use disorders generally experience higher costs. Because of this, savings opportunities exist through VBP programs that address this specific population.

Bringing National Capabilities to Kentucky

Passport has access to industry-leading experience with VBP Models in markets across the nation. As the delivery system in Kentucky continues to evolve towards more sophisticated VBP models, Passport will benefit from these capabilities and experience. An example of a sophisticated HCP LAN Category 4 model that is currently in place at provider-led, Evolent-supported Health Plan in Florida could be implemented in Kentucky when the provider community is ready. One of the models currently in place in south Florida incorporates both differentiated underlying reimbursement (partial capitation) as well as a VBP component, as shone in **Exhibit C.3-13**. Providers participating in this program have partial upside and downside risk, subject to hitting both financial and quality targets. This VBP model itself has gone through multiple iterations over the past two years as the Health Plan has made adjustments based on lessons learned and provider feedback. One specific modification that has been made in order to maximize outcomes are adjustments to specific quality measures. Passport is prepared to implement a model such as this in Kentucky.

Exhibit C.3-13: Example Partial Capitation with Risk-Based VBP Program



Lessons Learned Developing and Implementing VBP Models

Through the process of building our VBP programs, Passport has developed a consistent approach to identifying and building out initiatives for VBP. We begin by identifying gaps or opportunities to enhance care. Next, we review the literature to determine what evidence-based solutions have worked in other settings. Very importantly we then engage providers and members of our advisory groups, such as the PCP Workgroup, or Behavioral Health Advisory Group to provide feedback on the program structure. A detailed proposal is developed for the Passport Executive Leadership Team which defines the risks and benefits, how success will be measured, and expected outcomes. Once approved by leadership, Passport implements the initiative and measures progress according to the established clinical and/or financial metrics.

Passport has identified several key factors in building effective programs that improve performance and outcomes:

1. **Build VBP program with providers at the table.** To gain buy-in and minimize abrasion among providers, it is essential to work with them from the outset to develop the program. Our provider ownership and provider-driven governance structure is a differentiator for Passport in developing VBP programs because we can work directly with key provider leadership in the design choices and approval of our VBP programming. The PCP Workgroup provides invaluable insight into the best metrics and payment approaches to use to achieve the best outcomes with the highest provider participation. An example of the important and thorough discussion with providers for feedback is

on population health metrics like preventable Emergency Department (ED) utilization. Healthy discussion ensued about the impact Primary Care physicians have on members going to the ED. Early discussion focused on how members have many factors that lead to ED visits including specialists and other factors but as the discussion continued, the majority of PCPs voted in favor citing their role as the member's medical home. Practitioner buy-in is the most important factor to engagement and success in any incentive VBP program. All of Passport's practitioner initiatives are reviewed and approved by the provider-led Partnership Council as a final step before Passport leadership will move forward.

2. Choose measures thoughtfully. With earlier VBP pilot programs, Passport initially selected a larger number of measures to evaluate for payments. As pilots progressed, we determined that it was best to ask providers to focus on fewer performance metrics, so they can best focus their attention on specific key areas leading to improved processes and quality of care for members. Otherwise buy-in was difficult because practitioner feedback was there were too many measures and they had little control over impact on some of them. An example included PCPs saying that are not involved in hospital follow-up after behavioral health hospitalization since that follow-up is almost exclusively done by Psychiatrists and behavioral health specialists. It was very important to build provider buy-in to select metrics they felt they had influence over especially when tying this to compensation and incentives. The narrowed metric focus also helped us be able to focus on the critical elements to measure outcomes and results as accurately as possible and allows Passport to provide more granular-level data and insights providers need to enhance care.
3. There will be data challenges to work through. Practitioner buy-in and confidence is foundational to success, and significant effort is required to resolve data challenges and develop accurate reporting and measurement evaluation. Key areas include member to PCP attribution, developing appropriate rules around each specific measure to incorporate exact data elements both numerator and denominator, ensuring claims data flows to populate those metrics, and serial review and adjustment with each data run. Accurate and timely analytics for participating providers are key to a fruitful VBP program. We are lucky to have strong and loyal relationships with our key practitioner network partners and through regular Joint Operating Committee meetings and practice meetings we can review data with individual practitioners and group leadership to get their feedback on data accuracy for continuous improvement. Our intensive practitioner engagement process that begins with our CMO and Medical Directors personal commitments to meet with practitioners in person and the partnership from PHMs that are unique to Passport have maintained the strong loyalty to Passport from practitioners who have been willing to stick with us as we take their constructive feedback and rework and adjust our data and reports.

Passport welcomes the ability to receive swift feedback and iterate with its network quickly to achieve broad and rapid alignment. Our providers are truly the standard-bearers for these

initiatives, and we work through these provider-oriented governance groups when we experience variable provider acceptance within the network. Passport invests time and resources to address provider data concerns, such as 1) member-PCP attribution logic, 2) appropriate definitions for each specific measure, and 3) ensuring claims data flows to populate metrics appropriately. Passport is building foundations for strong reporting and analytics through internal and provider reviews.

4. Meet the providers where they are. Not all providers are at the same point in their transition to value. Targets in VPBs need to be achievable for providers, regardless of where they are in this transition and must be based upon change over time rather than fixed metrics. “Meeting providers where they are” is multifaceted and we first ensure that we have the right level of provider risk tied to the VBP program, i.e.: upside only, partial risk, full risk, partial capitation or full capitation. We must also ensure that the correct model sophistication is used, i.e.: activity-based, mixed model, or outcome-based. Last, thresholds for metrics must be adjusted incrementally to improve performance and reward providers as they progress year after year.

5. Focus on meaningful outcomes over activity. Passport’s philosophy in “meeting providers where they are” includes helping providers new to value-based care build the infrastructure needed to support future participation in VBP programs (i.e., a CMS Health Care Payment Learning and Action Network (LAN) Category 2 program).For some providers, this took the form of a PMPM care management capitation to help providers fund and integrate population health management that would foster fruitful participation in VBP programs. One of Passport’s largest provider groups began their transition to value-based care with such a PMPM capitation; from there, Passport partnered with the provider group to evolve their participation over several years to that of an upside outcome-based VBP program with analytics and tools to support performance (i.e., a CMS Healthcare LAN Category 3 program). Passport recognizes that to shift focus to meaningful outcomes, it may need to help providers set the foundations with step-wise care management resources that ultimately support more independent population health management.

Potential Challenges

Passport understands that there are often unique regional characteristics that make varying contributions to poor health experienced by Kentuckians across the Commonwealth. This is especially true in the healthcare delivery system where distance and time often have a different meaning, whether that is getting around a range of mountains in Eastern Kentucky, Lake Cumberland in Southeastern Kentucky, or crossing the Land Between the Lakes in far Western Kentucky. There are similar examples through the Commonwealth. Factors such as this contribute to challenges in creating a large program that fits across the entire landscape, a landscape that from the provider perspective is ideally agnostic to payor source. To summarize, the providers would prefer a common system across all Medicaid MCOs as well as commercially insured clients. Passport believes that there is a great opportunity to bring all stakeholders together to create a more uniform solution for all of Kentucky.

Other specific challenges that Passport believes is impacting providers and system development across Kentucky include:

- Limited access to concurrent data
- Wide variance in patient attribution at the provider level
- Wide variance in access to providers
- Variability in community and social supports
- Lack of common approaches by payers

Limited Access to Concurrent Data

The evolution of Kentucky Health Information Exchange (KHIE) offers an outstanding opportunity to connect health records across the Commonwealth, and Passport is ready and willing to work with the Cabinet to support widespread utilization. These methods of interconnectivity offer practitioners and MCOs a unified way to submit or access data in real time or near real time to help populate data fields and metrics and close specific care gaps. It would also help inform immediate hot spots to focus on such as members that are in the hospital or emergency department to ensure those members are contacted by practitioners or plan care managers to ensure safe and smooth transitions and reduce readmissions. Within our own network of contracted providers, we are working to grow connectivity to increase access to "real time" information concerning admission, discharges, and transfers, additional transitions of care, and gaps in care. Passport also understands that many hospitals are electing to participate in a collaborative that allows information to be shared re: ED visits amongst those facilities that are participating.

Wide Variance in Patient Attribution

While not unique to Kentucky, this challenge remains an important issue to address. This is true from the perspective of the provider and the health plan. VBP programs tend to flourish in situations where providers have significant member volume, thereby making certain process and protocol changes needed to drive performance worthwhile. Larger provider groups better able to make these necessary changes and fund the resources needed to support them tend to reside in urban or suburban parts of Kentucky. It is difficult to use VBP programs to drive healthcare improvement in rural settings which tend to have significantly smaller provider groups or independent practitioners.

If the ratio of members on a provider panel is small, it complicates identification of a significant trend, addressing actuarial soundness at the microlevel and creation of an incentive program and pool that is likely to facilitate behavior change.

Wide Variance in Access to Providers

This has obvious impacts on referral to specialists and delays in seeking early preventative services. Issues such as this can disproportionally impact a provider or region due to utilization of high acuity services while solutions are identified and implemented. A less obvious example for some would be the reality that many

counties in Kentucky do not have ready access to "private" ambulance services and might have only one or two ambulances for the entire county supported either by a local hospital or local government. This limitation on ground ambulance transportation can increase the need for use of air transport not only for tertiary or quaternary care but also for initial evaluation at a local facility. These regional variations can have significant impact that must be critically evaluated so that the providers can be assured that any program is not adversely affecting them.

Variability in Community and Social Supports

While the urban areas have greater access to many services in absolute number, it does not always translate into significant improvement at the global level. Passport believes that lack of availability of many of these services will contribute to poor performance in healthcare results, i.e. Quality, and costs. Anything that impacts quality and health care costs will have an impact that has to considered in a VBP. We understand that community and social supports are important to addressing the holistic needs of members independent of where they live. As a result, we utilize systems to track resources (Healthifi and Unite Us) to assist in resource finding for our members.

Lack of Common Approach by Payers

Passport believes that providers want to primarily focus providing health care, what they were trained to do and what they do best, rather than keep track of multiple programs for various health plans. It is easy to think only about the program that we offer or potentially that another Medicaid MCO's might offer. From the provider perspective there are these and so many more. Considering the scenario from a much broader view, we understand why there is frustration from the providers and why the results that we all want to achieve have been slower to materialize. As such Passport welcomes the opportunity to participate in a collaborative to reach common ground, potentially following a model like the development of the Kentucky Core Measure Set that was initiated by the Cabinet for Health and Family Services and developed in conjunction with the Kentuckiana Health Collaborative. While there might be unique characteristics that have to be considered, the value is worth the effort.

Nationally, no standardized metrics exist for VBP programs. CMS is currently updating the quality metrics that will be used for MIPS in 2020 and will provide standardized measurement-based care metrics by specialty area. This standardization will simplify VBP on many levels. Providers will know what metrics to work toward for all members, regardless of which plan they have. MCOs will more easily be able to collaborate on achieving statewide improvements in outcomes. Passport is contributing to CMS's efforts to standardize the metrics and participates on the committee that is developing the new MIPS metrics.

Conclusion

Passport is committed to incorporating alternative payment methods into our provider contracts. We believe that better aligned financial incentives increase access by ensuring that providers are focused on the members and challenges that need their attention the most. Paying for value also supports improved health outcomes by providing financial incentives for performance improvement and eventually, penalties and financial risk for poor quality care. Finally, VBP helps control costs and drives more efficient use of Medicaid dollars by reducing expenditures on unnecessary, redundant or ineffective care.

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.

C.4 Financial Security Obligations



C.4. Financial Security Obligations

a. Describe how the Vendor will comply with net worth, solvency, and surplus requirements.

b. Provide documentation of lines of credit that are available, including maximum credit amounts and available credit amount.

c. Describe any risk arrangements the Vendor proposes to have with providers for contracted services and describe oversight of such arrangements.

Passport Highlights: Financial Security Obligations

How We're Different	Why It Matters	Proof
Passport is a local Kentucky organization with a twenty-two (22) year history of financial stability, now backed by our national owner Evolent while continuing to benefit from provider ownership.	• We have local executive leadership decision-makers with local provider ownership and national support that provides additional financial oversight and assurance that Passport can and will meet all financial requirements.	• Passport is above the one hundred fifty percent (150%) risk-based capital (RBC) requirements and has access to an extensive line of credit availability.
Unlike other nationally based health plans, the Passport local executive leadership team (ELT) has a direct line of accountability down over subcontractor oversight committees and up to our Board of Directors. Staff from key subcontractors also work on-site in our shared Kentucky office space.	• This allows for more efficient and enhanced oversight, responsiveness and collaboration regarding financial concerns.	• Subcontractor reports and issues flagged in weekly operational meetings are reviewed at monthly Delegation Oversight Committee (DOC) meetings. The DOC reports directly to the Compliance Committee, which makes periodic reports to the Board of Directors.

Introduction

Passport recognizes that our ability to provide world class population health solutions to the Department for Medicaid Services and stakeholders is dependent on our ability to ensure a financially stable health plan. Each year Passport implements quality-grounded affordability initiatives intended to increase our level of capital and surplus and grow our financial resources and liquidity to achieve and maintain a statutory RBC ratio of at least one hundred fifty percent (150%) of the National Association of Insurance Commissioners

(NAIC) RBC authorized control level (ACL). These initiatives and ongoing business practices provide for sustained capital levels that maintain adequate solvency in alignment with Department for Medicaid Services (DMS) contract requirements, as well as adhering to all Commonwealth Department of Insurance requirements on solvency protection or RBC.

C.4.a. Describe how the Vendor will comply with the net worth, solvency, and surplus requirements.

Net Worth, Solvency and Surplus Requirements

Passport will comply with net worth, solvency and surplus requirements utilizing the approaches outlined below. As Passport's future projections and operating plan show, we will continue to grow capital and surplus levels (which currently exceed the one hundred fifty percent (150%) of RBC ACL) at a steady pace as a result of (1) continued realization of cost saving initiatives, (2) continued reductions in the medical loss ratio (MLR) through renegotiated third-party administrator (TPA) contracts, provider re-contracting, and clinical/behavioral health cost savings initiatives, and (3) capital support from Passport's owners as needed. Passport will maintain and grow capital and surplus and remain a viable, solvent and thriving business partner with the Commonwealth of Kentucky, as we have since 1997.

Passport has been a financially strong organization over its two decade history of serving the Kentucky Medicaid and foster care populations. Passport realized losses in 2018 as a result of an unexpected rate reduction imposed on Region A, in that year which did not reflect underlying medical expense trend. That year is an anomaly in the context of our 22+ years of operating in the Commonwealth. (If one were to exclude 2018, Passport's gains over 10 years and 23 years is $95M and $183M, respectively. These funds were used to both reinvest into the community, and build reserves on the balance sheet. The average annual Net Income, excluding 2018, for 10 and 23 years is $10.5M and $8.3M, respectively.) Performance in 2018 does not in any way reflect on either our historical performance or future ability to comply with net worth, solvency, and surplus requirements. As we detail below, the combination of actions taken by Passport and new rates implemented in 2019 resulted in a return to profitability by the third quarter of that year.

Throughout 2019 Passport took the following steps to continue to further solidify our financial security, with a focus on improving our capital position and operating cash flow:

- Leveraged additional executive consultants to help focus the team on reducing operating costs while maintaining the continued high standards of care for Kentucky's Medicaid recipients.
- Initiated several new initiatives focused on further reducing costs and unnecessary spending, driving efficiencies and improving the reliability and availability of financial and nonfinancial information for the new Passport CEO, CFO, ELT and finance team members to make faster fully informed decisions, focus on improving the episode of care for enrolled members and bolster the financial performance of the managed care organization (MCO). These initiatives, which started in Q1 of 2019, have already produced dramatic cost savings, which was evident by the July-December 2019 monthly operating gains reported by Passport as the plan maintained profitable operations.

- Initiated several administrative cost savings initiatives instituting tighter fiscal controls over non-claim disbursements and implementing new processes and reviews over medical claim submissions to ensure accurate and timely claim payment metrics are being met, among others.
- Obtained Evolent's financial support, in the form of a June 2019 capital infusion of $40 million (through a surplus note approved by the Kentucky Department of Insurance) that continues to ensure Passport is above the one hundred fifty percent (150%) of RBC ACL.

Second, Passport recently bolstered its financial strength through the acquisition of a seventy percent (70%) ownership in the company by its long-term business partner Evolent Health. The new entity, Passport Health Plan, Inc. ("Passport") continues to operate as its own independent and legal entity, headquartered in Louisville, Kentucky, with an ELT that is solely focused on Kentucky Medicaid and continues to provide oversight of all subcontractors, including Evolent. On December 30, 2019, having procured all required Commonwealth and federal regulatory approvals, the parties officially completed Evolent's acquisition of a seventy percent (70%) ownership stake in Passport. The remaining thirty percent (30%) continues to be owned by University of Louisville, Norton Healthcare and other Kentucky-based provider organizations, thus keeping Passport closely tied to its provider-owned Kentucky roots. The University of Louisville is the largest percentage owner and, along with the other provider owners, has an equal say in key issues related to health plan strategy, operations and financial management. This Evolent ownership interest will boost the ability of Passport Health Plan Inc. to access additional credit, as needed, either directly from Evolent or through additional credit lines. Evolent is committed to the successful operation of the health plan, including bolstering financial support to weather future financial difficulties. Evolent provides the backing of a company with a diverse revenue stream, offering shelter for Passport Health Plan Inc. in its single market focus.

Passport adheres to all requirements contained in Kentucky Revised Statute (KRS) Chapter 304 and related administrative regulations regarding protection against insolvency and RBC requirements. Passport will be able to cover the continuation of services to members during any potential insolvency for the duration of the period for which payment has been made, as well as for inpatient admissions up until discharge. Additionally, in the event of insolvency, Passport would not hold its members liable, except for instances as outlined in the contract.

By conducting regular cash flow planning and projections of financial results, we are monitoring our financial performance and ensuring our liquidity is appropriate in relation to our obligations and our commitment to maintain adequate and safe RBC levels (150% or better). We compare actual results to budget on a monthly basis to help us identify and address unfavorable trends in a timely manner. While the request for proposal (RFP) response is due prior to the March 1, 2020, annual statutory financial statement filings, Passport's projected statutory net worth at the end of 2019 is anticipated to be approximately $91 million and above the one hundred fifty percent (150%) RBC level.

Reinsurance Coverage

Passport maintains stop-loss reinsurance coverage for hospital inpatient medical expenses (which constitute twenty percent [20%] of our total annual medical spend) with Swiss Re Life & Health America Inc., which has an A+ financial strength rating from A.M. Best. The maximum lifetime reinsurance reimbursement by Swiss Re for each insured member under this reinsurance treaty is $3 million, subject to certain annual deductibles of $750,000 (Passport's per claim inpatient medical retention). This reinsurance coverage reduces the financial risk to Passport associated with large inpatient claims.

C.4.b. Provide documentation of lines of credit that are available, including maximum credit amounts and available credit amount.

Passport has obtained a line of credit with a financial institution of up to $50 million. Please see **Attachment C.4-1_Line of Credit** for documentation on the line of credit that has been made available. Effective February 2020, Passport Health Plan has a line of credit available in the amount of $50 million through Republic Bank in Louisville, Kentucky. Passport does not have any outstanding draws against the line of credit, which is available if an unanticipated significant cash need arises.

C.4.c. Describe any risk arrangements the Vendor proposes to have with providers for contracted services and describe oversight such arrangements.

Assumption of Risk

Passport assumes overall responsibility for the cost of delivering covered services to its members. Passport identified areas where sharing financial risk with a risk-bearing Medicaid provider or subcontractor allows us to improve the quality and efficiency of care delivery while aligning incentives. However, we do maintain ultimate accountability and oversight of all risk arrangements. **Passport is now paying capitated rates for a set of contracted covered services for behavioral health with Beacon Health Options, oncology and cardiology through Evolent Health, and dental and vision services with Avesis.** Additionally, Passport shares risk with about 120 primary care providers (PCPs) through a capitated payment mechanism. (A case study example of one of our provider risk arrangements is presented at the conclusion of this section.) On a combined basis, these agreements represent twenty-four percent (24%) of Passport's average total claims expense. Initial risk-bearing Medicaid provider or subcontractor selection and ongoing collaboration provide the basis of Passport achieving confidence in its risk arrangements, but contractual elements for reporting, service level requirements and termination provisions allow for ongoing oversight and, if needed, the ability to shape behavior or replace the entity.

Passport describes its risk-bearing provider and subcontractor oversight structure in detail in Section C.1 Subcontracts. Prior to agreeing to shifting risk to providers, Passport reviews prior SLAs, operational metrics, and financials to review for either prior or current financial challenges (e.g., insolvency or

bankruptcy proceedings). This pre-review is done prior to agreeing to contracting on a risk basis. Passport's oversight of these entities and, in particular, those subcontractors to which Passport has shared risk for the delivery of covered services is deeply embedded into the management and organizational structure of Passport. We implement further screening for entities being considered for risk-based contracts. Passport has established a more in-depth structure of governance, accountability and monitoring that shares financial risk.

Governance Provides Strong Oversight of Risk Arrangements

Passport created a governance structure that sets regular checks on risk-bearing provider and subcontractor operational and financial performance by our employees and stakeholders with a range of focus areas. A typical structure requires weekly operational meetings between the entities' and Passport's operational and clinical teams. The organization reports and issues flagged in weekly operational meetings are reviewed at monthly Delegation Oversight Committee meetings. The DOC reports directly to the Compliance Committee, which makes periodic reports to the Board of Directors. The DOC also provides relevant information to Passport's broader functional review committees not directly linked to subcontractor oversight. The DOC presents subcontractor results to Passport's Quality Improvement Committee (QIC), called the Quality Medical Management Committee (QMMC), which is responsible for oversight of all quality programs and reports directly to the Partnership Council.

Passport is unique in that we empower providers and members of the community with real authority at all levels of our governance structure. Passport's Partnership Council and QMMC are fully responsible for ensuring the integration, coordination and holistic nature of our services across behavioral health, physical health, pharmacy, vision, dental and all other services.

Passport's governance structure sets regular reviews of these entities' performance across a range of focus areas and across levels within both Passport and the organization. Sample forums for each organization's financial and operational performance include:

- Weekly, monthly and quarterly meetings with the entity business owners to review service level objectives and overall performance satisfaction. The frequency of meetings can vary based on subcontractor and type of service.
- Weekly operational meetings to track important projects and issues, as needed, with Service Impact and Performance Improvement Plans. Deep discussion and collaboration occur in these sessions to determine next steps and key milestones and to work through any obstacles that may arise. During these forums, organizations are expected to self-report any potential issues of concern.
- Passport compliance has quarterly Compliance Collaboration Calls with their compliance teams to discuss adherence to contracts and share best practices.
- Passport's DOC meets monthly to review metrics and any issues and to make recommendations for corrective actions.
- Passport's and Evolent's compliance teams hold monthly performance reviews with owners of the organizations' relationships and programs.

- Monthly operations review for overall Passport performance service-level agreements (SLAs) to give overarching context and story of where the entity's performance is supporting or affecting overall SLA achievement and member/provider experience.

Monitoring Enables Effective Oversight

Passport's monitoring of risk-bearing Medicaid provider activity is supported by how Passport decides to divide the scope of activities with the organization, SLAs measured at regular intervals, reporting requirements, and Passport's analysis of claims data. Through this information flow and requirements around performance, Passport works to ensure that potential issues are flagged before they create significant risk so that concerns can be quickly identified and addressed.

Division of Activities

Even for subcontractors that take on financial risk, Passport maintains control over critical activities. Among other benefits, this prevents a subcontractor from making decisions under financial pressure that could put member welfare at risk and lowers the hurdle of Passport shifting vended services in-house if needed. For example, Passport maintains the network contracts and utilization management (UM) authority related to work for Beacon's behavioral health services. This requires Passport's direct involvement in areas that most directly affect stakeholders, as well as Passport's proactive involvement in the main levers that affect subcontractor financial outcomes.

Passport's retention of key activities in contracts with risk-sharing entities would also enable Passport to either take these services back in-house or more quickly transition to another organization if the need arises because Passport's in-house capabilities and legal agreements are maintained.

Subcontractor SLAs

Passport includes subcontractor obligations in its contracts to ensure its ability to monitor delivery of care and services, receive information and intervene as needed. As part of this process, Passport's staff reviews and ensures that all subcontractors have adequate stop-loss coverage. SLAs put in place for risk-sharing subcontractors require regular reporting of financial and operational metrics and allow for subcontractor termination if subcontractors face defined financial challenges (e.g., insolvency or bankruptcy proceedings). SLAs are an integral portion of each subcontractor agreement and vary based on the services being performed and the DMS contractual requirements. Regular reporting expectations to Passport from subcontractors extend beyond SLAs and cover a variety of operational indicators such as:

- Authorization Decision Timeliness
- Authorization Decision Notice Timeliness
- Authorization Volume
- Service Authorization Outcomes
- Call Center Metrics
- Financial
- Credentialing Activity
- Claims Data
- Care Management
- Network Status
- Utilization
- Appointment Availability and Access

All Passport risk arrangement agreements include language committing the entity to compliance with all DMS requirements and commitment to implementing and administering DMS required changes. They are required to provide data and reporting to the health plan, which is reviewed for completeness, accuracy and compliance.

Annual Risk Assessment

Passport's Compliance Department conducts an annual delegate risk assessment to identify the functional areas that face the highest risk of issues of noncompliance and the functional areas that face the highest risk of regulatory scrutiny. Passport's Compliance Department collaborates with business owners overseeing the delegate to assess the types and levels of risk.

Passport develops a Risk Remediation Plan based on findings from the delegate risk assessment. Operational areas to review are prioritized based upon the delegate risk assessment. Passport's risk assessment and Risk Remediation Plan include the delegates that will be reviewed each year, as well as the scope of the review methodology. Passport then shares a summary of the results of the risk assessment with applicable business partners and the DOC, QIC and Compliance Committee.

Passport's Compliance Department shares this Risk Remediation Plan internally with business owners of the functional areas, affected business partners and affected downstream entities. Affected business partners will also be provided with thirty (30) days advance notice of any subsequent changes to the review schedule.

Regular Audits and Surveys

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

SLAs and operational metrics are reviewed at monthly DOC meetings. The DOC advises if any items are out of compliance and the action plan to mitigate. Passport may then continue to contract with the delegate, continue to contract with the delegate so long as it agrees to a corrective action plan (CAP) to resolve any deficiencies identified during the annual audit, or terminate the contract. Any decision to terminate a subcontractor will be submitted to DMS for review no less than thirty (30) calendar days of Passport's desire to terminate a subcontract.

Passport implemented subcontractor surveys to gain a better understanding of operations and process. These surveys help us remain compliant with contractual and Commonwealth requirements.

Focused Audits and Annual Delegation Reviews

Passport reviews the delegated activities as recorded on the Delegate Master List. The risk assessment is used to identify those delegates to be placed on the annual Risk Remediation Plan. However, audits may be added at any time based on newly identified risks from compliance actions, routine monitoring or ad hoc audits.

The Compliance Department will conduct annual reviews of selected delegates through a combination of on-site and desk audits according to the audit schedule. Annual reviews are performed on the delegate's compliance program (if applicable) and on operation performance of the delegated function.

The Risk Remediation Plan includes the following information:

- The number of delegates that are reviewed each year
- How the delegates are identified for auditing
- The number and name of delegates that are subject to on-site versus desk audits
- The prioritization of reviews

Passport will share the Risk Remediation Plan with affected business partners and provide them thirty (30) days advance notice of any subsequent changes in the review schedule.

Ongoing Monitoring for Potential Violations and Noncompliance

Passport's delegation oversight activities include an ongoing evaluation of delegates related operational activities to detect and correct potential violations at the lowest level of noncompliance through the use of the following:

- Baseline risk assessment and updates to the risk assessment
- Development of an annual Risk Remediation Plan that is updated as additional areas of risk are identified (This Risk Remediation Plan includes an annual delegation review and compliance review of delegates.)
- Routine ongoing monitoring of operational risk areas
- Focused audits based on results of the risk assessment

Oversight and Improving Performance Through Corrective Action Plans

Passport's risk arrangement agreements contain escalating action steps for noncompliance with contractual obligations and can include placing the subcontractor under a Letter of Concern (LOC), requiring a CAP with specific remediation requirements, or imposing financial penalties. By establishing the expectations at the time of contracting, Passport supports the risk-bearing entity's fulfillment of obligations to fully comply with DMS requirements.

LOCs or CAPs are specifically used to communicate best practices, deficiencies, significant deficiencies or material weaknesses. Issues are identified through any of the oversight parties, including Passport's DOC, subcontract operations manager, executive sponsors, business owners or other leadership. Metric and SLA reporting are reviewed for patterns and trends on a monthly, quarterly and annual basis to track subcontractor performance. If organizations have a pattern of missing SLAs, we will issue a LOC or CAP if no improvements are seen quickly. Passport's delegation oversight representative will work with the entity to ensure adoption of best practices and to track and remediate all levels of deficiencies identified. Effective reporting allows all layers of accountable oversight to view status and identified issues and trends.

Accountability

To ensure our commitments to DMS are met, a straight line of accountability exists within the Passport organizational structure, beginning at the highest level with our Board of Directors to our CEO and ELT, Partnership Council and QMMC and continuing down to the employees directly managing our risk-bearing entities. Passport builds accountability into its employee roles and governance committees for all performance, aspects of member and provider services, quality and satisfaction across the full continuum of care, whether the service is delivered internally or by a subcontractor. Authority and accountability remain solely within Passport and its oversight committees. A core tenet of Passport's ELT duties is appropriate, compliant performance of its responsibilities to its members, providers, and DMS. Our organizational structure supports a comprehensive, holistic approach to meeting our quality goals. Our commitment flows from our Board of Directors through the CEO and spreads throughout the organization. Members of ELT have a specific role in oversight of subcontractors, as shown in **Exhibit C.4-1**.

Exhibit C.4-1: Oversight Accountability Table

COO— Shawn Elman	CMO— Dr. Stephen Houghland	CCO— David Henley	CFO— Scott Worthington
Oversight of contractual requirements for nonclinical services • SLAs • Ensures delegates meet the nonclinical needs of member, provider and Agency • Builds relationships for operational effectiveness • Sets operational expectations	**Oversight of contractual requirements for clinical services** • Ensures delegates meet the clinical needs of member, provider and Agency • Builds relationships for clinical effectiveness • Clinical collaboration • Sets clinical expectations • Escalates concerns	**Oversight of the delegated services model** • Delegated services manager • Reports plan schedule and outcomes • CAPs • Escalates concerns • Reports through Compliance Committee and Board	**Oversight of all fiscal requirements of delegated services** • Solvency review and oversight, including review of financial metric reports • Risk and bond requirements • Oversight and validation of subcapitation savings rebate reporting

COO— Shawn Elman	CMO— Dr. Stephen Houghland	CCO— David Henley	CFO— Scott Worthington
• **Assesses delegates** • **Creates strong culture of compliance**	• SLAs for clinical service performance • Oversees quality program and ensures adherence by subcontractors • **Assesses delegates** • **Creates strong culture of compliance**	• Notifies DMS **Ensures delegates adhere to compliance expectations, including:** • Applicable laws • Regulations • Guidelines • Compliance program requirements • **Assesses delegates** • **Creates strong culture of compliance**	• **Assesses delegates** • **Creates strong culture of compliance**

The accountable ELT member is supported by an oversight committee for each risk-bearing provider. These oversight committees consist of the applicable:

- Passport executive sponsor
- Passport business owner
- Operational leadership
- Compliance liaison
- Subcontractor manager employed for direct oversight of the entities' performance and adherence to contractual requirements

Passport Health Plan as Ultimate Owner of Covered Services to Members

Even with oversight and monitoring of direct financial results (e.g., subcontractor MLR versus capitated payments) and indirect signals of potential financial distress (e.g., pay timeliness), financial stability issues could potentially arise, and Passport stands ready to step in and take over the operational and financial obligations of subcontractors that take delegated risk. In the unlikely event of insolvency of one of our risk sharing partners, Passport will be primarily responsible for continuation of services to covered members for the duration of the related coverage. Based on our financial modeling, we are confident in our ability to grow our capital over the proposed Medicaid contract period, remain solvent and meet the minimum capital and surplus requirements throughout the contract period. Additionally, we will not hold our members liable for our debts; covered services provided to our members; covered services for which DMS does not pay Passport; covered services provided to members for which DMS or Passport does not pay the individual or

health care provider under a contract, referral, or other arrangement; or covered services furnished under a contract, referral, or other arrangement if those payments exceed the amount a member would owe if Passport provided the services.

Under risk-based reimbursement agreements, providers are required to submit all claims, regardless of whether they yield additional payment or not, so that encounters may be submitted. Providers are evaluated on a regular basis to ensure that quality is maintained.

In addition to these risk-based payment initiatives, Passport also has a value-based payments strategy, which includes a suite of models that meet providers where they are on the value-based continuum. We work with providers to help assess whether they can take on an appropriate level of risk and consult with them as part of our partnership. In cases where they are unable to manage a certain risk level, we will alleviate that commitment from their contract. As part of this program, select providers are eligible for a performance bonus based on quality score improvements year over year. This bonus is paid in addition to their base payment. All payments are made once performance is verified to ensure quality gains were achieved. Passport actively and deliberately seeks feedback from both providers participating in one of its models as well as those who are not. We do this through a variety of forums, both formal and informal, including our Partnership Council, Care Conferences, Joint Operating Meetings, as well as ad hoc dialogue through the normal course of our relationships. We seek input from providers on how our models could be improved upon now and how we can continue to iterate on them in the future to advance our shared interest in improving care delivery and outcomes in Kentucky. Advancement can take many forms, including refinement of quality targets, modifying earning mechanisms, and supporting technology**.**

Conclusion

Passport has the appropriate governance, oversight, staff, monitoring and reporting to manage its financial performance. Through an effective infrastructure and operating model, we monitor our operating financial results and balance sheet ratios. Our strict pro forma planning process and real-time review of key performance metrics enables us to comply with appropriate net worth, solvency and surplus levels and requirements. Further, our provider ownership empowers local decisions to be made here in Kentucky by our ELT, but with the comfort of knowing that our financial owners are supporting regulatory financial requirements; lines of credits are available, as needed. Through a keen focus on compliance, we ensure oversight of risk-arrangements as we review short- and long-term performance of these entities. Passport's stable financial position ensures risk is managed effectively to coordinate quality care for the Medicaid Members it serves now and into the future.

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.

C.5 Third Party Resources



C.5. Third Party Resources

Passport Highlights: Third Party Resources

How We're Different	Why It Matters	Proof
Committed to actively managing Medicaid health care costs	• The savings and recovery of health care dollars has a direct, positive impact on the community • Contributes to the Department for Medicaid Services' (DMS) management of the Medicaid program for the Commonwealth	• Passport saved over $130 million through the coordination of benefit (COB) process in 2019 • In 2019 Passport saved more than $10 million through cost avoidance • Passport recovered more than $3.2 million in 2019 on a post-payment recovery basis
Employs additional measures to safeguard Medicaid funds	• Assurance that Medicaid is the payer of last resort	• Employ strategic vendors, including Conduent™ Payment Integrity Solutions and Healthcare Management Systems • When indication of other coverage, the COB team reaches out to external sources prior to claims payment
Proprietary Management Information System (MIS) for cost avoidance and recovery	• MIS custom rules support Department contract compliance • Mitigates member and provider abrasion	• Receives and stores Third Party Liability (TPL) and COB data from DMS and workers' compensation data • Prioritizes most accurate data and sources in validation process

Introduction

Passport's Third Party Resources program, also referred to as TPL, is designed to proactively seek cost avoidance opportunities; pursue, collect and retain all monies available from all available resources; and safeguard Medicaid funds by validating that we are the payer of last resort without disruption to our member's care in compliance with 42 CFR 433.139.

The Foundation of Passport's Successful TPL Program

Passport's comprehensive TPL program performance is achieved as a result of innovative systems, established processes, strategic vendors and provider education for medical, behavioral health, pharmacy, dental and vision claims. All parties engaged in Passport's TPL program are accountable for complying with the requirements of the Medicaid Managed Care contract provisions, Section 14.0, Third Party Resources.

Engaging Innovative Systems

Records of all COB claims and collections are maintained and processed on the Identifi℠ Health Plan Administration (HPA) platform, a proprietary MIS. **Identifi HPA uses proprietary data mining algorithms custom-built for Medicaid COB and payers for a balanced approach to cost avoidance and recovery.** Claims involving third-party coverage are adjudicated using customizable rules that ensure the member's Medicaid benefit is the payer of last resort. The system receives and stores other insurance coverage information via automated daily and monthly TPL files received from DMS as well as quarterly workers' compensation data. Claims edits ensure claims for services rendered to members with identified third-party resources are processed through the COB process.

Providing Provider and Member TPL Education and Support

To ensure seamless member care and provider payment and avoid member or provider abrasion, Passport effectively educates providers and communicates about Passport's TPL processes and providers' contractual responsibilities. We convey information through a variety of methods such as provider onboarding, in-person orientations and the provider orientation toolkit within 30 days of joining the Passport network, the provider manual, provider portal, newsletters and letters, as well as ongoing support and guidance from Passport's Provider Network Management team via phone, email or in-person discussions. Topics include:

- TPL overview
- DMS requirements
- Member eligibility
- Covered services/member cost-share (if any/allowed)
- Claims processing
- Provider payment guidelines/process
- Authorizations and referrals
- Fraud, Waste and Abuse (FW&A) guidelines and reporting

Passport also engages members in the TPL process. We ensure members are aware of TPL during new member welcome calls. Members are also educated on their responsibility to help identify TPL occurrences and provide information to assist Passport in appropriately pursuing third parties that may be liable to pay for care and services. In addition, TPL is verified on every call into Passport's Member Services department. Passport also helps mitigate member and provider abrasion by responding to member and provider requests

for COB and TPL updates within forty-eight (48) hours for urgent requests and within three (3) business days for routine requests, in compliance with DMS requirements.

Passport's Third Party Resources Approach

As a community-based Medicaid health plan in Kentucky for more than two decades, Passport recognizes the direct and downstream impact that the savings of health care dollars can have on the community. This drives our approach and commitment to identify other insurance or liability for cost avoidance and/or post-payment recovery in accordance with 42 CFR 433.138.

Identifying TPL Conditions

Passport actively seeks, identifies and obtains TPL information (such as health or casualty insurance, liability insurance and attorneys retained for tort action) from a variety of sources. The TPL information is stored in the Identifi HPA platform as an integral part of the COB process. The details of the TPL information contain carrier name, policy number, group number, subscriber name, subscriber identification number, effective dates and termination dates. The sources of the TPL include:

Passport saved over $130 million through the COB process in 2019

- Commonwealth eligibility 834 files, including any updates made by DMS to community-based services during the application and reinvestigation processes
- Other health plans and outside vendors, including workers' compensation vendors
- Explanation of Benefit (EOB) statements sent with provider claims
- Medicare crossover (Coordination of Benefits Agreement [COBA]) files
- Telephone calls to Passport's Provider Services and Member Services call centers staff
- Third Party Lead form received from providers

However, we refrain from actively seeking and identifying third-party resources for services that are covered only by the Medicaid program, as identified by the Department.

Upon receipt of TPL data from the Commonwealth 834 files, data is loaded into Identifi HPA via an automated process. This enhanced TPL file load process includes a series of edits (e.g., as required by federal regulations when a member has other insurance coverage or for accident/trauma diagnosis codes). The system compares the new data against information already housed in the system, ensuring Passport has the most current information. As a result, the system expedites updating of records with previously unknown TPL data. When the file load process is complete, all TPL data becomes immediately available to internal Passport users, including our Member Services, Provider Services, Enrollment, Claims, Clinical Services and

TPL/Recovery staff. We also share TPL information with our subcontractors that are responsible for payment of covered services for Passport members.

If a provider submits a claim indicating there is TPL information for a member and this information is not already recorded in our system, a questionnaire is sent to the provider requesting additional information so that the records can be updated accordingly. This information is tracked in a questionnaire history file and includes:

- Medicaid ID number
- Where it was sent
- Type of questionnaire sent
- Date sent
- Date followed up
- Actions taken

Claims are reprocessed from the date of identification of the other third-party resource and sent to liable parties. They are also reprocessed whenever TPL information is added or removed. Third-party resource information from providers, members and clinical staff is captured and submitted to DMS monthly via the TPL Resource Data Match file. Upon request we also provide county attorneys and the Division of Child Support Enforcement (DCSE) with amounts paid so that they may seek restitution for the payment of past medical bills and to obtain insurance coverage to cost-avoid payment of future medical bills.

Focusing on Cost Avoidance

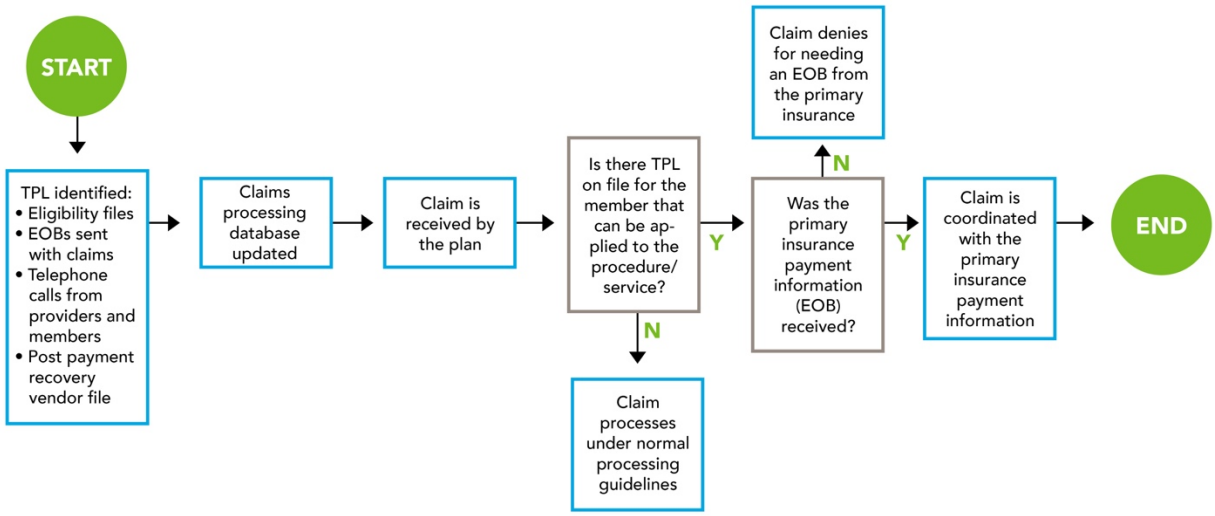
In 2019, Passport saved more than $10 million through cost avoidance

Passport uses Healthcare Management Systems (HMS) to identify members with TPL through a data matching process. We use the validated data to ensure Passport is the payer of last resort. HMS is the nation's leader in cost containment solutions for government-funded, commercial and private entities. They maintain a data repository that includes health information from their extensive list of insurance carriers nationwide as well as telephone and online verification tools for timely verification of commercial carrier claims responsibility. The systems and processes employed by Passport include prepayment claims editing to focus on cost avoidance. As demonstrated in **Exhibit C.5-1**, claims and TPL data is stored in the MIS for maximization of cost-avoidance opportunities through **a systematic process that auto-adjudicates the coordinated claim or pends it for manual review to allow COB prior to claim adjudication**.

Member TPL data is linked to the member's eligibility record upon data load and includes other insurance coverage such as commercial, workers' compensation and Medicare. When a claim is adjudicated for a member with TPL coverage, the claim adjudicator receives a warning message to consider the TPL coverage on file. Upon confirmation of TPL coverage and no EOB from the primary carrier for covered services, Passport denies the claim and notifies the provider to bill the other third-party resource as the primary payer unless the services are only covered by Medicaid. When Passport discovers third-party resources after

a claim is paid, Passport initiates recovery from the third-party resource through post-payment methodologies as illustrated in **Exhibit C.5-1**.

Exhibit C.5-1: Passport TPL and Cost Avoidance Process



Detecting Post-Payment Recovery Opportunities

Passport uses HMS to identify claims paid as primary that may be the responsibility of commercial carriers. Each month, Passport sends eligibility, claims, provider and TPL files to HMS, which matches these files with commercial coverage information. HMS identifies TPL-related overpayments and generates direct bill files to the third-party commercial carriers for payment recovery. The third-party commercial carriers process the files and submit payment to Passport.

In addition to HMS, Passport identifies overpaid claims through:

- Monthly production runs of member TPL data
- Telephone calls from providers, members and internal staff
- TPL forms submitted by network providers
- Correspondence e-mails from DMS

Automated processes identify new and updated TPL information and compare that data to paid claims for the affected members. Any paid claims, regardless of carrier, that may be the responsibility of a third-party payer are identified and reported monthly to DMS as potential recovery opportunities in the TPL Resource Data Match file submitted to DMS on a monthly basis.

Passport recovered more than $3.2 million in 2019 on a post-payment recovery basis

In circumstances involving noncommercial carriers, such as Medicare, and workers' compensation, a monthly report is generated via the MIS with member eligibility TPL and paid claims data. When claims are identified as potential overpayments involving noncommercial carriers, Passport contacts providers in writing accompanied by claims documentation and a request to respond within 30 days. If there is no response from the provider within the 30-day notification period, Passport automatically adjusts or denies the claim as appropriate. Recoupments are made within sixty (60) days, and reprocessed claims reflect the dollars recovered. Passport would not seek payment or any type of compensation directly from a member, with the exception of a member copayment, as may be applicable and in accordance with 907 KAR 1:604.

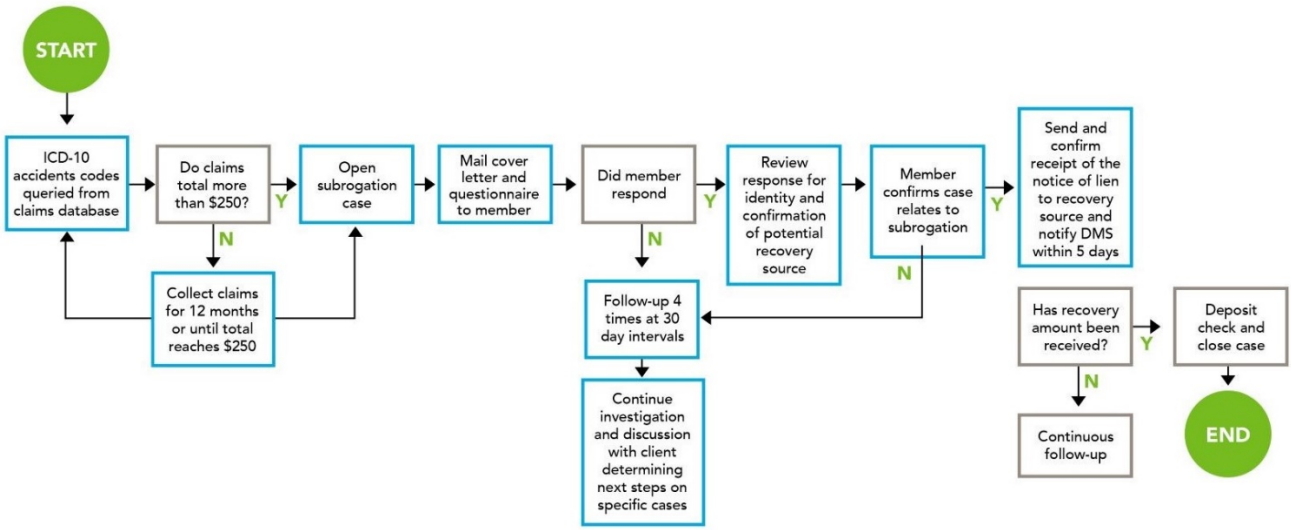
Identifying Subrogation Opportunities

Passport partners with Conduent™ Payment Integrity Solutions (Conduent), a nationally known subrogation company with experience in Medicaid and commercial subrogation, to investigate potential TPL such as subrogation cases or accident-related diagnoses that may be potential workers' compensation cases. As demonstrated in **Exhibit C.5-2**, Passport transmits both medical and pharmacy claims to Conduent for review for potential subrogation each month. Conduent provides a monthly report reflecting all subrogation activities, new cases, relevant communications and lien amounts. Claims are accumulated for 90 days, and if the claims total $250 or more, the case is sent to ISO ClaimSearch® to determine if a claim against another party is being pursued.

Electronic copies of initial lien letters and corresponding claim backup are saved into the member's file within Conduent's CaseLink system. Case follow-up activity is tracked in CaseLink. The CaseLink system monitors activity, including tracking letters and responses, limiting duplication and providing enhanced reporting.

This process is documented in policies and procedures UHC-GEN-30 Subrogation Process and UHC-GEN-30 Subrogation Process Desktop Procedure.

Exhibit C.5-2: Passport Subrogation Process



Pursuing Casualty Recoveries

Once a case is identified, member claim information is gathered and sent to the medical claims review specialist to determine the accident-related claims. After the review is complete, a lien amount is determined. The subrogation unit informs the member's attorney or any known insurance company of Passport's subrogation rights. The communication contains:

- The total lien amount the provider(s) paid
- The amount paid to the provider(s)
- The request for Personal Injury Protection payout from the insurance carrier

All documentation from attorneys or insurance companies is maintained in CaseLink. The CaseLink file includes correspondence, to whom it was sent and when, follow-up and detailed explanations of the actions taken to resolve the issue.

A Conduent representative makes contact every 120 days if an attorney is involved (unless a different follow-up time has been agreed upon) and every 30 days if an insurance company is involved until a recovery check is received to satisfy the lien.

TPL Reporting

Passport has been successfully reporting all monthly results for cost-avoidance and cost-recovery opportunities in accordance with DMS requirements, including format and time frame, for more than 20 years. **Exhibit C.5-3** reflects the reports consistently submitted to DMS and the information conveyed within each report.

All claims that are adjusted for TPL-related overpayment recovery are documented as such within reportable fields in our system and also reported in our encounter file submissions. **This documentation promotes cost avoidance, COB, post-payment recovery reporting requirements and twice-annual TPL audits**.

Exhibit C.5-3: Monthly TPL Reports Submitted to DMS

Report Name	Description	Reported Information
Post Payment Billing Recovery (Report #50A and #50B)	Reports all recoveries for monies collected from commercial insurance carriers during the reporting period from claims that were paid prior to the commercial insurance carrier being identified. Report 50A reports all non-pharmacy recoveries; Report 50B reports all pharmacy recoveries.	• Claim and member identifiers • Other insurance name • Amount paid by Passport • Amount recovered by Passport
COB Savings (Report #54)	Reports all COB savings due to other insurance payment, including Medicare, for which Passport processed/paid the claim accordingly. This report is audited every six (6) months, at a minimum. The report includes claims in which the other insurance paid zero dollars because the service was not covered by the other insurance.	• Claim, member and provider identifiers • Amount paid by Passport • COB amount • Other insurance deductible amount • Other insurance coinsurance amount • Paid date
Medicare Cost Avoidance (Report #55)	Reports the Medicare crossover claims that were denied during the reporting period because the claim was submitted without first having been submitted to Medicare for payment.	• Claim, member and provider identifiers • Denied amount • Denied date
Non-Medicare Cost Avoidance (Report #56)	The report lists the claims that were denied during the reporting period because the claim was submitted without first having been submitted to another insurer for payment. The report does not include Medicare crossover claims.	• Claim, member and provider identifiers • Denied amount • Denied date

Report Name	Description	Reported Information
Potential Subrogation (Report #57)	Provides report for cases where there is potential for a liable third party or subrogation claim from, for example, auto, homeowners or malpractice insurance.	• Member ID • Member name • Date of injury • Attorney/liable party information • Lien/claim amount • Recovered amount • Status/closed date • Comments

Conclusion

Passport puts a strong emphasis on ensuring that Medicaid is the payer of last resort. With rising health care costs, Medicaid comes under ever-increasing financial pressures. We are committed to continue actively pursuing, collecting and retaining all available monies in accordance with the provisions of our contract with DMS, now and in the future.

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.

C.6 Management Information System



C.6. Management Information System

a. Provide a detailed description, diagrams and flowcharts of the Management Information System (MIS) the Vendor will use to support all aspects of Kentucky's Medicaid managed care program including the following subsystems:
   i. Enrollee Subsystem
   ii. Third Party Liability (TPL)
   iii. Provider Subsystem
   iv. Reference Subsystem
   v. Claims Processing Subsystem (to include Encounter Data)
   vi. Financial Subsystem
   vii. Utilization/Quality Improvement Subsystem
   viii. Surveillance Utilization Review Subsystem (SURS)

As part of the response, include information about the following:

   i. Required interfaces, how the system will share and receive information with the Department, how the Vendor's system will use files provided by the Department, Subcontractors, providers, and other supporting entities.
   ii. Capability to store and use large amounts of data, to support data analyses, and to create standard and ad hoc reports.
   iii. Extent to which these systems are currently implemented and integrated with other systems, internal and external, and the Vendor's approach for assuring systems that are not fully implemented and integrated will be ready to begin operations on required timeframes.

Diagrams and flowcharts should show each component of the MIS and the interfacing support systems used to ensure compliance with Contract requirements.

b. Provide a description for and list of potential risks and mitigation strategies for implementing new information systems and changes to existing systems to support the Kentucky Medicaid managed care program.

c. Describe the Vendor's current and planned use and support of new and existing technology in health information exchange (HIE), electronic health records (EHR), and personal health records (PHR).

d. Describe the Vendor's approach to assessing integrity, accuracy, and completeness of data submitted by providers and Subcontractors.

e. Provide a description of the Vendor's data security approach and how the Vendor will comply with Health Insurance Portability and Accountability Act (HIPAA) standards including the protection of data in motion and at rest, staff training and security audits.

f. Describe any proposed system changes or enhancements that the Vendor is contemplating making during the anticipated Contract Term, including subcontracting all or part of the system. Describe how the Vendor will ensure operations are not disrupted.

Passport Highlights: Management Information System

How We're Different	Why It Matters	Proof
Leading-edge technology platform leverages Social Determinants of Health (SDoH) data and advanced analytics to predict adverse clinical events and social needs to direct resources to the most impactable members	• Addressing social risks is essential to creating an individualized approach to whole-person care • Leveraging community-based organizations impacts broader social issues across the Commonwealth	• Passport's platform can accurately identify members 6-12 months *before* they have an acute clinical event over 80% of the time • Among those members who were proactively identified for SDoH outreach, 100% self-reported an SDoH need and 90% reported multiple needs
Passport's has the best of both worlds - Kentucky staff who understand local issues and have built lasting stakeholders relationships augmented by leading edge technology and clinical research from Evolent	• Evolent brings large-scale and industry-leading technology and population health insights to support the Commonwealth's goals for the Medicaid Program • Fully integrated administrative and clinical platform initially developed by UPMC, one of the largest provider-owned Medicaid health plans in the nation	• 3.7 million lives managed on platform today • Passport was the only managed care organization (MCO) selected by the Department of Medicaid Services (DMS) to demonstrate readiness for Kentucky HEALTH. After jointly developing requirements with DMS, Passport implemented all necessary system changes in a phased approach to meet individual requirements
Passport is fully integrated and operational with DMS, providers and vendors in Kentucky today	• During the implementation of the 2021 contract, there will be no disruption to members, providers or other stakeholders, and continuity of currently functioning operations will be maintained	• Passport has over 250 data interfaces configured and operational that would not need to be reimplemented for the 2021 contract

Introduction

Over the last two decades, Passport has developed, refined and operated a robust Management Information System (MIS). The MIS and its subsystems are fully operational, already configured to meet the needs of DMS and currently functioning within the guidelines and specifications of the Commonwealth, including required interfaces. Our MIS meets or exceeds all Kentucky Medicaid Managed Care Program subsystem requirements, including enrollee/member, third-party liability (TPL), provider, reference, claims/encounter processing, financial, utilization data/quality improvement, surveillance utilization review, reporting and testing. The existing integration with the Commonwealth, providers and vendors will provide continuity with all stakeholders, as reimplementation is not required with Passport.

Our MIS is scalable to accommodate additional member populations, as well as new program requirements, as demonstrated recently with Kentucky HEALTH. Passport was proud to serve, on the behalf of DMS, as the Kentucky showcase MCO to Centers for Medicare & Medicaid Services (CMS). We worked collaboratively with both DMS and contracted vendors to demonstrate our readiness to execute new Medicaid program requirements, including 834 file consumption, corresponding plan mapping for the Kentucky HEALTH population and automated delivery and monitoring of data extracts. Our MIS stands ready to execute on current and future program requirements.

In 2016, we proudly transitioned to the Evolent Health (Evolent) Identifi℠ Platform, an MIS designed to support population health via the Identifi Population Health Management (PHM) system, followed in 2017 by the transition to support health plan administration via Identifi Health Plan Administration (HPA). At the core of Identifi is the enterprise data warehouse (EDW) and strong data integration and orchestration components that seamlessly combine administrative (payer), clinical, provider and self-submitted data from multiple, disparate sources powering a suite of fully interoperable modules designed for value-based care. This includes our industry-leading predictive modeling algorithms for member risk identification and the Identifi Engage mobile app, which is used to enhance member engagement in treatment. The response to 6a is organized as follows:

Passport MIS Description and Overview

Passport MIS Components
- Identifi HPA
- Identifi PHM

Passport MIS Subsystems
- Enrollee/Member Subsystem
- TPL Subsystem
- Provider Subsystem
- Reference Subsystem
- Claims Processing Subsystem

- Encounter Processing Subsystem
- Financial Subsystem
- Utilization/Quality Improvement Subsystem
- Surveillance Utilization Review Subsystem (SURS)
- Member/Provider Services and Telephone Management

Subcontractor Management Information Subsystems

- CVS/Caremark
- Beacon Health Options
- Avēsis

Passport MIS Reporting Capabilities

Passport MIS Testing Infrastructure

Passport MIS Hardware and Architecture

- Identifi HPA
- Identifi PHM

Passport MIS Configuration Management

Required Interfaces

Passport Capability to Store and Use Data

Passport System Implementation and Integration

Passport MIS Description and Overview

Passport understands and will comply with all the MIS requirements as described in Section 15.0 of the Draft Medicaid Managed Care Contract and Appendices.

Our MIS is a suite of fully interoperable component layers that enable Passport staff and administrators, care teams and providers to operate in a connected approach and work from a single view of the member. The platform represents an end-to-end, enterprise-level, integrated MIS and population management platform with functionalities and process flows that support the requirements of the Kentucky DMS and the Kentucky Medicaid Managed Care Program. Each subsystem supporting DMS requirements is addressed in two (2) Passport MIS platform components and is outlined in **Exhibit C.6-1**.

Evolent has a Network Operations Center (NOC) in place that provides 24/7 IT infrastructure and application monitoring through industry-leading tools, such as SolarWinds and DotCom-Monitor. Detailed standard operating procedures (SOPs) for intervention, remediation and escalation are in place for any alerts generated by the monitoring tools for conditions that meet alert thresholds that might affect uptime or performance (e.g., memory consumption, disk/storage availability, Central Processing Unit (CPU) use). In addition to proactively preventing possible service interruptions, data from the Service Desk serves as a critical input to the Passport ITIL-based problem management function for identifying root causes of matters. This provides us with the insight necessary to drive platform improvement and appropriately invest in architecture and infrastructure.

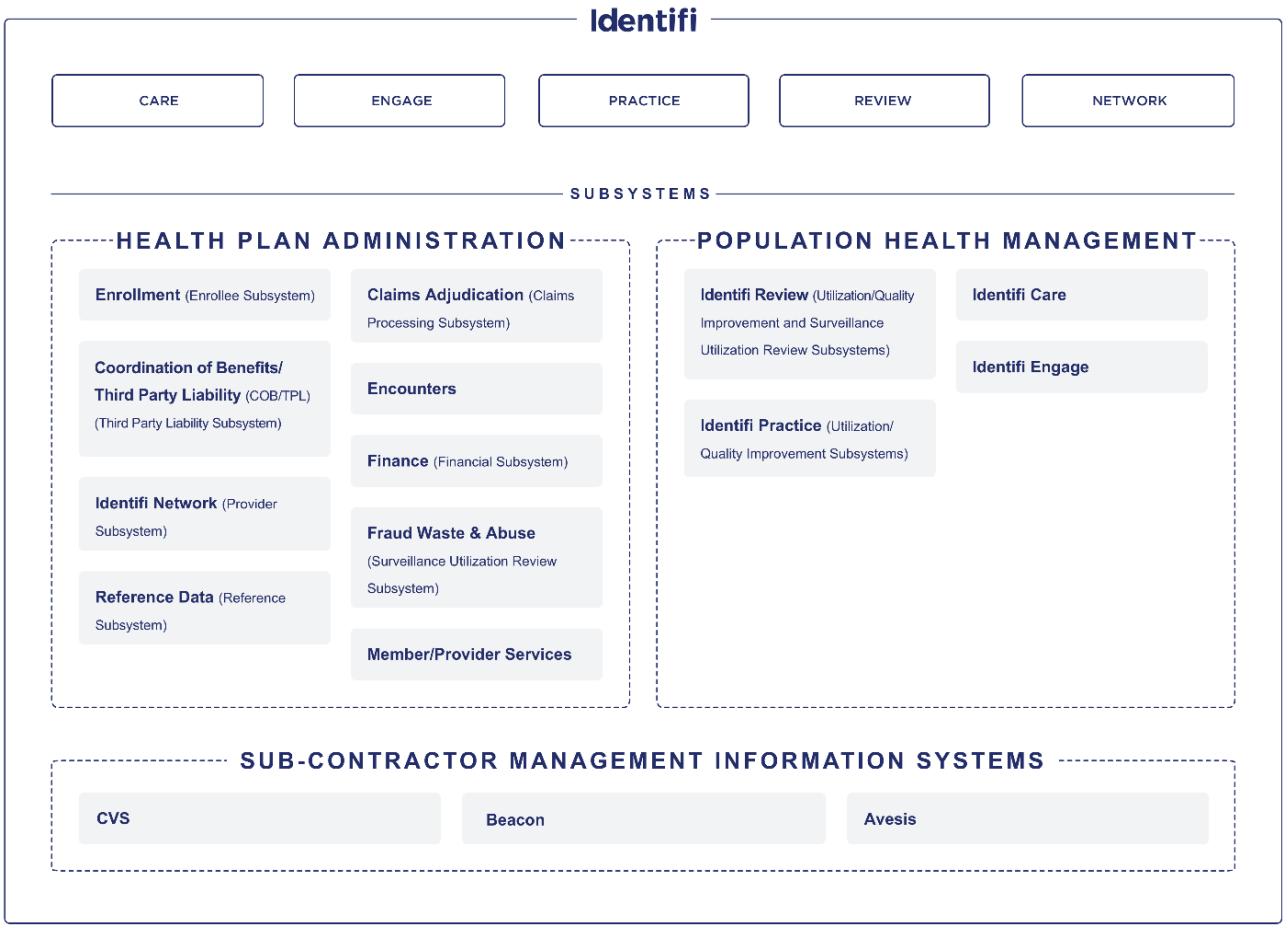
Evolent has recently made a significant investment in the technical architecture underlying the application platform to enhance stability, improve performance and provide for data, usage growth and expansion. Within the past nine (9) months, Evolent has installed a new NetApp storage platform, adding over 124TB of SSD storage in the production data center, added six (6) additional servers (close to 3TB in memory) and expanded the production web server environments.

Exhibit C.6-1: Identifi Platform MIS

Passport MIS Platform	Passport MIS Module (*Kentucky Medicaid Subsystem*)
Identifi HPA	• Enrollment **(*Enrollee/Member Subsystem*)** • Coordination of Benefits (COB)/TPL **(*TPL Subsystem*)** • Identifi Network **(*Provider Subsystem*)** • Reference Data **(*Reference Subsystem*)** • Claims Adjudication **(*Claims Processing Subsystem)*** • Encounters • Finance **(*Financial Subsystem*)** • Fraud Waste and Abuse **(*Surveillance Utilization Review Subsystem*)** • Member/Provider Services
Identifi PHM	• Identifi Review **(*Utilization/Quality Improvement and Surveillance Utilization Review Subsystems)*** • Identifi Practice **(*Utilization/Quality Improvement Subsystems)*** • Identifi Care *(Population Health Program/Care Management)* • Identifi Engage *(Population Health Program Mobile Application)*
Subcontractor Management Information Systems	• CVS • Beacon • Avēsis

The Passport MIS aligns system platform components with the functional areas required to support all aspects of the Kentucky Medicaid Managed Care Program as further depicted in **Exhibit C.6-2**, which illustrates the Identifi Platform infrastructure, system components, data and process workflows for the key business subsystems.

Exhibit C.6-2: Identifi Infrastructure and Subsystems



A detailed description of the Passport MIS platform components and modules and corresponding DMS subsystems comprised in each of the two (2) components is provided next.

Passport MIS Components

Identifi Health Plan Administration (HPA)

The Identifi HPA component supports core administrative and operational functions, including enrollment/member management, provider management and networking, reference management, financial management, claims and encounter processing and TPL processing. The MIS can process electronic data transmissions securely to add, delete or modify membership records with accurate begin/end dates; track covered services received by members; and maintain those covered services accurately and fully as Health Insurance Portability and Accountability Act (HIPAA)-compliant encounter data transactions. Using HIPAA-compliant electronic data interchanges (EDI), the MIS can transfer encounter data transactions and maintain a history of changes, adjustments and audits for current and retroactive data. Passport's MIS Business

Continuity and Disaster Recovery Plan (BC/DRP) has documented procedures and processes for accumulating, archiving and restoring data in the event of an MIS or subsystem failure.

Identifi Population Health Management (PHM)

The Identifi PHM platform component and modules enable Passport staff, care teams, physicians and administrators to operate from the same connected platform, working from a unified view of member health history, activity and care. The Utilization/Quality Improvement Subsystem is housed in this component. By using diverse data sets, the system identifies "impactable" members with high precision, engages both members and physicians in best practice management of care and analyzes both clinical quality and operational performance in near real time. The Identifi system derives these capabilities from its best-in-class intelligence engine and uses proprietary stratification and predictive modeling algorithms that transform data into a comprehensive profile of member health. Impactable members are prioritized and engaged through a variety of Identifi workflow modules for improved coordination of care, health outcomes and total cost.

At the core of our MIS's population health management system is our data integration services, member-centric EDW and advanced clinical profiling logic scalable to support different lines of business, stratification and predictive analytics. The MIS suite of predictive models and evidence-based criteria is used to identify and prioritize the most impactable members at the right time for the most appropriate clinical program and/or intervention. Members identified for intervention are stratified into risk levels through a predictive modeling process to prioritize the outreach and management. The predictive models identify members based on their likelihood of experiencing specific impactable outcomes within the next six to nine (6-9) months, such as an ambulatory care-sensitive hospital admission. The configurable rules engine is powered by proprietary clinical content, algorithms and best practices, which are continually improved through rigorous evaluation and innovation based on evidence from an ever-growing underlying data set. The rules engine intelligence includes 1,400+ preconfigured clinical rules and measures, including risk management, clinical and quality rules, and offers the ability to develop custom predictive and stratification logic to solve local market problems.

One of the most frequently cited measures of predictive performance is the model's c-statistic (the measure of the area under a reviewer operating characteristic (ROC) curve). A c-statistic of 0.5 indicates a random chance at predicting a future event (e.g., a coin flip), while a value of one (1) is a perfect predictor. A model with a c-statistic of 0.8 or higher is considered to have strong predictive ability. The MIS c-statistic is 0.82, significantly higher than the rest of the industry and indicative of strong predictive ability.

The Identifi PHM system's suite of stratification predictive models targets "impactable" future members, events and medical expenses, as further summarized in **Exhibit C.6-3**.

Exhibit C.6-3: Predictive Model Performance Metrics

Example Model	Description	Performance
Ambulatory Care-Sensitive Model	*Predicts the risk of inpatient (IP)/emergency department (ED) use for members (includes pediatrics) with one (1) of five (5) major chronic conditions*	c-stat = 0.82
Readmission Risk Model	*Real-time identification of members who are likely to be readmitted (unplanned) within thirty (30) days of discharge for any reason*	Thirty percent (30%) more accurate than the commonly used length of stay acuity of admission, comorbidities, emergency room visits (LACE) tool
Inappropriate ED Use Model	*Real-time identification of risk of inappropriate ED utilization using socioeconomic (SES) indicators, drive times and distances, among other variables*	Sixty percent (60%) more accurate than traditional (three (3) or more ED visits)
High-Risk Maternity Model	*Predicts the risk of high-cost adverse neonatal outcomes (preterm, respiratory distress and neonatal abstinence)*	Greater than ten percent (>10%) more accurate than academic published literature
Behavioral Health (BH) Risk Model	*Predicts risk of a BH-related event (inpatient and ED) and identifies members with undocumented BH issues using alternative data sets*	Two (2) times more accurate than using prior diagnosis alone
End of Life Model	*Predicts twelve (12)-month mortality using claims, clinical and social determinants of health*	Eight (8) times better than Charlson Comorbidity Index alone
New Member High-Risk Model	*Predicts risk of a new member becoming high cost at enrollment using demographics, benefit, geospatial and census data*	c-stat = 0.80 (without any medical claims data)

The system also contains the Identifi modules, a suite of modular and fully interoperable user modules that leverage outcomes from the MIS suite of predictive models and evidence-based criteria, and accesses the Identifi data infrastructure in real time while also supporting key administrative and operational functions, as well as DMS subsystems.

Passport MIS Subsystems

C.6.a.i. Enrollee/Member Subsystem

Passport's Enrollee/Member Subsystem, administered through Identifi HPA, supports DMS member requirements in maintaining accurate member records, which is the foundation for delivering effective services to Kentucky Medicaid members. Passport's Enrollee/Member subsystem houses and maintains accurate current and historical demographic data for all members and has been key to Passport's ability to provide demographic information to claims processing, supply data warehouse and online provider resources for eligibility checking, apply TPL information to claims processing to ensure that Medicaid is the payer of last resort, match primary care providers (PCPs) to each member required to have a PCP, track early

and periodic screening, diagnostic and treatment (EPSDT) preventive services and referrals, track members who are enrolled in the "lock-in" program and reconcile our capitation payment from DMS.

Passport currently receives and processes electronically transmitted enrollment and eligibility data in a HIPAA 834 file format from DMS daily enrollment files and monthly and quarterly enrollment and disenrollment reconciliation files. Within 24 hours of receipt, eligibility and enrollment databases are updated within our EDW and used by our various Identifi modules based on well-developed processes for enrollment, disenrollment and reconciliation, among others. To effectively manage the accuracy of the membership data, files are processed in the order in which they are received, and records are processed in chronological order for each member. Eligibility transactions are compared to existing member records and updated or added as necessary. Our system then completes an immediate and fully automated comparison to identify discrepancies between our system of record and the enrollment report file received from DMS. All transactions are loaded immediately. Identified discrepancies are categorized for research and resolved as needed.

Passport understands the importance of keeping its system synchronized with the Commonwealth's member eligibility data. The process of eligibility loading and updating has been identified as an area for improvement where Passport has made significant architectural investments. As a result, the daily and monthly eligibility files are consistently loaded into the platform timely and accurately. Demonstrating success, the last two (2) full monthly eligibility files were loaded into the platform in under nine (9) hours after receipt.

The system resources are constantly monitored throughout this process. Monitoring outputs are used to help refine physical server design and expansion to ensure continuity of process results. The system design is set to achieve the target results while ensuring capacity for transaction growth.

Passport will continue to leverage its system to quickly identify and resolve discrepancies between our internal membership records and the information we receive on DMS eligibility and enrollment files. The daily 834 files are transactional and provide us with the needed adds, terminations and changes to each member's eligibility records. A brief summary of these processes within the member subsystem follows.

The "health coverage (HD) segment" of the ANSI-compliant 834 file containing plan information will continue to be invoked when ingesting the records. The file itself can determine program participation, providing the information to map the members to the correct "plan" in our core system (where the "plan" correlates directly to the benefits the program allows). Additional identifiers are loaded in our front-end database for reconciliation and reporting. If no program information is available on the daily 834, the member files load to a "pending plan" until the system receives the 834 audit file and, when received with the program information available, membership is assigned to the correct "plan" in the core system. The maintenance code given will determine if the member file will be an addition, termination or change in information. "date or time DTPDTP segments" for eligibility are compared to existing members and are used to create new member records or update current records. For terminations and/or retro-terminations,

specific processes assess prior claims payments for recoupment of funds when retro-termination activity occurs. Retro-additions also have a process to reconcile claims payments for eligibility claims that are pending.

Retroactively Enrolled Members

The monthly ANSI-compliant 834 file is used to reconcile membership in our core system to the state's full file. Once all daily files are consumed, Passport typically receives an "audit file" from the state that provides all the records for active members for the current month. The programming uses member-matching criteria, including first/last name and date of birth (and other identifiers when necessary), to determine if the member is active in the system. Members who are active on the 834 audit file are found in our core system and compared to the data elements. Members who do not exist in the core system are then added, along with the information available on the 834, such as program IDs in the "HD segment" and "DTP segments" for effective dates. Members who are in our core system but not on the 834 audit file follow a process called "termed by absence (TBA)." The member is TBA on the last day of the previous month depending on the Commonwealth's rules for his/her audit file.

Tracking Member Eligibility End Dates

Identifi HPA processes member files received from DMS and is the source of truth for information for all platform systems. Any changes in a member's eligibility type typically occur in the 834 audit file, where the "HD segment" holds the program information. Each time we load the audit file, this program is compared to what is in our core system. If there is a change, then the eligibility segment is terminated and a new one is created with the new effective date of the program. In addition, the Passport Enrollee/Member Subsystem will be used to develop the following reports and files for submission to DMS, as outlined in Section 37.0 of the Draft Medicaid Managed Care Contract, including Appendix D in **Exhibit C.6-4**.

Exhibit C.6-4: Enrollee Services Reports

Report Number	Report Name	Frequency
10	*Enrollment Report*	Quarterly
11	*Ineligible Assignment*	Daily (as needed)
12	*Newborn Enrollment Report*	Monthly
13	*Changes in PCP Assignment Initiated by Member, Provider or MCO*	Quarterly
14	*Member Outreach Report*	Quarterly
15	*Member Services Annual Report*	Annually
16	*Member Call Center Report*	Quarterly (or more frequently as requested by department)
17	*Marketing Activities Report*	Quarterly
18	*KY HEALTH Call Center Reports*	Monthly
19	*EPSDT CMS–416 Report*	Annually

C.6.a.ii. Third Party Liability Subsystem

Passport's TPL Subsystem, administered through Identifi HPA, supports DMS's TPL requirements by supporting multiple levels of other carrier coverage at a member level, with associated effective and termination dates. COB coverage can be updated through batch or manual mechanisms where eligibility details may be updated through the consumption of an 834 file and submitted through electronic transactions or done manually in the user interface (UI) by authorized users. Most eligibility COB updates are executed in real time, so claims are adjudicated against updated information to flag potentially cost-avoiding claims and reduce benefit expenditures.

Passport's claims processing system uses diagnosis/procedure codes to read service-based rules, including parameters for handling benefit limitations, deductibles, copays and COB situations. The software engine adapts to rapidly changing business/regulatory environments, automates business processes, enhances efficiency, provides the flexibility to administer diverse plan designs and integrates with third-party solutions. The claims payment process for nonparticipating providers is identical to the process for participating providers but requires prior authorizations for out-of-network care. Our COB strategy uses proactive solicitation of other coverage to ensure Kentucky Medicaid is the payer of last resort without disruption to our members' care. Our process is highly collaborative and will involve regular interaction with TPL staff, other plans and insurers and families and caregivers as needed.

Multiple COB payment methodologies can be configured, including traditional, benefit-less benefit, Medicare as primary and COB savings bank calculations. Passport employs IT infrastructures and data mining algorithms that were custom-built for Medicaid COB and payers for a balanced approach to cost avoidance and recovery. Member records will be updated to reflect COB when we receive confirmation of TPL, including receipt of primary payer documentation (e.g., EOB).

If a claim is received with COB information that has not already been captured by our system, then the following workflow will be executed to ensure proper research/documentation and prompt adjudication of claims:

1. Claims with COB or primary payer information on the X12 837 file and no active COB segment for the date of services will be routed to eligibility and enrollment staff.
2. The eligibility team will update the member's COB segment within five (5) business days of receipt.
3. Following completion, the member's file will be updated accordingly.

When a third-party is liable, we deny the claim and notify the provider of the denial/other payer liability. Processing systems capture these claims for cost avoidance and TPL savings. Additional COB activities are summarized in **Exhibit C.6-5**.

Exhibit C.6-5: Performing COB and TPL

Performing COB and TPL	
COB When a Third-Party Payer Covers the Service	The following processes are used to coordinate care and payment when a service is covered wholly or in part by a third-party payer. This includes the following: 1. Kentucky Medicaid does not cover the service, but the service is covered through a third-party payer. 2. Kentucky Medicaid and the third-party payer cover the service, but Passport is only liable for the coinsurance/copayment expenses (including situations where Medicare is the primary payer).
Coordinating Care	The member's care team will coordinate member referrals to PCPs, specialists and local hospital staff. We will also reach out to the primary payer of services when appropriate (e.g., if the primary payer is the Medicare special needs plan). In cases where the other payer does not provide care management services to the member, our care team will access coverage information and help the member navigate his/her health care coverage across health care payers. Third-party coverage data is available to the care team through employee records maintained on the MIS. Care team members will coordinate with the member's provider(s) to ensure that services are billed appropriately to the correct payer.
Coordinating Payment	Passport will adjudicate claims involving third-party coverage using rules ensuring that the member's Medicaid benefit is the payer of last resort. Our claims processing system receives and stores other insurance coverage information received from DMS. Claims edits ensure that claims for services rendered to members with identified third-party resources are processed through our COB process. When a service is not covered by Kentucky Medicaid but is available from a third-party payer, the claim will be denied as a noncovered service (a remark code on the provider explanation of payment (EOP) will identify the service as denied). If the member record has a COB indicator, our denial notice to the provider will include an alert message that other coverage may be available. They can then work with their members to submit a claim to the third-party payer. Claims for covered services eligible for COB are submitted with the following information: complete/accurate claims data, eligibility and provider data and primary payer's EOBs for all services rendered, including the date the primary payer finalized payment. If multiple primary payers exist, the earlier information must be submitted for each payer.

Our processes are driven by the need for the claim to include primary party COB information. Passport does not process claims that have not been submitted to the primary payer first. For services covered by a third-party and Kentucky Medicaid, the claim will be processed first by the third-party payer. The EOB from the third-party will be used to determine coinsurance/copayment expenses for which Kentucky Medicaid is liable.

The TPL Subsystem houses and maintains verified sources of primary and secondary insurance coverage for Passport members and allows Passport to process and maintain updates received from DMS following verification, including TPL carrier, casualty and resource files. The TPL Subsystem is used to develop TPL and related claims payment reports outlined in Section 37.0 of the Draft Medicaid Managed Care Contract and Appendices and noted in **Exhibit C.6-6**.

Exhibit C.6-6: Claims Payment and Additional TPL Reports

Report Number	Report Name	Frequency
Claims Payment		
53	*Post-Payment Billing Recovery*	Quarterly
54	*COB Savings*	Monthly
55	*Medicare Cost Avoidance*	Monthly
56	*Non-Medicare Cost Avoidance*	Monthly
57	*Potential Subrogation*	Monthly
58	*TPL*	
Additional TPL Reports: (Section 37.0 of the Draft Medicaid Managed Care Contract and Appendices)		
Cost-Avoidance Summary Savings Reports (including Medicare but identifying it separately)		Monthly
Listings and Totals of Cost-Avoided Claims		Monthly
Listings and Totals of Third-Party Resources Used		Monthly
Reports of Amounts Billed and Collected, Current and Historical, from the TPL Recovery Tracking System, by Carrier and Member		Monthly
Detailed Aging Report (for attempted recoveries by carrier and member)		Monthly
Report on the Number and Amount of Recoveries by Type (examples include fraud collections, private insurance)		Monthly
Report on the Unrecoverable Amounts by Type and Reason, Carrier and Other Relevant Data on an Aged Basis and in Potential Dollar Ranges		Monthly
Report on the Potential Trauma and/or Accident Claims for Claims That Meet Specified Dollar Threshold Amounts		Monthly
Report on Services Subject to Potential Recovery When Date of Death is Reported		Monthly
Unduplicated Cost-Avoidance Reporting by Program Category and by Type of Service (with accurate totals and subtotals)		Monthly
Listings of TPL Carrier Coverage Data		Monthly
Audit trails of Changes to TPL Data		Monthly

C.6.a.iii. Provider Subsystem

Passport's Provider Subsystem is supported through the Identifi Network module. Identifi Network is our web-based provider data management module allowing network managers to create, maintain and access provider directory data that supports the DMS Provider Subsystem and network requirements. It provides a central location for network managers to document changes and track interactions with providers and

provides the workflow and analytics tools for network administrators and executives involved in provider data lifecycle management. Identifi Network also supports Passport's provider data management workflows to add and track the lifecycle of provider data ranging from enrollment to termination and the association of providers to network, subnetwork, tiers and practices. Identifi Network also allows for comprehensive views and management of provider data.

Passport understands the importance of members having access to the appropriate level of care at the right time. Accessibility to the provider network is monitored by the Provider Subsystem to provide the most precise analysis of member access to network providers. Our Provider Subsystem supports the following processes:

- Proactively evaluate network adequacy
- Automation of member PCP assignments
- National Committee for Quality Assurance (NCQA) Certified Web and Print directories
- Assist with call center referrals
- Illustrate that services, service locations and service sites are available and accessible to provide all covered services on an emergency or urgent care basis
- House information obtained through the provider enrollment and credentialing/ recredentialing process that includes:
  - Ownership and tax structure
  - Demographics
  - Facility accreditations
  - Licensure and certificates
  - Provider type or specialty
  - Education, training, board certifications and work history
  - Malpractice history
  - Sanction information
  - Attestation of practitioner's health status and loss or limitations on licensure or privileges
  - Practitioner hospital affiliations
  - Practitioner group affiliations
- Primary source verification of NCQA, CMS and Medicaid data elements
- Claims system agreement for claim reimbursement
- Approval for network participation

The Provider Subsystem holds licensure information, including number, state, status and effective/termination dates. Passport uses Aperture for credentialing application review and identification of deficiencies and missing information. Aperture credentials a wide variety of providers and facilities by providing compliance-driven, software and professional service solutions. Additional information about Passport's credentialing process is available in **Section C.17 Provider Services**.

Reconciling the Master Provider File to Provider Certification and Claims Payment

The Passport Provider Management team will generate a weekly internal report that identifies providers who are no longer attested and require a hold added to their claims payment system record and/or were previously on hold in the system, are now attested and need the hold removed. These holds will deny payment to the respective providers indicated by the appropriate remark code, per the payment denial status code descriptions.

The reports in **Exhibit C.6-7** are produced using information housed in this system as required in Section 37.0 of the Draft Medicaid Managed Care Contract and Appendices.

Exhibit C.6-7: Provider Services and Network Reports

Report No	Report Name	Frequency
20	Provider Credentialing and Contracting Status Report	Quarterly
21	Provider Network Status Report	Monthly
22	Provider Network File Layout	Monthly
23	Network Adequacy Exceptions Report	Quarterly
24	PCP Assignment Report	Quarterly
25	GeoAccess Network Reports and Maps	No less than quarterly and more frequently as required by the Department
26	Timely Access Reports	No less than quarterly and more frequently as required by the Department
27	Provider Compliance with Access Requirements Report	Annually
28	Denial of MCO Participation	Monthly
29	Federally Qualified Health Centers and Rural Health Centers	Quarterly
30	Provider Call Center Report	Quarterly or more frequently as requested by the Department
31	Telehealth Reporting	Annually

C.6.a.iv. Reference Subsystem

Passport recognizes the need for an extensive Reference Subsystem that supports current referenceable data, as well as maintains historic data to ensure accurate and timely payment of claims and encounter processing. There are two (2) key components—Identifi Platform and its Claims Processing Subsystem, Identifi HPA and the EDW—that serve as the primary reference systems to support DMS's Reference Subsystem requirements, including referral data inputs, interfaces, processing and maintenance.

Passport's Claims (Processing) Subsystem, administered through Identifi HPA, is integrated with Payer Compass, which also allows for provider pricing, claims/clinical edits of our codes and reference data, as well as diagnosis-related group (DRG) grouping. The MIS system houses reference data relating to pricing, diagnosis, procedure, edit/audit criteria and reimbursement configuration references, codes and data.

The Identifi EDW supports inputs related to National Drug Codes (NDCs), CMS–HCPCS updates, ICD-9 and ICD-10, DMS III diagnosis and procedure updates and American Dental Association (ADA; dental codes). Code set updates are initiated through our reimbursement team; this is a collaborative effort with our configuration and database administration team. Once the code sets are updated, there is a stringent testing process to ensure the loaded information is correct and approved before production is granted. Our code updates follow a schedule where possible. We generally update the following codes:

Annually/Biannually:

- American Medical Association (AMA) on an annual basis
- The CMS ICD-10 on an annual basis
- Each year, the ADA data files are released and posted to the Optum data portal toward the end of the fourth quarter of the current year (e.g., for 2020, it will be posted during December 2019)
- Current Procedural Terminology (CPT) on a biannual basis
- The National Uniform Billing Committee (NUBC) institutional claim codes (condition code, value code, occurrence code, bill type, etc.)

Quarterly:

- CMS and HCPCS
- The National Uniform Claim Committee (NUCC) taxonomy codes

Monthly:

- NDC codes are supplied by Medispan every month, during the first week of the month for ingestion

When posted:

- American Hospital Association (AHA)
- The CMS National Plan and Provider Enumeration System (NPPES) NPIs

Most years, the AMA also releases some corrections on nonscheduled release quarters. These files are posted no less than thirty (30) days prior to the effective date of the changes.

The Identifi EDW processes reference data and maintains current and historical reference data, assuring that updates do not overlay or otherwise make historical information inaccessible. This is fundamental to ensure appropriate support to care management and utilization management (UM) functions, which leverage data that has been processed through advanced clinical profiling logic. Passport's Reference Subsystem also maintains a full procedure data set (containing medical-surgical, ADA dental and other professional service codes), as well as HCPCS pricing modifiers and specific codes for other medical services that DMS deems necessary to maintain and process in the Reference Subsystem. The Reference Subsystem maintains descriptions and maintains a diagnosis data set using ICD-9, ICD-10 and DSM III codes, which supports relationship editing between diagnosis codes and claims information.

Passport continually monitors many different sources to ensure that we have the most current information in our Reference Subsystem. Passport also uses clinical editing software, integrated through Payor Compass, for enhanced clinical and business rule editing for claims. This system allows us to ensure that professional and outpatient hospital claims are paid in accordance with the applicable medical policies, as well as

generally accepted clinical edits. In addition, for claims and encounters, the Reference Subsystem allows for maintenance of pricing for procedures and drugs, as well as diagnosis and edit/audit criteria.

C.6.a.v. Claims Processing Subsystem (to include Encounter Data);

Claims Processing Subsystem

Passport's Claims Processing Subsystem, administered through Identifi HPA, ensures compliance to DMS claims processing requirements. It supports Passport's medical claims processing. The Claims Processing Subsystem is extremely flexible and enables us to administer highly customized requirements specific to the Kentucky Medicaid contract, including benefits, eligibility, fee schedule and provider service location configuration. During the various stages of the adjudication process, this integrated Medicaid management information system (MMIS) interacts with membership eligibility, TPL data, product benefit parameters, provider pricing agreements, medical management requirements and clinical editing information to provide accurate and highly automated adjudication of claims and/or encounter submissions. Claims processing uses diagnosis codes and procedure codes to read service-based rules and includes parameters for handling benefit limitations, copays and COB situations. This powerful software engine does the following:

- Adapts to rapidly changing business and regulatory environments
- Automates business processes
- Enhances efficiency
- Provides the flexibility to administer diverse plan designs
- Integrates with third-party solutions

Identifi accommodates, and currently administers, all major payment methodologies, including fee-for-service, capitation, case rates, per diems, DRG, percentage of billed, UCR, percentage of UCR, Resource Based Relative Value Scale (RBRVS) with Graphic Practice Cost Index (GPCI), bundling, per diems, tiered per diems, lesser of billed and calculated rates, treatment case and many more. The system is capable of auto-adjudicating professional claims as well as complex multiservice inpatient hospital claims.

The claims payment process for nonparticipating providers is identical to the process for participating providers but with the exception of ED use and requires prior authorization for out-of-network care. Claims from nonparticipating providers are paid based on the appropriate fee schedule or the payment terms of any applicable single-case agreement.

The Claims Processing Subsystem is one hundred percent (100%) web-based and can process and adjudicate claims and pre-adjudicate claims in real time. The system's automated rules and real-time workflow replace manual or batch review processes to reduce duplication errors while avoiding costly clinical review and prior-authorization processes. The system's flexible architecture is rules-based and object-oriented. Reusable objects, defined and configured by our business users, deliver innovation "on the fly" with

minimum maintenance and optimal system performance, all while accommodating all major payment methodologies.

The Claims Processing Subsystem integrates with the Enrollee/Member Subsystem in real time during claims processing. Information about the member and subscriber is retrieved from the submitted claim. Using member-matching rules, the appropriate member is found. The system confirms that the member is eligible for the date of service and then uses his/her benefit plan for that date to continue processing. Similarly, the claims Adjudication Subsystem is integrated with our Provider Subsystem. All providers included on the claim are searched in the provider system using provider matching rules. The provider contract information is then retrieved and used for claim pricing.

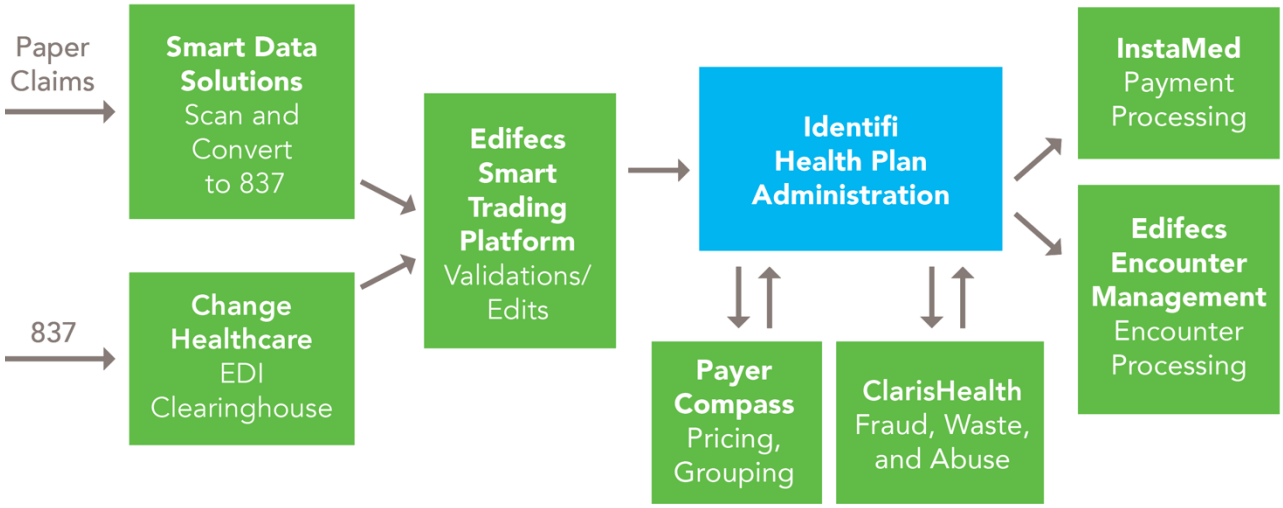
As claims are processed within the adjudication system, rules are configured to specify what services require pre-authorization. If a claim requires an authorization, the adjudication system will integrate in real time with the UM Subsystem to determine if a pre-authorization has been received and approved. If an approved authorization match is found, the available units will also be checked to determine if there are enough for the claim request.

When applicable, the claims adjudication system also tracks member accumulator data. Information about member out-of-pocket responsibility can be tracked at the plan year or calendar year. As new claims are received and processed, the member's current accumulator information is used in real time to determine his/her benefit module for the given claim. The claims adjudication system can also interface with other claims systems to consider their accumulator data when processing the claim in our system.

Providers can submit paper or electronic claims. Paper claims are scanned and converted to 837 format by Smart Data Solutions (SDS). Passport encourages providers to submit claims through a HIPAA-compliant EDI powered by the claims clearinghouse, Change Healthcare. Using Change Healthcare results in faster, more efficient and cost-effective claims submission and higher rates of automated clearinghouse payments. All paper and electronic claims inbound to Passport flow through the Edifecs Smart Trading Platform, which performs workgroup for electronic data interchange (WEDI)/strategic national implementation process (SNIP) and health plan-specific data validations. The flow of claims data into Identifi HPA and interaction with other subsystems is depicted in **Exhibit C.6-8**.

Approximately ninety-five percent (95%) of the claims currently handled by our Claims Processing Subsystem are submitted electronically, where seventy-seven percent (77%) are auto-adjudicated without any manual intervention. In addition, 70.3% and 92.7% of payment transactions are currently Automated Clearing House (ACH) and payment dollars, respectively. The claims adjudication system includes a tightly integrated workflow management solution. For claims that do not auto-adjudicate, configuration personnel set up queues for routing claims based on their status or reason for not auto-adjudicating. A web-based claims dashboard is available for the claims operations management to track in real time where claims are being pended and how many are in each pending queue. This information is used on the fly to help guide work assignments. Claims adjudicators use the workflow system to retrieve pended claims, make necessary edits and then resubmit the claims into the adjudication process.

Exhibit C.6-8: Claims Data Flow in Identifi HPA



In the event that DMS may require Passport to receive electronic claims through a DMS-contracted vendor, Passport will work to ensure that connections are in place for the MIS to receive the claims for processing. Claims that can be automatically adjudicated proceed through a comprehensive set of clinical edits, including National Correct Coding Initiative (NCCI) claim editing guidelines. Claims are auto-edited for errors, omissions and questionable coding relationships (such as bundling/unbundling, modifier appropriateness and duplicates) by comparing the billed data against an expansive database containing millions of government and industry rules, regulations and nationally accepted policies governing appropriate billing. The Claims Processing Subsystem applies medical necessity edits to detect procedures billed without supporting diagnoses or services based on national and local coverage determinations. The editing software maintains coding edits specific to Medicaid, which are separated by professional, inpatient and outpatient services. Those claims identified with edit issues are either forwarded to the manual claims review process, returned to the provider for correction and resubmission or referred to the Program Integrity Unit. We routinely track pended claims based on high-volume providers, reason codes and other trends to decrease the pend rate.

Passport will maintain and follow the DMS-approved plan of claims delivery and corresponding timelines. Our claims processing capabilities also include the register of the date a claim is received by Passport and a register of the detail of each claim transaction or action, including dates of service, at the time the transaction occurs. The system also has the ability to report each claim transaction by date and type to include interest payments, maintain information at the claim and line detail levels, maintain adequate audit trails, report claims performance measures to DMS and maintain online and archived files. As a part of the records retention policy, Passport will retain online automated claims payment history, as well as other

financial information and records, including all original claims forms, for ten (10) years post-contract as established in Draft Medicaid Managed Care Contract and Appendices, Section 37.0 Draft Medicaid Managed Care Contract and in accordance with 42 C.F.R. 438.2 and 907 KAR 1:672. This will allow the claims data to be easily sorted and produced in formats as requested by DMS on a set cadence or on an ad hoc basis.

The claims adjudication system has been architected with scalability and performance at the forefront. Processing of EDI 837 files is performed by splitting the claims and using multithreaded processes to adjudicate many claims in parallel. The system has demonstrated the ability to process large files containing upward of 20,000 claims in production operations. These large files process through the system in a couple of hours and do not interfere with any online users also interacting with the system. Claims adjudicators, customer service representatives and any other users of the system are free to use the platform while these claims are being processed. Also, in production operations, the system routinely handles very large institutional claims that contain over eighty (80) claim lines. The system is optimized for large claims and can handle all the outliers.

The system has also been architected to be highly available and fault tolerant. As the hardware infrastructure is designed using redundancy, there are rare instances where a large file may be interrupted during its processing. The system is designed to commit fully to an entire claim as a single transaction only if that claim is complete. Each claim is its own individual transaction. If a file does encounter an issue, then the file can be restarted and claims that have already finished will remain committed. Only the remaining claims must be processed.

As a part of the reporting suite for the Claims Subsystem, reports are available on a monthly cadence that showcases the number of claims received, paid, denied and suspended for the previous month by provider type with a reason for the denied or suspended claim; the number and type of services that are prior-authorized (PA) for the previous month (approved and denied); the amount paid to providers for the previous month by provider type; the number of claims by provider type for the previous month, which exceed processing timeline standards defined by the Department; and claim prompt pay reports as defined by the American Recovery and Reinvestment Act (ARRA). The reports in **Exhibit C.6-9** are produced using information housed in this system, adhering to the claims payment report requirements outlined in Section 37.0 of the Draft Medicaid Managed Care Contract and Appendices.

Exhibit C.6-9: Claims Payment Reports

Report Number	Report Name	Frequency
47	*Copayments*	…
48	*Encounter Data Comparison Report*	Quarterly
49	*Prompt Payment*	Quarterly
50	*Original Claims Processed*	Monthly
51	*Original Claims Inventory*	…
52	*KY HEALTH Original Claims Processed*	Monthly
53	*Post-Payment Billing Recovery*	Quarterly
59	*Out-of-Network Provider Report*	Quarterly
60	*Payment of Abortion Procedures*	Quarterly
61	*Monthly Benefit Payments*	Monthly
62	*Quarterly Benefits Payment*	Quarterly
63	*Provider Outstanding Accounts Receivables*	Monthly
64	*Provider-Preventable Conditions*	Quarterly

Encounter Processing Subsystem

Passport's Edifecs Encounter Management (EM) Processing Subsystem, administered through Identifi HPA, supports DMS encounter processing and management requirements and delivers a consolidated system that ensures accuracy, completeness and timeliness of encounter data submissions with robust capabilities to submit outbound encounters and regulatory financial fillings to meet all Commonwealth requirements.

Our EM and reporting process consists of four (4) key components: intake/preprocessing, encounter creation, submission, response and reconciliation across the following transaction forms, including 837I–Instructional Transactions, 837P–Professional Transactions, 837D–Dental Transactions, 278–Prior-Authorization Transactions, 835–Remittance Advice, 834–Enrollment/Disenrollment, 820–Capitation, 276/277–Claims Status Transactions, 270/271–Eligibility Transactions, 999–Functional Acknowledgment and NCPDP 2.2.

The entire process is managed by a set of components that track all aspects of the encounter data submitted, reconcile the DMS responses and coordinate resubmissions. A full suite of reports provide transparency to claims submission lifecycle and claims compliance. As detailed next, Passport's Edifecs Encounters Processing Subsystem is one component of a comprehensive strategy to improve and sustain optimal encounter submission and completion rates.

Accuracy, Timeliness and Completeness of Encounter Data Submissions

As referenced earlier in this response, Passport migrated to Identifi HPA in 2017 to increase our capabilities and to keep up with the changing health care industry. This was part of a larger effort to transform our business model, system infrastructure and employee talent to better serve our Kentucky constituents. Our Passport leadership acknowledged that business transformation was necessary to make our operations more scalable and agile to support the requirements and needs of DMS, our members and providers. An implementation of this scope and size is often complex and multifaceted, and we knew that we could encounter consequences. As we migrated to the new system, we experienced implementation challenges that impacted encounter data. We immediately began working to resolve the problems, and today, we have stabilized ongoing operations and are realizing positive results.

As Passport progressed through the business transformation, we addressed the issues we were experiencing. We strongly believe that we are on track to fully remediate our issues and, our resulting encounter completeness rates at year-end 2020 will be better than target thresholds.

While challenges as a result of new implementations may be common, we focused on ensuring that our members and provider community receive best-in-class service to minimize their exposure while we worked to effectively overcome the challenges experienced in the migration to new systems. Passport continues to remediate remaining issues. The changes made are resulting in improved encounter submission metrics, as evidenced by our improvement from Commonwealth fiscal year (SFY) 2018 to SFY 2019 in the following categories:

- **Submission Rate:** Throughput increased from eighty-eight percent (88%) to over ninety-five percent (95%). We are committed to achieving one hundred percent (100%) by year-end 2020.
- **Acceptance Rate:** Commonwealth acceptance of encounters improved from ninety-five (95%) to over ninety-nine percent (99%).
- **Completeness Rate:** Rates for complete encounters increased from eighty-seven percent (87%) to over ninety-six percent (96%). We are committed to achieving ninety-nine (99%) by year-end 2020.
- **Timeliness Rate:** New-day claims average timeliness rate improved from eighty-five percent (85%) to over ninety-five percent (95%).

Passport will continue to leverage a dedicated EM team to oversee our encounter data submission process and serve as a Kentucky-based point of contact for issues related to encounter submissions. Passport uses proven approaches for collecting, validating and submitting complete and accurate encounter data in a timely manner, consistent with regulatory requirements in Section 16.0 of the Draft Medicaid Managed Care Contract and Appendices.

Collecting Complete and Accurate Encounter Data

Passport manages all aspects of submission and reconciliation of encounters without the cost and complexity of operating multiple systems. Integrated exception management workflows drive rapid correction and resubmission of rejected encounters. Adjudicated medical claims are extracted from our Claims Subsystem and loaded into the Edifecs EM platform in a proprietary CSV file format. Edifecs EM generates outbound encounter extract files in accordance with Kentucky Medicaid encounter file submission specifications. The system queues and tracks the claims that have been extracted for submission and reconciles the acceptance, failure or warning status upon receipt of Commonwealth response files. The entire process starts with collecting all required components of an encounter into source input files that identify required data elements to be included in the claims extraction process. Encounter collection also includes data exchange with subcontractors/capitated providers, with our process including all finalized claims, paid and denied, as well as zero-dollar claims. Identifi's HIPAA-compliant EDI framework supports data exchange with providers/subcontractors who submit encounters for reporting to DMS. Submissions from providers/subcontractors are validated according to the processes outlined in **Exhibit C.6-10**.

Exhibit C.6-10: Encounter Submission Collection and Submission Process Steps

Process Step	Description
Validating Encounter Data	Prior to submission, our team validates files against X12/HIPAA standards using WEDI SNIP Level-4 verification. We apply state-specific rules (per DMS-prescribed formats for encounter submission) and custom rules in the verification process. We will support DMS's validation efforts by comparing chart reviews of samples of members to our reported member encounter data. Records/claims data and the validation of any files used in this process are available upon request. When modifications to the collection, validation or submission are necessary, Passport will follow an established process to make the necessary changes.
Submitting Encounter Data in a Timely Manner	Passport will submit encounter data files electronically. Our submission process reports encounter data using ASC X12N 837I, 837P, 837D and NCPDP file formats. Files are generated within two (2) business days of the end of each payment cycle. Passport will submit encounter data files to DMS monthly and include all encounter data and adjustments processed by Passport and our subcontractors. Passport ensures that DMS receives complete and accurate encounter data no later than thirty (30) days after the month the claim was adjudicated. This process includes encounter tracking to monitor its lifecycle (from initial extraction of the claim, to data validation status, to Commonwealth submission, to Commonwealth response). If an encounter returns with rejections, it is monitored for aging/resubmission. Daily reports are sent to work groups to ensure timely submission and corrective actions taken in situations where timely submission is at risk.

Process Step	Description
Monitoring for Completeness and Managing Nonsubmission	Passport will develop and submit an annual Data Completeness Plan to DMS for review and approval, describing how claims/encounters will be submitted accurately in a timely fashion by providers/subcontractors. We will demonstrate resolution and resubmission of denied encounters, outline our evaluation of provider/subcontractor compliance and show our process for acting on issues uncovered by our monitoring activities. Our approach includes a process for assessing the completeness of our files and addressing provider/subcontractor nonsubmission.
Assessing Completeness of Encounter Files	Passport validates subcontractor provider encounter files in-depth. We review the process for capitated providers to submit information sufficient to report encounters during the provider orientation process. In production, the encounter submission process performs a basic X12 WEDI SNIP Level-4 verification to assess submitted information completeness before file submission to DMS. Subcontractors notify their assigned encounter analyst by email when they have uploaded their weekly encounter files, including record counts. When the aggregated encounter file is compiled, Identifi HPA will produce a reconciliation report that shows encounters by subcontractors. Our analysts then verify that all subcontractor encounters are included in the file and compare record counts to validate completeness using internal monitoring reports to track subcontractor encounter submissions.
Managing Provider Nonsubmission	Passport will monitor capitated provider submissions to detect incomplete or nonsubmission based on historical service patterns. Capitated providers will undergo annual medical record audits to ensure that they have been submitting complete and accurate encounters. If incomplete or nonsubmission is suspected, our Encounter Department will contact the provider to address the concern. Consistent issues with incomplete or nonsubmission will result in the provider being required to implement corrective action. If a provider cannot address these issues, then his/her provider agreement will be amended to end the capitated arrangement, and the provider may also be reviewed for possible fraud, waste and abuse (FWA) and may be referred to investigation.
Managing Subcontractor Nonsubmission	Passport will work closely with our subcontractors on issues related to encounter submission. Our subcontractor oversight process includes specific steps to ensure timely and accurate submission of encounter data. Encounter reporting processes are used with all subcontractors included in this proposal who will be handling provider payments. The Encounter and Data Operations teams will maintain a subcontractor contact list for any issues that occur during submission (e.g., host connection issues, file nonreceipt or file validation failure). Inbound data will be proactively monitored against expected delivery dates/frequencies, and any deviations from expected schedules will be logged and promptly investigated for root cause and remediation.

Data quality and integrity upon receipt of data will be monitored throughout processing. Upon operational ingestion of data, we will execute quality checks, as well as customized plan-specific validations. We monitor key volume and metric trends on an ongoing basis, measuring against historical trends and upper/lower control limits for consistency and completeness in inbound data. We use these monitoring procedures and alerts to ensure that we receive timely and accurate encounter data submissions from subcontractors. Encounter analysts meet weekly with each subcontractor to discuss encounter data and provide error resolution prior to our monthly submission of data to DMS. All reported encounter data will have procedure, diagnosis and other codes as explicitly directed by DMS. If exceptions need to be made to these standards, these exceptions will be considered on a code-by-code basis upon approval from DMS through a written request from Passport. Passport will also use the provider numbers as directed by DMS for data submissions. Further details on the encounter submission process are provided in **Section C.7 Encounter Data**.

C.6.a.vi. Financial Subsystem

Passport's Financial Subsystem, administered through Identifi HPA, supports DMS's administrative and financial requirements. Passport's Financial Subsystem leverages data that has been processed within its Claims Subsystem. As outlined earlier, a key component of Passport's MIS is the Claims Processing Subsystem in partnership with InstaMed® for the payment functionality. Collectively, the Financial Subsystem circumscribes processing around claim payments, adjustments, accounts receivable and other financial transactions. We maintain the remittance address in the claims system while InstaMed maintains provider Electronic funds transfer (EFT)/electronic remittance advice (ERA) election information or provider bank account information. We produce HIPAA-complaint 835 files as part of the check-run process and pass those files to InstaMed.

Providers enroll directly with InstaMed for EFT/ERA payment and transmission. If a provider is not enrolled with InstaMed, the remit address information from the 835 is used to create a paper check and EOP that is mailed to the provider. InstaMed operates a 24/7/365 technical and operational infrastructure with over 99.9% uptime. InstaMed is compliant, independently certified and audited at the highest levels for both health care and payment processing.

This process ensures that all funds are appropriately disbursed for claims payments and that all post-payment transactions are applied accurately to produce remittance advice statements, explanation of benefits (EOB) and a multitude of financial reports. To close out the claims processing cycle, Passport processes two (2) remittance cycles a week. Providers' selections with regard to bank account remit address, format and media for remit and other payment-related data define where payment is made. This data, along with any current adjustment data (for example, negative balances), are taken into account in the remittance processing phase. Passport's Financial Subsystem allows for updates of provider payment data; tracking of financial transactions, including TPL recoveries; and maintenance of adjustment and recoupment processes.

Passport's system also allows for processing of recoupments, mass adjustments and cash transactions, and it is able to accept retroactive changes to member financial liability and TPL retroactive changes and additional provider, member and reference data from the MIS.

All claims are processed on the Passport Claims Subsystem with the exception of pharmacy claims, BH, dental and vision claims. We encourage providers to submit claims through a HIPAA-compliant EDI powered by the claims clearinghouse, Change Healthcare. Using Change Healthcare means faster, more efficient and cost-effective claims submission and higher rates of automated clearinghouse payments, which in turn are issued from a Passport bank account. The built-in Change Healthcare functionality segregates the payments by categories, such as capitation, inpatient, outpatient, specialist and lab. The Change Healthcare file is balanced to the total of the check and EFT registers prior to being uploaded into the Passport system.

Pharmacy, BH, dental and vision claims are processed through subcontractors. Claim reports/invoices are received from subcontractors on a weekly basis. Each subcontractor issues the payments from its own bank accounts and receives reimbursement from Passport. The subcontractor data is balanced to the claims detail prior to issuing a wire payment to each subcontractor. The wires are entered into the Passport accounts payable system for accounting entry purposes and are part of the monthly bank account reconciliation process.

Passport's Financial Subsystem can perform payment processing, as well as adjustment processing. Any claims that have passed all required edits, audits and pricing processes (including any that are denied) are processed for payment by Passport. When performing and maintaining adjustment processing and its associated data, Passport's system can maintain original claims and their results of adjustment transactions in its claims history. The system is able to reverse the amount previously paid/recovered and then process the adjustment so that it can be easily identified, including editing, pricing and auditing each adjustment, which includes checking for duplication against other regular and adjustment claims. Negative adjustments are systematically satisfied by new provider claims payments without user intervention. Provider refunds, whether solicited or unsolicited, are also posted and reconciled in Passport's Financial Subsystem to specific adjusted claims, keeping the audit trail intact.

In addition to the automated payment and adjustment processing, identification of enrollment discrepancies and audits are performed on all manually written work completed by Enrollment Unit staff. Records are randomly selected, and an audit is performed on the work of any team member who completes enrollment functions, including processing of any new enrollments, and changes or deletions from the membership file. Detailed quality reports that document overall accuracy and error trends are provided to the manager on a monthly basis. This information is used for training and performance monitoring purposes.

The following reports in **Exhibits C.6-11** and **C.6-12** are produced using information housed in this system, adhering to the Administrative and Financial and Capitation Report requirements outlined in Section 37.0 of the Draft Medicaid Managed Care Contract and Appendices.

Exhibit C.6-11: Administrative and Financial Reports

Report Number	Report Name	Frequency
1	*Annual Managed Care Program Report*	Annually
2	*Operating Report*	Annually
3	*National Association of Insurance Commissioners (NAIC) Financial Statements*	Quarterly and Annually
4	*Audit and Internal Control Reports*	Annually
5	*Statement on Standards for Attestation Engagements (SSAE) No. 16*	Annually
6	*Medical Loss Ratio (MLR) Report*	Quarterly and Annually (with annual audits)
7	*Total Cost of Care (TCOC) Per Member Per Month (PMPM)*	Annually
8	*Expenditures Related to MCO's Operations*	…
9	*Pass-Through Payment Reporting*	Quarterly

Exhibit C.6-12: Capitation Payment Reports

Report Number	Report Name	Frequency
44	*Capitation Payment Request*	Monthly
45	*Capitation Duplicate Payment*	Monthly
46	*Capitation Adjustment Requests*	Monthly

C.6.a.vii. Utilization Data/Quality Improvement Subsystem

Utilization review/quality improvement and SURS are supported by the PHM system component, including the Identifi Review, Identifi Care, Identifi Practice and Identifi Engage modules described below.

Identifi Review is Passport's UM application with service-level agreement (SLA)-driven workflows and medical policy administration to support DMS utilization review/quality improvement and SURS by reducing inappropriate utilization. Passport's full suite of UM interventions includes prior authorization/prospective review, inpatient concurrent review, post-acute care/retrospective review, referral management, member and provider appeal, and member complaints and grievances. The data derived within the Identifi Review application fosters the development of robust utilization data to aid in quality improvement activities. Identifi Review allows Passport to actively monitor and manage underutilization and overutilization of services across the health plan.

Key features of Identifi Review include:

- Collaborative, SLA-driven workflow across UM teams with appropriate medical director escalation
- Auto-fulfillment of UM letters and electronic faxing for outbound communications
- Integrated appeals workflow and processes

- Fully enabled medial management through integration with Identifi Care
- Efficient medical necessity review through integration with InterQual and a license with Milliman
- Single point of access to view member profiles and member history
- Provider authorization request and submission status through integration with Identifi Practice
- On-demand, real-time reporting to track productivity, SLA adherence, IP utilization, etc.

Identifi Review maximizes the return on investment (ROI) of clinical resources by providing UM nurses with complete and real-time clinical and financial information and by pairing with Identifi Care to enable a truly integrated medical management model. Rich member profiles combine member demographic and contact information, claims, labs, biometrics, program eligibility, Continuity of Care Documents (CCDs), admission, discharge and transfer (ADT) data, care gaps, risk scores and other data. Automated workflows trigger follow-up action items for UM staff in a single, integrated platform and provide the ability to share UM requests with physicians and team members for review. Work queues prioritize follow-up actions based on SLA-configured requirements.

Intelligent workflows based on proprietary NCQA-certified UM programs and SLA-driven work queues eliminate manual tracking of SLAs. Full integration with Identifi Care enables real-time visibility into the status of all UM requests for care management (CM) staff and status of care management programs for UM staff, as well as enables joint UM/CM responsibilities. Integration with InterQual enables evidence-based decision support for each UM review line. Our UM model also includes pharmacists who support both pharmacy and medical UM development and operational functions. This type of integrated pharmacy model brings clinical pharmacy expertise to optimally manage cost and utilization of trend-driving, physician-administered specialty medications. Providers will be able to submit requests for physician-administered drugs as well as outpatient medications through Identifi Practice or by fax, phone, email and mail. The electronic prior authorization solution in Identifi Practice allows providers to receive a status on the submitted prior authorization or nonpreferred exception request and submit additional supporting documentation, as necessary. Identifi Review shares authorization request data with the Identifi Health Plan Claims Adjudication module to streamline processing when the claim is submitted after the service.

Identifi supports highly configurable auto-authorization rules that reduce administrative burden and reduce the time a provider must wait for a decision. These rules can be configured according to a variety of member (e.g., age, gender, diagnosis code), procedure and provider (requesting, attending, rendering) data elements. Passport uses machine learning and other analytics on historical authorization data and trends to identify potential auto-authorization rules to configure in Identifi. Our platform also supports integration of service authorization determinations with our claims processing system to support timely claims payments.

In addition to UM, Identifi Review includes management of auth-based as well as stand-alone appeals (e.g., claims appeal, lock in appeal). Appeals functionality includes an SLA-driven task-based workflow, an appeal-specific reference number for easy identification, and the ability to edit most data fields. The task queue includes sending a communication (e.g., acknowledgment, decision) and making a decision. In addition, auth-based appeals can be linked to the related auth request for quick reference/access.

Our UM system also has extensive reporting capabilities that allow us to monitor and report timeliness of review and determination within the required Commonwealth turnaround time frames. Standard UM and appeals reports available to Identifi Review include but are not limited to:

- Authorization Dashboard
- Inpatient Dashboard
- Request and Procedure Dashboard and details reports (e.g., request details, review details, care note, communications)
- Readmissions reports
- Productivity Dashboard and details reports
- SLA summary and details reports
- Appeals reports, with supporting care notes and communications details reports

The reports in **Exhibit C.6-13** will be produced from information housed in our Utilization Data Subsystem as required in Section 37.0 of the Draft Medicaid Managed Care Contract and Appendices.

Exhibit C.6-13: Utilization Management Program Reports

Report Number	Report Name	Frequency
72	*Prior Authorizations*	Monthly
73	*Utilization Report*	Quarterly
74	*Utilization of Subpopulations & Individuals with Special Health Care Needs*	Quarterly
75	*Behavioral Health Services In/Out State Facility Utilization*	Monthly
76	*Utilization Management Program Annual Evaluation*	Annually

Identifi Care is Passport's NCQA-compliant care management workflow and performance management application that enables the Passport care team to efficiently and effectively engage members in the care management process. The application supports multidisciplinary care teams in triaging members, conducting assessments, developing care plans and managing their list of prioritized action items in a guided workflow that aligns with the clinical model. Cross-functional collaboration within the application helps to engage the broader care team (physicians, pharmacists, dieticians, social workers, care advisors and care coordinators) on a common set of problems, goals and interventions, thereby maximizing ROI on care management by focusing on high-risk members. Identifi Care leverages the same longitudinal member profile available in Identifi Review (see Identifi Review section above).

Identifi Care prioritizes members for care management applications using a best-in-class intelligence engine that leverages proprietary predictive modeling algorithms to identify the most "impactable" members with high precision and then determine the most appropriate clinical program for those members. These predictive models leverage all available information about a specific member including claims and clinical data, as well as other social data sources (e.g., public housing data, consumer data) to stratify

members based on their likelihood of experiencing specific impactable outcome within the next six (6) to nine (9) months, such as an ambulatory care-sensitive hospital admission.

As noted earlier, one of the most frequently cited measures of predictive performance is the model's c-statistic (the measure of the area under a ROC curve). A c-statistic of 0.5 indicates a random chance at predicting a future event (e.g., a coin flip), while a value of one (1) is a perfect predictor. A model with a c-statistic of 0.8 or higher is considered to have strong predictive ability. The MIS' c-statistic is 0.82, significantly higher than the rest of the industry and indicative of strong predictive ability. The Identifi PHM system's suite of stratification predictive models targets "impactable" future members, events and medical expenses as further summarized in **Exhibit C.6-3** presented earlier in the MIS section.

Identifi Care was purpose-built both to ensure strong alignment with care management operations and to drive maximum clinical impact, all while reducing the cost of care. The module supports a member-centered, holistic approach to assessing, planning and implementing personalized care plans aimed at improving members' physical and behavioral health, functional status and overall quality of life. Identifi Care is preloaded with proven longitudinal and episodic clinical programs as well as a full suite of NCQA-compliant assessments that prompt care advisors with evidence-based intervention recommendations. These recommendations are supplemented by the Care Advisor's clinical judgment to create a personalized care plan for the member.

Identifi Care also supports collaboration across all members of the care team, including pharmacists, social workers and other clinicians. All documentation can be shared across care team members, and individual users can create and assign action items to other care team members as needed. Care notes and care plans can also be shared with physicians through Identifi Practice.

Identifi Care has embedded workflow solutions for common tasks managed by the care team:

- Gaps in care are identified by a configurable rules engine that leverages all the available data for a member. Identifi Care users can view currently open care gaps and the history of closed gaps (based on claims data or user intervention). Care gaps can also be closed based on information collected from the member. The latest status of care gaps is shared with Identifi Review and Identifi Practice users.
- The member's medications can be reconciled, combining data collected from claims with member-reported data (e.g., for over-the-counter medications). Medication status can be updated on a recurring basis.
- All Identifi Care users can document and contribute to a history of communications, including any materials sent to the member or extended members of the care team. Identifi Care also retains a history of care notes for the specific care management program.
- Identifi Care users can document the PCP who is coordinating care for the member (which may be different than the assigned PCP based on eligibility files).

Identifi Care includes embedded reporting that summarizes an individual Care Advisor's member panel, highlighting members who require intervention. Manager-level views also support performance management across individual care advisors, focusing on actions that drive the most impact based on evidence-based analysis.

Identifi Practice (Practice) is Passport's provider-facing portal that supports utilization/quality improvement. Practice is designed to inform providers about actionable opportunities within their member panels by surfacing information about care gaps, active care management programs, and cost and utilization metrics. Practice integrates with provider EHR systems to promote data exchange, improving care efficiency and the accuracy of our risk stratification models.

Practice includes several pre-built member rosters that can be further customized by providers and their staff. The Total Members roster includes a snapshot of all members attributed to a provider or practice, detailing the risk of impactable ED visits and inpatient admissions, status of care management programs (based on activity in Identifi Care), the number of open care gaps for each member, and chronic conditions identified for each member. A more focused roster highlighting members with care gaps identifies all the open care gaps within a provider's panel.

Providers can also obtain additional details by drilling into a specific member from one of the rosters or by searching for members individually. Once on the member profile page, providers can view problems, goals and interventions for members enrolled in care management or view the complete care plan provided by the Care Advisor to the member. Providers can also access details about open care gaps for that member, as well as close care gaps based on education provided to the member or electronic medical record (EMR) chart review.

Practice also includes detailed interactive reports that highlight compliance with quality measures relative to targets or additional details about their panels, including recent medical and pharmacy service history. Quality measure compliance is calculated by a customizable rules engine that includes both NCQA-certified Healthcare Effectiveness Data and Information Set (HEDIS) measures and "HEDIS-like" measures that include some variation from HEDIS specifications (e.g., relax continuous enrollment requirement). Member-, provider- and practice-level results are available to providers/practices through Practice, but Passport can support broader quality improvement initiatives through access to the complete data set. This allows Passport staff to define quality improvement initiatives that target specific measures and/or providers/practices based on current and historical performance.

Practice also allows providers and their staff to submit prior authorization requests (inpatient, outpatient, durable medical equipment (DME)) directly to the Passport UM team. Providers and practice staff can edit requests after initial submission and upload supporting information electronically. The status of authorization requests is available in real time to Practice users (based on their security profile).

The flexibility and modular design of the system has allowed Passport to easily adapt to the requirements of the Kentucky statewide plan. In fact, the system was recently upgraded to enhance scalability and the ability to provide data in a structure for DMS' needs.

The reports in **Exhibit C.6-14** will be produced using information housed in our Quality Improvement Subsystems as required in Section 37.0 of the Draft Medicaid Managed Care Contract and Appendices.

Exhibit C.6-14: Quality Reports

Report Number	Report Name	Frequency
32	*Report of Quality Improvement Activities; Monitoring Indicators, Benchmarks & Outcomes*	Annually
33	*Quality Assurance and Performance Improvement (QAPI) Status Reports*	Quarterly
34	*34 QAPI Annual Report*	Annually
35	*Performance Improvement Projects Status Reports*	Quarterly
36	*Audited HEDIS Reports*	Annually
37	*Other Quality & Performance Measurements Reports*	Quarterly & Annually
38	*Member Satisfaction Survey Report*	Dependent on Survey Timing
39	*Provider Satisfaction Survey Report*	Dependent on Survey Timing
40	*Member Appeals & Grievance Activity*	Monthly
41	*Provider Appeals & Grievance Activity*	Monthly
42	*KY HEALTH Grievance Activity: Members and Providers*	…

Member-Facing Mobile Application

Passport members who are actively enrolled in care management programs have access to the **Identifi Engage** (Engage) mobile application to facilitate two-way (chat) communication with their care team. Chat messaging supplements traditional telephonic and in-person communication, allowing frequent and convenient communication between members and care advisors to maintain program engagement while limiting interruptions in members' daily lives. Engage also provides an additional channel that provides directions and interventions to the member (e.g., links to resources, recipes, etc.). Engage is available via the iOS and Android app stores.

Passport Member-Facing Mobile Application Expansion

For the proposed contract period, Passport intends to expand smartphone application availability to the full plan membership. In this model, the smartphone app will be freely available to all members regardless of prior engagement with Care Managers or other plan staff. Upon downloading the app from iOS or Android stores, members will be able to perform a wide variety of core health plan functions, including:

- Registering for the app and managing their login/password
- Validating their coverage history including effective and termination dates
- Viewing status of claims submitted and any accumulators
- Searching in provider directories

C.6.a.viii. Surveillance Utilization Review Subsystem (SURS)

The Passport SURS incorporates our FWA detection tools. Our claims processing system, leveraged through Identifi HPA, uses a custom-designed FWA program from ClarisHealth. In turn, ClarisHealth utilizes a suite of analytics designed to identify aberrant claim patterns with a comprehensive claim and case management platform, enabling efficient tracking and reporting of all recovery activity. It also includes claims editing to identify potentially wasteful or fraudulent claims and can pend claims from providers or for services to members who are being investigated for potential FWA.

SURS incorporates industry-leading anti-fraud technology, allowing for substantive surveillance utilization review. It also includes case tracking, data manipulation and visualization tools, ad hoc and scheduled analyses, and claims editing to identify potentially wasteful or fraudulent claims. In addition, it can pend claims from providers or for services to members who are being investigated for potential FWA. By leveraging built-in FWA capabilities, Passport can conduct claims reviews to identify patterns that may be indicative of FWA on a prospective and retrospective basis. Together, these tools are used to identify potential FWA, such as overutilization; up-coding; high-dollar claims; unusual patterns by subscribers, providers or facilities; unusual dates of service; excessive time units for time-based codes; unusual claims volume by providers or members; unbundling services; incorrect reimbursement to providers, members, facilities and/or pharmacies; and incongruous procedure code, prescription and diagnostic code combinations.

Passport works diligently with other subcontractors on FWA efforts. For example, our dental and pharmacy administrators run targeted algorithms to detect potential fraud and identify anomalies for further review. The way that SURS leverages ClarisHealth grants the ability to analyze claims data to identify potential member and provider FWA.

Exhibit C.6-15 lists the reports produced using information housed in this system, adhering to the Program Integrity Reports outlined in Appendix D–Reporting Requirements and Reporting Deliverables.

Exhibit C.6-15: Program Integrity Reports

Report Number	Report Name	Frequency
65	*SUR Algorithms*	Monthly
66	*Provider Fraud, Waste & Abuse*	Quarterly
67	*Member Fraud, Waste & Abuse*	Quarterly
68	*Medicaid Program Lock-In Report*	Monthly
69	*Medicaid Program Violation Letters & Collections*	Monthly
70	*Explanation of Member Benefits (EOMB)*	Monthly
71	*Overpayment Recoveries*	Annually

Member/Provider Services & Telephone Management

Member/provider services, communications and support are intrinsic to our mission, with Identifi HPA managing the call centers where incoming calls are routed through an automatic call distributor to the first available customer service representative and then logged in Identifi HPA for tracking/reporting. To expedite routine eligibility verification calls, we use interactive voice response (IVR) technology, so that providers or members can verify eligibility by entering the member's identification or social security number when prompted. Once the member's ID is entered, the IVR system provides the member's status as either eligible or not eligible for benefits as well as the member's PCP and office visit copayment amount. Our call centers have the following features:

- System routing, tracking and reporting capabilities to ensure smooth transitions, management of information and operational reporting for internal teams as well as DMS
- Management of Customer Service Representative (CSR) teams to allow workload balance through skill level assignments
- Live dashboard monitoring of queues so real-time adjustments can be made based on volume
- Live call-monitoring capabilities
- Record retention, where calls are recorded and maintained for no less than ten (10) years
- Ability for auditors to use both recorded and live calls for quality monitoring
- Storage of quality auditor score sheets
- Automated reports that allow management to track daily and month-to-date SLAs
- Phone number for members that routes to a call center representative, where the only option a member has to choose is English or Spanish
- Phone number for providers that allows the option of an IVR or live call center representative (providers can also select an option to be routed to a live representative from the IVR if they need further information).

Subcontractor Management Information Systems

Passport contracts with highly qualified vendors to manage specific portions of the services rendered through the managed care program. CVS/Caremark (CVS), Beacon Health Options, and Avēsis use sophisticated management information systems that work in concert with our core system, allowing us to effectively manage and oversee member service delivery.

CVS/Caremark

CVS fully owns and maintains a proprietary, integrated claims processing suite of systems called RxClaim, which has been operational since 1995. CVS owns the source code, enabling quick changes to the software based on Passport's needs. The system is scalable, flexible and continuously enhanced to keep pace with Passport's requirements, enterprise system enhancements and ever-changing market needs, including state and federal requirements. Passport leverages shared interfaces and integrated file transfers with CVS to manage and oversee the delivery of pharmacy benefits to members.

RxClaim is designed to allow flexibility in the administration of multiple plan designs in Passport's prescription drug program. Anticipating needs, the suite of systems is designed without upper-limit boundaries, and system hardware is upgraded before current bandwidth or CPU cycle allocations/capacity levels are exhausted.

System Architecture

CVS uses IBM's most advanced technology: Power8System model 880 hardware and 64-bit reduced instruction set computer (RISC). Redundancy is built into every aspect of the claims processing computer systems, including primary and secondary processors for production, a processor for development and fully redundant disk storage systems. IBM system model 880 employs five (5) notable system concepts:

- *Hierarchy of microprocessors*. The system features a large number of microprocessors in addition to the main system processor. Each input/output device type on the system has its own microprocessors, enabling data to be written or read while the main processor executes another application.
- *Layered machine architecture*. This architecture insulates users from hardware characteristics and enables migration to new hardware technology without impacting the application programs.
- *Object orientation*. Everything that can be stored or retrieved on the machine is known as an object, and objects exist to make users independent of the internal structure of the machine.
- *Operating system*. The operating system is a single entity that fully integrates all the software components (e.g., relational database, communications, networking) needed to support claims processing.
- *Single-level storage*. Main storage and disk storage appear contiguous by implementing a device-independent addressing mechanism when an object is saved or restored on the system. This means extra storage can be added without affecting applications.

All systems are supported by uninterruptible power supply systems and diesel-driven power generators to ensure operations twenty-four/seven (24/7). Because it is predicated on scalability, the CVS system's

architecture is designed to accommodate significant increases in processing requirements. CVS maintains a multiplicity of technology systems, with primary functional areas of integrated claims adjudication, data warehousing and decision support. Each functional area requires specific technologies to address its particular systems requirements.

Data Warehousing

The EDW facilitates storage, linkage and rapid retrieval of prescription information and other health data and advanced tools, such as statistical analysis system software, which allows large amounts of data to be accessed faster than ever before. While traditional reporting gives the user a historical perspective, CVS provides intelligent reporting—reports with built-in interactive features that enable Passport to manipulate data with future projections and understand how to influence and shape those developments.

CVS's data warehousing technology employs a combination of proprietary and third-party-developed software systems in a client/server environment. This system provides access to ad hoc queries and reports (e.g., clinical, administrative, financial). Highlights of the CVS data warehousing systems include:

- More than 220,000 pharmacy entities with name, address and classification information
- Multiple therapeutic classification systems
- Online data resources that currently include nearly 16 million drug pricing records with historical information spanning more than seven (7) years
- Oracle, Teradata and Hadoop
- Proprietary enhancement data sets

Integrated Claims Adjudication

CVS's integrated retail and mail service claims adjudication network consists of a varied infrastructure composed mainly of WAN/LAN architectures and a drive for customer service. The WAN media involve dedicated point-to-point private lines services, multiprotocol label switching (MPLS) using both traditional T-1 and new flexible WAN ethernet to provide greater access to additional capacity and new features. The LAN services are one (1) Gb and ten (10) Gb ethernet on dedicated internal hardware to isolate adjudication service from other traffic types. This ensures the highest level of availability and performance for claims adjudication services.

Reporting

The CVS claims processing suite of systems offers a comprehensive set of automated reports and customizable reporting capabilities that provide the key financial and utilization statistics essential to analyzing and managing Passport's pharmacy benefit program.

Beacon Health Options

Beacon's FlexCare360 information management system is efficient and flexible in supporting the diverse services and capabilities necessary for Kentucky Medicaid. The system provides meaningful and user-friendly reports on quality, utilization, administration, provider performance, finance, and complaints and grievance

indicators, as well as the ability to pay claims timely, accurately and in accordance with HIPAA transaction requirements.

FlexCare360 is a modular system, with all the modules fully integrated and working in concert to provide users with high quality functions and data. It is comprised of six (6) main modules that have a system of checks and balances built into their programming to ensure reliable performance and accurate data reporting. The modules function as follows:

- The **member/customer service module** carries out customer service-related tasks and is the point of entry into the system for member information. Data such as member demographics, current and historical eligibility information, call history, complaints, grievances and appeals information resides in this module.
- The **plan management module** serves as the "benefits administrator." It stores and maintains all contract/plan-specific information, such as distinct plan definitions, specifications, level-of-care criteria, performance standards and fee structures.
- The **provider management module** affords users with network management functions and handles provider information, such as provider credentialing and specialties at the individual and provider organization levels. It works seamlessly with the plan management module to fully integrate items such as fee structures from various contracts.
- The **clinical management module** allows users to conduct case and UM activities. It is the point of entry and maintenance vehicle for case management information, such as treatment history, linkages with PCPs, external agency involvement, and service authorization data, treatment goals and outcomes. This module also maintains information regarding the utilization review management and service authorization activities. Additionally, it maintains the most up-to-date clinical symptoms and members' historical clinical data, along with integrated person-centric, level-of-care criteria, to enhance clinical decision-making.
- The **claims processing module** provides users with all claims processing and payment functions. It integrates data from the case management and provider management modules and allows for claims data entry to occur via various mediums, including manual as well as electronic entry. Tasks such as claims data validation and adjudication are performed in this module. In addition, this module handles all fund disbursement features, such as check printing and EFT.
- The **reporting/analytics** function of the overall FlexCare360 architecture provides all required and ad hoc reporting capabilities. FlexCare360's reporting architecture provides for a dedicated reporting data warehouse that is distinct from our transactional database. Transactional data is replicated to this data warehouse on a nightly basis, where data goes through an ETL process and is prepared at an atomic level for reporting and analysis. In addition, the data is aggregated and summarized on a weekly and monthly basis for the data marts and cubes in Microsoft business intelligence (BI) tools. From there, the data will be available for reporting and analysis via the Microsoft self-service portal.

The FlexCare360 system offers built-in checks and balances to ensure highly reliable performance and accurate claims processing. The system is designed to be highly configurable per the unique business needs of Passport, especially related to unique member identifiers; products offered to members and their related benefit limits; out-of-pocket maximums; and network participation by product and benefit limits.

Some examples of integrated system checks include:

- Eligibility data uploaded into FlexCare360 through data files received from Passport
- Coverage and benefits (maximums and minimums)
- Authorization requirements from the clinical management module
- Provider contracting status in relation to the procedure/revenue code being billed
- Validity of diagnosis codes, submitted NPI number and other data
- Sophisticated hierarchical adjudication logic

Claims Payment and eServices

Beacon uses FlexCare360 to adjudicate claims, and to make administrative requirements more efficient and user-friendly, the system also offers web portal capabilities. Through Beacon's eServices provider web portal or EDI gateway, electronic claims are uploaded and run through FlexCare360's claims adjudication engine for processing and entered into the claims processing module. The system accepts national 837I (UB-04 equivalent) and 837P (CMS 1500 equivalent) electronic as well as paper formats. Paper claims are either entered from scanned images upon the day of receipt or an 837 is created from the paper images submitted to FlexCare360. Once in the system, claims are run through FlexCare360's claims adjudication engine and tracked.

All claims information remains available in eServices for future reference, and users can view claim status here, regardless of how the claim was submitted. In most cases, claim status is posted on eServices within two (2) hours of electronic submission of the claim. Alternatively, providers can use EDI, which is also available twenty-four/seven (24/7) to providers and supports electronic submission of claim batches in HIPAA-compliant 837P and 837I formats.

Finally, while paper submission of claims is discouraged, providers can submit them manually by using the national standard format CMS 1500 or UB-04 claim form. Beacon has consolidated and streamlined operations by outsourcing paper claim processing to Fidelity National Information Services (FIS). By partnering with FIS, an industry-leading organization headquartered in Jacksonville, Florida, Beacon is able to improve the consistency, quality and timeliness of paper claims. All paper claims will be received and scanned by FIS, which will then generate an 837 to be sent to Beacon and accepted into FlexCare360 for adjudication.

FlexCare360 includes adjudication edits and logic for claims processing. It also contains standard code tables with HIPAA-compliant codes for diagnosis, procedures, decisions and place of service. During claims adjudication, the system uses these tables for adjudication processing, in turn validating industry standard codes. Specifically, FlexCare360 claims logic checks for erroneous payments, including duplicate payments, incompatibility between gender and procedure code-diagnosis edits, gender code-diagnosis edits and payments for services that do not correspond with the pricing schedule on file for the date of service.

Avēsis

Our dental and eye care benefits administration subcontractor, Avēsis, uses BridgeGate Health's technology solutions for all extract, transform and load (ETL) functions. We exchange data and files through the

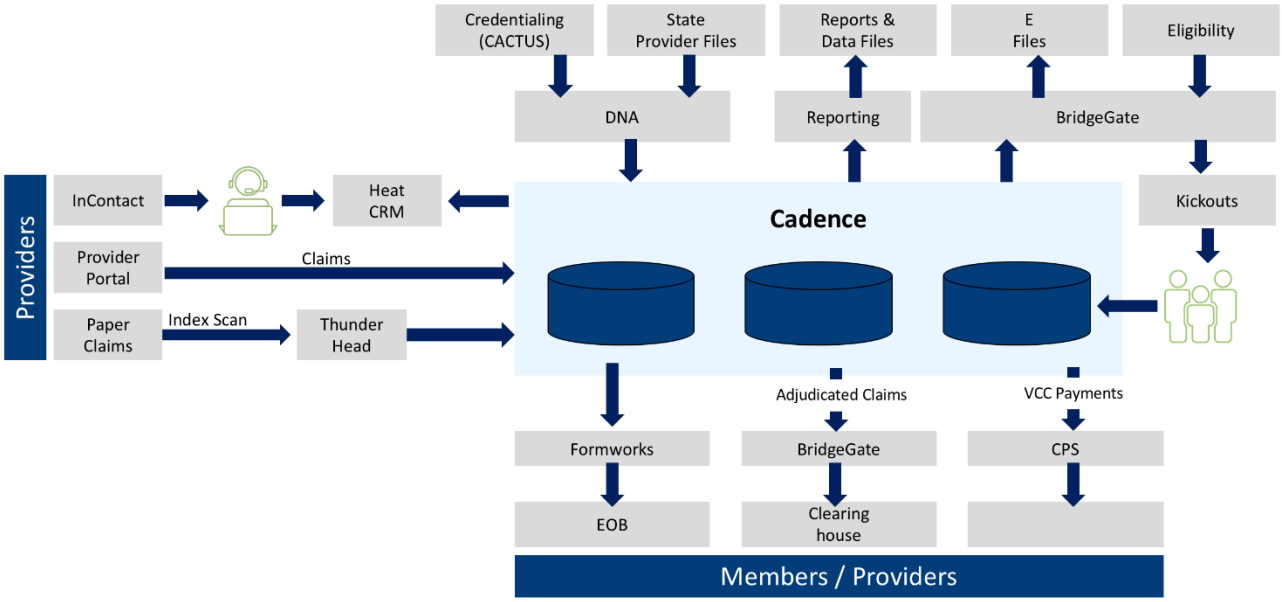
Axway/Secure file transfer protocol (FTP) system, where on both a scheduled and ad hoc basis, BridgeGate picks up and processes files using our custom business logic. BridgeGate also extracts data from the Cadence system and pushes it into Axway/Secure FTP systems, where it is then transferred into our system or set for pick-up by a team member. For data safety and reference purposes, all the data Avēsis receives from Passport is archived in an archive file server.

In addition, Avēsis has a provider web portal that uses secure interfaces to:

- Offer online (a) client eligibility verification, (b) secure claims submission, including batch uploads and batch viewing, (c) prior authorization request submission and (d) claims appeals, complete with electronic signature capabilities
- Offer an online credentialing process
- Offer an online process to obtain electronic remittance advice (graphical user interface (GUI), EDI or other)
- Include an electronic process to obtain EOP statements and other reports in PDF
- Provide information on submitting an appeal for recoupments due to eligibility changes

Finally, Avēsis uses a third-party software-as-a-service (SaaS) customer relationship management (CRM) solution called Heat from Ivanti. Heat interfaces with the claims system to support provider and member calls. The call center uses soft phones via InContact in a SaaS model as illustrated in **Exhibit C.6-16**.

Exhibit C.6-16: Avēsis Software-as-a-Service CRM Solution



Avēsis' MIS includes four (4) secure interfaces with external tools to provide comprehensive benefits administration as illustrated in **Exhibit C.6-17**.

Exhibit C.6-17: Avēsis Software-as-a-Service CRM Solution

Name/Unique Identifier	Type of Interconnection (e.g., SFTP, HTTPS, Web Services, etc.)	Interaction Details and Security Considerations
BridgeGate	SFTP	Commercial EDI transformation engine
InContact NICE	Hypertext Transfer Protocol Secure (HTTPS)	Member self-service through XML gateway (interactive voice response)
Thunderhead	HTTPS	Member/provider correspondence generation and printing
CPS	SFTP	Secure provider payment system

Avēsis is thoughtfully laying the groundwork to replace its claims system by 2024, one (1) year before the contract term is due to expire. Avēsis will work closely with the selected platform vendor and Passport to ensure there is no disruption to services through thorough planning and testing. As work continues in the current system, Avēsis is continually investing in staff and technology to provide the newest and most efficient administrative and reporting systems available.

Passport Management Information System Reporting Capabilities

Passport complies with all current DMS reporting requirements. We have reviewed all reporting requirements outlined in Section 37.0 of the Draft Medicaid Managed Care Contract and Appendices and are prepared to develop and submit all required reports in accordance with DMS specifications and timeframes, respectively, as outlined in **Attachment C.6-1_DMS Report Summary**. Passport fully supports the opportunity to collaborate with DMS and other contracted MCOs to establish report templates for a comprehensive reporting package that meets the needs of the Kentucky Medicaid Managed Care Program. A description of our robust reporting infrastructure is detailed below.

Data and Technical Solution to Meet Reporting Requirements

The Identifi EDW serves as the primary source of data to support operational, clinical, financial and ad hoc reporting in compliance with DMS, CMS, state and other federal agency requirements. The reporting stack leverages a wide range of data types, including clinical data, SDoH, partnerships with external data sources, EMRs, EHRs, third-party resources, administrative (payor) data and claims data. Our data validation process allows all external data loading (batch or real-time messages) of the aforementioned data types to go through a series of loading steps involving multiple staging tables of increasing complexity, moving clean data into the final data mart for reporting purposes and ensuring that the data elements required to produce the required reports are captured within our member-centric data warehouse.

The Identifi EDW allows for automated reporting and analytical needs as well as ad hoc report queries. The reporting subsystem uses a MicroStrategy backbone to provide robust reporting and business intelligence capabilities, including advanced visualization and dashboard options to present data in the most intuitive manner. The MicroStrategy semantic layer is connected to the Identifi EDW, allowing business intelligence users to access the data to create ad hoc reports, along with a complete palette of graphical widgets to present the data in the most understandable manner possible. With this pairing of EDW integration and visual insight capability, users can slice, dice, roll up and drill down with ease. The Identifi Platform's high configurability also allows for any necessary customization to respond to DMS-specific rules, workflows and data requirements, including prescribed reporting formats and frequencies as part of a comprehensive reporting package to address all requirements of Appendix D–Reporting Requirements and Reporting Deliverables.

In some instances, accountability for compiling specific DMS reports lies within a specific Passport operational area. In these cases, the Passport Compliance Department works closely with the functional area to ensure that reporting specifications are clearly defined and understood and that submission timeframes are met. Examples of these reports include NAIC annual financial statements, audit and internal control reports, marketing activities reports, QAPI status reports and audited HEDIS reports. As appropriate, functional report owners can use the Identifi Platform directly for a specific data set or to request more complex analytics and reporting through the analytics and reporting team. In both cases, the emphasis is on close collaboration, clear handoffs and quality control to realize the highest degree of efficiency and accuracy.

Passport can provide several report templates to DMS, CMS and other state and federal agencies at the appropriate submission cadence. It utilizes Identifi software's "canned" reporting, which is more operational in nature and focuses on daily routine monitoring, such as census, numbers of newly identified members and more; batch file requests that involve large data sets and claims-based activity summaries; and/or unique reports that result from database queries in an executable program language, typically statistical analysis system (SAS) and/or standardized query language (SQL) as further outlined in Section 27, Contractor Reporting Requirements.

Capabilities to Address a Broad Spectrum of Reporting

In addition to the above types of reporting templates and types of reporting platforms used, Passport is able to delineate its reports into qualitative (descriptive in nature, focused on processes and used to uncover trends), quantitative (ability to collect and report on measurable data to formulate facts and uncover patterns) or a combination of both.

For financial reporting, Passport's Financial Services department uses a combination of SAGE 50, Microsoft Excel and Microsoft Access to deliver reports to the financial management teams. The data for this reporting is generally sourced from our financial subsystem and the EDW, and as such, we are able to generate reports

to support cash management, funds flow, general ledger accounting, pro forma and financial statement generation, budget analysis and other financial requirements.

For population health and operational reporting, Passport's Data Analytics department leverages all claims, provider and eligibility data to support a robust reporting capability, including a suite of analytics services, embedded platform capabilities and configurable business intelligence and reporting tools to surface insights and drive improvement. As outlined above, our analytics capabilities are built on the MicroStrategy business intelligence platform. We geocode all members, providers and sites of care on the Identifi Platform, which allows for geospatial analytics, including maps of high-risk members and their attributed PCPs.

Identifi users can export reports and files in structured and unstructured formats, including Excel, PowerPoint, Word and/or PDFs, as well as configure existing formats to better meet their presentation needs. The reports within Identifi modules are designed to provide interactive, visual reports for optimal output within the module (e.g., targeted dashboards for providers in Identifi Practice) and can also be exported in structured and unstructured formats depending on the report.

Financial data elements corresponding to premium, capitation, incentives, etc., can also be stored in the data warehouse for use in reporting and analytics. The analytics team builds out financial summaries and generates reporting stacks that answer questions on plan profitability (MLR), trend components, drivers and opportunities. Reporting is flexible, so users can slice and dice the data by rate cell, provider hierarchies, service delivery area, etc., and highlight key cost and utilization metrics.

Quality as an Integral Component to Reporting

Passport places a strong emphasis on both quality and compliance. We never consider a report fully "canned" or completely automated. Each report that we produce, regardless if it is a one-time ad hoc report or a cadenced standing monthly report, is subjected to the same quality assurance (QA) check for completeness and accuracy, including data validation, reliability, comprehensiveness of the information requested, and format and presentation per DMS-defined requirements.

Passport's analytics and reporting team regularly reviews reports as part of a continuous improvement and quality control cycle to ensure that requirements are accurately reflected in the reports produced. While this process is essential for reports already delivered to DMS, it also provides an agile review cycle that allows for the modification and potential expansion of the numerous dashboards and preexisting data elements used for internal measurement purposes, operations and quality. Using the same workgroup that is developing comparable and sustainable reporting efforts across the MCOs to determine the most practical list of existing reports also ensures consistency in this effort, as well as contributes to version control. Passport uses these agreed upon and shared reports as a means to develop continuous quality improvements in response to trending, goal/objective performance and system change.

Existing processes are in place that will allow us to respond to new DMS requests and quickly utilize key operational metrics that are already built out. Any new report developments will adhere to the report development process steps described in Section 17 and will adhere to the same rigorous QA and control standards implemented across the entire reporting function.

Passport Management Information System Testing Infrastructure

The Identifi Platform is rigorously tested and validated to ensure compliance with DMS' testing and Kentucky Medicaid program requirements. The platform maintains separate environments as each release matures closer to production, with the development (DEV), QA, user acceptance testing (UAT) and production (PROD) environments helping to ensure that each change is thoroughly tested and validated prior to release. These tests help to ensure that system changes and updates do not adversely affect other systems, including those operated by Passport and its subcontractors, as well as that older programming still works with new changes.

Evolent continually updates and enhances the Identifi Platform, rigorously testing and validating updates prior to release to ensure compliance with Kentucky Medicaid program requirements. Passport's testing capabilities meet DMS' unique system requirements and include any and all required testing as directed by DMS. As previously noted, Passport was proud to serve as the Kentucky showcase MCO to CMS. We worked collaboratively with both DMS and contracted vendors to demonstrate our readiness to execute new Medicaid program requirements. Our comprehensive testing plan required 900 hours of partner integrated testing and dry run calls with DMS and contracted vendors to ensure adherence to required results and outcomes for critical program requirements, such as 834 consumption, plan mapping for the Kentucky HEALTH population and automated delivery.

Passport welcomes the opportunity to participate in joint application development sessions for system or policy changes upon request by DMS, ensuring that the system is enhanced and updated collaboratively and then tested to DMS requirements. The Identifi Platform also goes through several iterations of internal tests, including integration testing, end user capabilities testing and Identifi Platform security testing as further outlined below.

Identifi HPA

Identifi HPA software code is managed in Microsoft's Team Foundation Server, a product that provides source code management (either with Team Foundation Version Control or Git), reporting, requirements management, project management (for both agile software development and waterfall teams), automated builds, and testing and release management capabilities. It covers the entire module lifecycle and enables DevOps capabilities. The Support Team regularly applies fixes to all versions where a bug may exist, including the current "in-progress" branch.

The development team utilizes an agile-scrum software development life cycle (SDLC) and releases service packs every ten (10) weeks that include new system enhancements and bug fixes. The ten (10)-week releases consist of five (5) sprints, each two (2) weeks long. Each new enhancement is tested and validated by QA and the product owner at the end of each sprint. The fifth sprint in each release is identified as a "hardening" sprint, where no new code is introduced but full regression testing, manual and automated, is performed on the system.

After successful acceptance testing is completed, a release is promoted to P during well-communicated, nonpeak processing times between the 2:00 a.m. to 6:00 a.m. block.

All product patches and releases are handled by a central group for a repeatable process. Each release is numbered as **Rel. N.XX.YY**, where "N.XX" is the denotation of a master release, and ."YY" is the version number. The Identifi HPA system has a fully dedicated UAT environment for each release, and changes are typically provided within thirty (30) days of acceptance testing in that environment. Test times can vary based on the complexity of a particular release and the potential impact of the feature changes to Passport.

Comprehensive test beds have been created that can be modified to suit Passport's specific testing requirements. Business owners and internal stakeholders define the content of the test cases to be executed and subsequently help to define the expected results. Reusable test beds are comprised of applicable EDI files and data loads that execute specific test cases for Passport. Files from the reusable test beds can be used for all future testing efforts, which gives Passport a consistent testing approach.

The job scheduler function in the core payor system is leveraged to load the files from reusable test beds and run additional jobs to execute other required test cases (e.g., invoicing). Test cases that cannot be executed through a scheduled job will be executed with a manual test case. There are some instances where the software functionality must be tested through the UI: these test cases will also be executed during the manual test case execution. For example, the best and most realistic way to test the member profile functionality is through the UI, but the member used for this test could be loaded through an 834 eligibility load.

Negative test cases are also handled. A negative test case can be defined as ensuring the software gracefully handles unexpected input and data variables, for example, the system should not allow a user to save a "letter" in a date field. Some examples of eligibility and claims regression testing are shown below.

Non-automation eligibility regression testing:

- Load/processing
- ID card generation
- Invoicing (if applicable)
- Effectuation (if applicable)

Non-automation claims regression testing:

- Top 50 providers
- Top 50 procedure codes (by frequency)
- Top 50 procedure codes (by dollars)
- Top 20 diagnosis codes (by frequency)
- Top 20 revenue codes (by frequency)
- Top 20 revenue codes (by dollars)

Identifi Population Health Management (PHM)

The Identifi PHM system enhancement configuration is managed through environment-specific configurations and acts as a controlled change management process for deploying code to production. All deployments to the PROD environment are managed through an enterprise release management (ERM) process. Thorough post-production deployment validations check for module and data consistency.

Major releases of the Identifi PHM system go out on a quarterly basis (every ninety [90] days), on the last Sunday of a predetermined month. Each release contains a predetermined scope that is identified via feature tagging in Identifi's source code management system (including numbers showcasing the approved change and/or enhancement requests). Once the code has been completed, the build process is engineered such that only the specified features tagged as being in scope for a specific release are built in the module binaries for production release. This prevents code that has not been through the certification processes from being included in any production deployment. Our ERM team builds a feature checklist and sequence of events for each release to ensure that the change management process is followed. Only a very limited team of system administrators have rights to perform the actual deployment to production.

Changes and enhancements are approved by business owners based on UAT. Both QA analysts and business owners validate and approve production deployments prior to turning the new version over to end users. All source code is maintained and versioned in a code repository. When the code version has been approved in a QA environment, the code is moved to a UAT environment. Business users test in UAT, and once testing is complete and any issues are addressed, business sign-off is received. Once this version is deployed to production, business and IT users validate the changes in production. Upon the successful completion of validation, the system is made available for external users. Identifi users are notified in advance of any changes to the UI, and training is provided for any changes in the process/business workflow. This training may be provided in various forms (including job aids and webinars), depending on the scope of the update.

The Identifi module development team uses the GitHub code versioning tool to track and maintain all code versions, and the TeamCity module is used to build and deploy module code based on the business-approved version targeted for the production release as outlined above. The code version is displayed on the UI to ensure visibility of the deployed code version.

Identifi maintains separate environments as each release matures closer to production: DEV, QA, UAT and PROD environments ensure that each change or enhancement is validated prior to promotion. A combination of manual and automated regression testing helps to ensure the quality of each release. Our testing team maintains a library of more than 1,500 test cases in Microsoft's Test Manager to validate candidate releases. We also use Microsoft's Team Foundation Server to track the execution and status of all targeted test cases for each production release. Release notes are published with each release.

Each new release of the Identifi module is assessed by the web module security team so that new risks can be mitigated. For production checkout, a checklist is utilized to verify that all required functionality has been executed prior to QA sign-off. After successful testing and a production checkout is executed, the

enhancement and/or change release is promoted to production during the 1:00 a.m. to 6:00 a.m. block, to minimize impact to users.

Integration Testing

As outlined above, both components in the Identifi Platform (HPA and PHM) utilize multiple environments in the development cycle. The DEV, QA, UAT and PROD environments help to ensure that each new change or enhancement is validated prior to promotion. The separation of environments allows any issues or problems to be isolated and remediated before they are promoted to the next environment in the queue, potentially jeopardizing existing code and modules. In the event issues are discovered during the change management process, they are assessed by the agile-scrum SDLC team for business impact. The scrum team's product owner will communicate the issue to the impacted business units and negotiate a solution based on business needs and objectives, as well as any technical constraints that may exist. Once resolution is obtained, the code is reevaluated in its respective environment, and once it is confirmed to be issue-free, it is promoted to the next environment. All code must be fully validated and pass all exit criteria before it is promoted to the next environment in the queue.

Development teams use a combination of manual and automated regression testing to ensure the quality of each release. Regression testing is the process by which we test any changes and/or enhancements or updates to the Identifi Platform to ensure that system changes and updates do not adversely affect other systems, including those operated by Passport and its subcontractors, as well as that older programming still works with the new changes. Our testing team maintains a library of more than 1,500 test cases in Microsoft's Test Manager to validate candidate releases. Of these 1,500 test cases, roughly 600 are dedicated solely to regression testing, both manual and automatic. Our regression testing ensures that system changes do not impact system components that have not been changed for a release.

End User Capabilities Testing

The end user capabilities testing process starts with the design of Passport-specific workflows that reflect a spectrum of configurations and considerations. From this, a master test plan is formulated to include testing scope, scenarios, team and timeline. The scope and scenarios outline the Identifi module features, functionality and Passport-specific configuration to be tested. Based on these, a series of step-by-step scripts are written to conduct the testing, which is then performed by QA testers, the implementation team and a selection of Passport end users.

During testing, if issues are identified, they are logged in a formalized issue tracker by the implementation team, where they are further evaluated for triage to the appropriate area for resolution. If it is a technical issue, the Support Team is notified. If it is a configuration issue, the implementation team will address it. Testing results are communicated throughout the testing process in test plan design meetings, in-person testing sessions, test issue logs and master plan documentation. At the end of the testing session, a report on status is provided to everyone involved.

Identifi Platform Security Testing

The Identifi Platform has been developed in accordance with industry-standard secure coding guidelines as published by Open Web Module Security Project (OWASP). Throughout the SDLC, developers run module code through code analysis engines to discover any vulnerabilities that may have been introduced into the code base for immediate remediation, adhering to OWASP guidance for classification and remediation patterns to manage common web module vulnerabilities. Emphasis is placed on the OWASP Top 10 vulnerabilities, including SQL injection, XSS and parameter tampering/server-side input validation. The Identifi Web Module Security team ensures module code moved to the PROD environment is free of commonly encountered security vulnerabilities, using an assessment process consisting of static code analysis (SCA) and manual penetration testing (MPT). A third-party security firm performs MPTs annually and automated SCAs quarterly to ensure the platform is free of common vulnerabilities. The program tracks vulnerabilities and their mitigations across software releases to present a holistic view of the resilience of the module against various attack vectors as defined by OWASP. Vulnerability definitions are updated by the third-party security firm as new threats are discovered.

To mitigate new risks, the information security team regularly evaluates any impact to the risk profile of the MIS. We scan for vulnerabilities on all systems and perform remediation within thirty (30) days for any critical-, high- or medium-severity findings. Vulnerabilities discovered through our information security program are remediated based on severity and prioritized according to the common weakness enumeration (CWE) classification system. Identifi's most recent MPT was performed by GuidePoint Security between May and July 2019. There were no critical-, high- or medium-level severity findings post-remediation. Identifi's latest SCA test was conducted November 7, 2019, yielding a score of ninety-nine percent (99%). Passport will provide a copy of the module vulnerability assessments within fourteen (14) business days of its completion. In the event remediation needs to take place, Passport will provide a remediation plan that meets risk assignment and is in agreement with the Commonwealth.

Passport Management Information System Hardware and Architecture

Identifi Health Plan Hardware and System Architecture Specifications

The Identifi HPA system contains the modules that support core DMS subsystem requirements in a SaaS platform hosted in a high availability, secure, private data center. The hosting environment consists of two (2) distinct geo-redundant storage locations for our primary and disaster recovery sites. The disaster recovery site also hosts production support systems. In the event IT systems are down, breached, corrupted or otherwise subject to a disaster-related event, the Identifi HPA system will employ fully redundant systems to ensure failover capability both within our production site and at our disaster recovery site. A backup plan is in place to ensure that exact copies of electronic personal health information (ePHI) are retrievable. In the event of an outage that is expected to last more than twenty-four (24) hours, we implement our BC/DRP.

Module Architecture

Passport's Identifi HPA system is architected to scale horizontally and vertically across the infrastructure to handle ever-increasing system demands and store large amounts of data for data analysis as well as standard and ad hoc reporting. Tools like SolarWinds and other monitoring technology check the system for availability, performance and load. Identifi servers are Hyper-V virtual machines that allow us to scale the infrastructure if system load exceeds current peak system capacity. There is no upper limit on the number of users, lives or platform capacity.

The Identifi HPA system is built entirely on the Microsoft technology stack. All Microsoft SQL database servers are installed on servers running MS Windows server 2008 R2 or 2012, and they can be supported with either the MS SQL server 2008 R2 or the MS SQL server 2014 database platform. The Identifi HPA system employs a three (3)-tier architecture delivered via our SaaS platform as outlined in **Exhibit C.6-18**.

Exhibit C.6-18: Identifi Health Plan Administration Platform Architecture

Tier	Description
User Interface	The Identifi UI is hosted within Microsoft Internet Explorer and requires no module code to be installed for the user. The UI is built with Microsoft web technologies and JavaScript for client-side validations and improved usability. Although the UI can be navigated with a mouse, it can also be fully utilized without requiring a mouse to speed up the more intensive transactions.
Services Tier	The middle services tier is hosted on Microsoft IIS and is exposed via both RESTful and SOAP-based web service endpoints. The middle tier module code utilizes the .NET framework and is written in C#.
Database Tier	The backend database tier is deployed to Microsoft SQL server 208R2 and utilizes online transactional processing (OLTP) and online analytical processing (OLAP) components to provide all commonly used database objects, including stored procedures for complex database operations. It uses Microsoft SSIS for batch processing.

Hardware Requirements

Because the Identifi HPA system is a SaaS module, it does not need to be hosted on DMS and/or Passport premises. No specific hardware requirements have been defined, and no client-side downloads or other client modules must be installed at Passport to use the module. Recommendations for the minimum desktop requirements are a dual-core, two (2) GHz or higher CPU; four (4) Gb minimum of RAM (eight [8] Gb preferred for optimal performance, particularly if multiple other modules are also in use); 1366 x 768 or higher screen resolution; and a stable network connection (interruptions in network connectivity will cause errors in the Identifi module). The only desktop software necessary to use the full breadth and functionality of the Identifi PHM system is Internet Explorer. It is understood that, if requested, DMS shall be provided with log-in credentials to allow access to the claims and customer service systems on a read-only basis

during normal business hours as outlined in Section 15.4 of the Draft Medicaid Managed Care Contract and Appendices. All access will comply with HIPAA's minimum necessary standards and any other applicable Commonwealth, DMS or federal law.

Identifi Population Health Management (PHM) Hardware and Architecture

The Identifi PHM system that contains the modules supporting the core DMS subsystem requirements is a cloud-based SaaS platform hosted in Azure, a high availability, secure, cloud environment provided by Microsoft. The Azure environment is available in three (3) distinct geo-redundant storage locations for our primary site, our disaster recovery region and our backup storage region. In the event IT systems are down, breached, corrupted or otherwise subject to a disaster-related event, the Identifi EDW will employ fully redundant systems to ensure failover capability both within our EDW and at our disaster recovery site. A backup plan is in place to ensure that exact copies of ePHI are retrievable. In the event of an outage that is expected to last more than twenty-four (24) hours, we implement our BC/DRP, which will stand up a new environment in a nonaffected US region and attach the new environment to geo-redundant encrypted storage. In the event of a disaster, we can use automated tools such as Desired State Configuration to deploy our module to an unaffected region. Once deployed, we attach the Identifi module to the geo-redundant storage, test and release our module for public consumption. Predefined scripts are also used for rapid deployment of servers and restoration of data from an unaffected alternate data center.

Module Architecture

Passport's Identifi PHM system and its modules are architected to scale horizontally and vertically across the infrastructure to handle ever-increasing system demands and store large amounts of data for data analysis as well as standard and ad hoc reporting. Elasticsearch, Logstash, Kibana (ELK) stack log aggregation and monitoring technology check the system for availability, performance and load. Identifi servers are Azure Hyper-V virtual machines that allow us to scale the infrastructure if the system load exceeds current peak system capacity. There is no upper limit on number of users, lives or platform capacity.

The Identifi HPA system is built entirely on the Microsoft technology stack. All Microsoft SQL database servers are installed on servers running MS Windows server 2008 R2 or 2012, and they can be supported with either the MS SQL server 2008 R2 or the MS SQL server 2014 database platform. Identifi HPA contains more than 800 tables, 3,300 procedures, 160 functions and 100 automated jobs. The Identifi Population Management System components employ a three (3)-tier architecture delivered via our SaaS platform as outlined in **Exhibit C.6-19.**

Exhibit C.6-19: Identifi Platform Architecture

Tier	Description
User Interface	The Identifi UI is hosted in supported browsers. The UI is built with Bootstrap and Angular and adheres to the single-page module design pattern.

Tier	Description
Services Tier	The middle services tier is hosted on Microsoft IIS and is exposed via RESTful web service endpoints. The middle tier module code utilizes the .NET framework and is written in C#. The middle tier is completely stateless.
Database Tier	The backend database tier is deployed to Microsoft SQL Server 2012 and utilizes OLTP and OLAP components to provide all commonly used database objects, including stored procedures for complex database operations and Microsoft SSIS.

More complex reports are delivered using the Identifi analytics and reporting module, which is architected on the MicroStrategy BI layer. Data is accessed via stored procedures or dynamic SQL.

Hardware Requirements

Because the Identifi PHM system is a SaaS module, it does not need to be hosted on DMS and/or Passport premises. No specific hardware requirements have been defined, and no client-side downloads or other client modules must be installed to use the module. Recommendations for the minimum desktop requirements are a dual-core two (2) GHz or higher CPU; four (4) Gb minimum of RAM (eight [8] Gb preferred for optimal performance, particularly if multiple other modules are also in use); 1366 x 768 or higher screen resolution; and a stable network connection (interruptions in network connectivity will cause errors in the Identifi module). The only desktop software necessary to use the full breadth and functionality of the Identifi PHM system is a web browser. Identifi currently supports Google Chrome (current version plus the two [2] previous major versions); Firefox (current version plus the two [2] previous major versions) and Internet Explorer v11. Chrome is preferred for optimal module performance. It is understood that, if requested, DMS shall be provided with log-in credentials to allow access to the claims and customer service systems on a read-only basis during normal business hours as outlined in Section 15.4 of the Draft Medicaid Managed Care Contract and Appendices. All access will comply with HIPAA's minimum necessary standards and any other applicable Commonwealth, DMS or federal law.

General Network Connectivity Requirements

During the data readiness/onboarding phase, a secure HIPAA-compliant EDI is used to exchange the administrative (payer), clinical, provider and specific data feeds needed to drive the Kentucky Medicaid Managed Care program on the Identifi Platform. As a part of the current implementation, Passport has facilitated the data exchanges required to ensure we have attained successful and secure connectivity and the appropriate DMS, administrative (payer), clinical, provider and self-submitted data domains flow into our EDW for operational performance and use.

Passport recognizes that DMS requires bi-directional and/or unit-directional electronic data submission for certain information in commercially acceptable formats to facilitate and expedite eligibility validation, capitation reconciliation, fee-for-service reimbursement and encounter submissions specific to the Kentucky Medicaid Managed Care Program as outlined in Section 15.3 of the Draft Medicaid Managed Care Contract and Appendices. Passport has existing business continuity policies to ensure that structured redundancy around electronic data submissions is maintained. Our EDW employs fully redundant systems to ensure

failover capability both within the data center and at the disaster recovery site in the event IT systems are down, breached, corrupted or otherwise subject to a disaster-related event. A data backup plan is in place to ensure that exact copies of ePHI are retrievable as well:

- System snapshots are backed up and stored in an encrypted geo-redundant storage container
- Database logs and backups are also stored in an encrypted geo-redundant storage container
- Customer files transmitted via EDI are copied on separate encrypted storage located in a different region

The EDW supports industry standard (including ANSI-compliant) health care data and message formats and standards, including HL7 (v2 and v3), HL7 FHIR, CCDA, National Council for Prescription Drug Programs (NCPDP), X12, IHE, DICOM, XML, binary, delimited and legacy formats. It also supports the use of transmission control protocol (TCP) over virtual private network (VPN), FTP, SFTP, FTPS and HTTPS protocols for processing files. SFTP network connectivity is supported for data exchange; we also support encrypted transmission of files via encryption over VPN and secure web services for data exchange. These HIPAA-compliant EDIs allow us to provide information in accordance with the format and file specifications for all data elements as specified by DMS in Appendix G–Management Information Systems Requirements. It also transmits all data directly to DMS and in a format specified in accordance with 42 C.F.R. 438.

Passport MIS Configuration Management

Custom Configurations to the Identifi Platform

The Identifi Platform's configurability supports a faster and more agile implementation and provides flexibility in adjusting to continue to meet the requirements of Kentucky's Medicaid Managed Care Program, including the ability to quickly address any current and upcoming DMS waivers. Through system configurations, we can accomplish modifications such as operational reporting layouts to conform to contract-specified requirements; reporting data extraction methods/coding; stratification/rules configuration specific to target populations; fee schedules, provider and benefit plan configurations; and UM requirements to support specific Kentucky Medicaid requirements. As configurations and possible customization requirements emerge (if applicable), any new scope including business, platform and user-driven requirements will be defined to meet DMS and Passport's unique environment and needs.

DMS-Directed Modifications, Changes & Enhancements

Any major system changes or implementations that Passport or DMS require or that are anticipated as part of the platform's product roadmap are communicated to the appropriate Passport and DMS staff via email at least ten (10) days prior to the planned change or implementation (including any DMS-directed waivers and any changes relating to Evolent and subcontractors) as outlined in Section 15.1 of the Draft Medicaid Managed Care Contract and Appendices. It is understood that all major system changes are subject to DMS desk reviews and onsite reviews of our facilities as necessary to test readiness and functionality prior to

implementation. Passport will also participate in workgroups and regular calls related to the MIS platform, as convened by DMS.

It is Passport's understanding that DMS will communicate required Medicaid Managed Care Program changes directly to Passport, including but not limited to established expectations, processes and timelines for DMS-directed modifications, changes and enhancements. Passport will then work with applicable subcontractors to ensure timely completion of the changes. A dedicated team of module and engineering, IT, and data developers and analysts (including technical and project managers) will be formed. This collective team will be present in meetings and will partner directly with DMS on solutioning and implementing the requested changes or enhancements. Our team will leverage existing DMS-dictated project tracking systems that align with our own internal project portfolio management PPM and development tracking solutions, ensuring both parties are synchronized during the change/enhancement process. Managing an MIS is continuous, and the change control process below will be utilized to manage all modifications, changes and enhancements throughout the life cycle of the contract in a streamlined and agile manner as directed by DMS or Passport.

We will use an internal change management process designed to provide a single point of engagement for the intake, communication, management and resolution of any modification requests, ensuring that relevant parties are notified of status/progress throughout the entire change process and life of the contract. Requested changes adhere to our module security program, which encompasses our SDLC, to ensure that all publicly-facing Identifi Platform module components are free of commonly found security vulnerabilities and that all module deployments follow the change management process. This ensures that changes to the platform are introduced in a controlled and coordinated manner, reducing the possibility that unnecessary changes (or worse, faults) will be introduced. The goal of this process is to minimize disruption to our products, member and provider communities, reduce back-out activities and utilize our resources cost-effectively when implementing requested changes.

Identifi change requests go through a documented approval, testing and validation process that includes module code management, module QA, module UAT, module security vulnerability assessments and ultimately module production deployment that will align with required DMS project tracking system protocols. These phases document artifacts for Passport and DMS, including what aspects of the MIS will change, dates of agreed upon and planned implementation, how these changes will affect the provider and member communities, if applicable, and what communication channels will be used to notify these communities. They also include a detailed implementation plan and schedule of proposed changes, and contingency plans in the event of downtime or substantial non-performance of the MIS.

DMS-directed modifications and enhancements to any existing systems are managed and completed within a collaborative and mutually agreed upon timetable within DMS-specified guidelines in accordance with scope and required level of effort. Changes that fall within the Identifi HPA system include changes to eligibility and enrollment; benefits management for covered services; member and provider services; COB; EDI/clearinghouse interface and claims management; and member and provider portals. Changes that fall

within the Identifi PHM system include changes to provider and network management; CM workflows; reporting; analytics and business intelligence; and UM workflows.

Changes requested by Passport or DMS will follow SDLC and change management processes that account for, but are not limited to, SDLC and change management policies, our Identifi HPA and PHM system change control processes, system integration and end user testing, module code management, QA, UAT, security vulnerability assessments, off-cycle releases, procedural back-out policies and our standard release schedule.

As part of the response, include information about the following:

C.6.i. Required interfaces, how the system will share and receive information with the Department, how the Vendor's system will use files provided by the Department, Subcontractors, providers, and other supporting entities.

Required Interfaces

Passport has successfully and securely exchanged data with DMS, its subcontractors and business partners for twenty-two (22) years. Secure interfaces are of the utmost importance and we ensure our processes are consistent with industry best practices and the latest technology. **Exhibit C.6-20** summarizes current DMS interface transactions.

Exhibit C.6-20: Passport Health Plan Data Exchanges with DMS

Inbound/Outbound	Description	Frequency
Inbound	*820 Capitation Payment*	Monthly
Inbound	*834 file Benefit Enrollment Daily*	Daily
Inbound	*834 file Benefit Enrollment Recon*	Twice a month
Inbound	*834 file Benefit Enrollment Monthly*	Monthly
Inbound	*TPL Resource Daily*	Daily
Inbound	*TPL Resource Recon*	Twice a month
Inbound	*TPL Resource Monthly*	Monthly
Inbound	*TPL Carrier*	Monthly
Inbound	*Prior Authorization Medical*	Daily
Inbound	*Prior Authorization Pharmacy*	Daily
Inbound	*Provider Master extract*	Daily
Inbound	*Twenty-four (24)-Month Inactivity and Termination Report*	Quarterly

Inbound/Outbound	Description	Frequency
Inbound	*License Renewal Report*	Weekly
Inbound	*MCO Provider Member Auto-Load Error Report*	Daily or as delivered
Inbound	*Annual Disclosure of Ownership Notice Report*	Weekly
Inbound	*Annual Disclosure of Ownership Shutdown Report*	Weekly
Inbound	*277U Claims*	Daily
Inbound	*277UESC Encounters (description of 277U errors)*	Daily
Inbound	*277U Pharmacy*	Daily
Inbound	*NCPDP Acknowledgement (ACK)*	Daily
Inbound	*999 ACK*	Daily
Outbound	*Encounters (837P/I/D, NCPDP)*	Weekly
Outbound	*TPL Resource Data Match*	Monthly
Outbound	*Provider Network File*	Monthly
Outbound	*Cost Share File*	Daily
Outbound	*Member Level of Care File*	Daily
Outbound	*Member Level of Care Error File*	Daily
Outbound	*MCO Member File (daily)*	Daily
Outbound	*MCO Member File (monthly)*	Monthly
Inbound	*MCO Member File daily error file*	Daily
Inbound	*MCO Member File Monthly recon error file*	Monthly
Inbound	*Policies Added/Updated from TPL Resource Data Match*	Monthly
Inbound	*Policies Added/Updated Error Report from TPL Resource Data Match*	Monthly
Inbound	*Policies Added/Updated Member Mismatch Report from TPL Resource Data Match*	Monthly
Inbound	*Encounter Submission Statistics Detail Report*	Weekly
Inbound	*Encounter Submission Statistics Summary Report*	Weekly
Inbound	*Provider License Shutdown Report*	Weekly
Inbound	*Managed Care Lock-in Report*	Monthly
Inbound	*Consolidated Omnibus Budget Reconciliation Act (COBRA) files Part A & Part B*	Daily
Outbound	*MCO Member Count*	Weekly

Inbound/Outbound	Description	Frequency
Inbound	*Member Mismatch Report*	Weekly
Outbound	*Member Mismatch Report-MCO Response*	Weekly
Outbound	*Capitation Payment Request*	Monthly
Inbound	*230 Report Response*	Monthly
Outbound	*Capitation Adjustments Request*	Monthly
Inbound	*250 Report Response*	Monthly

Sharing and Receiving Information

We focus on stringent protocols and support multiple HIPAA compliant file formats—and require the same from our trading partners. Data exchanges between DMS, providers and vendors occur through dedicated point-to-point connectivity or secure virtual private networks or encrypted secure sockets layer (SSL) connections over the Internet.

Passport uses the MoveIT DMZ and MoveIT Central products to perform job scheduling, automation, status monitoring, exception alerting, logging and reporting of secure file transfers inside the organization and between other organizations. This software suite allows for extensive file transfer automation capabilities to support business functions twenty-four (24) hours a day, seven (7) days a week.

The architecture of this solution is highly resilient and offers robust control. The current integration model we support is fully scalable to accommodate whatever integration is required, and our repository of jobs can scale to meet future growth. We are proud to have served as the Kentucky HEALTH showcase MCO to CMS–working collaboratively with both DMS and contract vendors to demonstrate our readiness to execute new Medicaid program requirements, which includes new interfaces. For example, Passport developed solutions and frameworks to consume new program indicators in the eight hundred thirty-four (834) to identify member's cost share and program status for Kentucky HEALTH as well as automated delivery and monitoring for required data shares/extracts to share eligibility information and trigger ID cards and welcome kits.

All interfaces are well documented and include defined data elements, formats and file layouts including input and output job schedules with backend reporting and data reconciliation. Passport routinely self-audits performance, security and operational controls and participates in DMS and regulatory audit processes annually. Requests for access or documentation are processed within prescribed timeframes and any subsequent follow-up or suggested actions will be agreed upon and executed.

Using Data

DMS interfaces support key health plan processes and include loading of eligibility into all subsystems to enable unimpeded member access to health services; fulfillment of member enrollment materials, including ID cards; member PCP assignment, as appropriate; utilization management work activity; and provision of care management services for members. Data from DMS is also used to perform reconciliation of DMS payment to Passport, to correct erred encounters as well as aid in the submission of encounters (e.g., Provider Extract File provides KY Medicaid ID numbers) and supplement member TPL information to ensure KY Medicaid/Passport is the payor of last resort

Many intersystem interfaces provide authorization, lock-in program eligibility, cost share, referrals, county codes, level of care, cost avoidance data, and more to comply with all DMS requirements, including reporting, to support Passport clinical and operational activities. For example, lock-in program eligibility data is used to supplement reporting on these members. Please see **Exhibits C.6-21** and **Exhibit C.6-22** for key subcontractor and business partner EDI transactions, and how this data supports Passport operations and Kentucky Medicaid program requirements.

Exhibit C.6-21: Key Inbound Subcontractor and Business Partner EDI Transactions to Passport

Transaction/ Description	Sender	Frequency	Health Plan Activity
Encounter	BH, Vision, Dental and Pharmacy Subcontractors	Weekly	Encounter submission to DMS
Encounter Response	BH, Vision, Dental and Pharmacy Subcontractors	Weekly	Corrected encounter submission to DMS
Claim	BH, Vision, Dental and Pharmacy Subcontractors	Weekly	Care management
835	Provider Payment Vendor	Daily	Provider payment
837	Clearinghouse	Daily	Claim processing

Exhibit C.6-22: Key Outbound EDI Transactions to Subcontractors and Business Partners

Transaction/ Description	Recipient	Frequency	Health Plan Activity
Eligibility	BH, Vision, Dental and Pharmacy Subcontractors	Daily	Provision of health care services
Encounter Response	BH, Vision, Dental and Pharmacy Subcontractors	Weekly	Corrected encounter submission to DMS

Transaction/ Description	Recipient	Frequency	Health Plan Activity
COB	BH, Vision, Dental and Pharmacy Subcontractors	Weekly	Claim processing
TPL	BH, Vision, Dental and Pharmacy Subcontractors	Weekly	Claim processing
Provider	Provider Directory	Daily	Provider directory updates
ID Card	ID Card Vendor	Daily	ID Card production and member enrollment materials

C.6.ii. Capability to store and use large amounts of data, to support data analyses, and to create standard and ad hoc reports.

The Identifi HPA reporting SAS infrastructure consists of eight (8) physical server nodes, providing redundant analytical capacity. Each server has a private, five (5) TB, all-solid state drive (SSD) working space on a dedicated EMC Unity 550 array. Each node also connects via redundant Strongest devices to a shared eighty-five (85) TB storage environment hosted on a NetApp all-SSD solution. There is capacity available on the NetApp solution to double the SAS shared storage, if required. The environment resides in a Tier III data center with redundant one (1) GB circuits providing connectivity to both the Internet and MPLS. The environment is kept in locked cages within a private pod in a co-location facility.

Passport's MIS PHM component and its modules is architected so that the solution can scale horizontally and vertically across the infrastructure to handle ever-increasing system demands and store large amounts of data for data analysis and standard and ad hoc reporting. ELK stack log aggregation and monitoring technology monitor the system for availability, performance and load. Identifi servers are Azure Hyper-V virtual machines that allow us to scale the infrastructure if the system load exceeds current peak system capacity. There are no upper limits on the numbers of users or lives, or platform capacity. In fact, Passport has recently made significant investment in the technical architecture underlying the application platform to enhance stability, improve performance, and provide for data, usage growth and expansion. Within the past nine (9) months, Passport has installed a new NetApp storage platform, adding over one hundred twenty-four (124) TB of SSD storage in the production data center, added six (6) additional servers (close to three [3] TB of memory), and expanded the production web server environments.

The Identifi PHM platform uses a combination of Azure Cloud infrastructure and Hadoop Big Data capabilities to create a platform with elastic scaling capabilities. The Identifi Platform has been tested to onboard data in the data warehouse from multiple sources and is capable of processing eligibility data related to 600,000 lives, 33 million historical and current medical claims datasets, and 8 million historical and current pharmacy claims datasets. The data warehouse is also able to process clinical data in real time

and in batch-processing mode, handling 22 million, 8 million and 5 million ADT, lab and CCD transactions per month, respectively. The Identifi Platform also runs monthly measure compliance calculations on members based on new data received—processing 6.5 million members every month to measure compliance across 1,400 measures. The Identifi Population Health applications undergo performance and stress testing with every release of the application. This best practice has enabled the Identifi applications to support average daily transaction volume of 1.14 million transactions, peak daily transaction volume of 1.9 million, and total monthly transaction volume of 29.6 million, with an average transaction response time of 0.176 seconds.

As previously detailed, the Identifi EDW serves as the primary source of data to support operational, financial and ad hoc reporting in compliance with DMS, CMS, state and other federal agency requirements. The reporting stack leverages a wide range of data types that converge in the Identifi EDW for operational, financial and ad hoc reporting, including: clinical data, SDoH, partnerships with external data sources, EMRs, EHRs, third-party resources, administrative (payer) data, claims data and EDIs. Our Identifi EDW allows for automated reporting and analytical needs as well as ad hoc report queries.

Passport employs a rigorous process facilitating the intake of requests for standard and ad hoc reporting. A tight cross-collaboration and clear hand-offs between functional groups ensures a seamless and efficient approach to receiving requirements, review and assessment of the requirements, and report development as well as subsequent testing and production (see Section C.27 for detailed Passport Report Development Process). Standard reports, usually operations-focused, are defined by the ability to reproduce the report, faithfully modifying just a few input variables as needed, for example, time period and membership. These reports utilize the Identifi Platform and analytics functions to produce ad hoc or repeat instances of "canned" reports. More complex ad hoc requests, requiring a unique database query in an executable program language, for example, SAS and/or SQL, and analytics are received through the Passport Compliance Team, prioritized and then produced, in a process including several QA cycles to ensure accuracy of the ad hoc report. The resulting report product typically is presented in widely accepted office software platforms, such as Microsoft PowerPoint, Excel, Word and/or PDF. More detailed information on reporting capabilities is provided above in our response to 6a, *Reporting*.

C.6.iii. Extent to which these systems are currently implemented and integrated with other systems, internal and external, and the Vendor's approach for assuring systems that are not fully implemented and integrated will be ready to begin operations on required timeframes.

The Passport MIS, along with its corresponding subsystems and modules, is fully operational, implemented and integrates with all required internal and external systems to support the new 2021 contract. The MIS is currently configured to meet or exceed all Kentucky Medicaid Managed Care Program subsystem requirements and is functioning within the guidelines and specifications of the Commonwealth, including all required interfaces. This ensures continuity, as reimplementation of systems and interfaces is not required with Passport.

One of the keys to continually improving the care provided to our members involves changes to current systems and interfaces. Whether the changes are based on new methods of care or upcoming DMS waivers, the Identifi Platform's vast configurability supports a faster and nimbler implementation and provides flexibility in adjusting to continue to meet the requirements of Kentucky's Medicaid Managed Care program. When a larger system or programmatic change is called for, Passport's development team utilizes the Agile-Scrum Software Development Lifecycle, providing rapid development and deployment, while ensuring a problem-free implementation.

Passport System Readiness for Commonwealth Initiatives

As an example, in preparation for the Kentucky HEALTH initiative, Passport was the only MCO selected by DMS to demonstrate readiness, making all necessary system changes to meet requirements.

Examples of the systemic solutions and frameworks that Passport developed in preparation for Kentucky HEALTH are summarized in **Exhibit C.6-23**.

Exhibit C.6-23: Solutions and Frameworks

Framework or Solution	Solution Details
834 Consumption	Passport updated this process to identify the following Kentucky HEALTH indicators: • Coverage type, Medically Frail, deductible, suspension and penalty reasons, community engagement exemption reasons and hours, fast track, and monetary amount (premium amount) • Considers copay and cost share met and program status codes • Features fast file ingestion with deep monitoring (as noted in Section C.26–Enrollee Eligibility, Enrollment and Disenrollment) *Quality Assurance oversees the consumption of the files to support up-to-date, accurate eligibility status.*
Corresponding Plan Mapping for Kentucky HEALTH Populations	This process will support the intended benefit module for varying eligibility categories relative to cost-sharing requirements and layers into the plan assignment approach (*as detailed in Section C.26 and the attached Plan Product Scenarios Kentucky Health (KYH)*). Passport has created a plan mapping structure including a consistent indicator in its naming convention for easy identification of cost share status. *This indicator has been shown to be helpful to providers.*
Automated Delivery and Monitoring	This solution was applied to: • Share required data extracts with eligibility information • Trigger ID cards, deductible statements and invoice generation • Send welcome kits

Framework or Solution	Solution Details
New Member Portal Launch–"MyPassportPlan"	Passport's portal features the following information: • Deductible tracking • Premium payment status • Plan type • Federal Poverty Level (FPL) level • Cost share (copay or premium) • Community engagement requirements • My Rewards status Links are also included to our payment vendor CareEnroll for any payment functionality and detailed balance information.
Provider Portal Changes	This update features: • New medically frail attestation • Mirroring the member-level detail described above for the member portal

C.6.b. Provide a description for and list of potential risks and mitigation strategies for implementing new information systems and changes to existing systems to support the Kentucky Medicaid managed care program.

Passport strives to continuously improve information technology systems in support of its mission to improve the health and quality of life of its members. As a long-standing incumbent for the Commonwealth, we do not expect to implement new information systems during the length of the contract. However, we anticipate enhancements or modifications to the existing MIS will occur routinely to continue to bring the latest technology and advancements to bear. While our system has the needed capabilities and functionality to operate the Kentucky Medicaid Managed Care Program, we do anticipate minor configurations and modifications in the event, for example, that new lines of business are added or when there are new program and operational requirements from the Commonwealth. These include, but are not limited to, new operational reporting layouts; reporting data extraction methods/coding; stratification/rules configuration specific for the target populations; fee schedule updates; provider and benefit plan configurations; and UM requirements. Our strategies to mitigate potential risks for any change, enhancements and/or modifications to the system are implemented carefully according to a comprehensive change control process. If requested by DMS, Passport will participate in joint application development sessions for system or policy changes.

Potential Risk Factors with Implementation of New Systems/Changes to Existing Systems/Mitigation Strategies

As previously noted, in 2016, Passport embarked upon an effort to transform its business model, system infrastructure and employee talent to better serve its members. We proudly transitioned to the Identifi Platform, an MIS designed to support health plan administration via Identifi HPA and population health via the Identifi PHM system.

Our Passport leadership acknowledged that business transformation was necessary to make our operations, including MIS, more scalable and agile to improve the quality of care. Today, Passport operates a robust MIS. The MIS and its subsystems are fully operational, already configured to meet the needs of DMS, and are currently functioning within the guidelines and specifications of the Commonwealth.

System implementations and changes often have many interdependent components and modifications in one component can easily affect another function. Potential risks for any system implementation or changes to existing systems include tight timeframes. For proper configuration, testing, deployment and change control management of any adjustments, sufficient time is needed. Mitigation of this risk includes proactive and routine communication with the Department on anticipated changes with as much runway as possible.

Unclear requirements also present a risk to new implementations and changes. In such a complex system, detailed and comprehensive requirements are necessary. Incomplete or unclear requirements can jeopardize both the project plan and expected results. Risk mitigation includes detailed requirement gathering with internal and external stakeholders, and sufficient time to allow for iterative review as well as sign-off by stakeholders.

Control Processes in Place to Mitigate Risk with System Enhancements and Modifications

The Passport MIS is a highly configurable SaaS platform. Any configurations to the MIS, rules, workflows and data are managed. Configurability supports a faster and more agile process and allows the ability to adjust to continue to meet the requirements of the Commonwealth and to optimize the performance of our systems to better support our work to improve the health and quality of life of our members.

Enhancement and change requests go through a documented approval, testing and validation process. Upon receipt of any such modification requests (from the Commonwealth or internally), an entry is created within our centralized intake form for change management documentation. Each request will receive a unique identifier that can be noted for later retrieval purposes and to track the change request throughout the entire change management process from request to production. Enhancement and change requests are then reviewed by the Cross-Functional Review Board to analyze the high-level impact of the change request relative to other contractual commitments, our product roadmap, and resource availability to deliver on the request and communicate a plan for including the change in a scheduled system update. The Cross-Functional Review Board schedules commitments based on capacity and cross-client priorities, escalating to an outside Executive Operations team as needed. This ensures a collaborative and mutually agreed-upon timetable within DMS specified guidelines in accordance with scope and required level of effort (LOE) is achieved. The team provides leadership visibility and oversight for macro-level client communications. Further details of custom configurations to the Identifi Platform and DMS-directed modifications, changes and enhancements is outlined above in the Custom Configurations to The Identifi Platform & DMS-Directed Modifications, Changes & Enhancements section of the response to Question C.6.a.

Software Development Cycle

Enhancements and changes include the following procedural steps as further outlined above in the Custom Configurations to The Identifi Platform & DMS-Directed Modifications, Changes & Enhancements section of the response to Question C.6.a: (1) module code management, (2) module QA, (3) module UAT, (4) module security vulnerability assessments, and ultimately, (5) module PROD deployment.

Communications Process for Systems Updates

Effective communications are critical to the change control process. In addition to the communication referenced throughout the process descriptions above, additional communications protocols are included. Identifi Platform users are notified via an e-mail communication from the Identifi Support and Release Management team in advance of patch and fix deployments and change enhancements. Planned downtime includes MIS updates, including major releases and hot fixes, and is typically done during our maintenance window. Unplanned downtime could be the result of an Internet outage or another disruptive event. In the case of planned downtime, the MIS Support Team sends an e-mail communication to all Identifi Platform users about one (1) week prior to the downtime (or in the case of a hot fix, as soon as we know that we need to take the system down for maintenance). The Support Team sends another e-mail communication before the system goes down, and follows up with an e-mail communication to users when the system is again available. With regard to unplanned downtime, the Support Team will communicate with all users as soon as possible. We will provide updates on expected return to service, and a final e-mail communication when the system is back up, as well as some explanation of the root cause of the outage.

MIS users have access to a system that is free of recurring errors or failures on the backend. We proactively monitor the platform for errors and resolve any issues as part of the SDLC within the change control process. Each software release will contain several iterations, known as sprints, to complete all deliverables identified for the release. The MIS has been developed in accordance with industry-standard secure coding guidelines as published by OWASP. Throughout the SDLC, developers run module code through a static code analysis engine to discover any vulnerabilities which may have been introduced into the code base for immediate remediation. In the event any issues are discovered during the change management process, they are assessed within the aforementioned team for business impact where they will communicate the issue to impacted business units and negotiate a solution based upon business needs and objectives, as well as any technical constraints which may exist. These issues are also communicated to the Commonwealth.

Internal Testing Processes

As outlined in the Testing section of the response to Question C.6.a.viii, we utilize formal integration testing, end-user capabilities testing, security testing and full manual and automated regression testing as part of our change control process to ensure that changes to the product or system are introduced in a controlled and coordinated manner. It reduces the possibility that unnecessary changes will be introduced to a system without forethought, introducing faults into the system or undoing changes made by other users of the software. The ultimate goal of the change control process is to minimize disruption to our products, reduce back-out activities and ensure cost-effective utilization of resources involved in implementing

change. Coupled with previous quality assurance and testing activities, enhancements and changes are thoroughly tested and validated to ensure the proper code is released to production. The most important testing safety net is our combination of manual and automated regression testing, by which we test any changes and/or enhancements or updates to the Identifi Platform to ensure that system changes/updates do not adversely affect other systems, including systems operated by the client and subcontractors' systems, as well as ensuring that older programming still works with the new changes. Our regression testing ensures that system changes do not impact system components that have not been changed for a release.

Emergency ("Off-Cycle") Changes

There is an established process by which emergency changes are requested. Emergency (or "off-cycle") changes still go through the same process as routine changes (documentation of requirements, testing and sign off, etc.). The only difference between changes that are made through the normal change management process and the emergency change management process is that items that are requested as emergency changes are evaluated to ensure they meet emergency change requirements (e.g., there is an impact on member care) and there is a strong case to be made for why the change should be made outside of the regular deployment cycle.

Procedural Code Back-Out Process

In the event a change does not test successfully after production implementation and a fall-forward remediation is not feasible, the release-management back-out procedure will be implemented. The back-out procedure consists of the following:

1. Restoring the database backup that was captured as the first step of the deployment.
2. Redeploying the previous production version of the code from TeamCity.
3. QA certification of the previous production version, indicating a successful back-out.
4. Site is made available for use on the previous version.

These processes mitigate risks arising from any changes, enhancements and/or modifications to the systems to ensure positive, expected results are achieved, commitments made to the Commonwealth are realized, and both members and providers are not adversely affected.

C.6.c. Describe the Vendor's current and planned use and support of new and existing technology in health information exchange (HIE), electronic health records (EHR), and personal health records (PHR)

Maintaining Existing Standards While Striving for Continued Innovation

Passport remains committed to the use and support of new and existing technologies for HIE, EHR and PHR for the Commonwealth and to our mission for its members and providers.

Passport has been working collaboratively with DMS since 2011 to contribute detailed information on its members to the Kentucky Health Information Exchange (KHIE). We met with the deputy executive director and KHIE staff in the fall of 2019 to work together on establishing a data exchange between Passport and KHIE. When KHIE systems are ready, we will be capable of a sending a continuous feed of Passport data to the KHIE system.

Passport has chosen to implement KHIE using a secure web service that serves CCDs to the KHIE. We have developed a standard-based C132 Continuity of Care document that retrieves clinical information in real time with response times of less than three (3) seconds. The transaction for requesting and responding meets all KHIE requirements. It uses web services (WS) security over an unsecure Hypertext Transfer Protocol (HTTP) connection following the KHIE web services description language (WSDL) with an X.509 certificate, as per KHIE specifications, and responds to a Query T-12 request from KHIE that passes a Kentucky Medicaid number. The response is provided in an encrypted DOC T12 containing a CCD (Healthcare Information Technology Standards Panel (HITSP) C32) that follows all KHIE nomenclature requirements (e.g., NDC, ICD-9, etc.). We are prepared to test this through the KHIE portal when it becomes available.

It is also noteworthy that Passport's CCD payload to KHIE will include a rich and timely set of clinical data on the member that is accessible in real time. This includes current dispensed medications; recent ED, inpatient and ambulatory visits; diagnoses; problem lists; and gaps in care for preventive health screenings and chronic disease management. A comprehensive set of data rules are in place to screen out prohibited data related to human immunodeficiency virus (HIV), substance abuse, and mental health-specific diagnoses, procedures and medications. This data will be used to improve case management services.

Passport's transaction will go through extensive testing with KHIE including connectivity, development, CCD compliance and end-to-end testing. Our KHIE transaction will be built on a flexible and extensible clinical information sharing technology infrastructure. As KHIE expands its document types, moves to later versions of HL7, considers a direct exchange model, and evolves to stay current with health care technology advances, we will continue to demonstrate our ability to keep pace with KHIE advancements. We will use state-of-the-art technology to improve member access to quality care.

Passport Network Providers

Connected to KHIE

~**73%** of KHIE participants are current Passport network providers, which totals nearly **80%** of Passport membership.

This improvement in care also hinges on providers utilizing EHR, so all providers have access to the most accurate and timely treatment information available through KHIE. Most hospitals and large practice groups currently utilize an EHR system, however, smaller practices often do not have the technical abilities or resources to adopt an EHR system, which puts them and the members they treat at a disadvantage. For that reason, connection and use requirements will vary based on the type of provider.

Providers and hospitals in Passport's network will be required to connect and utilize the KHIE and an EHR system to promote the facilitation of real-time data usage and improved care coordination. Exceptions will be evaluated if it imposes too great a financial burden on the provider. Hospitals will be required, at a minimum, to exchange applicable public health reporting data and ADTs, whereas non-hospital participating providers will have contractual requirement for connection and use of KHIE to exchange applicable public health data. The requirements for use of KHIE and EHR systems will be explained by our Provider Relations team and detailed in Passport's Provider Manual. They will also be encouraged to exchange a much broader range of data, to improve the overall member treatment data set.

Our strategy for encouraging providers to fully adopt the use of the KHIE and EHR is extensively detailed in **Section C.8. Kentucky Health Information Exchange (KHIE) and Electronic Health** Records

The Identifi PHM platform can ingest CCD and ADT data to support building a comprehensive profile of each member and stratifying profiles into risk levels. Notification of admissions, discharges and transfers, in particular, can trigger enrollment in care management programs for the members with the highest risk of readmission. This functionality has been implemented in conjunction with other state HIEs, and Passport will continue to collaborate with KHIE to leverage data in Identifi as KHIE develops mechanisms to make that available to MCOs and other entities.

Current Use/Planned Use: Provider Communication and Clinical Operations for Holistic Support of our Members Served

There are continuous opportunities to provide automated information for a holistic record through the various clinical programs administered for Passport members and collaboration with the providers serving these members. For example, the Identifi PHM used for care management (Identifi Care) integrates workflows across the care management continuum; automates workflows intelligently based on business rules; enables identification, stratification and engagement of members, including high-risk members; and facilitates multichannel communication and collaboration between individuals, providers and stakeholders. This care management software is licensed, with a base platform containing over twenty (20) different functions and optional modules. Using this system, our Care Managers can view an individualized record of every service provided to a member–including all data for services covered by Passport (including our subcontractors and providers).

The software can deliver PHRs, member decision aids, health management tools, clinical content for health education, and decision support tools at the point of care.

Other examples of clinical program utilization are the health coaches who work to close a member's care gaps through coordination of needed services; member education and help accessing and completing specific appointments or refilling medications; and through collaboration with the member's PCP and specialist(s). The member's PCP also receives care gap alerts and urgent notifications when a member's condition indicates a need for an urgent care visit with the PCP or treating provider. Periodic reports, as well as information provided through the local care management team or embedded Care Managers, also helps keep PCPs up-to-date on their member's progress. Messaging transmitted to the providers EHR or by fax alerts the PCP and specialist the member's Action Plan is available in Identifi, or by hard copy upon request

The presence of Population Health Managers boosts the ratio of health plan staff focused on provider engagement. While local field representatives are focused on operational issues such as claims payment and network contracting, Population Health Managers analyze PCP practice data and identify opportunities to improve performance, and help PCPs make full use of data available through the provider portal and EHR to help drive care enhancements by supporting practices' workflow improvements via plan do study act (PDSA) cycles.

Current Use/Planned Use: Electronic Health Record Integration

Passport understands that providers want workflows that are seamless and uninterrupted when delivering member care. This means staying in one tool, the EHR, whenever possible. Passport's MIS gives providers that adopt and use EHRs an almost automatic enhancement to their ability to better care for Passport's members through its EHR Integration services. Identifi was designed to work with and enhance our provider's EHR investments through integration solutions that keep clinicians in their usual EHR workflow. Passport providers continue to enter member clinical directly in the EHR, and Identifi EHR integration solutions will deliver insight into their members' care-management and/or population-health activities directly within their existing EHR workflows. This lessens the data entry administrative burden for providers while enabling access to more comprehensive member information.



To date, Identifi PHM has integrated with the following EHR systems that may already be familiar names to Passport providers: Allscripts, Amazing Charts, AthenaHealth, Cerner, Centricity, eClinicalWorks, e-MDs, Epic EMR, GE Centricity, Greenway PrimeSuite, NextGen, Practice Fusion, ReliMed and Quest Care360.

There are several EHR Integration solutions to support our providers in the sharing and use of information to best care for Passport's members.

- **Single Sign-on (Unidirectional into Identifi Practice from EHR):** Allows the provider to easily navigate into Identifi Practice directly from their EHR to access member data critical for value-based care. The single sign-on passes user log-in as well as Passport member identification information so that the EHR user can transition into Identifi Practice workflows.
- **Identification of Risk Lives (Unidirectional into EHR):** Flagging whether a member is an attributed risk life, listing the types of population health management program(s) he/she is enrolled in, and providing contact information for the member's care manager.

- **Care Gap Identification and Closure (Bidirectional):** Provides a proactive approach to flagging and closing care gaps before and at the point of care that increases efficiency, reduces duplicative tests/procedures, and ensures appropriateness of care.
- **Care Manager Notes and Physician Messaging (Unidirectional into EHR):** Sharing clinically relevant care manager–member interactions in the EHR in the form of a care manager encounter and Care Note, with the option of sending a tailored message to the member's PCP.
- **Intelligent, Guided Hierarchical Condition Category (HCC)/Risk Adjustment (RA) Documentation and Coding (Bidirectional**): Provides a logic-driven form within the usual member visit workflow to enable providers to easily capture the most accurate RA score for value-based members and assist physicians with documentation of the supporting notes and visit-level diagnoses.
- **Care Plan: (Unidirectional into EHR):** Enables users to share and update Care Plans.

Current Use/Planned Use: Innovations



As part of our Identifi PHM Systems & Module, there are plans to bring enhanced functionality via Passport's piloted Identifi Engage mobile module which allows for a daily check-in to be sent to the members who are already enrolled in Engage. This provides further opportunity to connect with members in another way that may provide alternatives for further increased engagement to support our mission. A brief description of the future enhanced capabilities is outlined below:

- To be eligible to enroll in Identifi Engage, members need to have both active eligibility in the health plan and be in a care program in either "enrolled" or "engaged" status. They will then be able to download the Identifi Engage app from their phones' module stores (supported on iOS and Android platforms) and register as users. This is a multistep, secure process and ensures secure messaging between the members and their respective care teams.
- Current functionality is simple messages. Enhanced functionality will allow members to complete daily check-ins. There are five to ten (5-10) questions, which address such items as "How are you feeling today?" and "What is your blood-pressure?" that will allow the users to take active ownership of their symptom management.
- Alerts will go to the Care Team member (a Care Advisor or Care Coordinator) and they will have the ability to see their current and past answers. This will allow the Care Team to reach out to its member or provider accordingly.
- Alerts will come to Identifi Care in the notification section.
- All information is stored within Identifi Care and becomes part of their record. Anyone who works on this member currently or in the future would be able to see the responses to the check-in questions as well as the chat history.

Passport will continue to deliver uninterrupted health information/records while planning for innovation and strategies to develop further connectivity for the Commonwealth, providers and members served.

C.6.d. Describe the Vendor's approach to assessing integrity, accuracy, and completeness of data submitted by providers and Subcontractors.

Data Onboarding and Validation Process and Procedures

Established systems and processes help to ensure data received from DMS, providers, members and subcontractors, including administrative (payor) and clinically relevant data across multiple sources and standard data types, is accurate and complete.

Robust System-Driven Data Validation

The Passport MIS ensures that data received from DMS, providers, members and subcontractors, including administrative (payor) and clinically relevant data across multiple sources and standard data types, is accurate and complete. It does this by verifying, through edits and audits, the accuracy and timeliness of reported data; screening the data for completeness, logic and consistency; collecting service information in standardized formats, including secure information exchanges and technologies; compiling and storing all claims and encounter data in a data warehouse in a central location in the MIS; assuring edits and audits comply with NCCI; resolving all reporting errors in transaction submission and reconciliation; and successfully transmitting required data to the Department as outlined in Section 15.2 of the Draft Medicaid Managed Care Contract and Appendices. Data validation allows all external data loading (batch or real-time messages) to go through a series of loading steps, involving multiple staging tables of increasing complexity (data validation, deducing, and aggregation) and quality assurance. In turn, the system loads clean data into the final data mart destination to be exposed to the BI layer and the data consumers. All these processes have robust logging, exception handling (data rejection), and auditing frameworks. There are error resolution screens and/or error reports available to assist operations as they work through the data errors. The QA team is involved during every step of the process to ensure a quality output from the data validation process, and performs extensive system integration testing to ensure the accurate implementation of the Identifi ETL process.

The ETL processes are built on top of an SQL server technology stack. A combination of SQL server integration services (SSIS), SAS and Orion Rhapsody tools are used within our ETL process for orchestration and implementation of business logic to ensure that the data is loaded from source to destination in multiple phases. This process makes it possible to map, normalize and validate administrative (payer), clinical and provider data provided by a variety of national, regional and local vendors, facilities and payers in both proprietary and EDI standard layouts/formats. We conform to HIPAA standards for the data sets, and apply multiple validation controls, both through initial data profiling as well as robust in-line data quality checks.

Data quality is measured at numerous checkpoints along the data integration pathway. Initial data profiling is also performed using commercial data profiling tools as well as customized data profiling code developed internally. The team is also responsible for producing data-quality assessment reports to alert to gaps in the

incoming data. The QA team also coordinates the UAT phase. The data providers participate in the UAT phase, and validate:

- That the data onboarding meets documented requirements for data exchange.
- The integrity of the data onboarding process, by checking against control totals for membership, claim counts, claim dollars, etc.
- The accuracy of the clinical output of data (e.g., lab results).

These validations are performed by exchanging reports as a part of the testing phase before completing implementation. After implementation, the Support Team performs quality checks to ensure system input is valid. Within Identifi, required fields, input validations and business rules are all enforced within the module itself.

We require that all data feeds include control totals to ensure the reconciliation of counts and aggregates for intake auditing and validation of load. The counts are validated at each load stage, and any error trapping is reconciled against the total loaded. In addition, when applicable, we utilize available administrative (payor) data summary reports to further validate the data load and final load disposition into the Identifi EDW, after applying the necessary business rules and subsequent transformation. These comparisons and validation reports are stored as part of the overall data quality tracking for each data load.

The Support Team has a series of monitoring processes in place where various files and datatypes from our data sources are checked for quality and accuracy. Data types monitored include, but are not limited, to (1) administrative (payor) data such as claims and eligibility; (2) transactional clinical data such as ADT, CCD, Lab and Biometrics; (3) other flat files such as health assessment survey (HAS), health risk assessment (HRA) etc. Any issues with operational data are logged via tickets, assessed by Tier-2 analysts, and escalated to the appropriate Tier-3 parties where required.

All incoming data is loaded through four (4) separate databases before it is ready for consumption. The data quality and standardization of the data increases at each level as outlined below:

1. **Staging:** Data is in client-specific format, with one table for each data type.
2. **Common Format:** Data is in a specified format. Data is transformed from client format in Staging to common format (CF) through the mapping requirements document and coding.
3. **Preload:** Data is prepped for loading into the EDW. Keys are assigned to prepare for star-schema normalization.
4. **Data Mart:** Final and centralized data repository. Data Marts are subsets of the EDW. Data is stored in transaction fact tables that link to reference dimension tables.

The four (4) databases are replicated in three (3) separate environments, DEV, QA and PROD, allowing for data transactions to be tested, verified and approved as data moves toward execution in production.

Data loading begins in the DEV environment, where the development team creates and tests their code(s). Once verified and free of any errors or vulnerabilities, the team promotes it up into the QA environment. Code pushes from DEV to QA happen twice daily. The QA environment is where functional testing occurs to test the mapping requirements, the developer's coding, client data quality and any special transformation logic(s). Once testing is completed in the QA environment, the code is slotted for promotion into PROD as part of a scheduled release.

We utilize and maintain separate environments including DEV, QA, UAT, Training and PROD to ensure each change is separated and validated prior to promotion. Identifiable data is available in the Staging and PROD environments. Masking and de-identification of any identifiable data is done in the UAT, QA, DEV, Training and Demo environments. The Identifi EDW is a member-centric data warehouse. The data marts that have member personal health information (PHI)/ePHI go through a de-identification process to make sure that the members' demographics and other identifiable information are masked. Internal identifiers like the Master Member ID (MMID) and TPA member numbers are maintained to help tie the admin and clinical data back to the member. DEV, QA, UAT, Training and PROD environments are deployed to different subnets, servers and databases. User accounts are specific to each environment.

The Identifi Web Module Security team has over six hundred (600) test cases that are updated and executed for each major release. Tests are maintained in Microsoft Test Manager, storing the results of each test for audit purposes. Code versions must pass the threshold of all severity (SEV) 1 through SEV 3 defects being resolved as exit criteria for promotion to higher test environments.

Performance testing, UAT and security testing are all required before a data code version may be deployed to production.

Data Aggregation and Normalization

Our MIS uses custom configuration and rules to derive the confidence level for matching members that are already present in the MIS. New members are assigned new Enterprise Unique IDs. All incoming data is run through the Enterprise Master Patient Index (EMPI) so that the data is aggregated at the member level and the platform has access to the member's longitudinal clinical record.

The EDW can create a Longitudinal Patient Clinical Record with a unique identifier for the MMID, which is updated as new information about the member is received. The data warehouse has a member record de-duping and aggregation process and utilizes "Smart" Delta Sensing Technology for processing efficiency. When aggregating data from disparate sources, the data platform utilizes industry-standard formats and coding for its data, including, but not limited to, International classification of diseases (ICD-10), SNOMED CT, logical observation identifiers names and codes (LOINC), CPT-4, CPT2, HCPCS, RxNorm, generic product identifier (GPI), vaccube administered (CVX), NDC and model output report (MOR) file HCCs.

Our MIS utilizes NextGate for enterprise-wide member matching and EMPI creation for all incoming member records across various sources (payor, EMR, etc.), ensuring that each member is represented only once across various sources by:

- Collecting a standard set of demographic information and member identifiers for each member, from various data sources, including, among others, EMR medical record numbers, health plan member numbers and health insurance claim numbers.
- Creating a "Single Best Record" for each member that is a composite of the most current information available for that member across the systems.
- Creating a unique identifier for the member, the MMID, to represent that member in the enterprise.

Deterministic scoring is used, based on configurable field-by-field "match analysis" that computes the total "match score" for the member record. The rules-based intelligence matching allows partial scoring, exact match or similarity rules to be applied on a field level. All exceptions below the threshold are manually reviewed to ensure accurate member match.

Working with Providers and Subcontractors for Data Accuracy, Timeliness and Completeness

Provider Claims Data

Claims are submitted by providers via EDI methods or on a paper claim form, which is converted to electronic format, through a clearinghouse. The clearinghouse performs base edits to ensure inbound claims are structurally valid. Upon receipt from the clearinghouse, all claims are processed by the Edifecs Smart Trading Platform, which performs WEDI/SNIP data validations. Edifecs is an industry leader in ensuring EDI transactions are fully populated and HIPAA-compliant, enabling Passport to maximize efficiency of claim adjudication processes. Health plan-specific business rules are also enforced within Edifecs, and claims not meeting HIPAA and health plan requirements are rejected back to providers via acknowledgment files. Clean claims are processed through our claim system, which verifies the completeness and accuracy of provider numbers, member ID numbers, diagnosis codes and procedure codes. Claim acknowledgments are returned to providers via the clearinghouse daily. A control process ensures all claims received are acknowledged. Discrepancies are identified, researched and corrected promptly.

Internal quality audits are performed frequently, and discrepancies are investigated promptly. Quality and independent audits are conducted by sampling claims and encounters processed by the Passport systems. Queries are written and preapproved by an auditor. Specific data elements may be requested (e.g., provider national provider identifier (NPI), procedure, diagnosis codes, bill amount, payment amount, etc.). Query results are provided to the auditor to verify the samples against internal systems.

Subcontractor Claims and Encounter Data

All subcontractor data is submitted in accordance with 42 CFR 438. In addition to its claims processing system, Passport also processes and supports encounters data submissions, contemplate rate capitation, program oversight and meeting DMS-specific reporting requirements. For twenty-two (22) years, we have remained firmly committed to our members in improving their health and quality of life–it is our mission.

Our encounter management and reporting system and process is comprised of four (4) key components:

Component 1. Intake/Preprocessing: Adjudicated medical (institutional, professional) claims are extracted from our core claims system (Identifi HPA) on a daily basis and loaded into the Edifecs EM platform in a proprietary comma separated values (CSV) file format. During the intake process, data is validated and subsequently converted into a common data format within the EM platform and made ready for encounter creation.

Component 2. Encounter Creation: To ensure accuracy, during the encounter creation process the EM system validates each encounter record against Kentucky-specific configured rules and edits based on DMS encounter reporting requirements and other data integrity validation, including HIPAA and other syntactical and structural data validation checks. Encounter accuracy and validation checks include, but are not limited to:

- Business edit validation
- Compliance validation
- Provider validation
- Kentucky-specific business edits
- Validation exception (duplicate check, NPI, etc.)
- Voids/replace for denials or accepted encounters

Encounters passing all business and compliance edits are generated and made ready for submission to DMS based on predetermined submission frequency. Records that do not pass all edits are systematically identified as “exceptions” and are logged for review and remediation, as applicable, prior to submission.

Component 3. Encounter Submission: The Edifecs platform generates outbound encounter extract files in accordance with DMS encounter file submission specifications, eliminating the need for manual manipulation of the files prior to submission. In accordance with DMS requirements, the encounter file is submitted to DMS on a weekly schedule (on Sundays). In addition, the encounters platform queues and tracks the claims that have been extracted for submission and reconciles the acceptance, failure or warning status upon receipt of response files from DMS.

Edifecs supports flexible submissions scheduling, allowing for both prescheduled and on-demand encounter transmissions, and utilizes tracking and reporting functionality to allow for the ability to quickly work and resubmit any rejections received from DMS at any time.

Component 4. Response and Reconciliation: Upon transmission of encounter files, response files are received from DMS and are subsequently uploaded to the EM system, and are systematically reconciled against submitted encounters. The system will update the disposition of each submitted record with an appropriate status (Accepted/Rejected/Warning) based on the response file received from DMS.

Encounter record errors are reconciled, and a detailed reconciliation report is submitted to DMS within thirty (30) days of the transaction or file error. Passport understands the requirement that encounter file transmissions not exceed a five percent (5%) threshold.

Converting Paper Claims to Encounter Data

Special attention is paid to gathering encounter data from claims that are submitted on paper. We employ a rigorous process for converting paper claims, first to an electronic 837 file, and then to encounters using the same process that is used for electronic claims. Passport works with SDS as our vendor to manage intake of paper claims and converting them to electronic 837 ANSI transactions, including attachments related to the claim to aid in adjudication. SDS uses a combination of optical character recognition (OCR) and manual data verification to ensure that the maximum amount of data is pulled from each document with in-line process screening against a number of control checks, such as format validation, claim completeness, CPT validation and more.

Validating That All Encounters Have Been Submitted

Subcontractor and provider encounter files are validated in depth during implementation process. The process for capitated providers to submit information sufficient to report encounters is reviewed during the provider orientation process. In production, the encounter submission process performs a basic X12 WEDI SNIP level four (4) verification to assess submitted information completeness before file submission to the division.

The Passport Edifecs Encounter Data Management platform tracks all encounters submitted from all sources to ensure an appropriate response is received for each file submission. Our encounter submissions are also routinely compared to the paid claims file to identify whether there are paid claims for which an encounter should have been submitted.

Providing Subcontractor Oversight

Passport utilizes subcontracted service providers for the delivery of pharmacy, behavioral health, vision and dental services. Each subcontracted vendor adjudicates claims via its respective internal systems, employing specific edits and validations to ensure that the required claim data elements are present and correct prior to payment and in compliance with DMS requirements. The resulting claim encounters are securely transmitted electronically to Passport in the format prescribed by DMS. Subcontracted vendor files are received by Passport on a predetermined submission schedule. The DMS-ready files are then transmitted to DMS and loaded to the Encounters Management platform for visibility and tracking.

Each subcontractor is held to a ninety-five percent (95%) acceptance rate minimum. Passport closely monitors this standard through weekly Acceptance Rate Reports. We work very closely with our subcontractors on identified issues to ensure timely and accurate submission of encounter data. The Encounter team and Data Operations team maintain a subcontractor contact list for any issues that occur during encounter submission (e.g., host connection issues, file non-receipt, file validation failure, etc.). Inbound data is proactively monitored against expected delivery dates and frequencies. Any deviations are logged from expected receipt schedules and promptly investigated for root cause and remediation. The data quality and integrity are monitored at receipt of data and throughout processing. Key volume and metric

trends are also monitored on an ongoing basis, measuring against historical trend and upper/lower control limits to monitor for consistency and completeness in inbound data. These monitoring procedures and alerts are used to ensure that timely and accurate encounter data submissions are received from subcontractors. Encounters Analysts meet weekly with each subcontractor to discuss encounter data and provide error resolution prior to submission of data to DMS. We work with our subcontractors on identified issues to ensure timely and accurate submission of encounter data. All data from providers and subcontractors is also collected in an easy, standardized format, screened for accuracy and compliance with the NCCI, and stored at our data warehouse.

C.6.e. Provide a description of the Vendor's data security approach and how the Vendor will comply with Health Insurance Portability and Accountability Act (HIPAA) standards including the protection of data in motion and at rest, staff training and security audits.

Data Security and Privacy Management Methodology

Passport's data security and privacy management policies commit to securing the confidentiality, integrity and appropriate availability of all PHI/ePHI of the health plan's members that Passport creates, receives, maintains or transmits, as required and prescribed by the HIPAA Security Rule, and the Health Information Technology for Economic and Clinical Health (HITECH) Act, part of the ARRA of 2009. Security of PHI/ePHI is a basic member and provider right, and it is intrinsic to the trust that Passport establishes with its members and providers. Security policies and procedures concerning minimum necessary standards and the privacy of PHI/ePHI address not only administrative requirements, but technical and physical safeguards to verify compliance with HIPAA Privacy Rules and the Security Rules.

HIPAA Standards

It is the policy of Passport to commit to securing the confidentiality, integrity and appropriate availability of all electronic protected health information of the client's members that Passport creates, receives, maintains or transmits, as required and prescribed by the HIPAA Security Rule, and the HITECH act, part of the ARRA of 2009.

Passport ensures that all policies, procedures and business plans protect against any reasonably anticipated threats or hazards to the security or integrity of its electronic protected health information. These policies and procedures address all aspects of its information security program—including administrative, physical and technical safeguards to protect the security, confidentiality and integrity of the health information in Passport's possession—whether on-site or through its vendors. As required under Section 13402 of the HITECH Act, Passport actively monitors its electronic systems. In the event of any breach of unsecured protected health information, Passport performs all required notifications.

Passport also protects against any reasonably anticipated uses or disclosures of such information that are not permitted or required and requires that all departmental policies and procedures comply with all the elements of the HIPAA Security Rule, as applicable to each department's functions and workforce and as identified through an ongoing Corporate Compliance Program.

Passport's Information Security Management Program, as well as corresponding documentation, including policies and procedures, is updated no less than annually. Passport reviews these programs and security policies to account for environmental or operational changes and must amend the policies or adopt additional security policies or measures to facilitate the security of PHI/ePHI.

Passport complies with all requirements of applicable federal and state laws and regulations concerning security of PHI/ePHI and nonpublic personal information. Departmental policies and procedures concerning minimum necessary standards and the privacy of PHI address not only administrative requirements, but technical and physical safeguards to verify compliance with HIPAA Privacy Rules and the Security Rules.

Passport requires that all departmental policies and procedures comply with all elements of federal and state laws, regulations and standards governing privacy of health care information that are applicable to managed care companies and health plan sponsors, including HIPAA Privacy Rules; the HITECH Act, the Gramm-Leach-Bliley Act (GLBA), and NCQA accreditation standards as identified through our Corporate Compliance Program.

Passport maintains the confidentiality, integrity and availability of data within the Identifi Platform through the following: routine vulnerability scanning of code; role-based access control; logging, monitoring and alerting of events; backups and recovery; replication and disaster planning; SDLC management; annual penetration testing; and annual risk assessments. Access to any production data is tightly controlled per HIPAA guidelines where system users are provisioned based upon the level of user access requested, adhering to the HIPAA "minimum necessary" requirements. All data in motion is also encrypted, adhering to HIPAA and HITECH regulations.

Protection of Data in Motion and at Rest

Passport utilizes full disk encryption across all facets relating to PHI/ePHI protection. Data is stored in an SQL server within the cloud infrastructure using Microsoft Azure's storage encryption. Data is de-identified in the QA, training and demo environments. Access to production data is tightly controlled as per HIPAA guidelines. The servers are protected within the corporate firewall and access to servers is limited to administrative-level access and to outside users who are authorized to access data under required business associate agreements (BAA).

Data residing in Exchange Online and SharePoint Online are encrypted using disk-level encryption. Microsoft utilizes Advanced Encryption Standard (AES) with 256-bit keys and is Federal Information Processing Standard (FIPS) 140-2 compliant. For any data in motion over a public network, such as the Internet, Identifi supports HTTPS on TLS 1.2. TLS encryption is used both opportunistically and policy-enforced with partners that frequently exchange sensitive information. Office 365 Message Encryption uses Rights Management Services (RMS) as its encryption infrastructure, which supports RSA 2048 for signature and encryption and supports SHA-256 for signature.

Passport ensures that any information stored in databases/datastores or on issued desktops, laptops and other portable computing devices and removable media is encrypted. Passport also utilizes pretty good privacy (PGP) encryption to protect data stored on any issued removable media devices. The system supports strong encryption only, resulting in a score of A+ from SSL Labs.

Passport also maintains logs of any cryptographic, encryption and data key management activities. Passport has policies in place that separate encryption of private and data keys. Private keys, which perform encryption themselves, are stored in encrypted locations. Data keys are stored separately from private encryption keys.

By utilizing Azure's Key Vault, Passport is able to manage its own cryptographic keys while Azure provides the secure hardware platform. Through the Azure Key Vault, Passport can create, revoke, authorize users or modules, and configure and/or monitor keys or shared secrets. Passport data is encrypted in transit and at rest through configurable and standards-based providers using a variety of protocols. This includes BitLocker, AES-256 (in Azure Media Services), IPsec (VNets), and others. Microsoft has policies, procedures and mechanisms established for effective key management to support encryption of data in storage and in transmission for the key components of the Azure service. Cryptographic controls are used for information protection within the Windows Azure platform based on the Windows Azure Cryptographic Policy and Key Management procedures. Azure supports strong cryptography using standard, validated formats including AES-256, IPSec, 1024-bit Perfect Forward Secrecy (PFS), and FIPS-140-2.

Staff Trainings

Passport has an annual security awareness training for both existing and newly hired employees. All members of Passport's workforce must participate in security awareness training to enable them to properly protect ePHI. Security awareness training is based on job responsibilities and customized to focus on issues regarding use, confidentiality and disclosure of ePHI. Security reminders may also be part of other annual compliance programs.

Initial security awareness training for staff and users includes, without limitation, education regarding virus protection (including the potential harm that can be caused by a virus, how to prevent the introduction of a virus to a computer system, and what to do if a virus is detected), the importance of monitoring log-in success or failure and how to report discrepancies, password management including rules to be followed in creating and changing passwords and the need to keep them confidential, and user education in incident reporting procedures. Training for users who are granted remote access addresses vulnerabilities related to remote access, including, without limitation, the inadvertent downloading of information into temporary files, the recording of user account information by software modules, and other potential security breaches. Training also addresses, at a minimum, clear and concise instructions for accessing, storing and transmitting ePHI; password management procedures; Remote Access Device and media protection measures; and avoiding the downloading of ePHI to public access computers. Only users with proper authorization and training are granted remote access.

Our Privacy Awareness Training covers HIPAA compliance, PHI and ePHI protection, user authorizations and access (adhering to the HIPAA "minimum necessary" requirements), social media, social engineering, the use of technology and company-issued hardware/devices and systems, the proper handling and sending of PHI/ePHI, proper disposal of paper documents (that may contain PHI), password management and creation, auditing and monitoring of systems, data storage and backup procedures, the disposal of company-issued laptops/portable devices, mobile devices, and the steps to reporting security and privacy incidents. Our HelpDesk also communicates out monthly security awareness e-mails to all employees regarding changes to security policies/procedures.

Employees must attend a minimum of one (1) security training session per year or as necessary to train them on updates to the security policies. Privacy and security awareness training is reviewed and updated annually or as needed by the Privacy Office and the Privacy and Security Officer in collaboration with the Compliance team and the Learning and Development Department. A record of all security awareness training is maintained as documentation evidencing an employee's understanding of the security policies, the security training and acceptance of responsibility. The Security Policies Acknowledgment Form must be updated after each periodic security awareness training session attended by an employee. The Security Policies Acknowledgment Form is permanently retained in the employee's personnel file.

Security Audits

An audit of all of Passport's existing security policies, procedures and standards, and technical controls is done annually during the HIPAA Risk Assessment. This also covers the full BC/DRP, penetration and vulnerability testing, business impact analysis and risk assessments from both a corporate and Identifi Platform perspective. The aforementioned also includes any suppliers or critical hardware, network services and structures, and facility services. Security documentation is updated no less than annually. The security policies are reviewed to account for environmental or operational changes and the policies must be amended to adopt additional security policies or measures to facilitate the security of ePHI.

Passport conducts internal and delegate risk assessments and audits on an annual basis. Although this is an annual activity, as necessary, the Compliance Department will complete an assessment if processes change or are identified as being deficient. Third-party (external) audits are also conducted under the supervision and the authority of the Compliance team. The Compliance and Regulatory Affairs Committee is notified of the outcomes from the risk assessment process.

As outlined above, Passport engages in various internal and independent (external) audits of our information security policies and our security controls. The internal audit process:

- Defines the scope and audit universe
- Performs a risk assessment as outlined by our Risk Management Program
- Conducts interviews
- Reviews established processes, procedures and policies
- Performs formal auditing

- Performs remediation of any risks, vulnerabilities and deficiencies
- Closes the internal audit

Internal audits include walkthroughs, access management audits, change management audits, internal/external penetration testing, module vulnerability assessments, HIPAA/HITECH standards audits, and operational controls assessments. If gaps are identified during the HIPAA Risk Assessment, a remediation plan is initiated and executed prior to completion of the risk assessment. This action is followed by a second audit to confirm that the discovered gaps are addressed and remediated.

The Identifi Platform also undergoes an annual service organization control (SOC) (2) audit during our HIPAA Risk Assessment period.

C.6.f. Describe any proposed system changes or enhancements that the Vendor is contemplating making during the anticipated Contract Term, including subcontracting all or part of the system. Describe how the Vendor will ensure operations are not disrupted.

System Changes

At this time, there are no proposed system changes for the Passport MIS that would disrupt existing operations. Identifi Health Plan and Identifi Population Health will continue as the primary system for the proposed contract. As a proprietary system owned and operated by our partner Evolent, no modules or subsystems within Identifi will be subcontracted. We acknowledge the ever-changing needs of health care and that the Kentucky Medicaid program requirements will be revised as well–prompting standard changes to our MIS. Although there are no system changes planned, Passport will notify DMS at least ten (10) days in advance of any implementation that may impact the integrity of the data, including such changes as new claims processing software, new claims processing vendors and significant changes in personnel.

Passport can provide value in terms of implementation speed and provide a more robust solution by dint of having already implemented the Identifi Platform. Passport's MIS and its subsystems and modules are already configured to meet the needs of the DMS and are currently functioning within the guidelines and specifications of the Commonwealth. The MIS meets or exceeds all requirements of the Kentucky Managed Care Program, including member services, third-party liability coverage, provider, reference, encounter/claims processing, financial, and utilization/quality improvement.

The existing secure HIPAA-compliant data exchanges and EDI feeds that currently connect Passport and DMS to drive the Kentucky Medicaid Managed Care program on the Identifi Platform do not need to be reimplemented as part of our proposed solution. Another inherent advantage of leveraging the existing Identifi Platform is that the disparate data sources that are already aggregated and normalized as a part of our existing implementation would not require any data conversions or data migration efforts for elements already integrated. In addition to not needing to reintegrate with the existing data or reimplement existing functionality, leveraging the Identifi Platform solution would provide continuity for end users, providers and members alike.

Identifi is offered as a SaaS solution and as such, Passport provides all required hosting, support and monitoring and any upgrades requested by DMS. In the event waivers, changes or enhancements are to be

made, these upgrades are released seamlessly into the client instance after receiving signoff from DMS, which means that Passport will never be left with an outdated system that no longer meets industry standards and best practices.

Proposed Enhancements

Passport is regularly evaluating enhancements to the platform to improve member and provider experience, as well as to improve the efficiency and quality of its subsystems. Enhancements that Passport is considering during the contract term include the following:

- **Improve Tracking of Authorized Units in Claims Adjudication** (*Claims Processing Subsystem*) to improve ability for claims to be auto-adjudicated based on linking multiple claims to units authorized in the original prior-authorization request. This enhancement would also clear links with authorization requests when claims are voided.
- **Enhance Fraud Waste and Abuse** (*Surveillance Utilization Review Subsystem [SURS])* detection prior to claims payment, including automation of claim denials prior to payment, pending claims for additional manual investigation, and denying/releasing claims for payment once an investigation has been marked as completed. Improving detection prior to payment will reduce the need for recovering payment already made to providers.
- **Enhance Identifi Practice and Identifi Review** (*SURS*) to provide additional feedback to both requestors and Passport staff on what services are covered benefits and what services require prior authorization requests. This enhancement will ensure that members receive covered services and members/providers are not waiting for authorizations for services that do not require prior authorization requests. This enhancement may also include service-specific guidelines on what supporting documentation providers must include with prior authorization requests, thereby reducing the time required to review requests.
- **Deploy Precision Pathways** – a web-based point-of-care tool that empowers providers with the latest science, innovative new therapies and clinical compendia to identify the most effective, least harmful and least expensive treatment options for Passport members with cancer and heart disease (*Surveillance Utilization Review Subsystem)*. Additional details are discussed in Section C24. Population Health Management (PHM) Program
- **Enhance insights/reporting delivered to providers in Identifi Practice** (*Utilization/Quality Improvement Subsystem*). Proposed enhancements to allow providers to better manage their panels include adding supplemental data related to care gaps and quality measures (e.g., last date of qualifying service, due date for next service), quality performance trending, risk-adjusted cost and utilization performance.

Any planned system changes or enhancements, including major releases of the Identifi PHM system, go out on a quarterly basis, on the last Sunday of a predetermined month, while releases within the Identifi HPA system go our every ten (10) weeks on Fridays (after business hours). Minor updates to the Identifi PHM system are also released every second and last Friday of the month in accordance with the Release Management Cycle. Most production releases are completed within a four-to-six (4-6)-hour time frame and happen during our already-established maintenance windows outside of business hours to minimize

disruption to users, including providers and members. Passport recognizes that DMS requires notification of any significant changes to the system that may impact the integrity of the data, including such changes as new claims processing software, new claims processing vendors and significant changes in personnel at least ten (10) days prior to its implementation as outlined in Section 15.1 of the Draft Medicaid Managed Care Contract and Appendices.

Passport has anticipated concerns around disruption to existing operations in the event sourced systems and workflows are changed and enhanced. The Identifi Platform module development teams use a combination of manual and automated regression testing to ensure the quality of each release. Regression testing is the process by which we test any changes and/or enhancements or updates to the Identifi Platform to ensure that system changes/updates do not adversely affect other systems, including systems operated by the client and subcontractors' systems, as well as ensuring that older programming still works with the new changes. Our testing team maintains a library of over 1,500 test cases in Microsoft's Test Manager that are used to validate candidate releases. Of the 1,500 test cases, roughly six hundred (600) are dedicated solely to regression testing, and they are executed both manually and automatically. Our regression testing ensures that system changes do not impact system components which have not been changed for a release.

Conclusion

Passport operates a robust MIS. The MIS and its subsystems are fully operational, already configured to meet the needs of DMS, and are currently functioning within the guidelines and specifications of the Commonwealth. Our MIS stands ready to execute on current and future program requirements.

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.

C.7 Encounter Data



C.7. Encounter Data

a. Provide a detailed description of the Vendor's processes for ensuring complete, accurate, and timely encounter data submissions to the Department, including procedures for working with providers and Subcontractors to correct errors.

b. Provide the Vendor's Encounter Data Processing policies and procedures.

c. Describe common challenges the Vendor has experienced in encounter data development and submission, and mitigation strategies and best practices the Vendor has implemented to ensure accurate and complete encounter data.

d. Describe educational approaches the Vendor will implement to support providers and Subcontractors that are identified as having ongoing challenges in submission of complete, accurate, and timely information.

e. Describe initiatives the Vendor proposes raising to the Encounter Technical Workgroup to enhance the data submission requirements and improve the accuracy, quality, and completeness of encounter submissions.

Passport Highlights: Encounter Data

How We're Different	Why It Matters	Proof
Encounter management (EM) system powered by Edifecs and the recent launch of Edifecs Electronic Data Interchange (EDI) Gateway	• Software platform tailored to Kentucky claims and encounter rules streamlines the submission of claims/encounters • Improves timeliness and completeness by placing claims and encounter edits on the front end	• We have achieved more than five percent (5%) improvement across KPIs since the implementation of this system in August 2019, on an average volume of 500,000 claims per month
More than twenty (20) years of working with Kentucky providers to achieve encounter data submission compliance	• Expert staff understands the capabilities and challenges of our providers • We have tailored trainings around the unique needs of our providers • We are able to collaborate with providers and quickly resolve issues locally • Our expert encounters team has been a catalyst to install	• Deployed industry-leading encounter platform • Multiple provider forums and onsite training for Federally Qualified Health Centers (FQHCs), hospital groups, ancillary providers and specialty clinics • Encounter throughput has increased to over ninety-five

How We're Different	Why It Matters	Proof
	framework and governance structures that provide a path to continuous improvement	percent (95%) in past two (2) years • Dedicated local team with sixty-nine (69) years of combined health care experience (17.25 average), including a combined thirty-four (34) years with KY Medicaid Encounters

Introduction

Our encounters team possesses a combined 34 years of experience in Kentucky Medicaid encounter management. Our lengthy history serving the Commonwealth demonstrates reliable partnership and transparency. Over the past three (3) years, we have experienced challenges directly resulting from a platform change in 2017 that resulted in data issues. Since then, we have invested heavily in upgrading and modernizing our Encounter Management (EM) and reporting capabilities, as well as all supporting systems such as our claims adjudication system. Recent snapshots into key performance indicators (KPIs) show significant performance improvements in those impacted areas and reflect our commitment to collaborating with the Department for Medicaid Services (DMS) and our providers, stakeholders and community.

In the following response, we will demonstrate how our encounter process; best-of-class, highly integrated technologies; team of experts; and best practice policies and procedures come together to achieve DMS's accuracy and timeliness standards. We will present an innovation that places encounter rules and edits on the front end of the encounter pipeline, which not only positively impacts accuracy, timeliness and completeness, but reduces administrative burdens associated with tracking, communicating, error correction, rework and resubmissions that exist across the entire encounter reporting lifecycle. We will outline our journey enhancing our system capabilities and the strategies that we implemented to overcome obstacles, as well as what remains. We will highlight our provider and subcontractor training program and how we provide special assistance and training to providers and subcontractors experiencing difficulties. Finally, we will identify possible enhancements of encounter data submission requirements, with the objective of improving accuracy, quality and completeness.

C.7.a. Provide a detailed description of the Vendor's processes for ensuring complete, accurate, and timely encounter data submissions to the Department, including procedures for working with providers and Subcontractors to correct errors.

Ensuring Accurate, Timely and Complete Encounter Data

Passport understands the importance of complete, accurate and timely encounter data and the critical purposes it is relied on for. In over twenty-two (22) years serving the Commonwealth of Kentucky, we have developed the talent, knowledge base, system capabilities, best practice policies and procedures, and controls to support complete, accurate and timely encounter data submissions to the DMS and partner with Evolent as a subcontractor and strategic partner in the encounter management function. Passport understands and will fully comply with all requirements outlined in Section 16.0, "Encounter Data," of RFP *Attachment C – Draft Medicaid Managed Care Contract and Appendices*. Detailed below are areas that we will cover by providing descriptions of our key functions, technology and staff experience supporting complete, accurate and timely encounter data submissions to the Department:

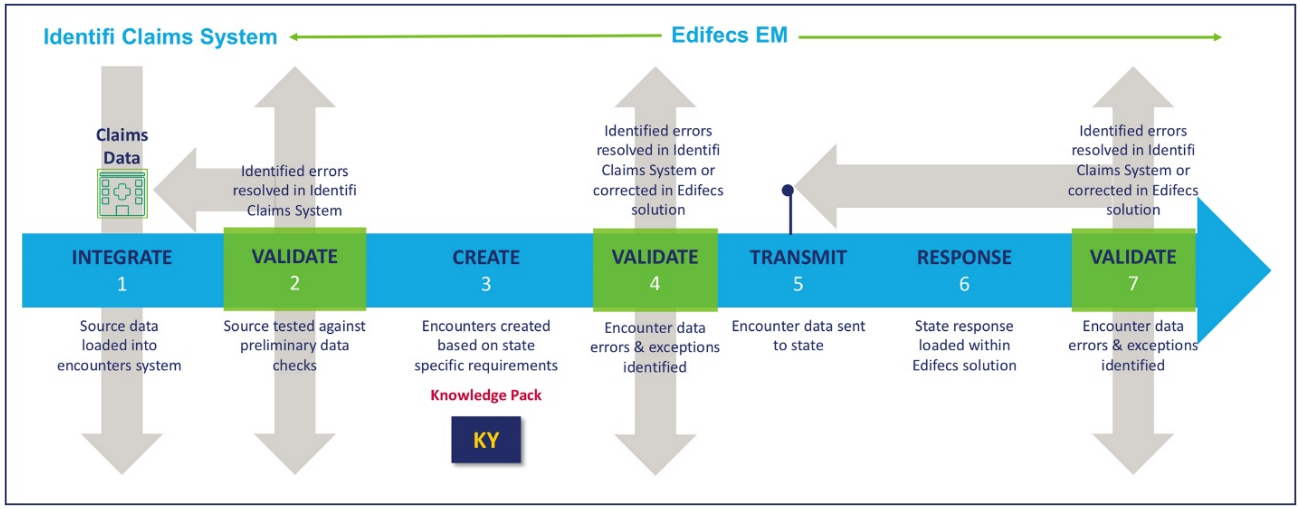
- Operational End-to-End Process for Capturing, Creating and Submitting Encounters
- Tracking, Trending and Monitoring Encounter Submissions and Revisions
- Procedures for Working with Providers and Subcontractors for Encounter Data Accuracy, Timeliness and Completeness
- Coordinating and Cooperating with External Reviewer Organizations
- Validating That All Encounters Have Been Submitted
- Accuracy, Timeliness and KPIs
- Passport's Team Experts on Kentucky Medicaid Encounter Data

Operational End-to-End Process for Capturing, Creating and Submitting Encounters

Reporting accurate, timely and complete encounters begins with capturing the full set of required provider claims data to align with encounters requirements. To systematically and automatically enforce this, Passport worked with its strategic partner and subcontractor Evolent to implement the Edifecs EDI Gateway platform in August 2019 to support upfront claims validations against a comprehensive set of claims and DMS encounter rules. This is a powerful tool in the encounters lifecycle when working in combination with Edifecs EM, described further below. This front-end EDI check not only improves the quality of claims and encounters, it also provides the submitting provider timely notification of errors and facilitates quick remediations and resubmissions if necessary.

For actual encounter processing and management, Passport uses the Edifecs Encounter Management platform, which is a fully integrated solution that supports all aspects of encounter submission and reconciliation. As depicted in **Exhibit C.7-1**, our EM and reporting system is fully integrated with our claims data and drives the seven (7) stages of our process flow. A description of these steps follows.

Exhibit C.7-1: Passport's End-to-End EM Process



Integrate (Stage 1)

Edifecs EDI Gateway Front End: All medical claims submitted by providers run through our Edifecs EDI Gateway front-end validation, performing claims and encounter rule checks prior to accepting a claim for processing in our Identifi℠ claims system. This smart clearinghouse capability introduced in August 2019 ensures that claims that do not meet DMS encounter requirements are rejected back to the provider for remediation, and that the provider is given a clear and actionable explanation why the claims were rejected.

Through this innovative solution, 1,200 edits were installed to improve claims quality—and, therefore, encounter data—reported to DMS. Notable categories implemented through Edifecs EDI Gateway were enhancing claims editing to Strategic National Implementation Process (SNIP) Level 4, instituting ordering, referring, or prescribing (ORP) provider edits, and additional provider National Provider Identifier (NPI)/taxonomy edits to align with DMS encounter data reporting requirements. As a demonstration of impact of this implementation, we have since experienced five to seven percent (5-7%) improvement in monthly claims receipt quality, which is now acceptable as encounters with DMS.

Medical Encounter Intake/Preprocessing: Acceptable claims are then adjudicated in our core claims system (Identifi). Adjudicated medical (institutional, professional) claims are extracted from this system daily and loaded into the Edifecs EM platform in a proprietary comma separated value (CSV) file format. During the encounter intake process, data is converted into a common data format within the EM platform and made ready for encounter creation.

Validate (Stage 2)

Extracted encounters are validated by performing preliminary data checks against up-to-date DMS provider data loads in line with DMS encounter acceptance criteria, which include:

- Validation of both finalized claims and supplemental transaction data per DMS 837I and 837P companion guide specifications
- Duplicate encounter identification

Identified errors are then resolved in our Identifi claims system through methods such as claims readjudication, source data correction and provider resubmissions.

Create (Stage 3)

Our EM platform generates outbound encounter extract files in accordance with DMS encounter file submission specifications, eliminating the need for manual manipulation of the files prior to submission.

Validate (Stage 4)

Checking for Key Fields and Key Field Combinations*:* We use the Edifecs Kentucky-specific Knowledge Pack, a single, integrated set of rules for Kentucky Medicaid EM for presubmission validation of encounter data for completeness and accuracy. The Knowledge Pack maintains configuration and validation logic based on Kentucky Medicaid business rules, companion guides and other related technical documents and specifications.

Our EM platform validates each encounter record on key fields, including but not limited to claim type, provider type, type of bill, member Medicaid ID, NPI, taxonomy, place of service, revenue code, diagnosis codes, amount paid, procedure codes and the state provider file to ensure all required data elements are present and populated accordingly. Records that do not pass all validation edits will drop to an "exception" status for review and remediation prior to release.

The Passport team, in collaboration with the Edifecs team, is continuously managing the requirements and rules that govern successful encounter performance. Should any edits and processing requirements require modification due to federal or state law changes, we have a rigorous quality assurance (QA) process for incorporating new changes. We will submit electronic test data files from Passport's system (as well as for our subcontractors, as applicable) as required by DMS for review and approval before production of data.

Transmit (Stage 5)

Passport with its encounters management subcontractor Evolent, submits all medical and behavioral health adjudicated (paid and denied), corrected, and adjusted claims processed electronically as encounters using Health Insurance Portability and Accountability Act (HIPAA)-compliant standards for information exchange. Specifically, our encounter submission process is currently reporting encounter data using HIPAA Accredited Standards Committee (ASC) X12, version 5010, transaction 837, and National Council for Prescription Drug Programs (NCPDP) version 5.1 to NCPDP version 2.2 file formats.

Encounter data files are generated within two (2) business days of the end of each payment cycle and are submitted to DMS on weekly (Sundays), as per DMS assigned schedule. The encounters submission process includes the assignment of a unique encounter identification number that allows tracking through the lifecycle of an encounter—from the initial extraction of the claim and status of validation of the data to

initial submission to DMS and the DMS response. If the encounter returns with a rejection, the encounter is monitored for aging, and it is resubmitted. Daily reports are sent to appropriate cross-functional workgroups to ensure timely submissions and corrective actions, in situations where timely submission is at risk.

Our EM system supports flexible submissions scheduling, allowing for both prescheduled and on-demand encounter transmissions, and uses tracking and reporting functionality to allow for the ability to quickly work and resubmit any rejections received from DMS at any time.

Pharmacy, Dental, and Vision Encounter Submission: Passport uses subcontracted service providers for the delivery of pharmacy, vision and dental services. Each subcontracted Vendor adjudicates claims via their respective internal systems, employing specific edits and validations to ensure that the required claim data elements are present and correct prior to payment and in compliance with DMS requirements. The resulting claim encounters are securely transmitted electronically to Passport in the format prescribed by DMS. Subcontracted vendor files are received by Passport on a predetermined submission schedule. The DMS-ready files are then transmitted to DMS and loaded to the EM platform for visibility, tracking and performance management.

Quality, timeliness and accuracy measures are closely monitored by the encounters team. If a subcontractor's performance drops below expectations, each of their submissions is actively monitored. This could include moving specific claim types from Production to Test Submission Only until we have validated that the issue(s) has been resolved. Underperforming subcontractors are also assessed monthly penalties and are required to submit Corrective Action Plans (CAPs), and we meet with them weekly to review progress. Following is a more detailed overview of our subcontractor management approach:

- Subcontractors are assigned a dedicated oversight team responsible for overseeing performance. Together, these staff members oversee performance through contract metrics and service-level agreements (SLAs). This team includes:
  - Passport executive sponsor
  - Passport business owner
  - Operational leadership
  - Compliance liaison
  - Subcontractor manager providing direct monitoring of the Vendor's performance and adherence to contractual requirements
- Passport holds subcontractors accountable to metrics and SLAs in line with DMS contractual expectations, with accountability to quickly drive resolution for any temporary disruption.
- Passport uses several methods to review performance and collaborate with its subcontractors, including the following forums:
  - Weekly, monthly, or quarterly meetings with dedicated subcontractor business owners and operational leads to review service-level objectives and overall performance satisfaction.
  - Weekly operational meetings to track important projects, issues with service impact and any outstanding Performance Improvement Plans. We determine next steps, key milestones and work through obstacles. In these forums, subcontractors are required to self-report any

potential issues. This forum is also used to discuss and establish execution plans for any DMS program changes and required coordination.

- Quarterly Compliance Collaboration Calls hosted by Passport's compliance team with its subcontractors' compliance teams to discuss adherence to contracts and share best practices.
- Monthly Delegation Oversight Committee (DOC) meetings to review metrics and issues, and to make recommendations for corrective actions.
- Monthly performance reviews with the compliance team and owners of the subcontractor relationships and programs.
- Monthly operations review for overall Passport performance SLAs to determine where subcontractor performance is supporting or impacting overall SLA achievement and member/provider experience. SLA monitoring is a critical task performed through the subcontractor oversight processes and committees as noted above. This information is also reported regularly to Passport's Executive Leadership Team (ELT) and to the DOC. The information flows upward through the DOC to the Board of Directors. Should SLA performance issues occur, Passport takes action and may issue Letters of Concern or CAPs.

Response (Stage 6)

Upon transmission of encounter files, response files (999, 277U, 277UESC) are received from DMS and are subsequently uploaded to the EM system and systematically reconciled against submitted encounters. The system will update the disposition of each submitted record with an appropriate status (Accepted/Rejected/Warning) based on the response file received from DMS.

As DMS sends consolidated response files, Passport's encounters team parses out the subcontractor's response files within twenty-four (24) hours of receipt of the DMS response files and automatically distributes these files to subcontractors via the Edifecs EM platform.

Validate (Stage 7)

Encounter record errors are reconciled by the encounters team, and a detailed reconciliation report is submitted to DMS within thirty (30) days of the transaction or file error. Passport understands the requirement that encounter file transmissions not exceed a five (5) percent threshold. Passport met this SLA one hundred percent (100%) in both State Fiscal Years 2018 and 2019.

Our encounters submission process is monitored on daily, weekly and monthly by reviewing performance reporting that tracks and trends our submissions, rejects, exceptions and corrections. We develop actionable plans and information for process improvement as necessary. DMS-rejected encounters and those identified as part of our presubmission validation process are captured as part of our encounter reconciliation and performance reporting. Built-in EM reports allow the encounters team to review and analyze errors for remediation.

Depending on the nature of the error, remediation may involve varying resolution paths:

- **Encounters Team:** Our EM system provides for robust error-correction capabilities. Straightforward data errors like covered days, procedure code description, etc. can be corrected within the system itself by the encounters team through user-friendly interface screens.
- **Operational Areas:** Other errors may require involvement of cross-operational areas such as Claims, Provider Data, Provider Enrollment or IT. In these situations, the encounters team triages the error(s) and engages the relevant operational area through an internal issue ticketing process. Upon receipt of the issue ticket, root cause analysis is performed and remediation steps are determined. Depending on the finding, this could include adjustment/reprocessing/recoupment of a claim, a claims system coding or edit modification, or a provider file data update/refresh. Resolution may also include the need for retraining or procedural documentation updates, should the error be related to human process error.

Subcontractors are directly responsible for reviewing and remediating any rejections, which are communicated in the parsed files distributed to them. They leverage the response files and similarly investigate, address and remediate errors. Passport proactively monitors performance metrics by subcontractors weekly, including acceptance rate and top categories of threshold errors, and discusses these on weekly operational calls.

Tracking, Trending and Monitoring Encounter Submissions and Revisions

We monitor our encounters submission process on an ongoing basis by reviewing performance reporting that tracks and trends data and performance indicators on our submissions and revisions and provides actionable information for process improvement. Built-in EM tools and reports allow the encounters team to review and analyze errors for remediation and to monitor and manage compliance with encounter data submission requirements. The EM platform user interface provides the ability to view how different transactions are processed in batch or in real time by displaying summaries of different reports in a single view through management dashboards and reports. Key reports include, but are not limited to:

- **Transmission Summary:** Provides metrics of inbound and outbound transactions or files transmitted in and out of EM, with a count of files by file type, status, transaction type and so on. This provides insight into the file/transaction activity happening within a specific time period. (See **Exhibit C.7-2** below.)

  Exhibit C.7-2: Transmission History

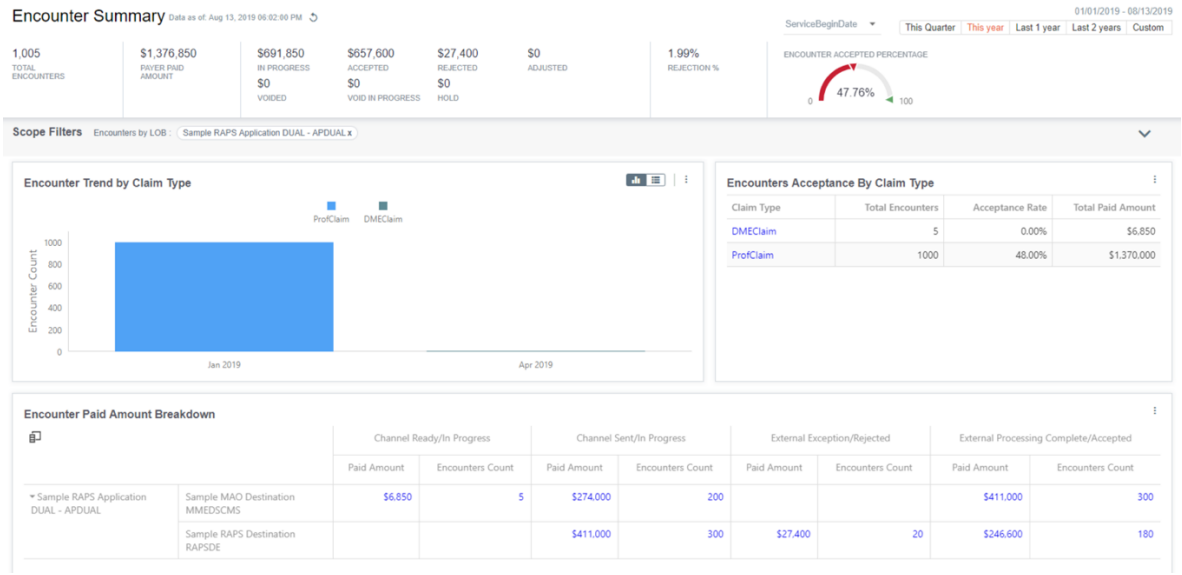
Transmissions History Last 30 Days SEARCH

File Name	Receipt Date	Disposition	Transaction Type	Direction	Format	Environment	Format Validation
KYW837I_9900005019_A_20200110_000005.txt	01/10/2020 09:58:30 AM	Accepted	837I	Outbound	HIPAA5010A	Production	Accepted
KYW837I_9900005019_O_20200110_000004.txt	01/10/2020 09:08:59 AM	Accepted	837I	Outbound	HIPAA5010A	Production	Accepted
KYW837I_9900005019_O_20200110_000003.txt	01/10/2020 09:05:55 AM	Accepted	837I	Outbound	HIPAA5010A	Production	Accepted
KYW837I_9900005019_O_20200110_000002.txt	01/10/2020 09:05:50 AM	Accepted	837I	Outbound	HIPAA5010A	Production	Accepted
KYW837I_9900005019_V_20200110_000001.txt	01/10/2020 08:29:23 AM	Accepted	837I	Outbound	HIPAA5010A	Production	Accepted

- **Claim Summary:** Provides metrics about the number of claims in each activity state and disposition. Provides view of the latest status (Activity State/Disposition) of each claim by different dimensions, such as LOB (Line of Business), Receiver (for encounters) and Claim Type.

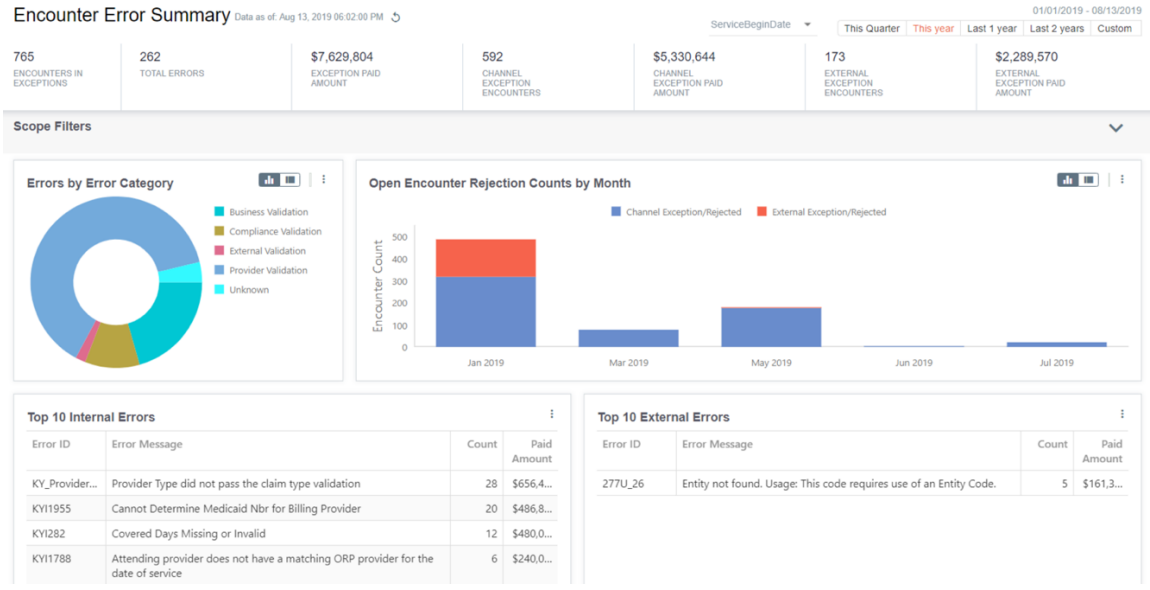
- **Encounter Summary:** Provides metrics about the number of encounters in each activity state and disposition. Provides view of the latest status (Activity State/Disposition) of each encounter by different dimensions like LOB, Receiver (for encounters) and Claim Type. (See **Exhibit C.7-3** below.)

Exhibit C.7-3: Encounter Summary



- **Encounter Error Summary:** Provides correction information by date. Provides ability to analyze information on exceptions that are open and view exceptions-related activity summary (like closed and open exceptions) for the LOBs. (See **Exhibit C.7-4** below.)

Exhibit C.7-4: Encounter Error Summary



- **Inbound and Outbound Reconciliation Report:** Provides information on the outbound trading encounters submitted to DMS grouped by LOB, Destination/Receivers and Status/Disposition. Provides ability to view and reconcile the outbound encounters and files that are submitted for the LOB, and drill down into details. (See **Exhibit C.7-5** and **Exhibit C.7-6** below.)

Exhibit C.7-5: Inbound Reconciliation

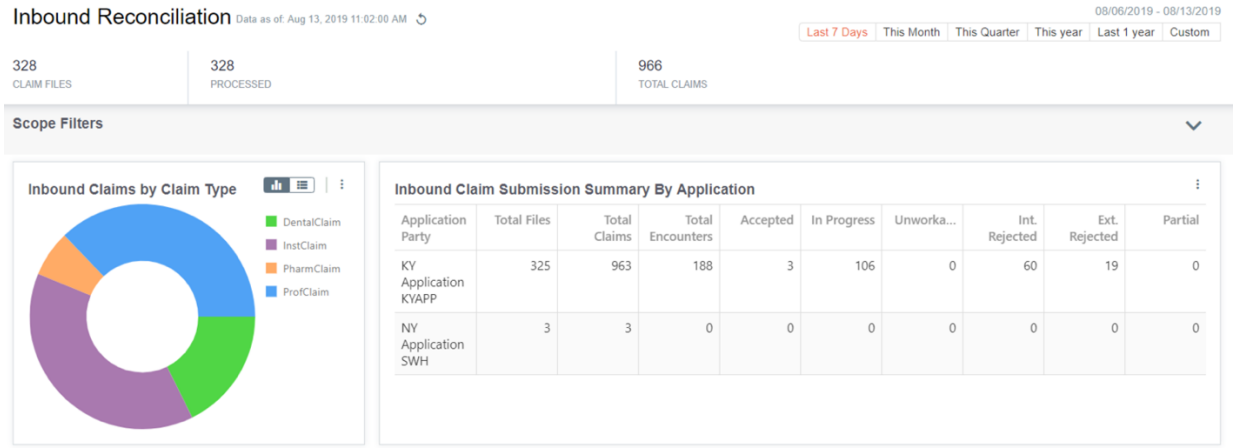
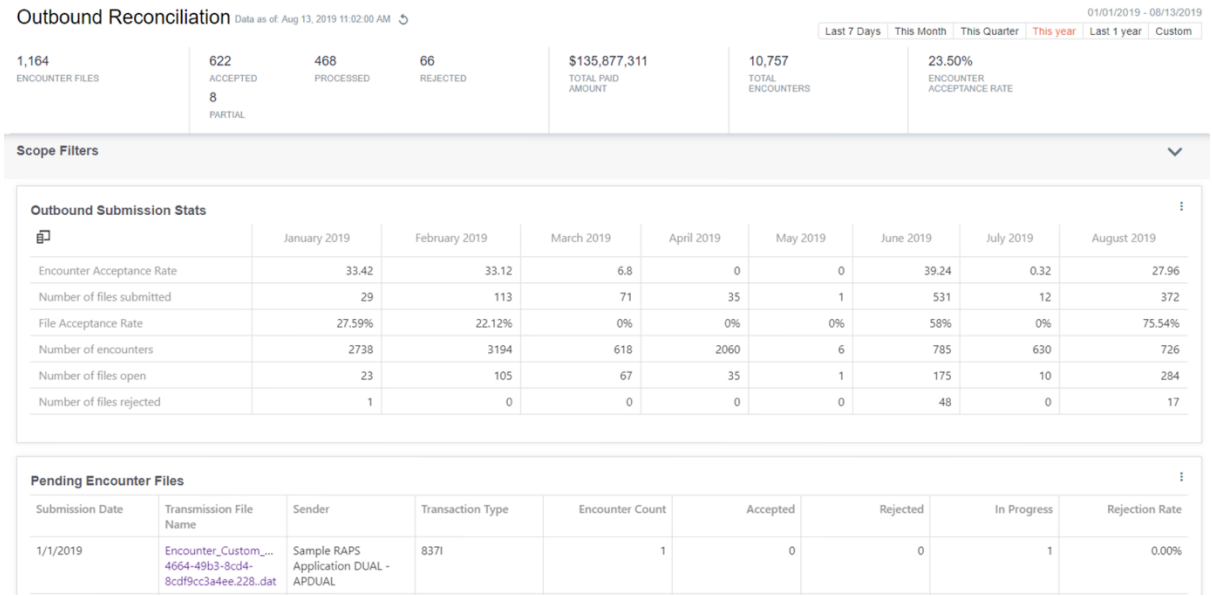
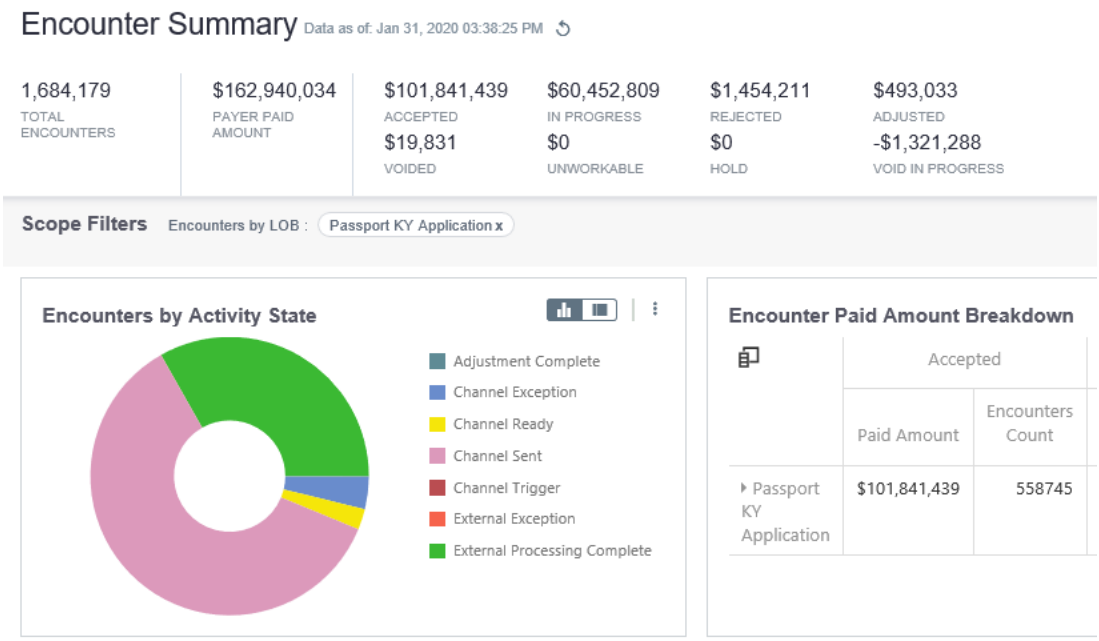


Exhibit C.7-6: Outbound Reconciliation



- **Monthly Encounter Summary, Outstanding Rejects:** Monthly report that summarizes reject codes for outbound encounters that have not yet been resolved. (See **Exhibit C.7-7** below.)

Exhibit C.7-7: Outstanding Rejects



Procedures for Working with Providers and Subcontractors for Encounter Data Accuracy, Timeliness and Completeness

Providers

The following primary mechanisms ensure measurement of the timeliness and accuracy of provider claims and support collaboration and remediation of errors:

- Passport EDI Gateway, our front-end EDI solution, rapidly generates unique and specific messages through 277 files for claims that did not pass claims and encounter requirements, so that the provider can take action to timely remediate and resubmit.

  Procedural Action: Our operational team monitors such rejections for trends and spikes to identify any aberration in the software/experience. Any noted activity is investigated through root cause analysis to determine next steps, be it internal or through required provider action or education/training needs.
- We weekly monitor errored encounters, which are encounters that have failed DMS validation and therefore require providers to submit corrected claims.

Procedural Action: In the event data shows higher than normal volumes or errors, the encounters team will work with Provider Network Management (PNM) to contact the impacted providers. These communications include evidence of fallouts, DMS requirements and guidance providers need to take necessary actions. The goal of this specific collaboration is to not only correct errored encounters but to find permanent solutions. For example, recently Passport engaged with large hospital groups to permanently address issues related to referring, ordering, prescribing, or attending (ROPA) and provider types on claim forms.

- PNM serves as a conduit for any provider support needs. Providers are encouraged to access support from PNM to address questions or concerns, including claims and encounter-based issues.

  Procedural Action: PNM intakes provider concerns and can formally route inquiries to operational areas for support via an internal ticketing system called Provider Performance Indicators (PPI). These tickets serve as central documentation to support the closed-loop communications with providers and resolution discussions and determinations of action steps required. Separately, we offer significant provider education materials and training on claims procedures and requirements in onboarding and on an ongoing basis, detailed further in response C.7.d.
  Proactive Outreach: Our encounters team regularly monitors top rejection reasons overall and by provider and will share this information with PNM to outreach proactively and offer support to address issues quickly. We take an active engagement approach with any providers experiencing challenges with encounters, and we work with our PNM team to form provider-specific support strategies for those experiencing ongoing challenges or concerns, including:
  - Gathering and assessing provider-specific data compared to benchmarks
  - Conducting root cause investigations
  - Meeting with the provider to share findings and discuss next steps
  - Establishing quality-based milestones to collectively define measures of resolution or improvement
  - Executing on determined actions and regularly measuring and sharing results to confirm resolution for a defined time period

Subcontractors

Passport uses subcontracted service providers for the delivery of pharmacy, vision and dental services, and maintains oversight and procedures related to monitoring key performance measures. Evolent serves as a subcontractor and strategic partner in the encounter management function for medical and behavioral health encounters. Each subcontracted vendor adjudicates claims via their respective internal systems, employing specific edits and validations to ensure that the required claim data elements are present and correct prior to payment and in compliance with DMS requirements. The resulting claim encounters are securely transmitted electronically to Passport in the format prescribed by DMS. Passport receives subcontracted vendor files on a predetermined submission schedule. The DMS-ready files are then transmitted to DMS and loaded to the EM platform for visibility and tracking.

Receipt of inbound data is proactively monitored by our data operations team against expected delivery dates and frequencies. Any deviations are logged from expected receipt schedules and promptly

investigated for root cause and remediation (host connection issues, file nonreceipt, file validation failure, etc.).

As previously described, subcontractor performance is closely managed by our encounters team and oversight committees, including Passport executive sponsor, Passport business owner, operational leadership, compliance liaison and subcontractor manager. Together, this group holds subcontractors accountable for performance, accuracy, timeliness and other contractual SLAs. Subcontractor performance is regularly reported to Passport's executive team and DOC. Should subcontractor performance issues occur, Passport takes action. For example, Passport may issue a CAP and would actively monitor the CAP remediation.

Each subcontractor is held to a 95 percent acceptance rate minimum. Passport closely monitors this standard through weekly acceptance rate reports. Data quality and integrity are monitored at receipt of data and throughout processing. Key volume and metric trends are also monitored on an ongoing basis, measuring against historical trends and upper/lower control limits for consistency and completeness in inbound data.

The encounters team meets weekly with each subcontractor to discuss encounter data and provide error resolution prior to submission of data to DMS. We work with our subcontractors on identified issues to ensure timely and accurate submission of encounter data. In order to facilitate subcontractor encounter quality and performance improvement strategies, the Passport encounters team engages with subcontractors in the following areas:

- Companion guide walkthrough and review for key changes or to support issue remediation
- Detailed review of state-specific edits impacting encounter rejections
- Review of new state edits and tracking for compliance by supporting subcontractors' implementation needs
- Facilitating to achieve continuous improvement through exchange of best and proven practices in the areas of encounters processes and performance reporting

The following forums facilitate these collaborative discussions:

- Weekly, monthly or quarterly meetings with dedicated subcontractor business owners and operational leads to review service-level objectives and overall performance satisfaction.
- Weekly operational meetings to track important projects, issues with service impact and any outstanding Performance Improvement Plans. We determine next steps and key milestones, and work through obstacles. In these forums, subcontractors are required to self-report any potential issues. These forums are also used to discuss and establish execution plans for any DMS program changes and required coordination.
- Quarterly Compliance Collaboration Calls hosted by Passport's compliance team with subcontractors' compliance teams to discuss adherence to contracts and share best practices.
- Monthly DOC meetings to review metrics and issues, and to make recommendations for corrective actions.

- Monthly performance reviews with Evolent's compliance team and owners of the subcontractor relationships and programs.
- Monthly operations review for overall Passport performance SLAs.

Coordinating and Cooperating with External Reviewer Organizations

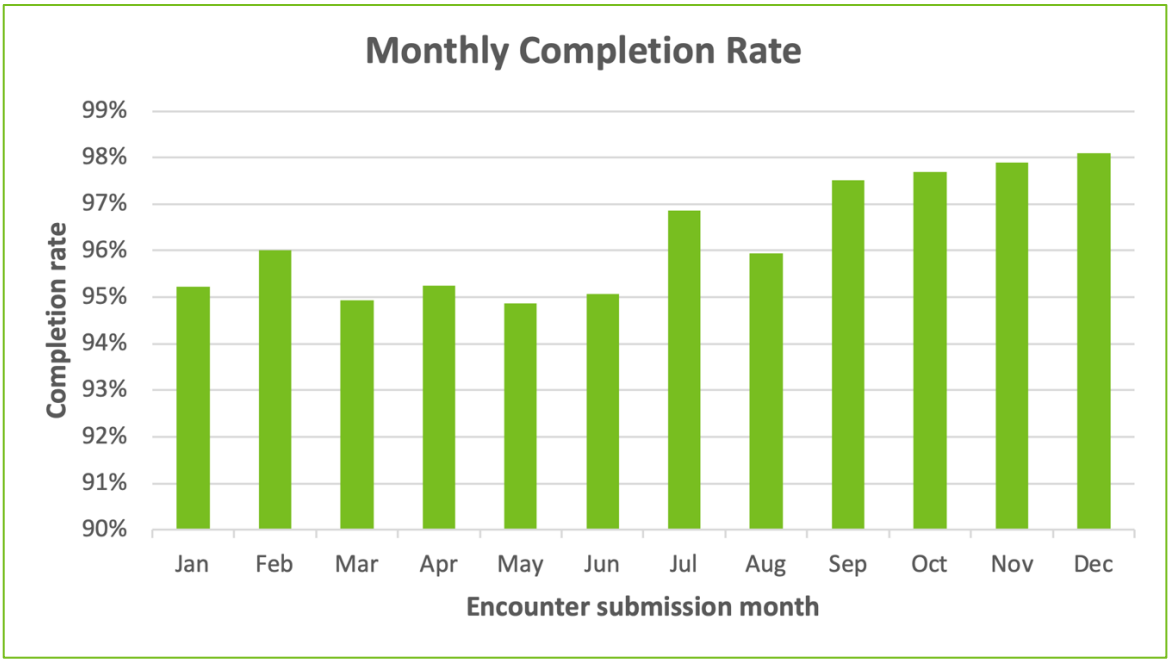
Passport has extensive experience coordinating and cooperating with DMS and its designated external review organization to provide information, documents and data in support of audits and special studies. We have actively participated with a Peer Review Organization (IPRO), and our last annual audit resulted in no findings.

Validating That All Encounters Have Been Submitted

Using our EM platform, we track all encounters submitted from all sources to ensure an appropriate response is received for each file submission. We also routinely compare encounter submissions to the paid claims file to identify whether there are paid claims for which an encounter should have been submitted.

One performance standard we use to ensure all encounters are submitted is completeness rate, which is reconciliation of claims paid to encounters submitted and accepted by DMS. The monthly completion rate is calculated as the total encounter dollars accepted by DMS divided by total claims expense. **Exhibit C.7-8** presents Passport's completion performance for 2019 and shows signficant month-over-month improvement. This measure was impacted by the 2017 system transition, and since that time Passport has invested significantly into technology, systems and procedural areas to close data gaps caused by the platform change. Passport expects to achieve and maintain full DMS completion rate compliance in 2020.

Exhibit C.7-8: 2019 Monthly Completion Rate



Reporting for Compliance and Performance Improvements

Accuracy, Timeliness and KPIs

During 2019, Passport maintained full compliance and consistently exceeded DMS accuracy and timeliness encounter submission performance targets. **Exhibit C.7-9** shows a consistent 100 percent performance month over month, and **Exhibit C.7-10** shows Passport consistently exceeded DMS accuracy targets.

Exhibit C.7-9: 2019 Timeliness by Month

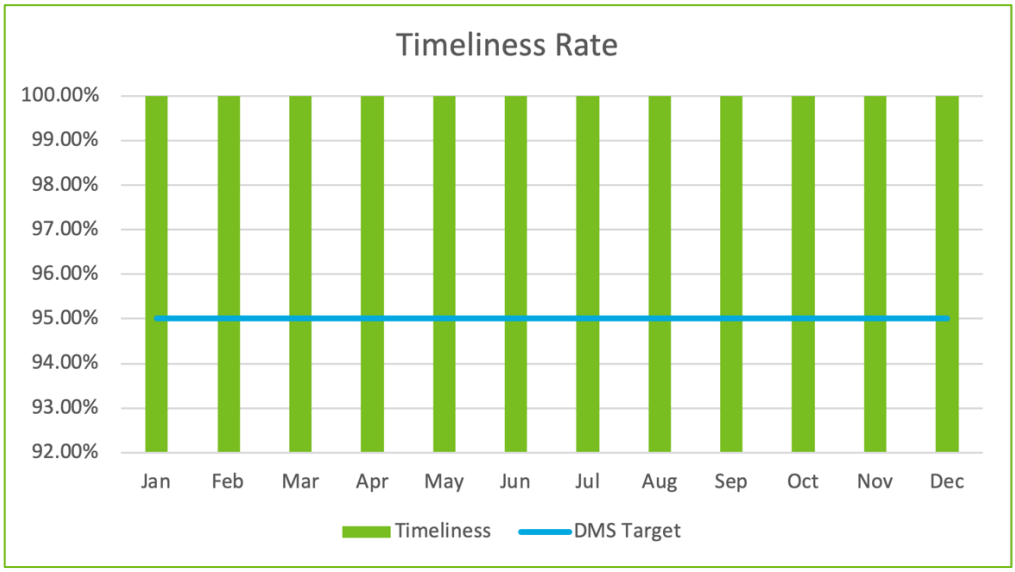
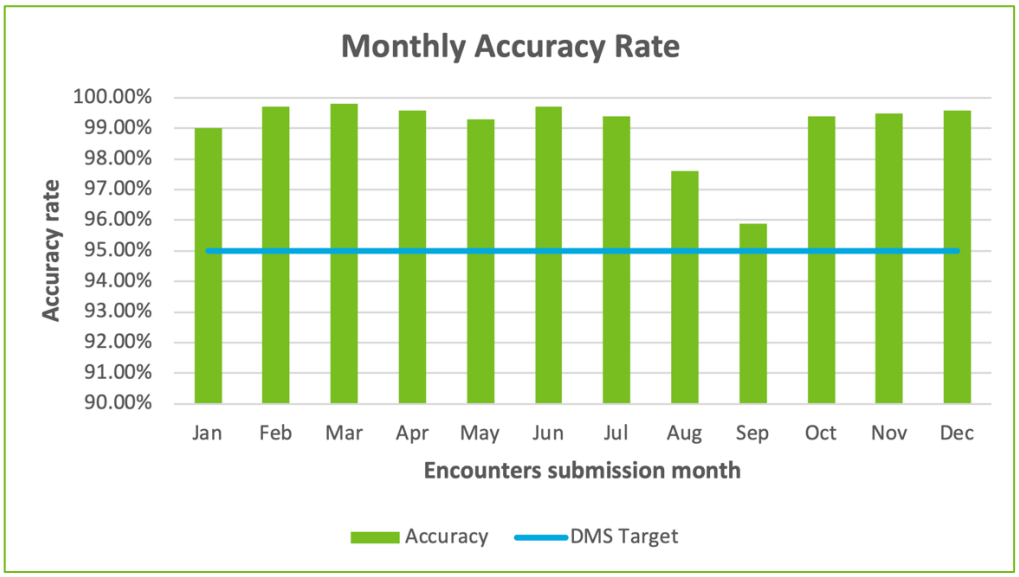


Exhibit C.7-10: 2019 Accuracy by Month



Passport's Team Experts on Kentucky Medicaid Encounter Data

As illustrated in **Exhibit C.7-11,** our encounter data submission process is overseen locally by the Manager of Encounters, who is also the Kentucky-based primary point of contact for any issues or errors related to encounter submission. Under this position, Passport has an experienced team of individuals who implement the processes and procedures for collecting, validating and submitting complete and accurate encounter data in a timely manner, consistent with federal regulatory requirements in C.F.R. § 438.818 and the requirements of the Kentucky Medicaid Managed Care contract. As presented in **Exhibit C.7-12**, our EM team possesses a combined 69 years of health care experience, including a combined 34 years of Kentucky-specific encounter experience.

Exhibit C.7-11: Passport Encounters Team Structure



Exhibit C.7-12: Encounters Team Experience

Encounters Team Member	Years of Health Care Experience	Years of Kentucky Encounter Experience
Della Tipton, Manager	24	15
Leah Smith, Sr. Analyst	10	7
Lorrie Greenwell, Analyst	20	6
Amy Rose, Analyst	15	6

C.7.b. Provide the Vendor's Encounter Data Processing policies and procedures.

Passport Policy and Procedures for Succesful Encounter Data Submission

Passport's encounter policy, **Attachment C.7-1_ENC.001.EKY Encounter Policies and Procedures**, documents the structure, governance and established expectations for accurate, complete and timely encounter data. This policy is supported by several standard operating procedures (SOPs). In total, the encounter procedures policy and its associated SOPs guide Passport's consistent, repeatable and comprehensive encounter data process for successful and compliant encounter data submissions.

C.7.c. Describe common challenges the Vendor has experienced in encounter data development and submission, and mitigation strategies and best practices the Vendor has implemented to ensure accurate and complete encounter data.

Strategies to Overcome Encounter Data Challenges

Over its twenty-two (22) years of service to the Commonwealth, Passport has largely demonstrated stability in encounters. However, Passport experienced encounter data challenges in 2017 when migrating to an integrated system for eligibility, claims and call center operations. The implementation of the new system was complex and multifaceted, and stemming from this cutover event, we faced challenges in our encounter operations and ability to meet one hundred percent (100%) of DMS encounter data reporting requirements. Challenges included:

- Lack of front-end claims edits that created data and operational hurdles to meet encounter performance goals
- Changes of our core claims adjudication platform that created downstream data issues and select areas of misalignment between claims data and required encounter data
- An inability to implement key encounter data-reporting requirements related to provider NPI, coordination of benefits (COB), FQHCs billing and adjustments during transition
- The absence of analytical reporting tools that facilitate real-time reporting for efficient management and monitoring

To date, we have taken multiple system and procedural actions to remediate those stated challenges:

- Implemented state-of-the-art EDI Gateway platform that aligns with DMS billing requirements
- Updated claims workflows and procedures to ensure claims paid meets DMS encounters acceptance criteria
- Bolstered analytics and reporting tools that track encounter KPIs and SLAs
- Corrected key encounter data extracts/technical issues
- Optimized Passport EM platform user workflow
- Fixed ordering and referring NPI mapping issues for DMS reporting
- Updated COB issue—reporting of other payer information and line adjustment details

- Fixed provider type/claim type issues for hospital providers billing place of service (POS) = 85
- Resolved outpatient duplicate encounters in cases of discharges to different facilities
- Enhanced EM platform to address state encounter data reporting requirements
- Updated/fixed core duplicate claims procedures
- Addressed categories of ineligible membership, such as incarcerated members
- Implemented a new accountability structure and operating model

We have realized **notable improvements** in Passport's encounter submission measures from SFY 2018 to SFY 2019 to bring them back into compliance with DMS's requirements, as well as actuarial and quality requirements. For example:

- **Submission Rate:** Throughput increased from eighty-eight percent (88%) to over ninety-five percent (95%). We are committed to achieving one hundred percent (100%) by year-end 2020.
- **Acceptance Rate:** State acceptance of encounters improved from ninety-five percent (95%) to over ninety-nine percent (99%).
- **Completeness Rate:** Rates for complete encounters increased from eighty-seven percent (87%) to over ninety-six percent (96%). We are committed to achieving ninety-nine percent (99%) by year-end 2020.
- **Timeliness Rate:** New day claims average timeliness rate improved from eighty-five percent (85%) to over ninety-five percent (95%).

Issues Remediation and Mitigation Strategy

While Passport's encounters submission measures are improving and operations have been stabilized, additional action is needed to support consistently meeting the required ninety-nine percent (99%) encounter completion rate target. Below in **Exhibit C.7-13** is the SFY20 encounter performance measure as it relates to encounter completion rate. We continue to focus on improving this measure through the actions taken in 2019 and those that will be completed in 2020. **Exhibit C.7-14** provides a summary of the issues and mitigation strategies that underway and will be completed in 2020.

Encounters by the Numbers

On average, Passport processes **554,573** encounters each month for Kentucky Medicaid members, with an overall Acceptance Rate of 99%.

Exhibit C.7-13: SFY20 Completion Rate Improvement Opportunities

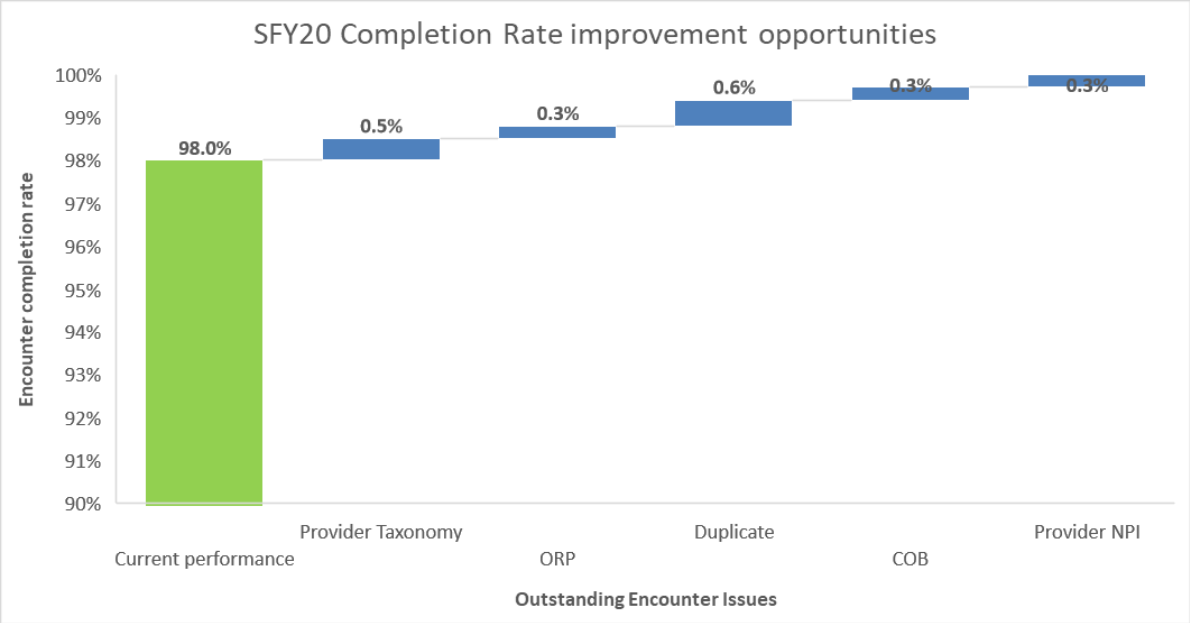


Exhibit C.7-14: Encounter Data Submission Issues and Mitigation Strategy

Focus	Actions in Progress	Estimated Completion Date
Claims billed without billing provider taxonomy code	Execute on a multifold strategy to educate/train providers on requirement, perform selective outreach, monitor billing changes.	March 2020
ORP providers	Identified residual gaps for ROPA validation post Edifecs EDI Gateway implementation that drives front-end validation, especially related to crossover claims and a few provider types. Collaborate with PNM to perform outreach to providers impacted and continue to educate them before systematically enforcing this requirement through Edifecs EDI Gateway.	March 2020
Duplicate encounter rejects from DMS	Collaborate with Claims operations to develop procedures that align claims payment requirements to DMS encounter acceptance criteria for possible/exact duplicate scenarios. Additionally, work with PNM to perform selective outreach on corrected claim requirements.	Complete

Focus	Actions in Progress	Estimated Completion Date
Claims missing COB (Other Payer) information	Work already underway to address issues related to other payer information that, once addressed, will allow us to report on another payer information completely and accurately.	February 2020
Other NPI issues	There are still some border situations where the NPI validation process needs to be further refined, but on a case-by-case basis. We are currently performing assessment of outstanding NPI issues consistent with our all-inclusive strategy, which includes provider community plan to address this on a timely basis.	April 2020

Best Practices to Ensure Accurate and Complete Encounter Data

The following represent best practices implemented by Passport to support accurate and complete encounter submissions:

1. Technology to prevent issues at the front end

   - Best-in-class EDI solution layered onto an integrated platform that facilitates improved encounter throughput and DMS accuracy standards. Claims with anticipated encounter issues are rejected back to the provider for remediation before entering the system. Please refer to **Exhibit C.7-15**.

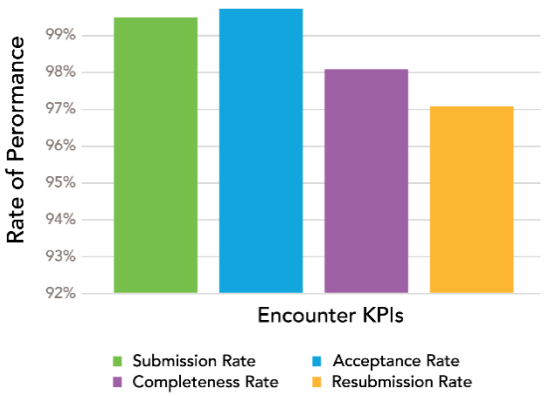
     Exhibit C.7-15: Encounter Data Loading Process

   - Platform availability. We have a 24/7 dedicated Network Operations Center support team that monitors the platform. In case of any unscheduled downtime, key stakeholders are engaged to address any failures within the approved SLAs. Since the implementation of the Edifecs EM platform in 2017, we have experienced more than ninety-nine percent (99%) platform availability

2. Continual measurement and regular reconciliation—Perform a monthly reconciliation of encounterable claims expense to encounters submitted to monitor and maximize on encounter measures: timeliness, accuracy, completeness rate and resubmission opportunities. This regular measurement allows for more rapid remediation and interception than less frequent reviews. Please refer to **Exhibit C.7-16** for a dashboard of our Key Performance Indicators (KPI).

Exhibit C.7-16: Encounter KPI Performance



3. Provider education—Ensure that new changes are communicated to provider and DMS on a timely basis through Passport's communication tool, *eNews,* and direct outreach. For especially critical changes or initiatives, the PNM executes comprehensive communication campaigns for added reinforcement and awareness building.
4. Support—Provide ongoing analysis/validation/support to providers to remediate issues by assessing provider-based metrics and regularly meeting with providers.
5. Contract alignment—Ensure that existing and new provider contracts are in alignment with DMS encounter requirements. For example, as part of contract reassessment, we identified a couple of large facilities where there was misalignment within claims billing and DMS encounter data reporting requirements. Through collaboration with PNM and the impacted provider, Passport was quickly able to align contracts and make operational changes within thirty (30) days.
6. Analytics—Establish dashboards and a level of reporting that supports performance assessment and proactive identification of issues that are remedied timely.
7. Partnership—Continued collaboration with DMS through our active participation in DMS IT calls and encounter meetings to raise visibility on key issues that requires additional clarification or guidance.
8. Subcontractor performance oversight via continual SLA and KPI measurement, penalties for noncompliance, and frequent operational formal review sessions.

C.7.d. Describe educational approaches the Vendor will implement to support providers and Subcontractors that are identified as having ongoing challenges in submission of complete, accurate, and timely information.

Ongoing Education and Support of Providers and Subcontractors

As subject matter experts in the encounters data process, Passport is well positioned to support providers and subcontractors in overcoming challenges that they may face in the submission of complete, accurate and timely information.

Provider Education and Support

We use multiple channels to educate providers about the importance of claim submission and its role in Passport's submission of encounter data to DMS. For example, we regularly monitor encounter issues at a provider level and will proactively reach out to these providers for support in remediation. Aside from this direct one-to-one provider engagement, we have regular educational outreach that is made available to contracted, sub-capitated, atypical and subcontracted providers. This education is also accessible to noncontracted providers via our website. While the forums for encounter provider education varies, the overall curriculum on this topic includes the following:

- **Process:** An overview of the encounter data process and the importance of the process to the member, provider, Passport and DMS. The process overview includes the discussion of liquidated damages and their impact to all constituencies.
- **Contract:** A brief review of a provider's contractual obligations for claim submittal.
- **Data Population:** The necessity of populating all key fields on a UB 04 or HCFA 1500 form, inclusive of the Billed field, so that Passport can properly process a claim with each claim submittal. It also covers Passport's role in helping providers understand the importance of correct coding, the fact that we follow National Correct Coding Initiative (NCCI)/correct coding initiatives, and the implications when correct coding is not followed.
- **Data Consistency:** The importance of the consistency of data submitted on each claim form so that we can properly process a claim with each claim submittal.
- **Timely Claim Submittals:** The importance of timely claim submittals so that we can submit its outbound encounter data to DMS in a timely fashion.
- **Questions:** The reminder of who to contact at the health plan with questions on any type of claim submittal.
- **Other:** Passport provides education and support for paper submitters, both in the initial orientation and with any subsequent issues that are brought to the attention of the provider relations representative. Detailed instructions about submitting paper claims that include all information required for the collection of encounter data are included in our provider billing guides. The DMS-approved billing guides are available to providers on the Passport website. In addition, provider relations representatives also review billing guides, including instructions for submitting paper claims during regular visits to those providers.

This education is updated as Passport receives revisions from DMS on encounter data submittals or industry changes that impact encounter data submittals. Our educational forums or educational materials include the following:

- Provider Manual
- Town hall meetings that focus on all operational aspects of Passport
- Provider relations representatives meet with providers in a small group office setting within thirty (30) days of placing a newly contracted provider or provider group on active status, and then on an organized schedule going forward
- Passport's provider website contains instructions on correct claim submission and the role that encounter data plays in the administration of a Medicaid health plan. Special emphasis will be placed on alerting noncontracted providers to this portion of the website
- Provider services call center hold-time messaging is used to educate providers about the claim submittal process and the role of encounter data
- Electronic newsletter (*eNews*) distribution for important announcements and reminders

Supporting Providers with Ongoing Encounter Challenges

Our encounters team works exceptionally close with our PNM team to form provider-specific support strategies for those experiencing ongoing challenges or concerns. Typically originating from data that highlights a challenge or a provider direct inquiry, our approach is to:

- Gather and assess provider-specific data compared to benchmarks
- Conduct root cause investigations
- Meet with the provider to share findings and discuss next steps
- Establish quality-based milestones to collectively define measures of resolution or improvement
- Execute on determined actions and regularly measure and share results to confirm resolution for a defined time period

Examples of Our Recent Successes

National Durable Medical Equipment Provider

Our encounters team recently identified ROPA-based rejection issues with a provider who was unclear what was driving rejections. In collaboration with the PNM team, we reached out to the provider with evidence of fallouts and DMS requirements, and we set expectation on updated requirements in order to be compliant with DMS ROPA requirements. The provider agreed with the findings and gained enough information to remediate. The outcome of this partnership resulted in the provider clearing more than 80,000 claims within forty-five (45) days, improving encounter throughput and completeness rate.

Across Multiple Providers

As part of our ongoing provider-support initiatives, we identified and engaged providers experiencing

challenges with claims rejections due to invalid taxonomy or NPI values when validated against the state's provider files. This can be especially challenging for large systems with significant numbers of providers associated with their group, including those newly joining. By deploying the above steps and establishing continual feedback loops, we are actively supporting multiple provider systems' ability to quickly pinpoint and close provider data gaps interfering with claims payment and, ultimately, encounter submissions.

Subcontractor Education and Support

Passport's encounters team meets with its subcontractors' encounter staff weekly to understand and address any issues that they may be experiencing, as identified by either Passport via reporting and monitoring of performance indicators or by the subcontractor. The encounters team educates the subcontractors in the encounters edit and audit criteria, and it works with them for resolution while helping them to understand how to mitigate future issues. In the event that issues continue or resurface impacting SLAs, we put the subcontractor under a CAP. Through this process we intimately and collaboratively work on a project plan where we track key milestones until all the issues are address. We also follow thirty (30) day postproduction verification of key fixes as a best practice to ensure consistent performance output.

Subcontractors are provided with detailed encounter process documentation, including issues commonly faced by subcontractors and troubleshooting scenarios. Documentation is provided via email and reviewed during weekly and ad-hoc meetings. The encounters team also schedules onsite visits with subcontractors for collaborative focus sessions on Kentucky Medicaid encounter data requirements and joint processes to support successful encounter data submission.

Case Study

An encounter manager and analyst conducted an onsite visit to a subcontractor to assist in determining issues within its system related to Void files. Encounter staff were able to identify that the system extract logic was not consistently selecting the correct iteration of the claim.

- All encounter-related systems and processes were reviewed
- A plan was developed and implement to address system issues related to Void files
- Current and future-state test process scenarios were developed
- The subcontractor developed a companion history database table containing past files to preserve claims in the original form and ensure successful file submissions

C.7.e. Describe initiatives the Vendor proposes raising to the Encounter Technical Workgroup to enhance the data submission requirements and improve the accuracy, quality, and completeness of encounter submissions.

Proposed Initiatives for the Encounter Technical Workgroup

Passport welcomes the opportunity to help contribute to possible enhancements of encounter data submission requirements. With the objective of improving the accuracy, quality and completeness of encounter submissions, we propose the creation of a collaborative workgroup comprised of participants

from DMS and each of the managed care organizations (MCOs) selected to serve the Kentucky Medicaid population. Through a charter that clearly defines goals and scope for outcomes that are mutually beneficial in addressing enhancements to the data encounter submission process, we suggest the collaborative workgroup objectives include:

- Developing standard descriptions of encounter data reporting requirements
- Educating providers using content consistent across all MCOs that informs the Medicaid provider community of its responsibilities in the claims billing and payment process
- Modernizing the Commonwealth's encounter penalty-related methodology and reporting by seeking input from the MCOs
- Collaborating with DMS and the contracted MCOs to develop a framework that fosters discussions specific to new processes and technology development and testing that help further the objectives of the workgroup
- Ideation of remediation steps that address common encounter data issues experiences by the MCOs

With the diverse knowledge, experiences and thought power of this collaborative workgroup, we are confident that the accomplishments realized will have a positive impact on the encounter data submission process for Kentucky Medicaid.

Conclusion

In recent years, Passport has greatly modernized, enhanced and retooled the technology capabilities and processes that support EM to address data submission issues resulting from our system migration. We are actively implementing additional plans and are confident 2020 data will be fully aligned with DMS's performance expectations. We commit to continued transparency and to be a strong partner and collaborator in achieving mutual success with DMS looking forward.

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.

C.8 Kentucky Health Information Exchange (KHIE) and Electronic Health Records



C.8. Kentucky Health Information Exchange (KHIE) and Electronic Health Records

a. Describe strategies and incentives the Vendor will implement to encourage provider adoption and use of electronic health records that result in improvements in the quality of care for Enrollees and cost of health care services.

b. Describe strategies for requiring participants to establish connectivity to the Kentucky Health Information Exchange (KHIE) for a minimum of:

   i. Providers: applicable public health reporting

   ii. Hospitals: applicable public health reporting and Admit Discharge Transfer (ADT's).

c. Provide a description of initiatives and incentives to encourage adoption of electronic health records and information exchange.

Passport Highlights: Kentucky Health Information Exchange and Electronic Health Records

How We Are Different	Why It Matters	Proof
Passport has built the trust of Kentucky providers over more than twenty (20) years.	• The relationships we have developed with providers allows us to better encourage KHIE participation and drive adoption of new technology as it emerges. • Passport has developed numerous touch points that it uses to educate providers on the benefits of KHIE, including assisting providers with applying for state participation grants.	• Passport has helped multiple providers with KHIE connectivity. • Passport currently has ten (10) different touch points that it uses to educate, encourage and reinforce requirements for KHIE adoption.
Passport has developed strong working relationships with the KHIE program staff and joined forces to increase utilization of KHIE.	• Once the KHIE team completes testing and connectivity is established, Passport clinical staff will have access to the most up-to-date and accurate data (such as ADTs) through the KHIE • We can leverage the relationship with both the KHIE staff and the providers to bridge the gap between all entities and increase KHIE participation.	• Passport met with the deputy executive director and KHIE staff in the fall to collaborate on establishing a data exchange between Passport and KHIE.

Introduction

Passport has built the trust of the provider community over the last two (2) decades, working toward a common goal of providing the best care possible for the Kentucky members. Leveraging the trust the providers have in us, we will continue our efforts in getting all providers connected to and using the KHIE and electronic health records (EHRs) to improve the care provided to our members. Our extensive efforts in promoting the adoption of these technologies has resulted in eighty percent (80%) of our members using providers connected to the KHIE. We have an ongoing multitiered approach to achieve one hundred percent (100%) provider network connectivity, including:

- Educating providers on the benefits to their practice and the members they serve, including more comprehensive and timelier member information, along with reports that identify gaps in care and at-risk members needing intervention, and opportunities for improving treatment outcomes.
- Assisting providers in adoption and integration of KHIE and EHR technologies into their workflow to ensure the administrative burden is minimized. This includes education on the Provider Assistance Program mini-grant opportunity through KHIE and any extramural funds available for connecting.
- Using every touch point, we have cultivated with providers to further educate them on the benefits and requirements of KHIE and EHR. This includes interactions with Passport Provider Relations and Network Management, hospitals, provider and hospital associations, and numerous methods of regular communication.
- Passport will offer incentives to expand provider connection to KHIE and utilization of EHR. This will range from Passport-sponsored meetings with KHIE to further educate providers on health system benefits to technical support and financial incentives to help defray the costs of connecting.

Using this collaborative approach with its Kentucky stakeholders, Passport is continually raising awareness, educating and reinforcing the advantages and requirements of KHIE and EHR participation, thus moving toward complete utilization by providers.

Passport's Strategy to Incentivize Use of EHR Benefits Through Integration Services

Encouraging Provider Adoption of EHRs

C.8.a. Describe strategies and incentives the Vendor will implement to encourage provider adoption and use of electronic health records that result in improvements in the quality of care for Enrollees and cost of health care services.

Passport's mission is to improve the quality of care delivered to its members while reducing the cost of said care. Technology is one of the keys to helping providers across all disciplines improve the quality of care they provide. While many larger practice groups and hospitals have had incentives to adopt certified EHRs through the Health Information Technology for Economic and Clinical Health (HITECH) Act and have done so, smaller practices often have lagged. This puts these practices at a disadvantage, and can disadvantage the members they serve, even when all efforts are made to otherwise provide the highest quality care.

Our core strategy for encouraging providers to adopt an EHR begins with educating them on the intrinsic value EHRs offer. Passport interacts with providers across multiple touchpoint, and departments, but we have a unified message related to the benefits of EHR adoption. Passport focuses education related to EHR utilization around provider benefit, member benefit and the benefit to the provider-payer partnership. While we acknowledge that change from paper-based charting and billing often feels daunting or financially out of reach, we know that, with the right EHR, charting and billing processes are often simplified for the provider. We focus on the ease of charting, medication reconciliation and searching for member information within an EHR, versus a large paper chart, which speeds up workflows when the member comes in for a visit.

The reports generated by EHRs can help providers trend data for individual members and help members see their own progress toward health goals. Providers are also educated on the way an EHR can assist with planning key performance indicators and targets based on population health level need, thereby bending the curve in performance metrics more efficiently. This helps providers and payers achieve their mutual goal of improved member health outcomes and allows providers to better quantify these outcomes when working with payers around contracting and value-based payment models. We acknowledge that providers often feel that the sole use of claims data to determine practice performance by a payer does not tell the whole story. The ability to track and trend, for example, the number of members for whom they measured body mass index (BMI) in a year through a simple data pull from an EHR goes beyond what claims alone can show and demonstrates the impactful member outcomes achieved with the provider.

Once providers find the right EHR system for the population and practice approach, Passport staff can then partner with the providers and explain how they can take their practice beyond what the EHR alone provides by participating in KHIE. Passport has a long-standing integrated care model for whole-person care that is predicated on care coordination and collaboration across providers of all disciplines, within Passport's clinical programs and between Passport and our providers and community partners. We believe that when every provider in the Commonwealth participates in KHIE, everyone will have greater opportunity to potentiate that model of care. Therefore, when working with providers to understand the benefits of KHIE, we focus on how external historical and current health care data can improve care coordination while reducing the likelihood of duplicative services, unnecessary medical procedures and polypharmacy.

As they import information into their EHRs from KHIE, providers will also be better able to identify members at risk of increased care needs, determine and address care gaps, and prevent escalation from lower to higher acuity care needs. In addition, we show how these technologies allow the providers to securely exchange treatment information and coordinate care with other providers across all disciplines, thus acting as a unified treatment team to make better medical decisions. Finally, we know this is better for the health outcomes and safety of the members, and for reducing overall costs to the system. Amplifying the benefits of an EHR with the power of KHIE will allow for even better contract options for providers as they move into value-based payment models because of the outcomes it can drive and the even greater potential for shared savings.

We recognize that not all providers are equipped with the resources required for the technology that enables EHR adoption, which is why we educate them on incentives to overcome this. The Provider Assistance Program mini-grant opportunity through KHIE is one example. During Passport-sponsored events, we will continue our efforts to educate providers on the myriad of benefits available to those who connect and use the KHIE and EHR. Lastly, Passport is enhancing its requirements on providers connecting to the KHIE and using an EHR, and will offer incentives for providers to be compliant, including technical assistance to defray costs. Those requirements are detailed below.

C.8.b. Describe strategies for requiring participants to establish connectivity to the Kentucky Health Information Exchange (KHIE) for a minimum of:

C.8.b.i. Providers: applicable public health reporting

Strategies for Requiring Participants to Connect to KHIE

In support of Passport's shared goal with Department for Medicaid Services (DMS) of higher quality care and better health outcomes for Kentuckians, providers and hospitals in Passport's network will be required to connect to and use the KHIE to promote the facilitation of real-time data usage and improved care coordination. Currently, eighty percent (80%) of our members are being treated by providers that are connected to and using the KHIE. To move toward one hundred percent (100%) connection and adoption of KHIE, understanding that not all providers will be able to connect, we have requirements for connection and participation that differ based on the provider type.

Passport Provider Handbook KHIE Requirement:

Passport's participating providers are required to connect to the KHIE.

The vast majority of nonhospital providers contracted with Passport are connected to the KHIE and are using its capabilities to improve member care. Because smaller participating providers do not have the technical knowledge to connect to and use KHIE, the contractual requirements are lower than that of hospitals, with the minimum contractual obligation being connection to and use of KHIE to exchange applicable public health data. We will, however, encourage them to exchange a much broader range of data to improve the overall member treatment dataset.

Nonhospital providers that do not employ an EHR system are still required to sign a Participation Agreement with KHIE and for Direct Secure Messaging services so that clinical information can be shared securely with other providers in their community of care.

C.8.b.ii. Hospitals: applicable public health reporting and Admit Discharge Transfer (ADT's).

Currently, all newly contracted hospitals in the Passport network will be required to connect and utilize the Kentucky Health Information Exchange (KHIE) to facilitate improved care coordination. Hospitals will be required, at a minimum, to exchange applicable public health reporting data and Admit-Discharge-Transfer data (ADT's).

Through our education process, we will demonstrate the value to the hospitals, provider community and members of submitting all data that can be used by the KHIE.

These requirements will be explained by our Provider Relations team and detailed in Passport's Provider Manual. We will also reinforce this requirement through multiple communication channels, including Passport *eNews*, a key communication method the Provider Relations team uses to share timely information with new and existing participating providers in our network. Operational updates, announcements and information are shared with providers in real time via email. This distribution method can be tailored to specific provider types for targeted messaging or sent to all providers with communications that have a broader impact. As appropriate, we also distribute Passport *eNews* via traditional mail for targeted communications, such as secondary reminders about the importance of connecting with KHIE.

Passport Network Providers

Connected to KHIE

~**75%** of KHIE participants are current Passport network providers, which totals nearly **80%** of Passport membership.

Passport is committed to working with DMS to monitor KHIE utilization. In addition to raising the awareness of KHIE through our *eNews* emails and follow-up mailings, Passport's Provider Relations team will be responsible for outreach to providers who have not connected to KHIE. This will include in-person, telephonic and email communications. Providers will be required to provide a KHIE connectivity attestation and a screenshot validating their enrollment.

Hospital providers that do not employ an EHR system are still required to sign a Participation Agreement with KHIE and are also required to sign for Direct Secure Messaging services so that clinical information can be shared securely with other providers in their community of care.

Passport Provider Handbook KHIE Requirement:

Hospitals are also required to submit ADTs to KHIE.

C.8.c. Provide a description of initiatives and incentives to encourage adoption of electronic health records and information exchange.

Initiatives and Incentives to Encourage Adoption of EHR and KHIE

Ongoing Support for Providers' KHIE Participation

Passport strives to realize one hundred percent (100%) KHIE participation by our network providers and hospitals. Providers have different capabilities, and thus we offer multiple types of initiatives and incentives to encourage adoption of EHRs and KHIE. Through multiple touch points with the providers, we raise awareness on the benefits to the entire system of care, educate and reinforce the requirement of KHIE participation, and offer incentives to encourage adoption of EHR and KHIE.

As a first step, we review the benefits of adopting KHIE and make providers aware of the **inherent incentives** including:

- Improve member safety by reducing medication and medical errors.
- Increase efficiency by eliminating unnecessary paperwork and handling.
- Provide caregivers with clinical decision support tools for more effective care and treatment.
- Eliminate redundant or unnecessary testing.
- Improve public health reporting and monitoring.
- Engage health care consumers regarding their personal health information.
- Improve health care quality and outcomes.
- Reduce health-related costs.
- Enable providers to participate more effectively in value-based contracts.

Passport will also cover the fees for all our in-network providers to use the Identifi Practice portal, a service from our contractor Evolent Health. Identifi Practice brings patient insights and a holistic patient view to provider practices. The portal also offers functionality that supports providers entering value-based payment arrangements. Bundling Identifi Practice with a provider's adoption of KHIE supports providers in using newly available data to inform clinical decisions.

Passport seeks to raise awareness and support provider adoption as a part of our new provider onboarding. All newly participating provider groups or facilities receive KHIE program enrollment education and instruction during their New Provider Orientation session. During these sessions, conducted either on-site or via webinar, the Provider Relations representative provides guidance and the tools for the provider to sign up, and go meet their requirement we will encourage participation within thirty (30) days of contracting with Passport to meet the connection and participation requirements. In addition to New Provider Orientation sessions, KHIE program information and instructions for signing up are communicated to providers via the following methods:

- **Provider Contracting Packet**: KHIE program information is included in the contracting packet sent to providers who express an interest in joining the Passport Provider Network.
- **Provider Welcome Letter**: A reminder to participate with KHIE is incorporated into the provider welcome letter upon contract confirmation with Passport.
- **Passport Provider Manual**: Passport dedicates a section of the Provider Manual to a summary of the KHIE program and its benefits with hyperlinks to the Kentucky KHIE resources at khie.ky.gov.
- **Passport Provider Portal**: Detailed information about the KHIE program is predominantly located on the homepage of the Passport Provider portal.
- **Routine On-Site Visits**: The Provider Network Management team confirms KHIE participation during provider on-site visits as a component of our Provider Site Visit Form.
- **Clinical Interactions:** Passport clinical staff uses daily interactions with providers to demonstrate the information available on KHIE to improve care efficacy.
- **Passport *eNews***: We use this key communication to share timely information with participating providers in our network in real time via email.
- **Ongoing Provider Relations Interactions**: Passport's Provider Network Management team inquires about KHIE status in its ongoing conversations and communications with network providers.
- **KHIE Webinar**: KHIE participation is a topic presented in one of the informative webinars hosted by Passport for providers as part of ongoing engagement and continuing education.

KHIE awareness and education incorporates the Summary of Care record submission requirement by providers, as well as the requirement to submit ADT messages to KHIE by hospitals that contract with Passport. Per the provisions of the draft Medicaid Managed Care Contract, Passport will submit a monthly report to the Kentucky Office of Health Data and Analytics regarding these items.

Passport will cover the inherent benefits, use of Identifi Practice, and educational onboarding for all interested providers in our network. For some providers not already participating in KHIE, those incentives will not be enough to prompt provider adoption. In targeted cases, Passport will offer technical support and help providers fund the costs of KHIE adoption. The goal of this additional level of support is to maximize the number of providers connecting to the KHIE providing care to large numbers of Passport members. Examples of providers that will be our top priority include participants in our HealthPlus or PassportPlus value-based programs, large volume specialists and multispecialty groups. Targeted incentives will include:

- We will assist providers in obtaining any grant or extramural funds available for connecting to the KHIE.
- We will provide technical support for providers that want to connect to the KHIE.
- We will provide financial incentives to help subsidize the costs of connecting to the KHIE.

Real-World Example

In October 2019, Dr. Jessica Biel from Passport's Health Integration department presented to a room full of behavioral health (BH) providers at a workshop for the Kentucky Psychological Association on "Focusing on Outcomes: Navigating the Changing Reimbursement World." Her presentation included the importance of BH providers having awareness of the physical health needs and utilization patterns of their patients to achieve whole-person outcomes, which would allow them to better demonstrate to payers the value of their interventions, citing that BH needs can drive, for example, emergency department visits. She pointed specifically to the KHIE as a way to access the data they need to understand their patients better and to collaborate with medical providers more efficiently.

Vision for Improving Health Outcomes with Unique Partnership with KHIE

Passport has deep relationships with provider organizations and believes in working collaboratively with providers to improve member outcomes and costs. A key focus is availability of timely and accurate data to drive decisions. Unlike other managed care organization (MCOs) that are heavily reliant on administrative claims for all operational and clinical purposes, Passport has access to purpose-built infrastructure that can integrate with data assets such as KHIE. The integration of claims data with a comprehensive set of information from KHIE can drive a multitude of member and provider initiatives in a much more automated, accurate and timely manner.

Proposed Approach

KHIE has an incredible repository of information connecting a large percentage of health systems and physician practices in the state. Eighty percent (80%) of Passport members get their care from providers who are sharing information with KHIE. Passport's technology platform is capable of ingesting real-time information through a secure web service that serves Continuity of Care Documents (CCDs) from the KHIE. **The technology platform that we have selected is being used to connect similar data sources in more than ten (10) states across the country.** Once this service is deployed, it will provide access to real-time clinical information, with response times of less than three (3) seconds, while adhering to all security and compliance requirements of the KHIE. The information payload will include current dispensed medications, recent emergency department and inpatient visits (ADT), ambulatory visits, diagnoses, problem lists and gaps in care for preventive health screenings and chronic disease management. Passport will add a comprehensive set of data rules to screen out prohibited data related to HIV, substance abuse, and mental health-specific diagnoses, procedures and medications.

Use Cases

The collected information will be used for multiple initiatives to improve quality and reduce adverse events for members, using better collaboration with the providers. A few examples include:

- **Quality Measures:** Limitations of the claims data is well known, and the added availability of KHIE information will significantly improve Passport's quality improvement efforts.
- **Risk Stratification:** Passport has access to artificial intelligence and machine learning care management but is limited by availability of comprehensive member data.
- **Real-Time Alerts:** Availability of ADT and other real-time information can drive creation of alerts for both providers and internal population health teams. This is especially beneficial for improving outcomes such as readmissions, where the opportunity to intervene is very small.

Passport remains committed to the use and support of new and existing technologies for KHIE, EHRs, and personal health records (PHRs). Closer collaboration with KHIE will accelerate Passport's mission of improving health in the community.

Conclusion

Passport is committed to supporting DMS' priorities pertaining to our network providers' engagement in the EHR initiative and participation with the KHIE. We look forward to partnering with DMS to move toward one hundred percent (100%) provider connection and utilization of EHR and KHIE.

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.

C.9 Quality Management and Health Outcomes



C.9. Quality Management and Health Outcomes

a. Provide a detailed description of how the Vendor will support the Department in achieving its goals to transform the Medicaid program to empower individuals to improve their health and engage in their healthcare and to significantly improve quality of care and healthcare outcomes, and to reduce or eliminate health disparities. At a minimum, the Vendor's response should address:
   i. How it will structure its organization to provide for a comprehensive and holistic approach to meet these goals, including coordination with Subcontractors and providers.
   ii. Strategic solutions the Vendor will use in quality management, measurement, and improvement.
   iii. Innovative strategies and enhanced services, if any, that the Vendor proposes to implement to enhance the health and well-being of Enrollees and to improve health outcomes, including examples of successes with similar Medicaid populations.
   iv. Internal tools and technology infrastructure the Vendor will use to support improvements in health outcomes and to identify, analyze, track, and improve quality and performance metrics as well as the quality of services provided by Network Providers at the regional and statewide levels.
   v. Methods to ensure a data-driven, outcomes-based continuous quality improvement process, including an overview of data that is shared with providers to support their understanding of progress in achieving improved outcomes.
b. Indicate if the Vendor has received NCQA accreditation for the Kentucky Medicaid market, and if not, the proposed timeline for achieving accreditation.
c. Provide the Vendor's proposed use of the Quality Improvement Committee (QIC) to improve the Kentucky Medicaid managed care program.
d. Provide the Vendor's proposed use of the Quality and Member Access Committee (QMAC) to improve the Kentucky Medicaid managed care program, including the following information:
   i. Proposed stakeholder representation.
   ii. Innovative strategies the Vendor will use to encourage Enrollee participation.
   iii. Examples of successful strategies the Vendor has implemented to obtain active participation in similar committees.
e. Provide a comprehensive description of the Vendor's proposed Quality Assessment and Performance Improvement (QAPI) Program that meets all requirements of this Contract.
f. For each of the below quality measures, demonstrate how the Vendor will work to make improvements in Kentucky's Medicaid population. Include discussion of strategies and interventions specific to each measure, partners that will be necessary to achieve improvement, data analytics, and anticipated timeframes for success in achieving improvements. Describe potential challenges the Vendor anticipates, if any, and how those will be addressed. Provide examples of successes in other state Medicaid programs, and how that success will be leveraged in the Kentucky Medicaid market.
   i. Medication Adherence for Diabetes Medications
   ii. Tobacco Use and Help with Quitting Among Adolescents
   iii. Colorectal Cancer Screening
g. Describe the Vendor's proposed approach to collaborating with the Department, other MCOs, and providers to ensure Performance Improvement Projects (PIPs) are effective in addressing identified focus areas and improving outcomes and quality of care for Enrollees, including the following:

   i. Lessons learned, challenges, and successes the Vendor has experienced while conducting PIPs, and how the Vendor will consider those experiences in collaboration with the Department on identified PIPs.
   ii. Recommended focus areas, including those for regional collaborative PIPs, for the first two years of the Contract resulting from this RFP and rationale for these focus areas.
   iii. Methods for monitoring and ongoing evaluation of progress and effectiveness.

h. Provide a description of opportunities the Vendor has identified to collaborate with the Department for Public Health to support improvement in public health outcomes. Where does the Vendor anticipate that collaborating on initiatives would have the most impact in addressing quality care and outcomes for Medicaid Enrollees? Explain the Vendor's rationale.

i. Describe the Vendor's approach to monitoring and evaluating progress in improving the quality of health care and outcomes on an ongoing basis. Describe the following:
   i. How the Vendor will use data to inform and prioritize initiatives to address Enrollee needs.
   ii. Methods for measuring provider performance against practice guidelines and standards adopted by the QIC and follow up activities to be conducted with providers based on ongoing review of findings.
   iii. A summary of the Vendor's approach to annual evaluation of the overall effectiveness of the QAPI program and how the Vendor will use findings for continuous quality improvement efforts.

j. Provide a summary of how the Vendor will collaborate with the Department and other Vendors in developing and implementing a value-based payment (VBP) program. Include proposed approaches for the following at a minimum:
   i. The Vendor's lessons learned in developing and implementing VBP models, examples of models that have been most effective in improving performance and outcomes.
   ii. Recommended goals and focus areas in the first two years of implementation of the VBP program.
   iii. Proposed approaches to collaborate with the Department and other MCOs to develop the VBP program and to implement a coordinated approach to achieve statewide improvement in outcomes.
   iv. Potential challenges specific to Kentucky and the Vendor's proposed methods for addressing identified challenges.
   v. Regardless of the model implemented, the Vendor's approaches to analyzing performance against targets, frequency of analyses, reporting results to DMS, and use of analyses to modify interventions that are not making progress towards achieving targets.

k. Will the Vendor and Subcontractors implement VBP arrangements with providers? If so, describe the following:
   i. The types of VBP arrangements the Vendor and Subcontractors plan to use and why these models were selected. As part of your description, map your proposed VBP arrangement to the HCP-LAN APM Framework maturity level.
   ii. How improvement in health outcomes will be addressed through the VBP arrangements implemented.
   iii. Methods for evaluating the effectiveness of VBP, including tracking of costs and improvement in health outcomes.

l. Provide results of any provider satisfaction survey reflecting the Vendor's performance in Kentucky or any other state Medicaid program over the last three (3) years. Where results identified provider dissatisfaction, describe strategies the Vendor has implemented to address improvement, and examples of how those strategies have been effective.

Passport Highlights: Quality Management and Health Outcomes

How We're Different	Why it Matters	Proof

Twenty-plus (20+) years of provider-driven clinical innovation in Kentucky.	• Deep relationships and trust established with providers, member advocates and community organizations are essential for success of new clinical initiatives
	• A long history of collaboration and partnership with the Department for Medicaid Services (DMS) as the program has evolved. Many of the initial pilot programs were rolled out initially at Passport and then expanded throughout Kentucky.
	• Passport's focus on aligning with the provider community has enabled access to the top clinicians in the Commonwealth around pressing clinical or public health issues. This collaboration has established the model of care for the Medicaid population
		• Passport has worked collaboratively and been an early adopter with the Commonwealth on major changes to the Medicaid program such as in integrating behavioral health, improvements in foster care, Medicaid expansion, KCHIP etc.
		• Passport's access to local clinical leaders in developing clinical treatment pathways for areas such as AIDS, hepatitis, child psychology disorders has the set the standard for quality care across the Commonwealth.
		• Passport's reputation for quality is reflected in metrics consistently well above market averages:
		  • Overall provider satisfaction is 71.4% (vs. avg of 66.6%).
		  • Provider retention rates are very strong at 96.5%
		  • Overall plan rating from child CAHPS is 89.5% (vs. avg of 71.7%)
		  • Overall plan rating from adult CAHPS is 82.5% (vs. avg of 77.0%)

Demonstrated success in engaging Kentucky Medicaid members with more complex needs and elevating their health status.	• Strong focus on provider and member engagement drives early identification of health risks, high participation in our clinical programs, and industry leading program graduation rates. • Graduated members demonstrate demonstrably better self-management skills and health outcomes	• Engagement rate for high-risk complex members is 42% (33% above industry averages). • 99.4% of members under care management in 2019 had personal care plans created. • The Transitions Care management program 2017-2018 study showed 8% lower total cost, 14% lower inpatient admits, and 8% lower emergency department (ED) visits (n = 1,016 members).

How We're Different	Why it Matters	Proof

Culture of quality integrated through the entire organization.	• Commitment to continuous improvement led by Kentucky provider community with representation on the Passport board, Partnership Council, and quality committees.
	• Member health outcomes and provider engagement with member's whole person health benefits from our integrated quality approach.
		Countless quality improvement initiatives have significantly elevated the health status of Passport members. A few include:
		• Worked with Family Health Centers primary care practice end-to-end on VBP, from quality metric selection to provider reports to program results and payment review process.
		• Integration has led to focus on special population programming including foster care, guardianship, and community transitions for formerly incarcerated members.
		• Improvement in maternity and early and periodic screening, diagnostic, and treatment (EPSDT) over the past five (5) years:
		  ◦ A 35% decrease in low-birth weight deliveries.
		  ◦ A 37% decrease in very low-birth weight deliveries.
		  ◦ A 39% decrease in preterm deliveries (less than 37 weeks).
		  ◦ A 46% improvement in Adolescent Immunization, Combo 1 (Meningococcal, Tdap/Td).

Passport's population health programs use the best-in-class, nationally recognized, clinical program structures from the NCQA.	• Members and providers benefit from in-depth analytics, predictive models, clinical program interventions and continuous Quality Improvement processes that focus on improving member health and self-management skills as well as reducing unnecessary utilization and cost	• The Population Health Program that Passport uses for its members is the ***first such program ever accredited by the NCQA*** and is a cornerstone of our care delivery model. • Our programs have received independent validation from The Validation Institute (a leading national certification body) for their rigor, efficacy and consistent ability to drive demonstrable outcomes.

Introduction

Passport focuses on a culture of quality across the entire organization rooted in our overarching quality improvement philosophy and investment in technology, which emphasizes four principles:

- **Improving the health and quality of life of our members**–through a data-driven, continuous cycle of quality improvement.
- **Ensuring clinical effectiveness, member safety and improved quality and outcomes**–through ongoing intensive measurement and monitoring of clinical programs.
- **Improving the efficiency and effectiveness of provider and member programs and services**–through leveraging innovation, advanced technology and automation.
- **Enhancing the effectiveness of the delivery system**–through promoting coordination with and collaboration among our providers, subcontractors and community agencies and partner.

As a Kentucky-based organization, we have developed deep relationships with local providers and many community organizations that serve our population and Kentucky as a whole. Our long-standing relationship with the community and our members, along with our quality focus, nationally accredited clinical program constructs, and our demonstrated engagement success, has improved the health and quality of life of our members and supports the goals of DMS. ***We proudly commit to continuing to deliver demonstrated quality results.***

As an example of our ongoing quality focus across the entire organization, we recently led an internal campaign to ensure that ***quality is at the heart of all our interactions*** and to deliver on our commitment to DMS through our **Culture of Quality** Program. The program emphasizes to all Passport employees that quality is not just a department in the Passport organization, it is ingrained in every employee's work and every interaction with members, providers, DMS, and any of our stakeholders. We ask our employees, "what's your why?"—encouraging them to reflect upon and understand ***why*** they do what they do and how their actions affect our members and the members' health.

Throughout our response, we make a note of methods, tools, and principles used to improve processes and outcomes at Passport. As an overarching theory, we adopt W. Edwards Deming's quality management principles and philosophy when creating our total quality management strategy and culture of quality. Deming's principles were used by the Associates in Process Improvement, quality improvement industry thought leaders, when they developed *the Model for Improvement*. *The Model for Improvement* is a method that serves as the foundation for our continuous quality improvement process. One of the critical tools in *The Model for Improvement* is the use of the plan, do, study, act (PDSA) cycle. When performing more intensive process improvement across the organization, Passport applies Lean Healthcare principles. Through Lean Healthcare, we use Kaizen events to conduct root cause analysis, create value stream maps, and perform A3 problem-solving.

Passport currently complies with all the requirements outlined in the DMS contract, especially this vital section on Quality Management and its related provisions in the attachments and appendixes.

> "Passport Health Plan has been a valued partner for the past two decades, helping the Family Health Centers (FHC) expand access to high-quality primary health care for the most vulnerable residents of our community. FHC's eight locations serve over 43,000 individuals annually, including low-income working families, persons with mental health and substance use disorders, individuals experiencing homelessness, and a fast-growing foreign-born population. Working closely with Passport, we are able to provide access to integrated primary care, behavioral health, oral health and pharmacy services to these at-risk individuals and families, helping improve health outcomes and lower the total cost of care. Passport has always valued the input of 'safety-net' providers and encouraged our participation in quality management and program oversight through its various committees and the Partnership Council."
>
> William B. Wagner, CEO, Family Health Centers Inc.

C.9.a. Provide a detailed description of how the Vendor will support the Department in achieving its goals to transform the Medicaid program to empower individuals to improve their health and engage in their health care and to improve quality of care and health care outcomes significantly and to reduce or eliminate health disparities. At a minimum, the Vendor's response should address:

Passport Supports DMS in Achieving its Goals to Transform the Medicaid Program

Our quality program and culture of quality philosophy rely on data-driven continuous improvement, stakeholder engagement, and support from empirical evidence. These align with our organizational goals, which mirror the Commonwealth's goals to transform the Medicaid program to empower individuals to improve their health, engage in their health care to improve the quality of care and health care outcomes, and reduce or eliminate health disparities. Our clinical and quality strategy embeds these goals across the organization through:

- Reducing the burden of substance use disorder (SUD) and engaging members to improve behavioral health (BH) outcomes; we address this through our integrated BH program, where we bring together behavioral health providers and primary care providers (PCPs) to collaborate and intervene with members.
- Increasing the usage of preventive services through our EPSDT program and physician engagement around member care gaps.
- Reducing the burden of and improving outcomes for chronic diseases through population health programs that employ NCQA-accredited, nationally recognized clinical program structures.
- Promoting access to high-quality care and reducing unnecessary spending through our value-based payment (VBP) programs and by increasing our network footprint with additional providers and specialties.

- Our collaboration with our BH subcontractor, co-managing members with serious mental illness, and Passport's incarcerated member transition program, which highlights our improving care and outcomes for children and adults, including special populations.

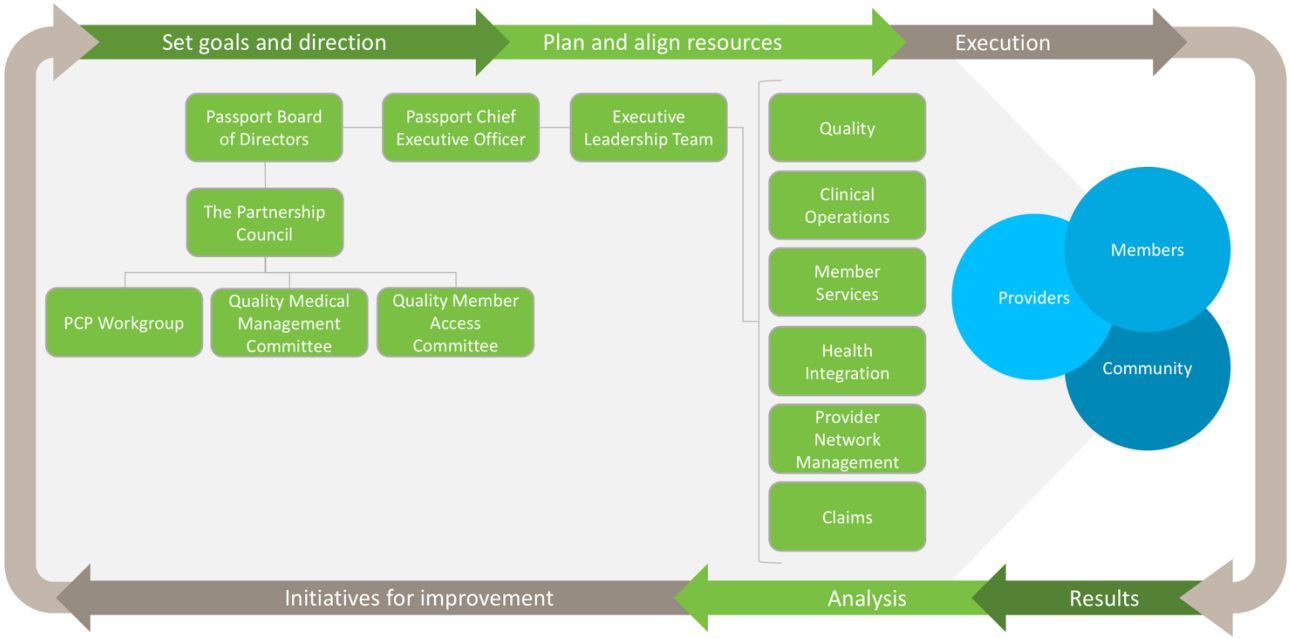
Passport follows a comprehensive approach to quality measurement and improvement that complies with 42 C.F.R. 438 Subpart E, requirements of the Contract, and the Department's Quality Strategy. Passport operates a comprehensive Quality Assessment and Performance Improvement (QAPI) Program in compliance with the State requirements of 42 C.F.R. 438.330. All materials and documents identified in our response to C.09 will be submitted to the Department to the Department's Division of Program Quality & Outcomes, Managed Care Oversight Quality Branch Manager.

C.9.a.i. How it will structure its organization to provide for a comprehensive and holistic approach to meet these goals, including coordination with Subcontractors and providers.

Passport's Organizational Structure Supports a Comprehensive and Holistic Approach to Meeting Quality Goals

Passport's quality organizational structure enhances our provider-driven voice and facilitates Passport's ***whole-person, integrated care approach***. Our commitment to quality flows from our Board of Directors throughout the organization. **Exhibit C.9-1** depicts how our organizational structure supports overall quality improvement. Through this organizational structure, Passport is well-positioned to meet the stated goals of DMS and the DMS quality aims. Our committee structure, starting with the Board of Directors, sets goals and direction for Passport that align with the goals and contract expectations of DMS. Through our chief executive officer and executive leadership team, resources are identified and aligned to ensure that our organization is supported to execute our goals. Various Passport departments collaborate and work cross-functionally to put in place initiatives framed around its members, providers, and community. It is through this framework that we monitor performance and results. After we have collected data, we then perform an analysis to see how well our organization did in meeting the goals and direction set forth. Passport identifies initiatives for improvement. The cycle continues with our committee structure, applying those lessons learned or new actions to direct new goals and priorities for our organization.

Exhibit C.9-1: Quality Structure Supports Meeting DMS Quality Goals



Our approach to quality improvement not only engages all the stakeholders at multiple levels; it is structured to drive a holistic approach that directly contributes to improving the health of Kentuckians. Passport believes our organizational structure and continuous improvement process is crucial to meeting DMS' stated goals of transforming the Medicaid program by:

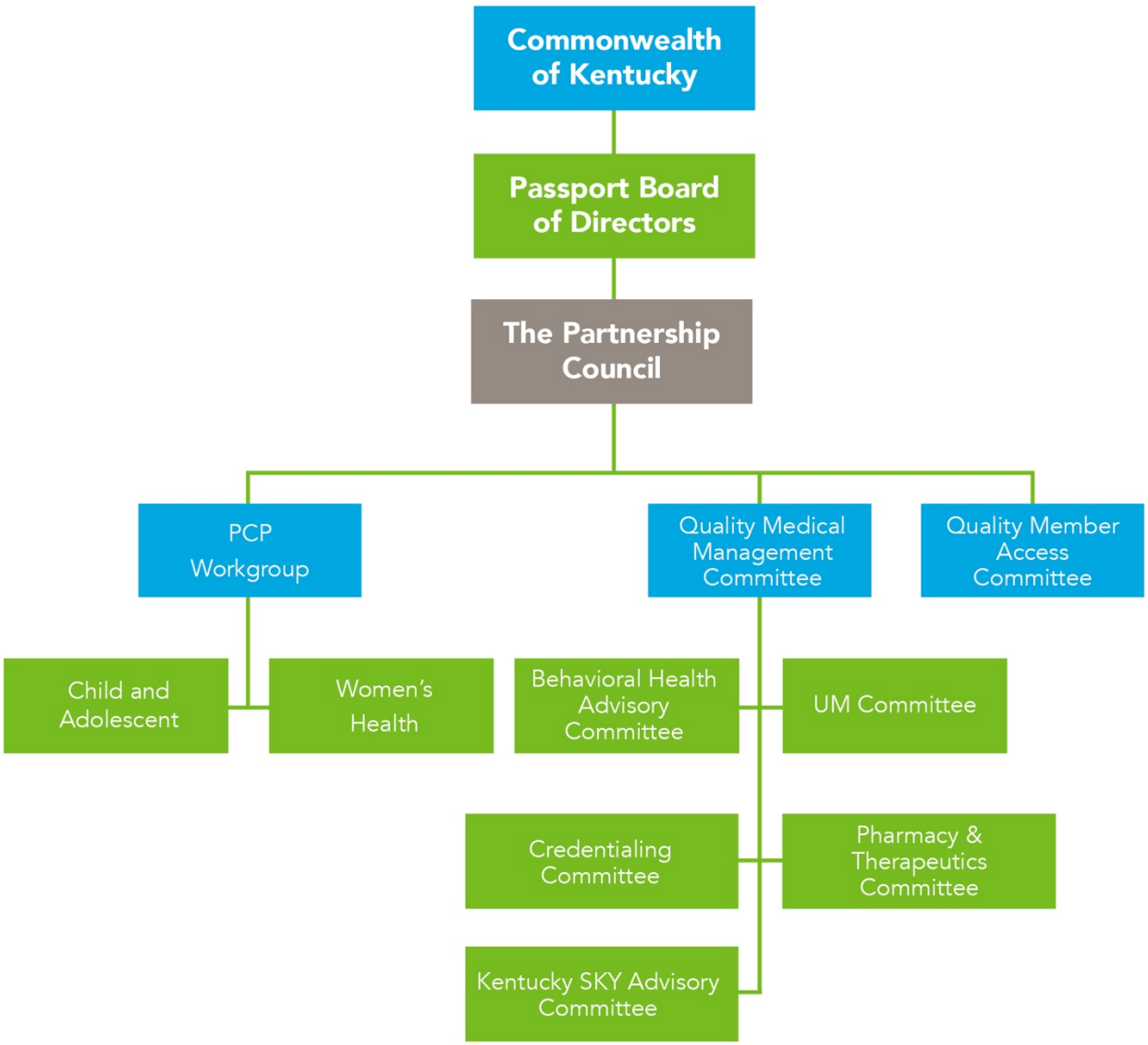
- Improving the member's health and quality of life of our members–through a data-driven, continuous cycle of quality improvement.
- Ensuring clinical effectiveness, member safety, and improved quality and outcomes–through ongoing intensive measurement and monitoring of clinical programs.
- Improving the efficiency and effectiveness of provider and member programs and services–through leveraging innovation, advanced technology, and automation.
- Enhancing the effectiveness of the delivery system–through promoting coordination with and collaboration among our providers, subcontractors, and community agencies and partner.
- Committing and collaborating to devise multiple methods for reducing or eliminating health disparities using traditional, nontraditional, and extended community resources.

Structure

To achieve the aims of improving health and outcomes to transform the Medicaid program, Passport's collaborative structure, detailed in the high-level organization chart below, shows participation by the Commonwealth, members, and our community in its current committee structure. Passport implemented the necessary structure to provide oversight, ensure engagement of its subcontractors or delegates, incorporate the voice of the member, and partner with supportive and committed community resources. Passport's QAPI program governing body consists of the Board of Directors, the Partnership Council, and the Quality Medical Management Committee (QMMC). The QMMC serves as the Quality Improvement

Committee (QIC) for Passport. The Partnership Council is an approving body for the QMMC, as illustrated in **Exhibit C.9-2: Passport Health Plan Quality Committee Structure**. Formal committees, subcommittees, and workgroups advise and guide the quality improvement process. Nearly one hundred (100) volunteer providers, members, and community members participate in this structure.

Exhibit C.9-2: Passport Health Plan Quality Committee Structure



Board of Directors

Passport has a provider-driven Board of Directors (BoD) with seven (7) members. The BoD includes both behavioral health and physical medicine representatives, providing perspective across the continuum of health care delivery. This group is instrumental in strategic planning.

The Partnership Council

Providers are essential partners in improving the health outcomes of the Medicaid population and contributing to the transformation of the Medicaid Program. Our Partnership Council is the overarching provider governance committee, which receives and reviews quality management and improvement activities from Passport's quality committees. The Partnership Council is one of many ways in which we coordinate with providers. It has more than thirty (30) individuals representing multiple Kentucky-based provider sectors, consumers and community interests (advocates).

Quality Medical Management Committee

The QMMC is the name we use for Passport's QIC. The QMMC performs all the functions stated in the Model Contract for the QIC. The QMMC oversees quality improvement and accreditation activities throughout the health plan and the provider network. Dr. Stephen Houghland, our chief medical officer, chairs the committee, which includes representatives from Norton Healthcare, the University of Louisville, a rural community mental health center, a clinical pharmacist, and a private-practice OB/GYN, among others. The QMMC is the primary conduit for achieving our holistic organizational goals for quality, which flow from DMS' goals. It also facilitates our organization's focus on whole-person care across the full spectrum of needs and services.

The QMMC:

- Directs and oversees: subcommittees responsible for the quality of clinical care and services; services provided by Passport or its subcontractors; quality-of-care concerns surfaced by the Credentialing Committee; the peer review process for monitoring and assessing the potential quality-of-care or quality-of-service concerns.
- Approves: the annual Quality Improvement (QI) and Utilization Management (UM) Program descriptions. Biannually reviews the QI Work Plan and annual QI/UM evaluations.
- Evaluates, offers feedback, and approves: all clinical practice guidelines (CPGs), under-and overutilization findings, UM criteria, clinical and service audits and findings, and administrative policies and procedures (such as confidentiality) that affect members' health care.
- Recommends: provider education, interventions, health education programs, and other initiatives.
- Reviews and evaluates: member and provider surveys and interventions; clinical program descriptions and evaluations; external quality review organization (EQRO) focused studies, audits or findings; and member complaints and sentinel events.
- Oversees: PIPs.
- Analyzes aggregate data on: performance, member complaints, sentinel events, and provider audits.
- Makes determinations for: any corrective action required from oversight and evaluations.

Subcommittees of the QMMC

The QMMC has several subcommittees that advise QMMC and Passport on various issues specific to populations and/or therapeutic areas, subcontractors, and advancing its goal of integrated whole-person care. Each subcommittee monitors the achievement of improved health outcomes and implements improvement strategies. These committees include:

- **Behavioral Health Advisory Committee:** In collaboration with our behavioral health subcontractor, the BHAC provides feedback and recommendations related to behavioral health care and pharmacy.
- **Credentialing Committee:** The committee administers policies and procedures for credentialing, recredentialing, certification and recertification for practitioners and organizational providers following Passport Health Plan and NCQA standards. It also monitors and evaluates related trends and issues in collaboration with the credentialing delegates.
- **Utilization Management Committee:** The committee supports provider clinical decision-making by providing essential expertise regarding medical necessity criteria selection and approval. It provides a continuous review of the entire UM program and all subcontracted entities to ensure the UM program meets the needs of Passport and DMS. Chaired by Passport's medical director, our UM Committee includes Kentucky-based providers that oversee clinical service delivery trends across Passport's membership, including evaluating utilization, patterns of care, and critical utilization indicators. Our UM committee evaluates the need for and approval of UM policy, standards, or procedural changes, including the adoption and implementation of clinical guidelines and approving and monitoring the UM program description and work plan. The UM Committee also reviews Passport's grievances and appeals (including expedited Appeals and State Fair Hearings) related to UM activities to determine needed policy changes.
- **Pharmacy and Therapeutics (P&T) Advisory Committee:** The committee provides direction to and oversight of pharmaceutical issues concerning members using pharmacological, economic and clinical information. Its responsibilities include the review, evaluation and delivery of recommendations related to utilization (under and over) of medications and pharmacologic agents, additions to and deletions from the formulary, and monitoring and review of pharmacy programs and program results.

Quality Member Access Committee

The QMAC enables Passport members, consumers, and advocates to provide input regarding access to care and quality of care for the membership. It also identifies opportunities for improvement. For Passport, the QMAC acts as one source of the voice of the customer to better understand and serve member wants and needs. The QMAC reviews and recommends improvements for:

- Member education materials
- Outreach programs and community activities, including new efforts or refinements to existing programs
- Access standards
- Grievance and appeals processes and policy modifications, based on a review of aggregate grievance and appeals data and member handbooks
- Contractor/subcontractor and department policies that affect members.

We describe our QMAC in more detail in the response to question 9.d, below.

Collaboration with Subcontractors and Providers to Achieve Goals

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

Alignment to DMS Goals and Quality Aims

Exhibit C.9-3: Passport's Alignment to DMS Goals and Quality Aims provides examples of our approach to meeting the DMS State Quality Aims for 2019 with the use of subcontractors, vendors, or providers; all of these align and support all stated DMS goals.

Exhibit C.9-3: Passport's Alignment to DMS Goals and Quality Aims

DMS State Quality Aims 2019	Passport's Approach to meeting aims
Reduce the burden of SUD and engage members to improve behavioral health outcomes	Passport's integrated BH program enables providers to address the entire spectrum of needs our members have from a physical and behavioral health perspective. The work is conducted in concert with our BH subcontractor.
Reduce the burden of and outcomes for chronic disease	In collaboration with a vendor, we use remote care monitoring to help members take control of their health by checking vitals daily in managing chronic disease. We use population health programs that employ nationally recognized clinical program structures.
Increase preventive service use	Passport's EPSDT program and provider engagement teams work with provider offices around member care gaps and primary care provider visits.
Promote access to high-quality care and reduce unnecessary spending	Through our nationally recognized care management programs and our VBP programs, Passport is increasing its footprint with additional providers and specialties. Our staff engages providers, members, and community resources to ensure a high level of care that is efficient and incentivized to meet member needs. Passport uses Healthify as a social needs community resource database.
Improve care and outcomes for children and adults, including special populations	Passport co-manages members with serious mental illness in partnership with our BH subcontractor. We also found an opportunity to specifically support our members experiencing Serious Mental Illness/Serious Emotional Disturbance (SMI/SED) by taking part in a DMS and Department for Community Based Services (DCBS) program targeting women who are transitioning from incarceration back into the community.

C.9.a.ii Strategic solutions the Vendor will use in quality management, measurement, and improvement.

Strategic Solutions in Quality Management, Measurement and Improvement

Total Quality Management Solution

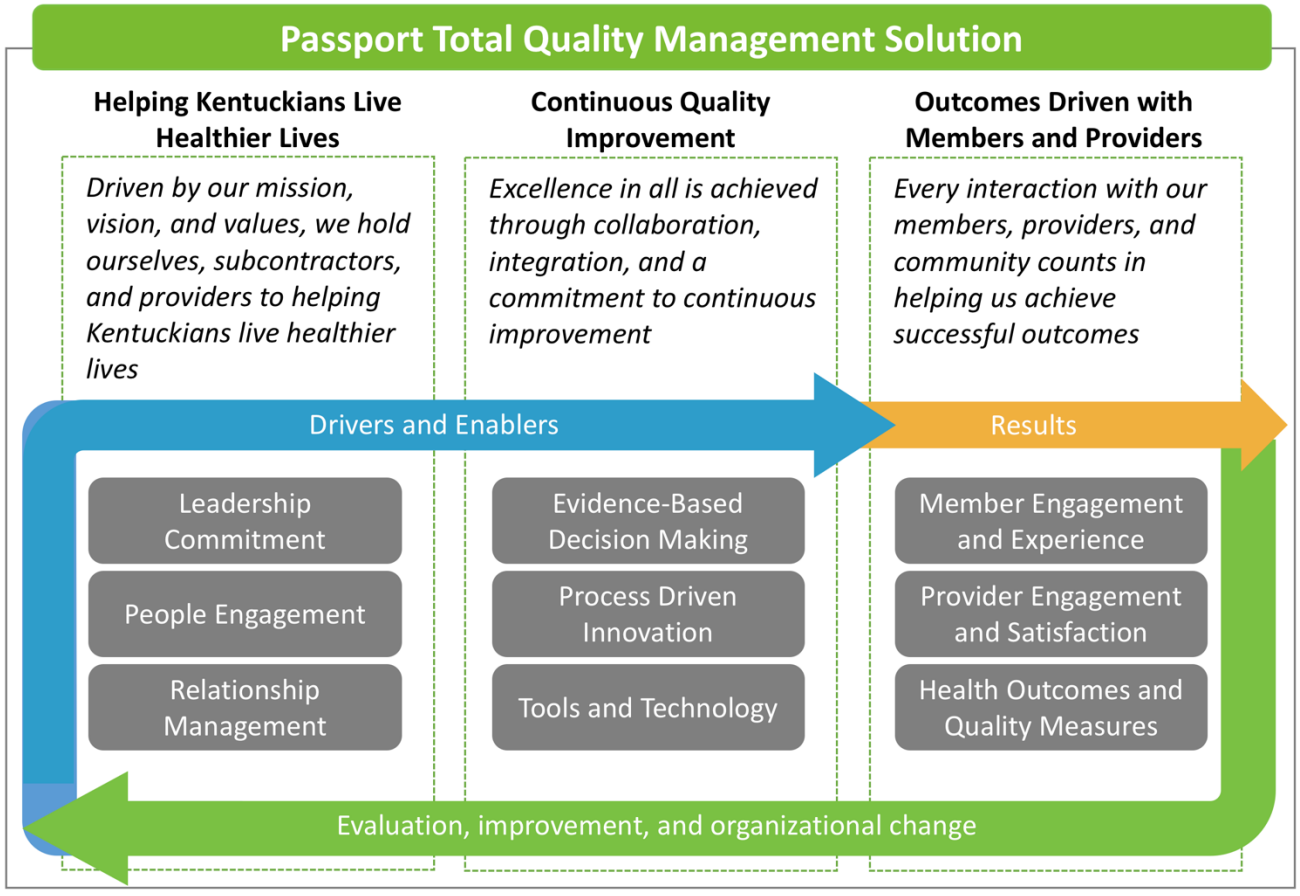
Our Total Quality Management (TQM) solution is depicted in **Exhibit C.9-4**. Passport aligned our commitment to sustainable long-term quality improvement by applying W. Edwards Deming's principles of quality management. We frame our overall quality strategy around the member, provider and community. The TQM solution involves all Passport departments, employees and stakeholders in our continuous quality improvement process.

Through the TQM solution, we enable and drive continuous quality improvement with a strong commitment to our mission, vision, values and culture of quality. The Passport team is engaged through targeted communications and training on quality management and improvement. We hold our providers, subcontractors and delegates accountable through relationship management in contracting and oversight with service-level agreements tied to their performance in helping Kentuckians live healthier lives.

Continuous quality improvement requires collaboration and integration of people, data, tools, and technology to enable evidence-based decision-making and process-driven innovation. Leveraging the Identifi℠ technology platform and partnership with subcontractors, Passport continuously evaluates our processes to implement improvement strategies for its members, providers and community.

To have outcomes driven with members and providers, we ensure that every interaction with our members, providers and community counts. Passport uses data on member engagement and experience, provider engagement and satisfaction, health outcomes, quality, and operations measures to evaluate performance. Through this evaluation, Passport identifies areas for improvement and implements initiatives to drive organizational change.

Exhibit C.9-4: Passport Total Quality Management Solution



Applying our TQM solution. The focus of the 2020 quality strategy is to ensure *every interaction counts* to deliver a thoughtful, consistent and sustainable message regarding quality and to improve health outcomes. The goal of the plan is twofold: (1) create satisfaction for our members in services they receive, and (2) build an understanding with each member on their path to better health by strengthening the member-primary care provider relationship.

Quality Measurement Solutions

Our comprehensive suite of performance measures identifies weaknesses and prioritizes opportunities for improvement. Measures are also used to determine what works (best practices) and what does not work to drive organization-wide improvements. The Quality Improvement Workplan is our primary tool for tracking quality, process and outcome measures on a routine basis. We have measures in place to monitor:

- preventive care;
- acute or chronic physical or behavioral conditions;
- social determinants of health and high-volume high-risk and special health care-need populations;
- over-, under- and misuse of services;
- disparities in care delivery and the outcomes; and
- operations, including member services, provider network management, and utilization management.

Data and Tools Supporting Measuring Quality Indicators and Measures

Passport is committed to our investment in advanced technological tools that enable us to measure processes, outcomes, HEDIS scores, resources, and operational structure and build composite scores. Building on our member activation and provider engagement efforts, our technology platform generates care insights and initiatives to maximum effect providing solutions or enhancements to working solutions. Our technology platform consists of a highly integrated data and analytics environment that provides differentiated data integration capabilities, drives insights based on multiple data sources, and identifies solutions to impact care activity for each member. For more detail, please see the **Internal Tools and Technology Infrastructure** section in the response to question 9.a.iv.

Our technological tools enable Passport to aggregate and analyze disparate data sets. These data sets include items such as claims, social determinants of health (SDoH), continuity of care document (CCD) feeds, third-party laboratory data, and others, to provide insights on the quality of care delivered and the health of our members. Because of our ability to integrate and normalize this wide variety of data, Passport can use the data to drive innovative and effective solutions. Our technology has data "pipelines" to minimize the time between the origination of new data and the execution of powerful machine learning models. This technology tool allows our ***predictive models to identify changes*** in member health trajectories in real time and identify and track those at risk at their most critical and impactable moments.

Access to more data, such as the Kentucky Health Information Exchange (KHIE), and advances in technology are creating a paradigm shift in how we approach identifying, engaging and managing members to improve the quality of care we deliver and member health outcomes. Passive and active rules engines use clinical, financial, administrative, social determinants of health, and self-reported data to build and maintain rich profiles for each member. The technology intelligently maps member groups to the right mix and intensity of clinical interventions and creates critical actions to drive workflow. Through real-time member profiling and predictive models, the engine prompts interventions at the most vital stages in a member's care. Powerful utility user interface tools enable highly agile rules authoring, testing, and scalable deployment without the need for custom software development.



Of particular importance is our use of data related to SDoH. Because of the importance of psychosocial and socioeconomic issues on health outcomes and the identification and reduction of disparities, we leverage a variety of assessment data and publicly available data sources to understand and address a population's SDoH . The American Community Survey (ACS) from the U.S. Census Bureau tracks more than one hundred (100) data elements on education, poverty and housing status by neighborhood. We use the location affordability index, walkability index, food access, and supermarket availability from the U.S. Department of Transportation, as well as the Environmental Protection Agency's Smart Location Database, to supplement social, economic and environmental information. The U.S. Department of Agriculture tracks food deserts, which is part of our risk scoring determination. We also leverage Google technology (e.g., the technology that allows users to locate amenities in Google Maps) to calculate distances to the nearest pharmacy, grocery store, physician's office, and hospital, which may identify potential gaps in the community's health care access.

To improve health outcomes across the Commonwealth, we are driving provider engagement and satisfaction through participation in targeted quality initiatives at the provider and practice level. Passport implements training and practice optimization, ensuring members receive delivery of care that demonstrates best practice. Using established quality measures such as HEDIS and CAHPS, the Passport strategy leverages a population health management and provider network management partnership to address issues and education. Engagement also takes place through HealthPlus, a VBP program that incentivizes major provider partners to target specific quality measures relevant to the Passport population. Passport will work with DMS to introduce new value-based payment opportunities and outreach in 2020.

Passport's Engagement Strategies Deliver Results

One hundred percent (100%) of patients engaged in care programs in 2019 completed comprehensive assessments

Over ninety-nine percent (99%) of patients under care management in 2019 had personal care plans created

Engagement rates for high-risk patients* ranged from fifty-nine percent to seventy-two percent (59%-72%) versus an industry standard of less than thirty percent (30%)

* Members in catastrophic care and complex care programs

Priority Goals for 2020 Based on Findings from the 2018 Program Evaluation and Accreditation Cycle

Passport will support DMS in achieving its goals to transform the Medicaid program by engaging in initiatives to:

- **Empower Individuals to improve their health and participate in their health care**: Passport's quality strategy will use interventions in collaboration with providers to improve the overall health of its population and activate members in taking ownership of their health. Specific areas of focus will be colon cancer screening, diabetes, adolescent tobacco cessation, and social deterrents.
- **Significantly improve the quality of care and health care outcomes**: Expansion of the existing Population Health Management Strategy will address the entire spectrum of care and improve health outcomes. Our Population Health Management Strategy aligns with NCQA Health Plan Accreditation program requirements, aimed at keeping members healthy, managing members with emerging risk, outcomes across all settings, and managing members with chronic illness.
- **Reduce or eliminate health disparities**: Identify health care disparities in the population and implement interventions to decrease the impact of disparities on overall health and wellness.
- **Aid the transformation of the Medicaid program through initiatives with members and providers**: To address compliance with quality standards and requirements set forth by DMS regarding policy, processes and reporting, continuous monitoring of QAPI program results guarantees that Passport will continue to regularly adapt its programs and services to achieve optimum quality and cost-effectiveness.
- **Support community engagement efforts to help individuals succeed independently**: Passport has created tools and processes to engage stakeholders and the community to educate current and future members on how to maintain their benefits.

Quality Improvement Solutions

Passport's Quality Management program involves systematic activities that monitor, assess and improve the quality of care and services provided to our membership. We are committed to working with the department to develop focused and achievable approaches. We have allocated significant resources to improve quality and outcomes related to substance use disorder, chronic disease management, wellness and prevention, and overarching population health management and our value-based care approaches.

Key attributes of our 2020 quality improvement solutions strategy include:

Improving health care quality and efficiencies. Passport will focus on several areas to improve health care quality and the efficiency of care and service delivery:

- Reduce the burden of substance use disorders and improve behavioral health outcomes through whole person-centered care.
- Reduce the burden of chronic disease, specifically diabetes.
- Reduce tobacco use.
- Improve preventive health screening rates.
- Advance development of connections between community engagement, health behaviors and health outcomes.

- Improve care for children and adults.

Educate, engage and empower our members in their health care journey. One important activation strategy focuses on new Passport members. Our research showed that disenrollment rates were highest within the first ninety (90) days of a member's tenure with Passport. Disenrollment frequently is the result of members not fully understanding their available benefits and how they can be easily accessed. The longer a member remains with the same plan, the better coordinated their care, and the better the results. To help retain members over the long term, Passport developed a comprehensive ninety (90)-day New Member On-Boarding Plan. Our New Member On-Boarding Plan has identified objectives, such as making positive connections with our new members and providing education on the benefits we offer. This plan allows members to share with us about themselves and empowers them to take control of their health.

Supporting and Rewarding Providers through Value-Based Programs to improve health outcomes. As a provider-driven plan, Passport maintains and fosters a close alignment with our providers and engages them at all levels in the organization, from our Board of Directors to our PCP Workgroup and various committees and pilot programs. In 2018, we expanded our provider alignment strategy through a value-based program with many large provider partners. Passport launched its primary care HealthPlus VBP program after consultation with its PCP Workgroup and approval by DMS. Our primary care VBP program touched thirty-seven (37%) of our members and sixty-one percent (61%) of our PCPs.

Training and educating our employees. The Passport quality team conducts ongoing training, education and communication across the organization through several methods. The quarterly Lunch N' Learn series addresses the different aspects of a quality improvement program. Some examples of the Lunch N' Learn series are updates on the NCQA accreditation standards, understanding HEDIS and CAHPS, and how to write an analysis. The Quality team also attends departmental meetings and educates on applicable HEDIS measures and discusses the impact of interventions. In addition, the Quality team publishes educational information on its internal site. The information includes, at a minimum, reference materials about NCQA, PIPs, HEDIS, CAHPS, and regulatory guidelines.

Here is what we have planned:

- Expansion of our texting and member portal engagement program, meeting them where they are.
- Engaging members, via text, in ongoing feedback through short surveys (1-2 questions) monthly.
- Expansion of our member incentives to include activation-focused behavior (non-health outcomes-based rewards that will ultimately impact health outcomes as well, e.g., updating contact information, annual completion of Health Risk Assessment (HRA), participation in an ambassador program to improve member satisfaction).
- Leverage the proposed Passport Health & Well-Being campus to provide on-site screenings and services for preventive care in conjunction with health departments.
- Provide in-home testing and services for members with SDoH that may prevent them from having to see their PCP.

Quality Improvement in Action:

Improving Immunization Rates

Define Problem Statement: Childhood Immunization Status (CIS) and Immunizations for Adolescents (IMA) rates were below target.

Set Goals and Direction: Our Quality team and CMO reviewed immunization performance data with the Passport's QIC called the *Quality Medical Management Committee (QMMC)*, in early 2019. The group discussed the importance of these measures in the context of DMS and Department of Public Health goals, but also acknowledged that immunizations are often drivers for well-care and EPSDT visits with their PCP. *QMMC* set the following goals:

- Increase performance on immunization measures;
- Increase engagement through various communication modalities;
- Increase the use of member rewards for immunizations.:

Plan, Align Resources, and Execute: The *QMMC* called for an interdisciplinary committee across *Quality, Member Services and Population Health Management* teams to identify specific tactics and interventions to achieve the goals. *QMMC* and CMO provided final approval on the following interventions:

- Live Outreach: Clinical Quality Advisors conducted live outreach for members with CIS and IMA gaps. Care Connectors from Member Services outreached to members who were not reached prior for EPSDT visits.
- Automated Outreach: Interactive Voice Response reminder calls for members/parents for EPSDT visits
- Text Messaging: Wellness reminder texts targeted at immunizations
- Mailings: Members who were unable to reach by phone were sent an EPSDT reminder mailing
- Member Rewards: Incentives were offered for members who completed their immunizations Quality

Analysis & Results: Performance and outreach data was collected over 2019. Observed results include:

- CIS performance improved 3% points from Q1 2019 to Q4 2019.
- IMA performance improved 7% points from 2018 to 2019 year-end results.
- Use of member rewards for immunizations resulted in an additional 140 immunizations completed.
- Screening rates for EPSDT increased from 64% in Q1 to 88% by Q4 2019.

No significant change was observed in EPSDT participation rates.

Continued Improvement Efforts: Upon review of the data, our quality committees identified several opportunities to improve data for outreach efforts including increasing opt-in selection for text messages, reviewing our selection process for EPSDT outreach, and addressing transportation, which was noted as a barrier to receiving EPSDT care.

C.9.a.iii Innovative strategies and enhanced services, if any, that the Vendor proposes to implement to enhance the health and well-being of Enrollees and to improve health outcomes, including examples of successes with similar Medicaid populations.

Enhancing Member Health and Well-Being and Improving Health Outcomes Through Innovative Strategies and Enhanced Services

Across our organization, we leverage multiple innovative strategies and enhanced services to uphold our Passport Promise to our members. Our strategies, some of which are listed in more detail below, focuses on innovative methods to achieve DMS' quality goals. Passport leverages our experience serving the Kentucky Medicaid population in developing innovative strategies to improve he health and well-being of our members. Our subcontractors collaborate with us in that development and Passport is able to leverage their experience providing similar services across the nation. **Exhibit C.9-5: Passport's Innovative Strategies Meet DMS Quality Program Goals** shows how our strategies map to DMS quality goals. In the sections that follow, we describe each Passport innovation.

Exhibit C.9-5: Passport's Innovative Strategies Meet DMS Quality Program Goals

Passport innovation	Empowering individuals to improve their health and engage in their health care	Significantly improving quality of care and health care outcomes	Reducing or eliminating health disparities
Member education and communication	✓	✓	✓
Health incentives	✓	✓	✓
Population health management programs	✓	✓	✓
Passport quick questions		✓	✓
Building the member-provider relationship	✓	✓	
Understanding the member journey	✓		✓

Member Education and Communication

Passport reaches out to all members to promote engagement and to educate them on available benefits, the importance of screenings and preventive care, as well as other pertinent topics, such as these two training guides, *How to Avoid the* Emergency *Room* and *When to Talk to Your Doctor.* We provide traditional outreach materials such as health literacy materials, disease-specific mailings, reminder postcards, and newsletters. We also conduct telephonic outreach and conduct local outreach in collaboration with community agencies. Some of our more innovative outreach techniques include:

- **Community Health Worker Program**: In 2018, we implemented a new program where our community health workers (CHWs) conduct face-to-face visits in members' homes, provider offices, and community service organizations. The CHWs act as advocates, helping members to schedule doctor appointments and obtain the necessary resources to resolve social determinants of health. CHWs also assess for required literacy and interpretation services. CHWs provide information to the member, teaching the member how to engage in health care and take charge of making resource arrangements.
- **Homeless Services**: Since 1997, Passport has partnered with community organizations engaged in addressing the needs of its community's homeless population. Throughout the year, Passport provides face-to-face member/benefits education sessions. We conduct these sessions at transitional and homeless shelters throughout the Commonwealth. As a Kentucky-based plan, Passport has deep connections with community organizations serving the homeless population. We give special attention to victims of domestic violence who are residing in emergency shelters. Passport also has a social worker embedded in two clinics in Louisville, where many local homeless individuals seek primary and specialty care. The social worker assists with accessing needed care, acquiring a cell phone, and more.

Closing the Loop on Social Determinants

- **Refugee Services**: Passport provides a Refugee Care Specialist program to help refugee members get the care they need. The refugee specialist works directly within local refugee resettlement agencies and offers face-to-face support to newly arrived refugees to help ensure they can navigate, access, and receive quality health care in the communities within which they now live. This case manager assists with addressing barriers that refugees face when in the health care system. The case manager often works with the members face-to-face or on the phone to address transportation issues, language access problems, and navigating cultural differences; the case manager also explains how best to navigate the system.

Through these programs we have seen higher engagement with members who have episodic needs. This engagement in addressing episodic enrollee needs has impacted health outcomes for members in these programs. For instance, Passport members experiencing homelessness visit the ED on average 3.5 times per year versus the national average of 5.0 (or 30% less frequently that the national average). To continue building on our success with this engagement we are partnering with local community agencies to address systemic issues and SDoH; both of which are impacting more sustained long-term engagement with members.

Passport Community Health Workers Help Build Family Ties

Since August, Community Health Worker Rhonda Wooten has been working with Susie,* a pediatric Passport member. During that time, the family had many social needs arise. Rhonda worked closely to build rapport with the mother. As a result of her hard work, Rhonda was able to provide Susie with clothing, formula, diapers, baby wipes, household supplies and food. The family also had an open case with Child Protective Services, and the mother was very concerned about Susie being removed from the home. She asked Rhonda to attend the meeting with CPS at her home. Rhonda attended the meeting and Susie was allowed to stay in the home with her mother.

"This story is special to me because the trust the mother developed with me allowed her to feel comfortable asking me to be present for support during a trying time," says Rhonda.

*Member name changed for privacy.

Health Incentives

To improve health outcomes, Passport continuously looks for opportunities to encourage members to get screenings and address other social determinants of care. Passport's Member Rewards Program emphasizes to members the value of preventive health care and community engagement. It provides vouchers or gift cards from retail stores, drug stores, or restaurants for completing appropriate wellness activities. We revise this program annually based on Passport's Population Assessment, HEDIS performance, and other inputs, to align with Passport's quality improvement activities. **Attachment C.9-1_ 2021 Proposed Member Rewards** summarizes our proposed 2021 program, including which members are eligible, what incentives are available, and what screenings or tests must be completed to earn the incentive. The attachment also shows how the incentives align with the 2019 DMS quality strategy goals.

In 2019, member's use of health incentives was lower than expected. We evaluated potential barriers and have made it a focus in 2020 to increase awareness and make it easier for members to earn these rewards. Our community engagement team is positioned through events, social media and targeted texting campaigns to bring broader awareness of the health incentives. To make it easier for members, we partnered with a new vendor in 2019 to administer the incentives.

Even with low participation counts in 2019, health incentives offered through the Member Rewards Program have contributed to a three (3)-percentage point improvement in the Childhood Immunization Status (CIS) Combo 2 rate in 2019. One hundred forty (140) members took advantage of the rewards program, and CIS improved from thirty-seven percent (37%) to forty percent (40%).

Over the past five years, the Member Rewards Program has contributed to:

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

- A forty-six percent (46%) improvement in Adolescent Immunization, Combo 1 (Meningococcal, Tdap/Td) achieving and maintaining a rank above the Medicaid Quality Compass ninetieth (90th) percentile.

Population Health Management Programs

Passport's unique approach to population health management (PHM) is data-driven. It combines the early identification of impactable, at-risk members with clinically validated programs to efficiently and reliably deliver better care at a lower cost. By identifying members for whom we can improve the care journey, we can have the most significant impact on the cost and quality of care for the overall population. Passport's PHM approach leverages strategies used by Passport to promote the transition to value-based care in its contracted network. We can also identify subpopulations of members whose needs differ due to their particular circumstances. Combining approaches based on individual needs with strategies to meet the specific needs of subpopulations makes Passport's programs unique. Passport's Population Health Management Programs are based upon its subcontractor's Medicaid Model of Care, developed specifically to support Medicaid members in provider-sponsored health plans in many states, including Indiana, Florida, Massachusetts, New York and especially Kentucky.

Below, we describe specialized programs for our populations. Specially trained care managers are part of each program, providing additional support to members. These programs include the following:

- **Foster Care Program**: Many children in foster care have complex health needs, including higher levels of physical, oral and behavioral health issues than the general pediatric population. Today, Passport has a specific Foster Care program to provide the needed care and guidance for these vulnerable children. It will modify and expand this program to serve the needs of Kentucky Supporting Kentucky Youth (SKY) members when selected as their MCO. Serving as their advocate, our foster care specialists provide foster children with compassionate and caring support during their transition and care program. The specialist establishes a safe and appropriate medical home for each foster child. The care management process includes physical health and behavioral health assessments, monitors psychotropic medication use, and offers access to dental care. The specialist develops and continuously monitors a member-centric care plan for the duration of the program and the child's plan membership.
- **Guardianship Program**: Passport finds that members in state guardianship often have fragmented health care, resulting in care gaps for both medical and behavioral health and increased hospital readmissions. To address this issue, we employ a guardianship specialist who acts as a liaison between Passport and the Department for Aging and Independent Living (DAIL), personal care homes, state psychiatric hospital social workers, community mental health centers, and other key stakeholders. As the liaison, the guardianship specialist builds relationships with state partners in each DAIL region throughout the Commonwealth. By developing these stakeholder relationships, the guardianship specialist can better serve our disabled members. Our Guardianship Program includes member health assessments, the establishment of a medical home, monitoring of psychotropic medication use, behavioral health evaluations, coordination of specialized medical care, and the determination of dental treatment services needed.

- **Community Transition Program**: To support its justice-involved members as they transition from a correctional facility back into the community, Passport provides wraparound care for physical and behavioral health services and addresses any social determinants of health issues they may currently have (e.g., literacy challenges, lack of education or job skill training) and needs they may experience in the future (e.g., employment, housing or transportation). During the program, we provide supportive care, outreach and access to a network of community-based and psychosocial services. Our care coordinators also assist with preauthorization for health care treatments they will need during and after their transition to the community. Post-release, our care coordinators contact each member weekly for targeted care management evaluations, review their utilization patterns, and measure their program progress.

Passport implemented care programs with our subcontractor that have been accredited though NCQA; including the NCQA accredited Population Health Management program. Collaborating with our subcontractor and using our local experience, has allowed Passport to better address enrollee needs, demonstrate decreased unnecessary utilization, and improve health outcomes for our members. For example, with our Transition Care program, Passport saw a 14% decrease with inpatient utilization, an 8% decrease in ED utilization, and an 8% decrease in total cost of care.



Passport Quick Questions

When a member utilizes their health care benefits in a suboptimal way, Passport wants to understand why. Our outreach specialists call members with Quick Questions, a very brief survey that explores the root cause of why a member used certain services. For example, the specialists ask members utilizing the ED for nonurgent care a very brief series of questions about why they used the ED, whether they were aware of the other options available to them, and whether changes in the availability of providers (e.g., extended hours) would change their behavior. These Quick Questions help uncover the drivers of behaviors that affect cost and continuity of care and connect members to options that will better meet their needs.

Building the Member-Provider Relationship

As a provider-focused organization, we emphasize and nurture the relationship between providers and members. A strong relationship between member and provider leads to more frequent preventive care, greater connection to the community, and a higher level of member engagement in their health. Key strategies toward this end for the coming year include:

- Ensuring that providers see every member at least once annually. Passport is working closely with its provider partners to make direct contact with their Passport panel, encouraging members to set up annual visits and incentivizing members to engage in preventive care.
- Reducing avoidable emergency department and hospitalization use by reinforcing the relationship with primary care providers. Passport Quick Questions are part of a pilot PIP to understand and remove the barriers to access that drive members to the ED instead of their PCP.

- Passport's strategies to build the member-provider relationship also come from adapting effective programs used by its subcontractor in Medicaid and commercial programs in other states. For example, Passport's embedded Care Advisors, who support and connect members and providers, leverage an embedded model successfully used by its subcontractor in multiple states; we adapted the model to work within the Kentucky Medicaid program.

Understanding the Member Journey

Getting a new health insurance plan can be difficult and confusing. It can be overwhelming for members to decipher the medical, behavioral, pharmacy, dental and vision benefits available. To alleviate this, Passport provides education and assistance to members to ensure they have a full understanding of the benefits and services available to them. Passport works to convey that there is no wrong door for how they access their benefits, and that Passport will help them access the services they need. To meet this need, Passport introduced a series of initiatives to understand and improve the member journey as they embark upon a relationship with Passport Health Plan.

All our efforts with new members are designed to enhance the critical touch points. Passport introduced a full suite of initiatives to support new members, including a full on-boarding plan, a customized web page, a simplified and informative ID card carrier, and a new member survey to ensure members are satisfied with the plan. Of interest are the following innovative tools and best practices:

- **New Member On-Boarding ninety (90)-Day Plan**–To welcome new members to the Passport Health Plan community and prepare members for a valuable experience with Passport, Passport has created a comprehensive ninety (90)-Day New Member On-Boarding Plan. Identified objectives include:
  - Making positive connections with new members
  - Providing education about Passport and the benefits it offers
  - Allowing members to share information with Passport about themselves
  - Empowering members to take control of their health

  The plan pairs these objectives with hands-on tactics such as personalized outreach to our new members, providing information sessions, encouraging member portal registration and use of benefits, and earning member rewards. We have established metrics we can use to confirm that we met the objectives for every new member. Each new member receives a personalized outreach contact, we track enrollment in educational classes, and we analyze data from returned mail and surveys and review claim data. Previously, we completed many of these onboarding activities over an indeterminate amount of time. Our New Member On-Boarding ninety (90)-Day Plan combines these activities in a simplified effort to enhance the experience for our new members.

- **New Member Online Videos**–Passport strives to keep our new members engaged throughout their first ninety (90) days on the plan. We have created a series of short instructional videos to guide our new members during this time. Our new member videos include topics such as: *What's in the New Member Kit*, helping members understand all the material they will be receiving in the mail and how these materials can help them; *About the HRA Form*: *7 Simple Steps*, highlighting what new members can complete during the new member process; the importance of having a PCP; how to sign up for texts and emails and how to follow Passport on social media; and the perks of being a Passport member, including how to earn member rewards. These videos will be available on Passport's New Member Web Page and shared through Passport's social media accounts.
- **New Member Survey**–To confirm that its new members had a positive and educational experience during the Ninety (90)-Day On-Boarding Program, Passport has created a New Member Survey for its new members to complete. On our new members' ninety (90)-day anniversary of enrollment, we administer the New Member Survey, which takes about five (5) minutes to complete. Our questions focus on measuring how well our members understand their benefits and how to use their plan, and how satisfied they after the first ninety (90) days with Passport. We will compile and analyze the results from the New Member Surveys on an ongoing basis so that we can continue making improvements for our new and current members.

Looking Ahead

We developed many of these innovations in collaboration with DMS through the PIP process. Below, we list some of the innovative PIPs we propose to address needs currently faced by our members. We describe these in greater detail in our response to question 9.g.ii, below.

- Integrating behavioral health into primary care, exploring different delivery and payment models for integrated care and/or incentives for improved collaborative care.
- Increasing SBIRT referrals and working to identify individuals earlier and connect them with needed treatment.
- Increasing post-inpatient follow-up to reduce readmissions, leading to greater coordination of care and better outcomes.
- Assessing the impact of food insecurity and diabetes in partnership with local health departments.
- Understanding how to appropriately and effectively treat pain through a comprehensive pain response study to address the opioid crisis.



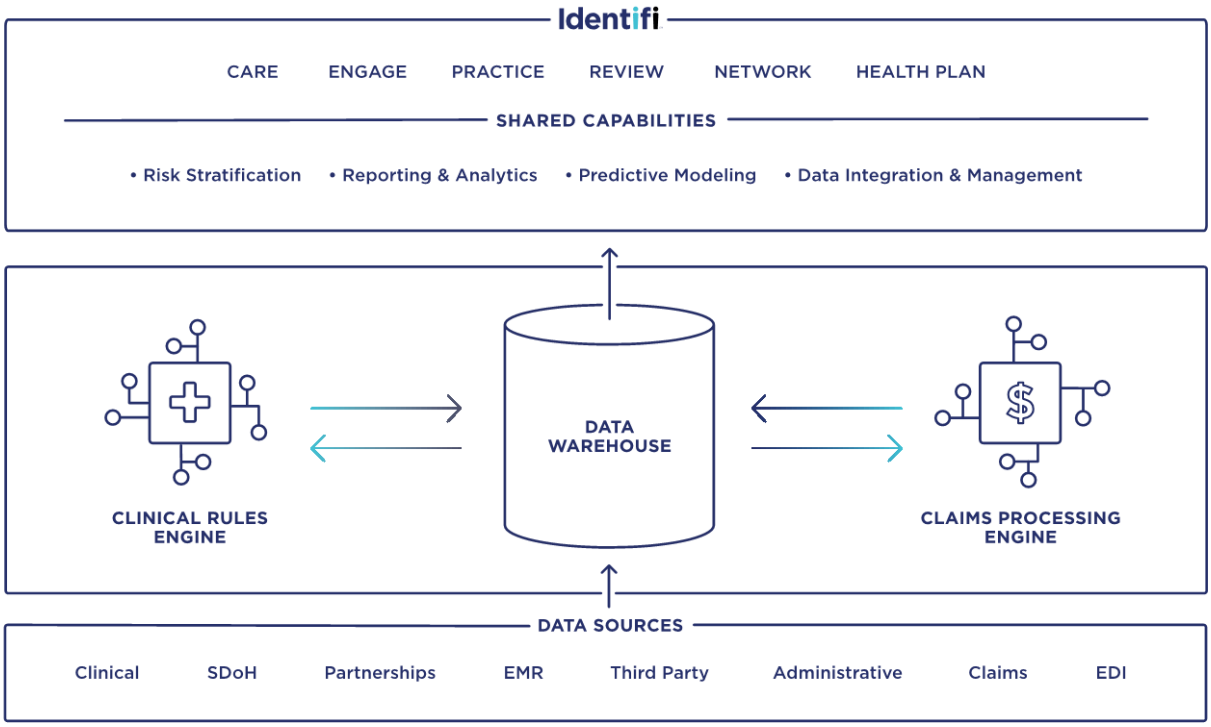
C.9.a.iv Internal tools and technology infrastructure the Vendor will use to support improvements in health outcomes and to identify, analyze, track and improve quality and performance metrics as well as the quality of services provided by Network Providers at the regional and statewide levels.

Supporting Improvements in Health Outcomes and Quality of Service Through Tools and Technology

Passport's technology infrastructure helps glean insights from various sources of health care data. We have significant experience leveraging the right business intelligence (BI) tools to enable data-driven decision making to provide the right service at the right time for our members, thus achieving the goal of improved

overall quality outcomes. We call this technology infrastructure Identifi. The available tools in Identifi, showcased in **Exhibit C.9-6**, offer significant data visualization, predictive and drill-down capabilities that support users across several teams, including quality, care coordination, network performance and providers themselves.

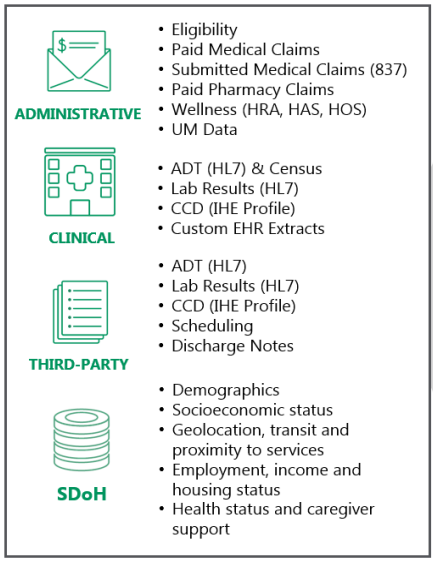
Exhibit C.9-6: Identifi Capabilities and Data Sources



The Identifi Population Health Management platform component and modules enable Passport staff, care teams, physicians and administrators to operate from the same connected platform, sharing a unified view of member health history, activity and care. This component houses the Utilization/Quality Improvement Subsystem. By using diverse data sets, the system identifies “impactable” members with high precision, engages both members and physicians in best practice management of care and analyzes both clinical quality and financial performance in near real time. The Identifi Population Health Management system derives these capabilities from its intelligence engine. It uses proprietary stratification and predictive modeling algorithms that transform data into a comprehensive profile of member health.

At the core of our population health management system are our data integration services, a member-centric enterprise data warehouse (EDW) and advanced clinical profiling logic scalable to support different lines of business, stratification and predictive analytics. The suite of predictive models and evidence-based criteria to identify and prioritize the most impactable members at the right time for the most appropriate clinical program and or intervention. The system stratifies the designated members into risk levels through a predictive modeling process to prioritize outreach and management. The predictive models rank members based on their likelihood of experiencing specific impactable outcome within the next six to nine (6-9) months, such as ambulatory care sensitive hospital admission. Identifi derives insights from multiple data sources, including claims and administrative data, EMR and other clinical data, as well as external data sources, including social determinants of health, such as census tract and location data, to precisely identify impactable members.

Exhibit C.9-7: Passport Aggregates the Data Needed to Manage Populations and Quality



As shown in **Exhibit C.9-7**, standard data types that Passport exchanges with its partners include administrative data (medical claims, pharmacy claims, eligibility data), clinical data (ADT - admissions, discharges and transfers, lab, biometric, HRA/HAS, CCD) and provider data (provider relationships to practice, location and hospital affiliations).

All data is fed into a dynamic and customizable rules engine that powers predictive models, medical economics, risk adjustment analytics and quality metrics to drive insights and workflow management.

The platform is explicitly configured correctly for each Medicaid population to ensure that it targets the most relevant outcomes for our members. The configurable rules engine uses proprietary clinical content, algorithms and best practices. It goes through an iterative process of improvement, involving rigorous evaluation and innovation based on evidence from an ever-growing underlying data set. The rules engine intelligence includes 1,400+ preconfigured clinical rules and measures, including risk management, clinical and quality rules. It offers the ability to develop custom predictive and stratification logic to solve local market problems.

Identifi Care is Passport's NCQA-compliant care management workflow and performance management application, which enables the Passport care team to efficiently and effectively engage members in the care management process to support DMS's Population Health Management requirements. The application supports multidisciplinary care teams in triaging members, conducting assessments, developing care plans and managing their list of prioritized action items in a guided workflow aligning with the clinical model. Cross-functional collaboration within the application helps to engage the broader care team (physicians, pharmacists, dietitians, social workers, Care Advisors and care coordinators) on a standard set of problems, goals and interventions—thereby maximizing ROI on care management by focusing on high-risk members.

Identifi Practice (Practice) is Passport's provider-facing portal that supports utilization/quality improvement. Practice informs providers about actionable opportunities within their member panels by furnishing information about gaps in care, active care management programs and cost and utilization metrics. Identifi Practice integrates with provider electronic health record (EHR) systems to promote data exchange, which improves care efficiency and the accuracy of our risk stratification models. Providers can also obtain additional detail by drilling into a specific member's record from one of the rosters or by searching for members individually. Once on the member profile page, providers can view problems, goals and interventions for members enrolled in care management or see the complete care plan provided by the Care Advisor to the member. Providers can also show detail about open care gaps for that member, as well as close care gaps based on education provided to the member or EMR chart review.

Practice includes detailed interactive reports that highlight compliance with quality measures relative to targets or additional details about their panels, including recent medical and pharmacy service history. The system calculates compliance with quality measures using a customizable rules engine that includes both NCQA-certified HEDIS measures and custom measures that include some variation from HEDIS specifications (e.g., relax continuous enrollment requirement). Member-, provider- and practice-level results are available to providers/practices through Identifi Practice, but Passport can support broader quality improvement initiatives through access to the complete data set. This allows Passport staff to define quality improvement initiatives targeting either specific measures or providers and practices based on current and historical performance.

Passport has been making investments in building efficient technology infrastructure and advanced analytics tools for quality across both administrative and clinical elements with the following views:

- Health Plan Performance
- Network Performance
- Member Care and Satisfaction
- Clinical Operations

Next, we describe our approach to each of these views.

Health Plan Performance

Our Health Plan Performance module analyzes performance by quality metric. This tool tracks, trends and forecasts our performance on quality metrics both over the past twelve (12) months and year to date and compares performance against national and regional thresholds. Our data hierarchies enable drill-down and data visualization from health plans to practice location to a provider to members. We use this data to identify trends and improve areas that then inform our member, provider and health plan intervention strategy. We leverage views of performance data at the region and statewide level to monitor performance and identify opportunities at the health plan level. Some example uses for this module include the following:

- **Use Case #1:** Plan Resource Allocation. Through this performance view, the tool compares Passport quality performance to national and regional benchmarks, enabling Passport to quickly identify measures that fall below established criteria and benchmarks or whose performance is decreasing year after year. This allows us to create a timely supplementary provider and member-facing programs. For example, historical analysis has shown an opportunity for improvement in comprehensive diabetes care measures; as a result, a crucial part of our 2020-member intervention strategy is oriented toward diabetes live-member outreach and pharmacy adherence.

  Result: We can rapidly respond to areas of health need within our populations to improve health outcomes for our member population.
- **Use Case #2:** Member Outreach Activity. By comparing quality measure performance within a given measure year with performance over the prior twelve (12) months, Passport can quickly identify negative trends. In these instances, we can then identify members with overdue services (e.g., care gaps unaddressed within the past twelve (12) months). We then deploy our member outreach coordinators to conduct member outreach with provider offices or have our population health managers deliver educational campaigns to practices within the Passport network.

  Result: Targeted outreach to providers and members, based on overdue services, improves the quality of care for some of our most chronic and vulnerable members.
- **Use Case #3:** Impact of Pilot Interventions and Member Incentives. To best make use of our resources, we consistently examine the effects of pilot programs and member incentives. Our health plan performance module allows us to measure the effects of these programs by comparing the results of the intervention group with a control group.

  Result: We can quickly understand which programs (interventions and incentives) to scale and which to deprioritize, helping Passport ensure that our resources are focused on programs that genuinely improve member outcomes.

Network Performance

Our Network Performance module tracks the performance of providers and practices within our network on metrics, such as care gap closure rates, PCP visit rates, member and provider satisfaction rates as well as utilization-related metrics. Our flexible data structure enables the segmentation of our network by practice, provider, region, quality metric performance and size of membership, which together can help determine the most effective practice-based interventions. Using historical performance data, the tool can also forecast and trend future performance. Some example uses for this module are as follows:

- **Use Case #1:** Customized Practice-Based Messaging: The Network Performance module compares provider and practice performance by measure to the network. This enables customized interaction during practice-facing outreach focused on an issue area for that practice. The in-year performance tracking functionality allows population health managers to recognize practice or provider-specific improvements, creating a level of provider partnership and trust not otherwise possible. Furthermore, we can combine outreach activities with findings from our chart audits to provide tangible educational examples to practices.

  Result: Because Passport's education is quality focused and customized to the providers' performance, we achieve greater provider engagement and partnership.

- **Use Case #2:** Member Outreach: The Network Performance module allows population health managers to quickly deliver a high-priority outreach list by practice that shows members who have multiple care gaps. This outreach list includes member information, outstanding care gaps per member, last date of member visit and other vital information to support effective communication.

  Result: Targeted member outreach improves the quality of care for some of our most chronic and vulnerable members.
- **Use Case #3:** Provider Performance Transparency: This allows us to accelerate performance accountability by displaying provider measure closure rates versus established benchmarks (e.g., Passport network, their provider group or practice champion performance).

  Result: Positive provider peer pressure regarding member quality performance.
- **Use Case #4:** Identification of Clinician Champions: Analysis of provider performance data allows us to identify the strongest performers and showcase them appropriately as formal or informal physician champions.

  Result: Recognition for our best-quality providers as well as a collection of prominent provider voices around the member-focused quality activity.

Other tools we leverage to engage providers in improving quality of service include the annual CAHPS® member experience survey, member concerns and the yearly provider satisfaction survey. Annually, we administer the CAHPS survey to a sample of members to gain insight into the member experience as it pertains to interactions with network providers. When we receive the results of this survey, Passport convenes an interdisciplinary work group to analyze the results and strategize about opportunities for improvement for the member experience. The work group identifies barriers, implements interventions appropriate to the findings and monitors progress throughout the year through metrics and anecdotal evidence when necessary. For example, based on opportunities identified in the CAHPS Care Coordination section, we created a survey that we administer upon completion of the new member onboarding process. The results provide interim feedback on opportunities to improve member quality of service.

Passport also tracks potential quality of service issues by reviewing member concerns. A member can express a concern or complaint to any Passport staff member. We capture, catalog and report the issue for follow-up. The interdisciplinary team reviews these reports and can identify trends applicable to the region based on complaint type and then respond accordingly. For instance, if there are complaints regarding access and availability for a provider type in a specific region, the team works closely with the Contracting and Provider Network teams to identify opportunities for additional contracting and enrollment in the network.

Using the provider satisfaction survey, Passport also identifies trends and opportunities within the provider network. A task force collaboratively reviews the satisfaction survey and identifies specific areas for informal performance improvement projects. Any area of dissatisfaction with the provider network can have a

downstream impact on the satisfaction of our members. By addressing issues with our providers promptly, Passport can improve all aspects regarding quality of service.

Member Care and Satisfaction

Our Member Engagement team and our provider network use the Member Care and Satisfaction module. It helps make decisions for delivering the right care at the right time. The tool tracks a member's performance on various metrics, such as number of open care gaps; last member interaction; number of PCP visits; last PCP visit date; other biometrics, including HbA1c; and previous refill date. The module offers several data visualizations that show member behavior over the past twelve (12) months; these help the Member Engagement team make decisions about how to best intervene with the member, including what mode of communication to use. This results in a positive health outcome through closing a member's care gap, engaging him/her in a health program or arranging a member visit to the PCP.

Clinical Operations

In addition to tracking the performance of the network and the member, Passport has also been making investments in tracking various operational metrics, such as engagement rates and reach rates. This helps us understand the effectiveness of our operations and interventions and develop best practices based on what the data is telling us. For example, we can determine which member engagement modality works for a specific member demographic.

The tools and technology infrastructure that Passport has implemented support improvements in health outcomes. Through these we identify, analyze, track and improve quality and performance metrics, as well as the quality of services provided by Network Providers at the regional and statewide level. Passport will continue to make investments in technology and tools to help us make better decisions that drive positive health outcomes for our members.

C.9.a.v. Methods to ensure a data-driven, outcomes-based continuous quality improvement process, including an overview of data that is shared with providers to support their understanding of progress in achieving improved outcomes.

Passport Drives Continuous QI with a Data-Driven and Outcomes-Based Approach

Passport uses a multifaceted TQM approach to ensure a data-driven, outcomes-based continuous quality improvement process. These quality improvement methods include the following:

- **Annual QI Program Evaluation:** The Passport Quality team conducts an annual program evaluation looking across Passport departments to define our impact and identify recommendations for improvement to implement in the next year. Using a data-driven approach, we evaluate the effectiveness of quality improvement activities; quality of clinical care; clinical practice guideline adoption; quality of service; member and provider satisfaction; UM, network and provider management; and regulatory compliance.

- **External review from the EQRO on Behalf of DMS, NCQA Accreditation Status Reviews and Yearly Reevaluations:** Passport works collaboratively with DMS through their EQRO, for example, with PIPs, program audits and routine data reports. External review holds Passport accountable for using data to continuously drive quality improvement that is aligned with the goals and objectives of DMS. Our other external reviews include the NCQA evaluation of standards for Health Plan Accreditation. Through the NCQA accreditation cycle, Passport is evaluated on how well we have adopted standards and demonstrate our commitment to evidence-based quality improvement and measurement.
- **QMMC Oversight and Direction:** The QMMC routinely monitors performance measures, evaluates and adopts initiatives to drive organization-wide quality improvement. The broad set of performance and outcome measures include NCQA-certified HEDIS measures, Healthy Kentuckian's measures, member and provider satisfaction, UM, member services, access and accessibility of service.
- **Target and Goal Setting:** Passport has adopted organization-wide goals and targets that we hold ourselves, providers and subcontractors to help us achieve. For example, we use the Quality Compass® 90th percentile benchmark as a target for clinical quality measures. Through target and goal setting, we ensure that we are continually striving to improve year over year.
- **Direct Provider Engagement and Feedback:** Using a standard set of tools, we share data on utilization, quality and clinical outcomes with our providers. This data is used to plan and take action to build on the practice's current infrastructure, including in-office workflows, documentation and staff. We work to meet our providers where they are and provide resources as they move into more advanced value-based payment models with Passport.

Overview of Data Shared with Providers

Passport collects and analyzes a wide range of data to evaluate performance in our programs and in the care our providers deliver. As a provider-driven organization, we know that one of the most valuable tools we can give our providers is *information.* Using dynamic data and sophisticated tools, we provide them the information they need to understand how they are performing against their peers and established quality standards and give them data to effectively review their programs for best practices, enhancements and possible future programs and focus points. Passport delivers this information to them in many ways, including point-of-care tools such as Identifi Practice, reporting for value-based payment, in-person discussions with population health managers and care conferences for those engaged in value-based payment models.



Identifi Practice

Identifi Practice provides physician practices with reporting that is timely and relevant to provide insight into their performance and make a meaningful difference in their practices. Having access to timely, accurate and applicable reports provides users with valuable insight. Identifi Practice delivers reports featuring provider, practice and/or member details, which exposes the information needed to make data-driven decisions that are critical to a value-based business.

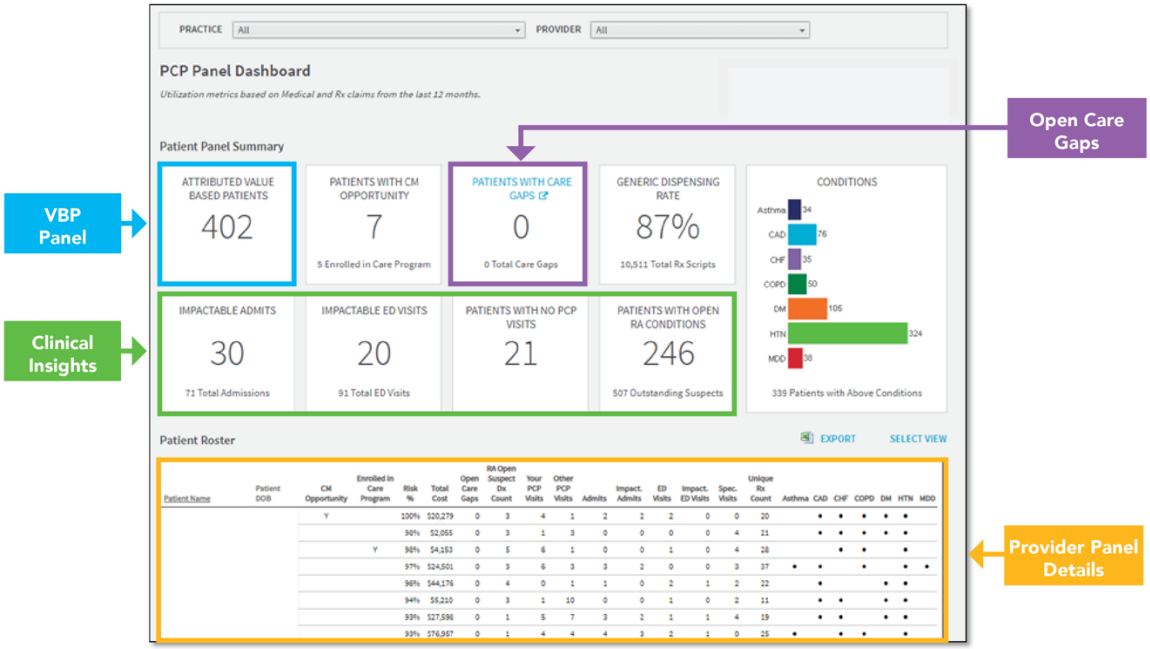
Identifi Practice is purpose-built for physicians to help support and improve performance in their value-based operation. It provides secure, role-based access to physicians and provider staff for the following:

- Member panel opportunity insights
- Risk-adjustment workflow
- Care plan and care gap workflow
- EMR single sign-on
- Performance management through integrated reporting

Some of the most popular and impactful dashboards and reports available through Identifi Practice include the following:

- **PCP Panel Summary Dashboard (Exhibit C.9-8):** This simple and singular view empowers providers and brings focus to the actionable opportunities of their panel of attributed members. This dashboard categorizes a provider's or practice's full panel of attributed members into key practice-level objectives:
  - Gaps in care
  - Comprehensive diagnosis opportunities
  - Care management activity
- **Physician-Level Quality Compliance:** The Quality Compliance Report (QCR) summarizes quality measure performance at provider, practice and system levels. QCR allows comparisons to client average and line of business-specific benchmarks (e.g., MA Stars, HEDIS).
- **Categorized Member Rosters:** Identifi Practice presents the provider with a series of interactive rosters of their attributed members, aligned explicitly to crucial performance objectives to ensure the highest level of usability and accessibility for the provider. These portable, exportable rosters of members provide the contextual data needed to identify high-impact members and augment their clinical workflow.

Exhibit C.9-8: PCP Panel Summary Dashboard



Reporting for VBP Initiatives

For VBP initiatives, Passport has the technical capacity and engagement resources to continue to administer Alternative Payment Model (APM) with providers. Passport provides customized analytics using a standard set of VBP measures displayed in a VBP scorecard. Passport also makes Identifi Practice available to VBP providers to give them point-of-care access to our care management (CM) and member-level details. As described earlier, this platform documents care gaps and coding accuracy opportunities on a member-by-member basis and enables providers to understand in near real time precisely how to close the care gap and thereby improve their performance metrics. Our responses to 9.a.j and 9.a.k describe our VBP approach in more detail.

Helping Providers Understand Reports and Monitor Progress

Passport Population Health Managers work with physician offices to understand their practices' opportunities and disseminate local and national best practice strategies to improve performance in the areas of quality care gap closure, addressing most accurate member diagnosis coding and engaging the most complex members in our population in the appropriate clinical management programs. These population health managers are critical assets to provider practices. They work together with physicians, care managers and office staff to ensure that they have access to complex member rosters and gaps in care reporting. They are a resource to the practice to enable

them to fully apply the Identifi Practice tools, analytics and reporting capabilities to better manage the physicians' member panel.

We take a two-tiered approach to physician engagement and scorecard report distribution.

- **Joint Operations Committee (JOC) Meetings:** The quarterly in-person JOC meeting collaborates with the provider organizations' executive leadership teams to discuss group-level medical expense ratio (MER) and program performance data, best practices and macrolevel areas of focus that ultimately lead toward improved quality and satisfaction for members while reducing unnecessary costs. Passport has an interdisciplinary team that provides comprehensive support for scorecard reports. These meetings allow us to work with the practitioner group leadership to review interventions, measure progress and jointly determine opportunities for improvement whether that is 1) further root cause analysis to identify actionable information at a practitioner level or 2) opportunities for improvement on the practice side, including workflow efficiencies, administrative burden or practitioner engagement.
- **Care Conference (CC) Meetings:** The purpose of the monthly CC meeting is to engage organizations' key practice managers and providers to ensure that they understand the VBP program and have the information they need at the point of care to successfully participate and be able to test and learn from practice-level adjustments discussed at the JOC meetings. Passport's PHMs play a critical role in supporting practice-specific performance. PHMs are different than provider network representatives because they are specific subject matter experts on practice transformation, population health and, specifically, clinical CM programs and VBP initiatives. Key activities led by PHM with practitioners include the following:
  - Sharing broad to specific practice-level actionable information on the member panel
  - Helping providers improve quality population health and risk-adjustment performance more broadly and specifically based on the VBP program elements
  - Educating providers on and supporting member engagement in appropriate Passport CM programs

C.9.b. Indicate if the Vendor has received NCQA accreditation for the Kentucky Medicaid market and, if not, the proposed timeline for achieving accreditation.

Health Plan Accreditation. Passport has held Health Plan Accreditation from NCQA since 2002 without interruption.

NCQA Accredited Programs. Passport also uses NCQA accredited population health and clinical programs in CM and UM from its operating partner and subcontractor Evolent Health. The Population Health program that Passport uses for its members is the first such program ever accredited by the NCQA.

C.9.c. Provide the Vendor's proposed use of the Quality Improvement Committee (QIC) to improve the Kentucky Medicaid managed care program.

Chaired by the chief medical officer and the director of quality, the QMMC is responsible for Passport's Quality Program and its actions. This committee provides the central point for initiation, oversight and evaluation of quality efforts for all Passport programs. The QMMC also serves as a primary connection to the Kentucky Medicaid Program's goals and activities in support of the Medicaid managed care program. The QMMC plans, designs, implements, coordinates and evaluates key aspects of member care, clinical quality,

provider compliance and management and organizational improvement activities within Passport. These activities are delegated to the QMMC by the Partnership Council.

Through its oversight of quality for the entire Passport organization, the QMMC facilitates and integrates our organization's focus on whole-person care across the full spectrum of needs and services, regardless of whether these services are delivered directly by Passport or via a subcontracted arrangement. The QMMC also facilitates quality improvement activities for administrative policies and provider-facing efforts that can strengthen Kentucky's programs. These may include, for example, activities to encourage greater KHIE participation or adoption of EHRs.

The QMMC is responsible for the following:

- Establishing the direction and strategy for the QI Program, incorporating the improvement goals of the Commonwealth
- Recommending policy decisions, reviewing and evaluating the results of quality activities, instituting actions and overseeing follow-up as appropriate. These include clinical, administrative and operational issues
- Reviewing, approving and providing feedback on the QI and UM program descriptions, QI work plan and QI and UM program evaluations on an annual basis
- Reviewing the status of the QI work plan quarterly and approving the plan twice annually
- Overseeing, supporting and coordinating the work of its subcommittees, including the BH Advisory Committee, Credentialing Committee, UM Committee and the Pharmacy and Therapeutics Committee
- Coordinating with the PCP work group and subcommittees (child and adolescent, women's health) in joint improvement projects
- Reporting results to the Partnership Council and up through to the BoD, which holds overall responsibility for Passport and its programs.

QMMC Coordinates with PCP Workgroup to Implement Improvements

The Child and Adolescent subcommittee of our PCP work group had concerns over the number of children that needed follow-up and psychotropic medication refills. The pediatrician did not feel comfortable with the medications and/or dosages. Investigation as to why this was happening noted limited psychiatric access, especially outside Jefferson County. QMMC coordinated with the Child and Adolescent Subcommittee to develop a new process. Because of this, Passport initiated a 24/7 Psychiatrist Line for the PCPs to use. Access to psychiatric care in limited access areas was developed and our BH program offered training to providers on these medications. From this effort, other subsequent initiatives followed, including SBIRT training, resources and tools. A positive "side effect" of this response to an immediate need was the development of stronger integration between BH services and primary care, which is a cornerstone of Passport's "whole-person" approach to care.

The QMMC also oversees all activities of our DOC (subcontractor) as it pertains to subcontractors relevant to our NCQA Accreditation. The DOC reports through our compliance organization. It oversees subcontractors to which utilization and or quality management, credentialing, member services, provider services, claims operations and other administrative functions have been delegated. The DOC reviews all contractual metrics for each subcontractor, including Service Level Agreements (SLAs), performance reports and QI/UM reports (if applicable). It also examines the annual delegation audit to ensure compliance with all federal, state, Department and contract requirements as well as any pre-delegation assessments before the effective date of new delegation contracts. With a direct line of accountability through the Partnership Council to our BoD, the QMMC has clear authority and responsibility for subcontractors relevant to NCQA accreditation and contractual requirements with DMS. The QMMC supports DMS's goal of improving the Kentucky Medicaid program through its accountability for executing the quality plan.

C.9.d. Provide the Vendor's proposed use of the Quality and Member Access Committee (QMAC) to improve the Kentucky Medicaid managed care program, including the following information:

The QMAC is a means for Passport Health Plan members, consumers, advocates and public health representatives to provide input and offer critical feedback directly to Passport's clinical, quality, operations, member services and senior leadership regarding access to care and quality of care for the membership, in addition to identifying opportunities for improvement. It is *one of the most important committees* at Passport because it provides senior leadership the ***voice of the customer***. Attendance by both Passport leadership and our members is vital to its success and progress, so it is explicitly designed to bring the two groups together, face-to-face. Despite not having a specific vote on decisions affecting our membership like our BoD does, our senior leadership will not move forward with any significant member-facing initiatives without the consent approval of the idea, its value proposition and a summary of the operational plans from the QMAC.

The QMAC's primary role is to recommend community outreach activities and provides review and comment on materials and policies, including the following:

- Quality and access standards
- Grievance and appeals process and policy modifications based on the analysis of aggregate grievance and appeals data
- Member Handbooks
- Member educational materials
- Passport and Department policies that affect members

QMAC attendance is incredibly important not only to this committee meeting but also for our ongoing member-facing operations and clinical program engineering. Ensuring participation from Passport leadership and staff is mandatory. Every area from senior leadership to clinical, quality, operations and member services is required to have representation. From the member side, Passport draws from its long-standing relationship in the community, capitalizing on heavily engaged volunteer members. The Committee meets every two (2) months and must meet at least four (4) times during the year to meet QI program objectives.

Long-standing membership and a genuinely collaborative environment of trust and commonly aligned goals around care improvement has enabled consensus and has made getting a quorum rarely a challenge. Since 2007, Passport has proudly hosted sixty (60) meetings, four (4) to six (6) per year, during the period. QMAC has routinely been able to recruit and maintain the service of ten to fifteen (10-15) members on the committee without significant turnover. Thirty-four (34) members of our community have served on QMAC since 2007, and there have only been two (2) meetings where a quorum was not present.

Passport provides DMS, and other stakeholders and members, at least ten (10) days advance notice of all regularly scheduled meetings of the QMAC, including a meeting agenda and all related meeting materials, as available. The QMAC supported directly by Passport will provide approved meeting minutes to DMS within ten (10) days after each meeting. Also, we will provide DMS with an annual summary listing the members participating in the QMAC, recommendations received from attendees and information about whether recommendations were implemented or not.

C.9.d.i Proposed stakeholder representation.

QMAC Stakeholder Representation

Stakeholders of our QMAC include members or parents of members, consumer advocates, educators, public health officials and other members of the community. The 2019 QMAC had six (6) voting members. DMS receives the notification of upcoming meetings ten (10) days prior and is welcome to attend. We make committee appointments with consideration to geographic location, age, gender and aid category, as well as racial and ethnic diversity, to ensure diversity within the representation of our overall membership.

Committee membership is shown in **Exhibit C.9-9: Passport Health Plan QMAC Committee Membership**.

Exhibit C.9-9: Passport Health Plan QMAC Committee Stakeholders

Voting Members	Nonvoting Staff
Members *	Executive Leadership team members
Parents of members *	Chief marketing and communications officer
Consumer advocates	Director of community engagement
Educators	Clinical operations director/manager
Public health officials	UN director/manager
Members of the community	Quality and performance director/manager
Community agencies	Member Services director/manager
* Specific emphasis on having the diversity of members and parents of members represented, including geographic, age, race, gender, disability, foster parents, etc.	Customer service senior manager
	Provider relations director
	Specialty populations manager

C.9.d.ii Innovative strategies the Vendor will use to encourage Enrollee participation.

Encouraging Active Member Participation in QMAC

Collaboratively, we specifically strategize how to ensure diversity, attendance and active participation in this most crucial committee. The following are examples of key strategies.

Proactively identify and engage with members who are interested in improving our programs based on their experiences

- A member who is/was enrolled in a substance recovery care management program and wants to help improve the program
- Mother, to include a teen mom, who participated in our maternity program and wants to help improve the program
- Parents with a special needs child who desire to be advocates for others
- Adult member with autism or special needs
- Word of mouth and referrals from our current QMAC members

Leverage our strong community ties and have community organizations encourage and refer members

- March of Dimes
- National Organization for the Advancement of Colored People (NAACP)
- Provider referrals
- Local school counselors
- Faith-based organizations



Communications and invitations to the meetings

- Advertise meeting dates
- Engage community agencies
- Potential member letters: outlining their responsibilities and benefits
- Current members: at the December meeting, a schedule of meetings for the next year is distributed and discussed to make sure the chosen days work for members
- Ten (10) days in advance an invitation letter is sent announcing upcoming meetings and informing participants about the agenda

Convenient meeting locations and times

- Hold meetings closer to where the members live, including community centers or schools
- Plans include holding meetings at Passport's future community located headquarters at West Louisville Health and Well-Being Center. Hold meetings in our future interactive center
- Schedule meetings based on member participants' ideal time of day, not Passport's

Participant meeting support and reimbursement

- Offer transportation and or mileage reimbursement to and from meetings
- Offer member incentive approved by the Department

- Offer childcare reimbursement or provide childcare during the meeting
- Provide light meals to the entire committee, which also encourages open, nonintimidating conversation between Passport staff, stakeholders and members

Additional innovative strategies to encourage active participation

- Members offer agenda topics to ensure that we discuss those issues that are important to our member community
- Leadership positions of QMAC chairperson and vice chairperson are elected from the member participants every two (2) years
- Active participation, including meeting order with a consent agenda review and vote for topics
- Create a member panel for educational seminars (i.e., have members with asthma, high-risk pregnancy, diabetes, etc., talk to members about their experience and how they improved their health)
- Committee participation is beneficial for members too. Example: If an agency has a community fair, they are welcome to advertise that fair to all the other members of the committee who will share that information with those at their organizations



Current members of the QMAC are also encouraged to be active participants with leadership positions. QMAC chairperson and vice chairperson are elected every two (2) years. Their role, in addition to presiding over the meeting, is to motivate committee members to be active participants and to serve as the committee coordinators, gathering the documentation necessary to provide reimbursement to QMAC members for mileage, attendance, parking, childcare and other transportation costs.

Most of the materials and routine reports that are reviewed/approved by the QMAC are combined and driven through a consent agenda for review and vote. This allows time during the meeting for a section of the agenda that is dedicated to committee member updates, where they can talk about what's going on in their lives and how it relates to either something they have experienced working with our health plan or something we could do for members based on their feedback and experiences. By including this topic, we make committee participation beneficial for the members too and give them a voice that details real-time thoughts, concerns and opportunities. For example, if an agency has a community fair, participants are welcome to advertise that fair to all the other members of the committee, who will share that information with those at their organizations. If a member is experiencing some personal difficulty, Passport staff and advocates from other agencies are ready to help when possible.

To measure QMAC members' level of comfort in being active participants, Passport conducts an annual verbal review with members of QMAC to ensure that they continue to feel engaged and understand the importance of QMAC to Passport.

Passport will continue to draw upon our successful approach to ensuring QMAC members continue to provide valuable guidance and insight into our membership.

C.9.d.iii. Examples of successful strategies the Vendor has implemented to obtain active participation in similar committees.

Experience with Successful Strategies for Participation in Similar Committees

Passport uses similar successful strategies to encourage participation in all its committees that have members and community agencies, including the QMAC, Partnership Council, Pharmacy and Therapeutics Committee and the BH Advisory Committee. It is within these committees that we are very intent on integrating the "voice of the member" into our quality process.

Our focus on a member-centered approach starts with the following:

- Developing trusting relationships with our members through each interaction
- Having locally based teams that work and live in the same communities as our members
- Soliciting feedback

We use similar strategies to be successful in obtaining active participation in all committees with the addition of the Pharmacy and Therapeutics Committee, where we advertise meeting dates and encourage open participation as required by DMS.

Please see Section C.9.d.ii to see the full list of successful strategies to encourage member participation in all our committees that include members and community participants.

Passport will continue to draw upon our successful approach to ensuring that members continue to provide valuable guidance and insight into our membership for these committees.

C.9.e. Provide a full description of the Vendor's proposed Quality Assessment and Performance Improvement (QAPI) program that meets all requirements of this Contract.

Passport's QI Program serves as our **QAPI program** and includes both quality assurance and performance improvement plans. It provides the infrastructure for continuous monitoring, evaluation and improvement in care; under and overutilization; health outcomes; health-related social needs; and safety and service while complying with standards and requirements of regulatory and accrediting agencies, including the Kentucky DMS and the NCQA.

The QI Program establishes standards and criteria and provides processes, procedures and structure for the quality of care and service delivered to our members. QI activities, based on NCQA standards and guidelines, are integrated with other performance monitoring activities and management functions, including UM, case and disease management, population health management, risk management, member safety, cultural and linguistic competency, credentialing, claims, member and provider Services, Ombudsman services, provider credentialing and network development. Also, collaborative health outcome measures are developed with DMS and the EQRO.

The scope of our quality review is reflective of the health care delivery systems, including quality of clinical care, health outcomes, grievances and appeals, ongoing and active monitoring and safety and quality of services, including nonclinical services. All activities reflect Passport Health Plan's population in terms of age

groups, disease categories, special risk status and cultural and linguistic needs of the members. The scope of services includes services provided in institutional settings, ambulatory care, home health care and services provided by primary care, specialty care and other practitioners. Also, all our subcontractors are required by contract to support the QI Program, held by the same requirements and are monitored, measured and evaluated on their performance and impact on the care delivery system. Passport will submit our QAPI Program Plan to DMS within thirty (30) days of Contract execution, by each June 30th and upon request for review and approval.

Our QI Program meets the requirements of **Section 19.3** of Attachment F, Draft Medicaid Managed Care Contract and Appendices and includes the following components, as shown in **Exhibit C.9-10: Passport Health Plan QI Program Meets Draft Contract Requirements**. Also, along with meeting DMS contract requirements, Passport proudly stands by our (seventeen) 17+ years of NCQA Accreditation, (fifteen) 15 of which received the highest rating, and through our subcontractor leveraging clinical programs from the first-ever NCQA Accredited Population Health Program.

Exhibit C.9-10: Passport Health Plan QI Program Meets Draft Contract Requirements

Draft Contract Requirement for QAPI	How Passport Meets the Requirement
A. Requirements outlined in the Department's quality strategy and accordance with federal regulations at 42 CFR 438.330, including the following: 1. Conducting and assessing PIPs as further described in **Section 19.6**: Performance Improvement Projects of this contract 2. Collecting and submitting to the Department performance measurement data that enables the Department to calculate performance on required measures, including an indication of progress on actions and related outcomes 3. Establishing mechanisms for detecting underuse and overuse of services 4. Tools to assess the quality and appropriateness of care furnished to members with special health care needs as defined by the state	1. Passport conducts and assesses PIPs as part of our QI Program, as discussed in response to question 9.g below 2. Passport collects and submits to DMS performance measurement data in our annual program evaluation. This data includes HEDIS, CAHPS and Healthy Kentuckian's measures. Please refer to our response to question 9.a.v below. 3. Passport has mechanisms in place to detect under-overuse of services. These programs are fully described in the discussion of our UM program in response to question 10 and are detailed in our QI Work Plan, described in our response to question 9.e below. Please see **Attachment C.9-2_Passport 2019 QI Work Plan**. 4. Passport assesses the quality and appropriateness of care for members with special health care needs in our QI Work Plan, described in our response to question 9.e below and please see **Attachment C.9-2_Passport 2019 QI Work Plan.**
B. A QIC to provide oversight of QAPI functions	Passport's QIC is our QMMC, which is described in our response to question 9.a.i above.
C. Methods for seeking input from and working with stakeholders, such as the Department, members, providers, subcontractors, other contracted MCOs, other community resources	Passport seeks input from our key stakeholders through our committee structure (described in response to 9.a.i), our participation in collaborative PIPs (described in response to 9.g) and regular operational meetings with DMS.

Draft Contract Requirement for QAPI	How Passport Meets the Requirement
and agencies and advocates to actively improve the quality of care provided to members	
D. Methods for addressing Department mandated performance measures	Passport addresses Department-mandated performance measures through careful monitoring of HEDIS, Healthy Kentuckian and other metrics as described in our response to 9.a.v.
E. Integration of BH indicators into the QAPI program and a systematic, ongoing process for monitoring, evaluating and improving the quality and appropriateness of BH Services provided to members F. Methods to collect data and monitor and evaluate improvements to physical health outcomes resulting from BH integration into the member's overall care	Passport ensures integration of BH indicators in our QI program through our holistic approach to care. Our Partnership Council and QMMC have oversight of this holistic approach and are accountable for the full spectrum of care, of which BH is a part. Further, we assure integration through our NCQA accreditation, which requires continuity and coordination of care between medical and BH care. Our NCQA Accreditation is described in response to 9.b. BH integration worked in concert with our BH subcontractor, and how we monitor it is also discussed in our QI program description and QI Work Plan (both described in 9.e) and provided as **Attachments C.9-3_Passport 2020 QI Program Description** and **C.9-2_Passport 2019 QI Work Plan**, respectively. Our critical investments in data tools specifically outline in the MIS section response to actively monitor, track and analyze essential data submission from providers and our submissions to DMS, such as claims and encounter data.
G. Use of a health information system to support collection, integration, tracking, analysis and reporting of data analytics specific to health care outcomes and performance metrics, including stratification of findings (e.g., by region, provider type, member populations)	Passport's health information system is Identifi. It offers a suite of fully integrated and clinical applications with access to data in real time from any location. All our system capabilities are fully integrated and work together to provide plan administration, medical and UM, population health and reporting. Passport also conducts a population assessment on an annual basis, which is described in our response to 9.e.
H. Methods to evaluate data and findings reports to assess QAPI program activities, review progress on objectives and identify areas for improvements and processes to implement changes, including methods for providing feedback or other information to providers and members	To assess the QI Program (described in response to question e, below), Passport collects and evaluates analyzes data, prioritizes potential areas for improvement and conducts an annual Program Evaluation, described in our response to 9.i.iii. Relevant findings are shared with our Quality Medical Management Committee (QMMC) and Quality Member Access Committee (QMAC). The QMMC reviews and provides feedback on all clinical quality materials, policies, and reports. The QMAC reviews all member-facing materials and applicable policies. Department minutes, agendas and packets are provided to members of the committees one week in advance. Feedback is provided to all members and providers through member and provider newsletters and on our member and provider portal.

We developed a QI program description, which meets the requirements of the draft contract, as shown in **Exhibit C.9-11: Passport Health Plan QI Program Description Meets Contract Requirements.**

Exhibit C.9-11: Passport Health Plan QI Program Description Meets Contract Requirements

Contract Requirement for Program Description	How Passport Meets the Requirement (all described in response to 9.e below unless otherwise noted)
A. A Detailed QAPI program description that addresses goals and objectives, all program elements and the scope of activities	Passport's QI program description addresses goals, objectives, program elements and the scope of activities
B. Discussion of innovative approaches the contractor will implement to support the Department in achieving improved outcomes	Passport's QI program description updates goals annually with innovative approaches to address issues based on findings from our evaluations, the population assessment and recommendations from DMS.
C. A detailed description of the contractor's staffing to meet QAPI program goals and objectives, including a listing of staffing resources, roles, qualifications and experience and total FTEs percentage of time	The QI program description contains this information. Passport's QI Department is 100% dedicated to meeting QAPI programs and goals and is supported by individuals throughout Passport's organization.
D. Description of QAPI activities to be conducted by providers and subcontractors, if separate from the contractor's QAPI activities and integration of those into the overall QAPI program	QI activities conducted by providers are described in the program description under the topics of Provider Engagement Committee, HEDIS gap closure activities and provider relations. Subcontractors under delegated arrangements are addressed in the delegation oversight section.
E. A work plan that provides the scope of activities and timelines, including reporting cycles and annual evaluation	The QI program description provides information on the development of the QI Work Plan, which provides the scope of activities and timelines, including reporting cycles and annual evaluation.
F. Clearly defined approaches to QI efforts, including PIPs, that the contractor will implement	The QI program description clearly defines Passport's approach to QI and outlines our PIP process.
G. A process to continually evaluate the impact and effectiveness of the QAPI program and approach to modify the QAPI program to address deficiencies	The QI program description describes the process to evaluate the impact and effectiveness of the QI program and the steps Passport takes to address deficiencies going forward.

On an annual basis, Passport establishes goals and objectives based on findings from QI activities, survey results, grievances and appeals, performance measures and EQRO findings, among other information.

QI Program Scope

The QI program encompasses the range of clinical, safety and service issues relevant to external and internal customers. External and internal customers are defined as eligible members, practitioners, providers, DMS, the Centers for Medicare and Medicaid Services (CMS) and Passport employees. The scope of quality review

is reflective of the health care delivery systems, including the quality of clinical care, safety and quality of services, such as nonclinical services. All activities reflect Passport Health Plan's population in terms of age groups, disease categories, special risk status and cultural and linguistic needs of the members. The scope of services includes, services provided in institutional settings, ambulatory care, home health care and services provided by primary care, specialty care and other practitioners.

Exhibit C.9-12: Highlights of our QAPI Program provides a summary of our QA and performance improvement (PI) components.

Exhibit C.9-12: Highlights of Our QAPI Program

QAPI Program Component	Passport Health Plan QAPI Program Activities
Prospective Quality Improvement	• Implementation of best practices for quality management and performance improvement • Credentialing activities • UM activities • Adoption of nationally recognized preventive health guidelines • Adoption of nationally recognized clinical practice guidelines • Clinical focus activities • PI projects • Process improvement projects
Concurrent Quality Improvement	• CM activities • Disease management activities • EPSDT and adult preventive health activities • Wellness activities
Retrospective Quality Improvement	• Appeals and grievances • Claims reprocessing • Member inquiries • Peer review • Medical record review audits for compliance with documentation and continuity and coordination of care standards • Clinical practice guideline audits • Preventive health guideline audits • EPSDT audits • Health outcome audits

Passport Health Plan has mechanisms to identify the quality of care and service issues that have occurred and uses that information to prevent future incidents of noncompliance in care, safety and service.

QI Activities

Passport Health Plan has ongoing QI activities to fulfill the scope of the QI program. These activities are summarized in our QI program description and detailed in our QI Work Plan along with associated time

frames for completion, responsible parties and planned monitoring and evaluation. Passport QI activities include the following:

- Assessment of our population, member safety, member satisfaction, practitioner satisfaction, continuity and coordination of care, practitioner access and availability, Member Services, clinical programs and UM
- Delegation oversight
- Credentialing and recredentialing of practitioners and providers
- Medical management programs and activities
- Assessment of the QI program
- Annual assessment completed by the ERQO

Please see Attachment C.9-3_Passport 2020 QI Program Description and to Attachment C.9-2_Passport 2019 QI Work Plan.

Member Safety

A primary goal of the quality program is to provide members with appropriate and safely delivered care. Simultaneously, Passport provides feedback to practitioners and providers (e.g., hospitals, home health, behavioral health treatment facilities and surgical centers) in efforts to monitor and reduce the likelihood of medical errors. Passport achieves this goal through ongoing member, practitioner, provider and employee education and activities—activities that improve member safety.

- Monitoring sentinel events and member complaints related to the clinical quality of care issues
- Annual member and provider safety plan for prevention and detection of unsafe practices
- Prescription drug medical review and reconciliation through the prior-authorization process
- Collection and trending of adverse prescribing events
- Provider audits to validate adherence to documentation standards and guidelines
- CMO and Medical directors' assistance with clinical decision making through UM and the sentinel and quality of care concern process
- Monitor potential safety and environmental hazards within provider offices

Quality of Care Concerns. The Passport quality review process ensures that issues involving clinical quality of care, safety and environmental concerns are investigated and addressed. It is the responsibility of Passport employees who perceive an inherent quality, risk management or safety issue to refer the matter to the Quality and Member Safety Department. Referrals may originate in any Passport department. The referring department staff documents the problem and forwards it to the designated employee for investigation.

Peer Review Process. Passport uses a strict peer-review process when monitoring and assessing the potential quality of care or quality of service issues. Peer review is conducted by the Credentialing Committee to provide collaboration with the credentialing/recredentialing processes. This collaboration ensures appropriate tracking and trending of practitioner/provider concerns. The process for peer review/appeal documents the criteria and remedies available to the committee upon the conclusion of the

review. Such solutions include development of time-bound corrective action plans; evidence of education; counseling, policy and procedure creation and implementation; monitoring of metrics; and limitation, suspension or termination of the contract with Passport.

Peer review focuses on the identified quality issue; however, it could extend to further analysis if trend data suggests prior concerns that meet established thresholds. In such cases, the process may use utilization data, medical necessity, cost, medical record review, provider credentials and previous quality concerns. Peer review engages necessary departments, such as Clinical Operations, Provider Relations, Member Services, UM and Compliance, to provide pertinent information. The peer-review process may enlist external consultants of the same or similar specialty.

The peer-review process is governed by applicable local, state and federal laws and contains confidentiality and immunity provisions for the committee members. All documentation is nondiscoverable and maintained in a safe, confidential location. Passport adheres to any state-mandated reporting and regulatory requirements.

Member Satisfaction

The Member Services department supports the quality program through interactions with the member population. Some of the responsibilities of the Member Services team are as follows:

- Member inquiries and grievances
- Monitor member services call center metrics to meet performance goals
- Member satisfaction analysis and interventions
- Member outreach calls
- Inform members of rights and health plan benefits and services

Passport does and will continue to measure member satisfaction through an annual satisfaction survey, monitor member complaint and appeal reports and review average speed of answer and abandonment reports for member areas.

Practitioner Satisfaction

The Provider Relations department supports the quality program through the monitoring of and communication with the provider network. It monitors practitioner and provider satisfaction through the following means:



- Accuracy and timeliness of claims processing reports
- The average speed of answer and abandonment reports for Provider Services areas
- Provider/practitioner appeal trends
- Annual practitioner satisfaction survey
- Provider/practitioner complaint reports

Continuity and Coordination of Care

Passport monitors continuity and coordination of care for both medical and BH through our case and disease management programs, BH programs, medical records review, investigation of member complaints and oversight of internal policy implementation related to practitioner terminations.

The integration of BH aspects into the quality program is done through the review of regular reporting of BH metrics, minutes of activities from the BH Advisory Committee and regular oversight of the BH delegate. All activities and leadership are performed by the vice president of health integration/BH director. Members of the Health Integration team also participate in the Primary Care Workgroup, Women's Health Committee and QMMC to ensure a focus on the integration of care, addressing the SDoH and supporting the whole person's view of members. In addition, the BH health practitioner serves as a member of the QMMC and provides insight into opportunities for improvement, actions and corrective action as it may apply to the quality program.

Practitioner Access and Availability

The Provider Relations department supports the quality program through the monitoring of and communication with the provider network. It monitors the availability, accessibility and effectiveness of the provider network, as well as the linguistic and cultural makeup of the network to ensure that it meets the needs of the membership. It supports the quality program through the following means:

- Provider site visits
- Provider education, including on coding requirements
- Provider/practitioner access and availability reports
- Review of member complaints regarding access
- Analysis of member utilization reports
- Review of member satisfaction surveys

Delegation Oversight

Passport Health Plan assesses delegated compliance with health plan standards through an annual on-site review and monthly report review via the DOC. The DOC reports through the compliance organization to the Compliance Committee of the Board of Directors but is overseen on a dotted-line basis by the QMMC, as described previously. The annual on-site review is conducted using Passport Health Plan delegate audit tools that meet NCQA requirements. Review of the appropriate policies and procedures, programs and files may require a corrective action plan. The corrective action process includes follow-up tracking of compliance in accordance with preset time frames. The DOC reports at each Partnership Council meeting regarding oversight of all delegated activities.

Passport currently uses a carefully selected and tightly controlled small set of subcontractors. We integrate subcontractors as part of the service and operational model where their focus will maximize and support better access, care, quality outcomes and financial results. These relationships enable Passport to leverage

specific expertise and support efficient service delivery. Passport only selects subcontractors who are aligned with our mission to improve the health and quality of life for our members in close coordination with network providers. We are fully accountable for the end-to-end delivery of our obligations to DMS, members, providers and the community. These principles inform our careful evaluation and selection of subcontractors, which we do in collaboration with our provider and community-led governance structure. We manage the implementation of the subcontractor services to ensure uninterrupted service and conduct deep ongoing governance and performance management through a multilayered oversight function.

The DOC handles oversight of all delegated entities and monitors compliance of contract requirements and reporting.

Credentialing and Re-credentialing of Practitioners and Providers

The credentialing committee administers credentialing/re-credentialing policies, procedures, trends and issues regarding health plan participation in collaboration with the credentialing delegates. It supports the quality program through sanction and license monitoring, as well as peer review of quality of care concerns and sentinel events.

Medical Management Programs and Activities

Passport offers numerous medical management programs and activities in support of quality efforts. These include:

- Rapid Response Team
- EPSDT Program
- Mommy Steps Program
- Diabetes Disease Management Program
- Chronic Respiratory Disease Management Program
- Congestive Heart Failure Program
- Cardiovascular Disease Program
- Phone and mail outreach activities for targeted populations
- Adoption and promotion of preventive health guidelines
- Adoption and promotion of clinical practice guidelines
- UM services
- Case management services, both medical and behavioral health
- HEDIS

Ongoing Assessment of the Population

Population health at Passport provides for the needs of the population across the continuum of care. It incorporates all levels of health, wellness and member needs. Through opportunities identified in an annual population assessment, Passport can decipher the specific characteristics and needs of the population through the evaluations described below:

- Analysis of the impact of relevant social determinants of health for the full member population

- Assessment of health status and risks through utilization data broken out into subpopulations of birth to eighteen (18) (child and adolescent), eighteen (18) to sixty-four (64) (adult), and sixty-five (65) and over (senior)
- Assessment of the needs of members with disabilities
- Assessment of the needs of members with severe mental illness (SMI)

The analysis of the population data determines if changes are necessary to care management programs or resources. Assessments of population data assist Passport with activities to support practitioners and providers with value-based care, coordinate across member programs and provide education to members regarding the availability of programs and services.

Assessment of the QI Program and Annual Assessment Completed by the ERQO

The QI Program evaluation is an annual assessment of the effectiveness of the QI Program that allows Passport to determine impact and effectiveness, address deficiencies and determine how well it has utilized its resources to improve quality of care and cultural and linguistic services provided to Passport's membership. When the program has not met its goals, barriers to improvement are identified and necessary changes are integrated into the subsequent annual QI Work Plan. Feedback and recommendations from various committees are also integrated into the evaluation as well as the external yearly review results conducted by the EQRO on behalf of DMS, accreditation status and annual reevaluation results. The final document is presented to the QMMC, the Partnership Council and the Board of Directors for review and approval. Please refer to **Attachment C.9-4_Passport 2019 QI Program Evaluation** for our most recent QI Program Evaluation.

Based on the results of the annual QI Program Evaluation and with input from all Passport departments, an annual QI Work Plan addressing planned and ongoing quality initiatives is developed. The QI Work Plan includes establishing new objectives and goals, expanding or enhancing the scope, identifying barriers and planned activities that address the quality and safety of clinical care, the quality of services, the quality of culturally and linguistically appropriate services, and reducing health care disparities for the year. Planned monitoring of issues previously identified by internal and external customers are integrated, including tracking of items over time and planned evaluations of the QI Program. Also included are the people responsible for each activity and the timeframe for achieving each activity. As a recommendation of the EQRO, quantifiable goals, a timeline for implementing activities and achieving goals, and an annual executive summary that highlights key milestones and dates is completed annually and incorporated into the QI Work Plan. The final document is presented to the QMMC, the Partnership Council and the Board of Directors for review and approval. Please refer to **Attachment C.9-2_Passport 2019 QI Work Plan**.



C.9.f. For each of the below quality measures, demonstrate how the Vendor will work to make improvements in Kentucky's Medicaid population. Include a discussion of strategies and interventions specific to each measure, partners that will be necessary to achieve improvement, data analytics, and anticipated timeframes for success in achieving improvements. Describe potential challenges the Vendor anticipates, if any, and how those will be addressed. Provide examples of successes in other state Medicaid programs and how that success will be leveraged in the Kentucky Medicaid market.

C.9.f.i. Medication Adherence to Diabetes Medications

Assisting Members with Diabetes in Managing Their Medication

With almost half of all consumers nationally failing to take medications as prescribed[1], adherence rates are an important indicator of quality and overall population health. It is especially true for members with Type 2 diabetes as poor medication adherence is a major barrier to achieving adequate glycemic control[2].

Strategies and Interventions

Passport's medication adherence strategies include multiple ways to identify members who need help with adherence and several interventions. These include:

Multimodal member outreach through automated calls, mailings and lives call with pharmacists and pharmacy technicians. Through this outreach, Passport engages members, caregivers, prescribers and pharmacies to improve members' adherence to both new and existing medication therapy. Examples of interventions include (1) counseling members on how to overcome adherence barriers, such as transportation through home delivery and transport options, low health literacy and proper administration through discussions (in non-clinical language) about the reasons for taking medications and how to make taking them easier, (2) contacting the dispensing pharmacy to synchronize fills of chronic medications, initiating auto-refill enrollments and dispensing pillboxes, and (3) optimizing dosing and reducing complexity of medication regimen, collaborating with other health care providers as necessary.

- Pharmacy technicians outreached to more than 3,200 Passport members to address adherence to diabetes, asthma and/or antidepressant medications, leveraging motivational interviewing techniques to increase medication adherence. These calls led to more than 3,700 adherence-related interventions, ranging from the recommendation of auto-refill at local pharmacies to providing a pillbox as an adherence tool.

[1] Zullig LL, Gellad WF, Moaddeb J, et al. Improving diabetes medication adherence: successful, scalable interventions. *Patient Prefer Adherence.* 2015;9:139-149. Published 2015 Jan 23. doi:10.2147/PPA.S69651

[2] Polonsky WH, Henry, RR. Poor medication adherence in type 2 diabetes: recognizing the scope of the problem and its key contributors. *Patient Prefer Adherence.* 2016;10:1299-1307. Published 2016 Jul 22. doi:10.2147/PPA.S106821

Member assistance in which clinical pharmacists refer members to appropriate assistance programs when the cost of medication therapies impact adherence.

Care management in which Passport care team experts, including Care Advisors, pharmacists, BH providers, etc., provide whole-person care to members. Medication non-adherence is a driving factor in our pharmacy care management stratification model, allowing us to identify and focus on members who appear to be struggling with adherence.

- In 2019, Passport clinical pharmacists completed more than 2,000 care management referrals for Kentucky Medicaid members, resulting in 4,505 identified safety-related interventions and 1,218 identified savings-related interventions.

Comprehensive medication reviews to monitor medication adherence for specific disease states, including diabetes. Working in concert with our Pharmacy Benefit Manager (PBM) partner, CVS/Caremark, our pharmacy team identifies members who are at risk for medication non-adherence and provides subsequent outreach. Our dynamic adherence modeling incorporates several key variables, including timing and cadence of pharmacy claims, utilization patterns, adherence calculations and member attributes. Results of the modeling include a prioritized list of potentially non-adherent members to diabetes medications as well as hypertension, cholesterol, asthma, antipsychotic and antidepressant medications. The stratification criteria changes throughout the year to target members who are most impactful and to allow for data-driven recommendations.

Rx clinical consultant program with field-based clinical pharmacists. The team has a fifteen (15)-year history and includes two (2) locally-based Kentucky licensed clinical pharmacist consultants who provide direct clinical and educational support for providers and pharmacies across the Commonwealth.

Specialist providers offer feedback and expertise on potential formulary changes to help construct recommendations for coverage and drug policies. For example, our clinical pharmacy consultants outreached to an endocrinologist in Somerset, Kentucky, to discuss and solicit feedback regarding formulary recommendations for antidiabetic medications. This provider expertise was incorporated, helping to construct our diabetic drug policies and formulary recommendations for review and approval at the Pharmacy & Therapeutics Advisory Committee meeting.

Partners Necessary to Achieve Improvement

Passport will work with our PBM, CVS/Caremark, as well as other retail pharmacies to continue to expand on these initiatives. We will also work actively with practitioners, both in designing additional interventions (through our physician advisory groups) and in supporting their work with members by providing education (described below) and care management resources. Our provider-driven organization draws from the insights of our physician advisory groups in developing these initiatives to ensure provider engagement.

Data Analytics

To measure the success of these initiatives, Passport will leverage our clinical data warehouse to identify our diabetic population using HEDIS technical specifications (less continuous enrollment). From the population identified, the next step is determination of which members have not been adherent to their medication based on claims for diabetic medications filled in the last twelve (12) months. Our highly skilled and experienced staff will examine this roster for trends by region, provider, age, etc., and determine the current percent of medication adherence. Using predictive analytics, Passport will identify at-risk members before a decline in health status occurs.

We will conduct outreach to the identified members to determine their non-adherence patterns and establish an initial baseline for medication adherence. Nationally, adherence rates may be as low as fifty percent (%), half possibly being primary non-adherence, meaning the initial prescription was never filled:

- Primary non-adherence (member did not fill the initial prescription)
- Secondary non-adherence (member does not fill a script on time)
- Unintentional non-adherence (member sometimes forgets to take the medication as directed)
- Intentional non-adherence (member decides not to take the medication as directed)

To monitor progress, we will use bi-weekly claims feeds from the PBM to assess non-adherence patterns and intervene accordingly.

After implementing the interventions, we will regularly evaluate the effectiveness of the interventions. We will also enroll a sample (subset) of the members in care management programs during the project to assess if the techniques used in care management increase adherence. (See **Section C6 MIS** for extensive detail into our advanced data analytics and tools.)

Anticipated Timeframes for Success in Achieving Improvements

In our twenty-two (22) years of experience working in the Commonwealth, we have seen demonstrated success within a period of three (3) to four (4) years following the implementation and application of interventions. Passport has operated its adherence outreach program for several years and has continually refined the approach to identifying members at the highest risk for non-adherence as well as best practices for member engagement. Quality management staff monitor HEDIS medication adherence measures at least quarterly and continually collect feedback from our pharmacists, pharmacy technicians and members who participate in the program to identify how we can further improve measured performance.



Potential Challenges and Mitigations

Typical challenges experienced in a program of this type may include a lack of provider and member engagement. Provider engagement issues are mitigated through Passport's provider relationship and history and extensive provider engagement strategies. When building programs such as this, our staff engage

providers to provide input on programs, interventions, measurements and targets to ensure participation and support.

Member engagement issues may be due to work or family priorities, cognitive impairment or caregiver availability. We address these through our integrated care team approach, leveraging any preexisting relationships with the member or provider. We also address motivation issues through sensitive member education to ensure that the member understands the importance of and feels empowered to engage in self-care. Members may also experience a lack of understanding regarding the impact of medication adherence or a lack of knowledge of programs available at their local pharmacies. For members who demonstrate transportation issues, we offer mail-order pharmacy services that allow home delivery to members every ninety (90) days. Alternatively, we also educate members on the availability of maintenance medications to be filled as a ninety (90)-day supply at retail pharmacy locations. Lastly, we inform the member of pharmacy-specific refill reminder programs such as auto-refill and other programs available via telephone or mobile phone applications.

Examples of Successes in Other State Medicaid Programs and How Success Will Be Leveraged in the Kentucky Medicaid Market

As a local plan focused solely on the Kentucky Medicaid market, Passport's core experiences have been helping the people of the Commonwealth. As part of our suite of care management programs, our pharmacy care stratification model identifies members who would benefit from a pharmacist-conducted comprehensive medication review. The model includes identification of non-adherence, polypharmacy and potential controlled substance misuse. These stratification criteria become a priority for our clinical pharmacists to address through engagement with both the member and provider. Overall, clinical pharmacists successfully engage with members and identify an average of 2.5 possible medication-related problems per care management referral. Our stratification tool also identifies members new to therapy and refers them to our Medication Adherence Outreach Program to ensure members adhere to the newly prescribed therapy. For example, in a recent analysis of 300 members who were new to metformin therapy, those who engaged in our program had higher refill rates compared to those members not engaged in the program (74.2% vs. 66.1%). A subanalysis demonstrated that members engaged in the program had double the reduction in A1c post-metformin initiation compared to members not engaged (-1.1% vs. 0.6%). The following example of a diabetes initiative in Kentucky demonstrates the impact that targeted interventions can have on member self-management of diabetes.

To improve diabetes care for our members, Passport implemented a Diabetes Care Program in 2016 that resulted in 51% of members with HbA1c levels below 8% a 12% improvement versus the prior year. Using ED data and risk stratification to identify high-risk members, interventions focused on member engagement and incentives, and provider and community engagement. While this particular diabetes program is no longer active, Passport continues to improve on HbA1c levels and addresses diabetes medication adherence through several care mangement program that also address additional comorbid conditions.

C.9.f.ii. Tobacco Use and Help with Quitting Among Adolescents

Decreasing Tobacco Use and Providing Help with Quitting Among Adolescents

Tobacco use is a concern for Kentuckians regardless of age. Annually, more than 8,000 Kentuckians die of illnesses caused by tobacco use; decreasing or preventing the initiation of tobacco use among adolescents is essential in reducing the number of preventable and premature deaths attributed to tobacco use. In Kentucky, 15.5% of high school students and 4.8% of middle school students first tried cigarette smoking before the ages of thirteen (13) or eleven (11), respectively (YRBSS 2017). Even more concerning, 44.5% of high school students and 15.1% of middle school students have used electronic vapor products (e-cigarettes, Juuls, etc.).

Passport's two (2) decades of experience supporting Kentuckians have given us an understanding of the needs of special populations, including those in rural areas, inner cities, members in foster care, expectant mothers and adolescents. Our knowledge of the adolescent population has enabled us to develop a specialized smoking cessation program targeted to engage them.

Strategies and Interventions

Passport addresses smoking cessation in adolescents in many ways, targeting interventions at the member, provider and community levels. These include:

Smoking cessation is a covered benefit, and Passport encourages network providers and all members who smoke to discuss quitting. Specific to adolescents, at the member level, smoking cessation counseling will be added to Passport's EPSDT program:

- Because adult-centric messaging does not often resonate with adolescents, this counseling will follow the "Best Practices for Youth Antitobacco Education" provided by the Kentucky Department for Public Health. We will work with our providers to integrate this messaging into their office workflow.
- We also provide access and referrals to the Quit Now Kentucky Program, as well as the smoking cessation program from teen.smokefree.gov. This program offers text messaging for both smoke and smokeless tobacco, a quitSTART app that provides tips, supportive messaging and challenges, live chat support and a supportive Instagram feed to appeal to and effectively support adolescents.
- We also provide support to several community based organizations that provide health education (including tobacco health risks) to students in middle school and high school classroom settings throughout the Commonwealth. Many of these models leverage younger peer-based educators which has been shown to increase teen responsiveness to taking action

Pharmacy coverage includes smoking cessation products, offered at a zero-dollar ($0) copay to reduce the financial barriers that can be associated with quitting. It is available in multiple dosage formulations, without barriers such as quantity limits, maximum duration of therapy or prior authorizations. This approach is meant to inspire members not to get discouraged by multiple quit attempts and to minimize the additional burdens to quitting.

Member incentives are offered for those who complete a smoking cessation program and have a negative cotinine test conducted by their provider.

Partners Necessary to Achieve Improvement

Partners necessary to support this program include Smokefree.gov, Quit Now Kentucky, the American Lung Association and the Department of Public Health Smoking Cessation Programs.

Data Analytics

Passport will conduct medical record reviews and analyses of claims data for tobacco cessation products and predictive modeling based on exposure and SDoH. Because adolescent members may be reluctant to reveal their tobacco usage, our staff will examine data from parent and child HRAs to identify if parents smoke or if the parent believes his/her child has experimented with smoking, which is a contributor to the likelihood of a teen becoming a smoker.

Passport will also collaborate with DMS on ideas for identifying adolescents who may be reluctant to disclose their tobacco use.

Anticipated Timeframes for Success in Achieving Improvements

In the first year, modifications to the program will be made based on the feedback Passport receives. While Passport anticipates preliminary improvements in the first year, larger gains in the second and third years are expected as the program is refined collaboratively to identify those tactics with the greatest ROI. In our twenty-plus (20+) years of experience working in the Commonwealth, we have seen sustained success within a period of three (3) to four (4) years of implementation and application of interventions.

Potential Challenges and Mitigations

There are many potential challenges to achieving improvements. Kentucky has a long history of smoking acceptance. Among adolescents, social pressures to smoke or use e-cigarettes can be difficult to overcome. Leveraging the programs designed specifically for adolescents such as teen.smokefree.gov can help to introduce positive messages and role modeling. Identifying adolescent members who smoke could also be a challenge. Adolescents may not be forthcoming about their tobacco use either in surveys or to providers if their parent is unaware of their usage. Providing confidential surveys and educating providers on effective messaging tactics may assist in uncovering adolescent smokers.

Examples of Successes in Other State Medicaid Programs and How Success Will Be Leveraged in the Kentucky Medicaid Market

Before smoking cessation became a covered service for all members, Passport operated a smoking cessation program for adult members called “Yes, You Can!” during which the clinical care management team

conducted weekly outreach. At the time of this program, smoking cessation medications were not covered, but Passport covered the cost of medications as an additional benefit if the member enrolled and actively participated in the program.

In another initiative, Passport began partnering with Walgreens drugstores in select counties in January 2012 to initiate a new smoking cessation program. The program aimed to identify, assess, counsel and guide smokers through an individualized plan to help achieve their cessation goals. The participating pharmacists and technicians received specialized training on the impact of tobacco dependence and effective clinical interventions through the University of Louisville's Kentucky Cancer Program.

In 2012, Passport consulted 230 members about smoking cessation. Of those members consulted, seventy-four percent (74%) set a quit date. Quit rates were highest for those members who received counseling along with pharmacotherapy, and 28.8 % of participants remained smoke-free after one (1) month.



There is a limited body of evidence outlining best practices for smoking cessation programs targeting adolescents. Most of the evidence that does exist is based on applying best practices for the adult population to the adolescent population. In addition, much of this research is from the early 2000s, with little new research available. There are several reasons for this lack of data, including the low uptake of smoking cessation by the adolescent population and the focus of public health campaigns on preventing smoking initiation. As such, a key part of any program is increasing awareness of the availability of cessation support programs for youth who have started smoking.

Early research suggests that programs that employ a cognitive behavioral therapy model are also useful. These programs help adolescents understand and address their tobacco use, provide motivation to quit, prepare them for what to expect when quitting and provide strategies to ensure they remain tobacco-free. This model allows for variation in delivery, such as in person, over the phone or via technology, reducing many of the barriers that prohibit teens from engaging in cessation such as time commitments, transportation and privacy concerns. One easy-access, cost-effective intervention is to refer teens to Quit Now Kentucky. Given the high use of cellphones among this population, texting and other online programs are another cost-effective means of increasing the likelihood of quitting when paired with other more intensive modalities such as telephone or face-to-face counseling. Finally, a 2017 Cochrane review suggests that group counseling is a promising intervention, with nine (9) studies showing evidence of an intervention effect (risk ratio of 1.35, 95% confidence interval of 1.03 to 1.77).

Recognizing the differences between adult and adolescent populations, the Centers for Disease Control (CDC) highlights specific considerations for a youth-focused approach, such as highlighting the short-term consequences of smoking, advocating cessation to all who want to stop regardless of their level of use, considering flexible modalities given time constraints and lack of transportation and helping to develop behavioral and coping skills. Finally, given the influence of family on adolescents, research from other substance abuse programs suggests that interventions that include targeting family members may be effective. This can include screening and providing cessation materials to family members during the same visit as the one for the youth. Despite the lack of research, the available evidence suggests that effective

adolescent cessation programs are likely those that implement screening and cessation guidance in the physician's office, include a group counseling option, are flexible in their delivery modality and adjust their approach to the specific needs and concerns of youth.

9.f.iii. Colorectal Cancer Screening

Increasing Colorectal Cancer Screening

Colorectal cancer is the second leading cause of cancer-related death in the US, but rates could drop if more people were up to date on their screening. As a result, the CDC has focused on improving screening rates by setting up a national campaign and a colorectal cancer control program to supply best practice information. Colorectal cancer screenings are not a typical focus of Medicaid programs due to several factors, such as a lack of a national Medicaid measure for screenings and limited funds. Without a national Medicaid measure, it is difficult for states to track their performance, and limited funds mean that most quality programs focus on the largest populations (women and children). These factors help explain why thirty-six percent (36%) of the Medicaid population is up to date on their screening compared to sixty percent (60%) of the Medicare population.

The recent Medicaid expansion and the resulting increase in adults eligible for Medicaid are leading plans to reevaluate what adult measures they focus on. Several expansion states, including Kentucky, are starting to target colorectal cancer screening and are implementing programs to increase screening rates. Kentucky's program receives funding from the CDC for fourteen (14) sites in the state to implement screening improvement programs. The state also collects and shares its colorectal cancer screening rate data with the Kentucky public health department. These efforts have already improved colorectal cancer screening rates across the state, particularly for the Appalachian area. However, programs in other states suggest that while these are reasonable first efforts, Kentucky could further improve its rates by employing a multifaceted approach.

Strategies and Interventions

Passport will implement multiple strategies and interventions to increase colorectal cancer screening. These include:

Outreach to members to encourage colorectal cancer screening predominantly through member education. Through telephonic outreach, Passport staff will help make appointments for screening and selecting the site of service.

Offer fecal immunochemical test (FIT) to high-risk members via their provider if they decline colonoscopy. While colonoscopy remains the gold standard for high-risk members, engaging in screening is very important, and a FIT kit can be a good option. For instance, if the test is positive, the recommended follow-up is to have a colonoscopy. A positive screening test could motivate a non-adherent individual to get a

colonoscopy. Passport will work with community providers and others to make FIT kits available at community events.

Distribute member education materials that providers can make available. These materials will leverage the messaging approach determined by the Kentucky Population Health Leadership Institute (KPHLI). The group decided what messaging was most effective for increasing screening in this high-risk group.

Identify preferred treatment centers, with a focus on ambulatory surgery centers, to streamline options for members and address member fear of hospitals.

Collaborate with the Colon Cancer Prevention Project to enhance our efforts and develop new strategies and interventions. Founded in 2004, this organization has led initiatives across Kentucky to increase colorectal cancer screening rates and awareness.

Passport's Collaboration with the Colon Cancer Prevention Project

The Colon Cancer Prevention Project has been able to demonstrate impressive results over the past several years, in part due to the participation and support of organizations such as Passport.

Outcomes of the project include:

- More than a doubling of colon cancer screenings from community health centers in Kentucky following a traveling lunch-and-learn program in 2017-2018.
- Colon cancer screening rates have increased from 37% to 71% over the past decade.
- Kentucky was ranked 49th and is now 17th nationally in colon cancer screening rates, the greatest increase in the country for screening.
- Disparities between blacks and whites in terms of screen rates and mortality have largely been eliminated in Kentucky as a result of these efforts.

The Colon Cancer Prevention Project was founded in 2004 by Dr. Whitney Jones, a Louisville gastroenterologist with a passion for preventing colon cancer.

Partners Necessary to Achieve Improvement

Partners necessary for this initiative include providers, lab vendors to provide FIT kits, the Colon Cancer Prevention Project and the Kentucky Colon Cancer Screening Program.

Data Analytics

Passport will leverage claims and medical record data analysis to identify those eligible for outreach based upon age and risk level. Passport will also examine historical data to predict who is at highest risk to guide our identification and outreach efforts.

Passport's staff will monitor claims every month to validate that members receiving outreach complete their screening. Given the enrollment churn for Medicaid, the Medicare HEDIS measure for colorectal screening is

not appropriate for this population. Instead, Passport proposes to monitor colonoscopies per thousand members over time.

Anticipated Timeframes for Success in Achieving Improvements

In the first year, modifications to the program will be made based on feedback received. While we anticipate preliminary improvements will be seen in the first year, we expect more significant gains in the second and third years as we refine the program to identify those tactics with the highest ROI.

Potential Challenges and Mitigations

Multiple challenges exist for this initiative. Medicaid members tend to move in and out of Medicaid, making it challenging to determine screening history, conduct outreach and follow up with the member. Collecting baseline data to identify eligible members will be challenging as well. Members may be embarrassed or fear the colonoscopy procedure. The KPHLI study showed the top two (2) reasons the men studied did not get screened were that they did not know about the screening recommendation and were afraid it would be painful. Member education will be used to address embarrassment. It may draw upon a similar approach to that used by the Colon Cancer Prevention Project: frank, occasionally light-hearted and fact-based. Member fear of the colonoscopy procedure can be remedied with the recommendation of the FIT kit for high-risk members. Members may also fear going to the hospital for screening. This can be mitigated by recommending standalone ambulatory surgery centers. Recommendations from the Passport-sponsored KPHLI group that investigated increasing colon screening in Appalachian men suggested the use of video and Facebook with messaging in a storytelling format to get the message out to this at-risk group. We also learned that more education was needed about the different types of screeners as well. Passport will apply these suggestions to help enhance such efforts.

Examples of Successes in Other State Medicaid Programs and How Success Will Be Leveraged in the Kentucky Medicaid Market

As this is a new measurement focus for the Medicaid population, there are limited results from programs specific to Medicaid. As such, this brief also presents vital information from similar programs for other populations.

There are a limited number of Medicaid plans focusing on improving colorectal cancer screenings. However, several of these plans have released data on their findings. For example, Minnesota started a pilot to increase colorectal cancer screening rates among Medicaid members from 2014-2015. The study targeted members age fifty (50) to seventy-four (74) who were overdue for a screening. The pilot targeted 41,829 women and 52,465 men and randomly assigned them a treatment or control group. The treatment group received three (3) mailers over the course of nine (9) weeks that encouraged them to get a screening and included a twenty-dollar ($20) incentive for completing a screening paid upon receipt of a claim. The mailers prompted members to call member navigators who were able to help with scheduling appointments via a

three (3)-way call with the clinic of their choice. Results from the study show that members in the treatment group were significantly more likely (P <0.01) to complete a screening, and the odds of completing a screening increased by twelve percent (12%). These results focused primarily on colonoscopies, but the data suggests that there were comparable results for other screenings.

In 2008, two (2) Medicaid plans in New York submitted PIPs detailing plans to increase colorectal cancer screening rates among women. HealthPlus planned a randomized control trial targeting eleven (11) community health clinics. The study included 751 women randomly assigned to the treatment or control group. The intervention took a stepped approach that started with sending members a letter from the medical director of their clinic, saying they were due for a colorectal cancer screening. After the letter, care managers conducted outreach to members and sent educational materials. The last step in the approach was a final call to the member. Results from the report show a twenty-nine percent (29%) improvement in the number of members compliant with the measure. MetroPlus submitted a similar PIP targeting female members overdue for a colorectal cancer screening. However, the goal of their PIP was to determine if specific engagement models were more effective than others. Their study assessed the effectiveness of scripted telephonic care management, member navigators doing case management and outreach, a combination of telephonic outreach and face-to-face intervention, and the control at increasing rates. Results from the study suggest that the scripted telephonic outreach and member navigators were the most effective methods, while the combined method and the control were the least effective.

The research from the Medicaid population suggests that a multimodal approach is the best way to increase screenings. Research focusing on underserved populations, many of whom qualify for Medicaid or experience similar barriers to care as the Medicaid population, supports this framework. For example, results from a randomized control trial on a safety net physician practice in New York show that a multimodal approach significantly increased the rate of colorectal cancer screenings. The study consisted of 366 members and randomly assigned 185 to an intervention group. The intervention consisted of a stepped approach over several months, where members received letters, interactive voice response (IVR) calls and free FIT kits. The results suggest that members who received these interventions were twenty-one percent (21%) more likely to have their screening than the control and that forty-four percent (44%) used the mailed FIT kit. Another similar study in Chicago suggested that a multimodal approach was effective in improving rates among underserved populations. The research also used a combination of mailers, IVR calls and free FIT kits, with results showing that members were significantly more likely (P <.001) to complete the screening than the control.

Most of the research supporting a multimodal approach as a best practice for improving colorectal cancer screening rates comes from large payers working in the Medicare or commercial space. For example, Cigna outreaches to all members fifty (50) and over and offers them free FIT kits. Members who complete a kit will automatically receive another free kit the following year, while members who have not had their screening receive a text or IVR call. Cigna reports seeing screening rates as high as sixty to seventy percent (60-70%). Gateway Health serves dual-eligible members in Pennsylvania, Ohio, North Carolina and Kentucky primarily, and uses a mix of IVR calls, free FIT kits and provider incentives resulting in a rate increase of fifteen (15) percentage points among the population.

C.9.g. Describe the Vendor's proposed approach to collaborating with the Department, other MCOs and providers to ensure Performance Improvement Projects (PIPs) are effective in addressing identified focus areas and improving outcomes and quality of care for Enrollees, including the following:

Introduction

Passport monitors its own performance and that of our sub-contractors and uses the information to transform our clinical and non-clinical operations to benefit our membership and ensure our fiduciary responsibility for Kentucky Medicaid funds. This process informs our involvement with the EQRO, DMS and community leaders to identify measures for PIPs that address various aspects of clinical care and non-clinical services and have a positive effect on health outcomes and member satisfaction. Our years of local experience, unique to us, have provided a solid foundation for the development and implementation of PIPs in the Medicaid Affordable Care Act Expansion and current/traditional Medicaid population.

PIP topics are collaboratively selected based on clinical and non-clinical areas, as designated by DMS, the result of the EQRO review, and CMS.PIPs benefit our membership, the Kentucky Medicaid population overall. They are vital to DMS in achieving their goals and objectives of quality improvement, relating to access to care, structure, and operations. As well as quality measurement and improvement, as outlined in 42 CFR 438, Subpart D. Passport looks forward to working together with DMS, the EQRO, and other MCOs to identify regionally based collaborative PIPs that would be feasible and impactful for the Kentucky health care community. PIP topics are collaboratively selected based on clinical and non-clinical areas of focus that benefit our membership, the Kentucky Medicaid population overall and are key to DMS in accordance with their goals and objectives of quality improvement relating to access to care, structure and operations and quality measurement and improvement, as outlined in 42 CFR 438, Subpart D.

All PIPs will have mutually agreed upon objective quality indicators and measures and minimum performance levels as defined collaboratively by DMS, the EQRO, and Passport before the implementation of each PIP. PIPS will also include the following elements: interventions to achieve improvement in access and quality of care, evaluation of the effectiveness of the interventions based on performance measures and planning and initiation of activities for increasing sustained improvement.

C.9.g.i Lessons learned, challenges and successes the Vendor has experienced while conducting PIPs and how the Vendor will consider those experiences in collaboration with the Department on identified PIPs.

Passport's History of Collaboration with DMS Has Provided Valuable Lessons for Future Efforts

Some of the most important lessons learned and challenges that Passport has identified in recent years are the following:

- **Defining the PIP based on outcomes rather than functions**. In our early PIPs, interventions were developed and executed specifically for internal staff or departments. We identified from barrier analyses that we needed to take a broader approach to act on more opportunities to engage with the community and providers to develop stronger interventions that would impact outcomes and sustainable, programmatic change. We have ***applied these lessons learned in full*** to the most recent collaborative PIP to reduce avoidable ED visits and hospitalizations for four (4) chronic conditions. A ***high-impact pilot*** was developed in collaboration with a local FQHC to outreach and engage members with high ED/hospital utilization and little to no PCP utilization. By providing data to the PCP office for outreach in conjunction with a short survey asking about barriers to receiving care at the PCP level, we identified opportunities to connect and forge better relationships between member and provider and how to address SDoH that may be barriers to care. This collaboration with providers ensures that ***we can expand the pilot further to impact potential ED/hospitalization on a larger scale***.
- **Engage the provider and the community.** As a provider-driven plan, Passport uniquely understands the importance of engaging the provider in performance improvement initiatives. Collaboration with providers ensures their buy-in and facilitates expansion beyond the pilot stage. The same is true of ***community engagement***. By introducing concepts with community organizations, we gain acceptance of changes early on, making it easier to roll them out more broadly. For instance, for a recent PIP for SMI, Passport used a PCP workgroup to obtain feedback on barriers to care coordination between BH and PCPs and the challenges that PCPs face when working with the SMI population. From this feedback, we learned about the ***importance of coordination*** specific to the lab's need for this population when on antipsychotic medications.
- **Communication with DMS**. One of the most ***positive changes*** in recent years has been the identification of a single point of contact at DMS for each PIP. This allows Passport to stay in touch with DMS frequently to discuss how to address or overcome barriers, modify the PIP to remain aligned with DMS' objectives, etc.
- **Collaborative PIPs.** Historically, collaborative PIPs functioned more as "communal" PIPs, with the focus on a common goal across all MCOs. Having a single point of contact at DMS for collaborative PIPs has encouraged greater alignment between the MCOs and kept all organizations ***focused on the same objectives and tactics***.
- **Metric objectives.** In early PIPs, we were overambitious and set stringent data collection targets. Feedback from providers told us that it was too difficult to provide the information requested to support the PIP. By ***analyzing past PIPs***, we were able to determine that we could ***achieve success*** while collecting fewer data points by selecting data elements that were more easily documented by providers. Choosing the right data and the correct number of measures to evaluate incrementally instead of annually has led to more control over interventions and has become essential to a successful PIP.

A few examples of successful collaboration to propose, design, implement and review PIPs include:

- The pilot site for our 2016-2018 SMI PIP with Centerstone Kentucky (Seven County Services) consisted of a forty (40)-member effort between the member, BH provider, PCP and care manager. This project was collaborative with all MCOs and DMS.
- Our 2016-2018 Prenatal Smoking PIP implemented interventions to collaborate with members, providers and the Kentucky Quit Line to improve prenatal screening for tobacco use and interventions to decrease tobacco use rates.

- The Healthy Smiles PIP conducted between 2015-2017 involved collaboration with PCPs, dental providers, members and Passport's dental vendor, Avesis, to increase the number of members who take advantage of preventive dental services available through the plan.
- DMS' Antipsychotic Monitoring for Children and Adolescents PIP ran from 2014-2017 and was a collaborative between all MCOs, DMS and University of Louisville Pediatric Faculty Group and its medical directors (see callout box below)

As we collaborate with DMS, our subcontractors and other key stakeholders on future PIPs, we will continue executing ***our process of constant improvement and build them, and other lessons learned, into*** our ongoing PIP process.

QUALITY IMPROVEMENT IN ACTION:

Antipsychotic Monitoring for Children and Adolescents

Define Problem Statement: Antipsychotic medication prescribing in children and adolescents has increased rapidly in recent decades. University of Kentucky study showed 270% increase in antipsychotic prescribing across the Commonwealth from 2000 to 2010, a trend that was substantiated within Passport's population.

Set Goals and Direction: Passport's Primary Care Provider (PCP) Workgroup and Behavioral Health Advisory Committee (BHAC) responded to DMS's Performance improvement project (PIP) and collectively set goals to:

- Develop and adopt clinical practice guidelines and increase adoption of appropriate non-psychotic medication first-line treatments
- Reduce prescribing use and increase provider, member, and caregiver education regarding appropriate use

Plan, Align Resources, and Execute: *PCP Workgroup* identified provider concerns and solicited provider feedback on the initiative including metric selection, interventions, and education materials. *BHAC* was involved in determining study design as subject matter experts. *Pharmacy Committee* was involved in reviewing data and clinical practice guidelines and developing provider education.

Quality Medical Management Committee and *PCP Workgroup* had final approval of recommended interventions:

- PCPs were offered telephonic and in person education on clinical practice guidelines and a modified prior authorization process to facilitate appropriate prescribing practices
- PCPs received HEDIS measure education and reports on metric performance
- Members outreached if they were non-compliant with monitoring and had education on BH conditions and appropriate medication
- BH Network was expanded statewide
- Enhanced Psychotropic Drug Intervention Program (PDIP) put in place to identify medication issues and provider and member interventions

Analysis & Results: Member data were collected over 12 months. Observed results include:

- 49.6% reduction in use of multiple concurrent antipsychotics from baseline
- 31.3% reduction in use of higher than recommended dosing from baseline
- 10.8% improvement in antipsychotic metabolic monitoring from baseline

No significant change was observed in rates of metabolic screening for new members on antipsychotics or use rates of first-line psychosocial care measure.

Continued Improvement Efforts: Upon review of the data, our quality committees and provider leaders identified areas for provider incentive innovation to garner higher engagement from BH providers (currently in development). The results of this PIP prompted the continuation of PDIP programming with an upgrade to machine learning algorithms to improve accuracy of prescriber identification.

C.9.g.ii. Recommended focus areas, including those for regional collaborative PIPs, for the first two years of the Contract resulting from this RFP and rationale for these focus areas.

Recommended Focus Areas for Future PIPs

Collaboratively, we select topics that address the preventive and chronic health care needs of our members, including whole or focused subpopulations into certain categories. This includes, but is not limited to, Medicaid eligibility category, type of disability or special health care need, race, ethnicity, gender and age. Our recommended PIPs also ***address the specific clinical needs of members*** with conditions and illnesses that have a higher prevalence in the Passport population. For collaborative PIPs, we work with DMS, the EQRO and other MCOs to identify feasible and impactful PIPs.

Once ***we as a collaborative team***, we determine areas of focus for future PIPs by aligning the needs of the member population with the goals and aims of the Department. Based on our unique and extensive experience with our members and our stakeholder collaboration efforts, Passport proposes some or all of the areas for Passport or regional collaborative PIPs in the first two (2) years of the contract shown in **Exhibit C.9-13**.

Exhibit C.9-13: Passport Proposed Regional Collaborative PIPs

Proposed PIP	2019 DMS Quality Aim	Passport Quality Aim
Integrating Behavioral Health into Primary Care	• Reduce the burden of SUD and engage members to improve BH outcomes • Increase preventive service use • Promote access to high-quality care and reduce unnecessary spending	Improve the member and PCP relationship to increase preventive service and reduce avoidable ED utilization
Increasing SBIRT Referrals	• Reduce the burden of SUD and engage members to improve BH outcomes • Increase preventive service use • Promote access to high-quality care and reduce unnecessary spending	Improve continuity and coordination of care to increase access to appropriate care and reduce avoidable ED utilization

Proposed PIP	2019 DMS Quality Aim	Passport Quality Aim
Increasing Post-inpatient Follow Up to Reduce Readmissions	• Reduce the burden of SUD and engage members to improve BH outcomes • Reduce the burden of and outcomes for chronic diseases • Increase preventive service use • Promote access to high-quality care and reduce unnecessary spending • Improve care and outcomes for children and adults, including special populations children and special populations	Improve continuity and coordination of care to increase access to appropriate care and reduce avoidable readmissions
Food Insecurity and Diabetes	• Reduce the burden of and outcomes for chronic diseases • Promote access to high-quality care and reduce unnecessary spending	Address disparities in care and SDoH to improve access to care and reduce avoidable ED use and hospitalizations
Comprehensive Pain Response	• Reduce the burden of SUD and engage members to improve BH outcomes • Promote access to high-quality care and reduce unnecessary spending	Reduce the overuse or dependence on opioid pain medication

Integrating Behavioral Health into Primary Care

Given DMS' interest in expanding integrated care for members, Passport recommends a collaborative PIP for MCOs to develop different clinical models and payment models for integrated care and/or incentives for improved collaborative care. Through Passport's quality management team and related internal and external committees, this likely could include a higher focus on BH screening in PCP offices (depression, anxiety, SUD, social needs) as the first step toward more effective collaborative integration and increased delivery of primary care services in community mental health centers since few have developed this service since corresponding regulations were modified to allow it. The program might examine medication-assisted treatment in primary care as a component of integrated care by increasing the number of clinics that provide such treatment for opioid use disorder. The PIP could include looking at the ROI and health outcomes for members already served by providers engaged in integrated care to learn who is doing the best work and try to accelerate that type of program in the Commonwealth. Similar to the joint and collaborative success and adoption of SBIRT for substance use, this program could work to promote early identification and treatment for BH disorders, in turn leading to improved health and well-being, as well as reduced medical spending when BH issues are addressed early.

Early identification of BH needs and intervention is needed in Kentucky now more than ever before. In 2017, Kentucky had sixty-four (64) deaths/100k due to alcohol, drugs and suicide compared to a national average of forty-six (46)/100k (Pain in the Nation). If we do nothing, that number is expected to rise for the Commonwealth to eighty-one (81)/100k people per year in 2025. Integrated care, in which BH and medical health care come together in a single practice, can help to increase access to much needed BH care ***by reducing the perceived stigma and offering immediate care in the PCP office***. Too few members identified as needing BH care by their PCP access the service; nationally, PCPs only screen for depression about four percent (4%) of their member encounters. Of those who do screen, two-thirds are unable to get their member the BH or substance use treatment they need. Warm hand-offs by the PCP to a BH program when the member is in a moment of need and activated to change helps to prevent the loss to follow-up found in traditional referral processes. And there is growing evidence that medication-assisted treatment programs that offer both the medication assistance and counseling integrated into primary care are effective and have the potential to meet members where they are at. Moving from volume to value is the holy grail of health care for all stakeholders: payer, provider and member. Integrated care offers a population-level approach to BH with ROI results.

Passport's long-held vision of integrated care is a far better approach to whole-person, member-centered, "no wrong door" care. Kentucky, due to multiple factors, lags other states in moving into high-fidelity models of integrated primary care, and Passport has sought to be a leading partner in moving the Commonwealth into this approach.

Passport's clinical subject matter expert in integrated care and accountable health communities has built strong relationships with PCPs interested in integrated care across the Commonwealth. Passport's local and national experts have brought an added lens of understanding on what types of integration move the needle on health outcomes and provide the ROI needed to make these critically needed changes into discussions that try to maximize outcomes and eventually move toward alternative payment models for integrated care. While providers in the Commonwealth are not ready for the risk associated with all payment models, other states have shown promising results with regards to per member per month (PMPM) for integrated care. The ***SHAPE Demonstration Project*** in Colorado, for example, estimated a prospective $1.08 million in savings for its public payer population after an eighteen (18)-month pilot across six (6) primary care clinics. Although Kentucky is likely not ready to implement integrated care across the board for this type of approach, Passport would be excited to participate in a PIP that has a chance at moving the needle positively forward for integrated care…helping Kentucky take another step closer to outcomes like those in Colorado's SHAPE Project within the Commonwealth.



Increasing SBIRT Referrals

Passport recommends a PIP to implement a SBIRT program with a strong focus on the Referral to Treatment (RT) aspect. By focusing specifically on the RT, we will address early identification and build stronger

collaboration between the member's PCP and BH/SUD providers for those identified as at-risk or within the misuse/abuse level for substances. This PIP will tie in with the Commonwealth's plans to expand access to treatment and recovery services for individuals with SUD. The new waiver extends access to SUD providers, allows Medicaid to reimburse for short-term residential stays (up to thirty [30] days) in mental health facilities and adds coverage for methadone, a form of medication-assisted treatment not currently covered under Kentucky Medicaid. Our proposed SBIRT PIP will work to identify individuals earlier and connect them with treatment.

While many providers use the SBIRT approach to screen members, not all use a standardized screening tool. The program would issue a standardized tool to evaluate members consistently. Further, while screening is straightforward for providers, intervention and RT can be a challenge due to the time constraints and workflow adjustments needed. There is also a perceived lack of community resources for the referral to the treatment component. As of 2016, Kentucky ranked 5th among states with the highest number of drug overdose-related deaths[3]. As opioids have become a crisis in Kentucky, SBIRT becomes a more important tool for early intervention. However, billing codes for SBIRT have not evolved in this time to meet the changing needs for the full activities required for SBIRT. The PIP could examine ways to expand billing for follow up BI or to better assess if a member is referred to treatment secondary to an SBIRT positive screen. The PIP could potentially help practices develop a standard for using SBIRT and determine when and how to refer members. For this reason, this PIP would be an excellent choice for a collaborative PIP across all MCOs to improve prevention and early identification and treatment.

Increasing Post-inpatient Follow-Up to Reduce Readmissions

Passport recommends a PIP focused on improving provider follow-up after inpatient admission. Our current readmission rate is approximately thirteen percent (13%), and each percent point reduction equates to approximately ***$2.7M savings in medical spending***. A study[4] published in *JAMA Internal Medicine* showed that members who completed an outpatient follow-up visit within seven (7) days had a twelve to twenty-four percent (12-24%) lower risk for thirty (30)-day readmission. Increased follow-up would also lead to greater coordination of care and, ultimately, better outcomes for the member. The PIP would apply to adults and children, including potentially the Kentucky Supporting Kentucky Youth (SKY) population, and would address both medical and BH mental/SUD stays. By having the MCOs work collaboratively together toward a common goal, it will help prioritize this issue with providers and assist them in designing tracking systems they could use with all MCOs. This would reduce the burden for providers of creating multiple measurement methods for similar concepts. Having shared metrics for capturing data across MCOs would

[3] https://www.khcollaborative.org/2018/08/sbirt-toolkit-released-for-healthcare-providers-to-address-opioid-crisis/ Accessed 6/5/2019.

[4] Shen, E. et al. Association of a Dedicated Post–Hospital Discharge Follow-up Visit and 30-Day Readmission Risk in a Medicare Advantage Population. JAMA Intern Med. 2017;177(1):132-135. doi:10.1001/jamainternmed.2016.7061. https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2587083

allow for ***scaling the impact of the interventions***. MCOs could also be required to have value-based contracting in place for this PIP, which would help a large group of providers become familiar with alternative payment models. Providers would be incentivized to provide greater follow-up. The incentives or contracts would not have to be uniform across MCOs: each one could design its method for engaging with providers, which would also allow for the collective group to learn more about the effectiveness of different types of incentives.

For example, Passport could introduce a program where BH providers would accept a reduced per diem with an opportunity to earn those dollars back, and more, for higher quality performance. Achieving these additional incentives will result in payment over the traditional per diem if they meet two (2) goals: connection to an outpatient visit within seven (7) days and avoidance of thirty (30)-day readmission. The other provider performance per diem could be managed through cost savings and contracting shifting more funds to better performing provider organizations. The member could win by having access to better-coordinated care that better meets his/her needs in an outpatient environment after transitioning from a facility into the community. The provider wins because it can demonstrate it is providing more effective interventions to meet needs and earn more payment because of it. Passport and DMS would win because members receive the right care, at the right time, in the right location and at the right cost.

Passport Works to Improve Access to Affordable, Healthy Food in Kentucky

Passport is focusing on food insecurity because members who do not have access to healthy food have a direct link to poor health outcomes.

As part of Passport's partnership with the American Heart Association, Urban League and the Jewish Community Center, several Passport associates volunteered to cook and serve healthy refreshments for attendees at the Future of Food Security in Louisville forum.

During the forum, representatives from local organizations (including the Louisville Medical Society, Office of Health Equity, 2018 Food Innovation Fellows and more) came together to brainstorm innovative ways to solve the problem of food insecurity in Louisville.

This is just one of many steps Passport is taking to address food insecurity (meaning inadequate access to affordable, nutritious food) across the Commonwealth. In Lexington, Passport has partnered with Bluegrass Harvest to increase access to local, fresh fruits and vegetables.

Across the Commonwealth, Passport’s health education efforts team up with partners like the American Heart Association and attend special events to teach members how to find ways to eat healthier and improve their lifestyles.

Food Insecurity and Diabetes

Passport recommends a PIP to assess the impact of food insecurity for diabetic members and determine the number of food-insecure diabetic members across health plans. Food insecurity has been associated with

diabetes. *National Health Examination and Nutrition Examination Survey (NHANES) 1999-2002* notes that "among adults with food insecurity, increased consumption of inexpensive food alternatives, which are often calorically dense and nutritionally poor, may play a role in this relationship".[55] To address this, Passport recommends partnering with local health departments and other agencies to advocate for increased access to low glycemic foods in food pantries. Passport will also work with food pantries (a) to prepare information to share with providers to help them know where to send members for low glycemic food and (b) to help them better define their scope of care and enhance their ability to engage in platforms like United Community in Jefferson County. We will also encourage providers to write "prescriptions" for members with diabetes to us in the low glycemic areas of the food pantry. Passport will measure the impact of these activities on health outcomes for the food-insecure diabetic population.

Comprehensive Pain Response

To combat the opioid crisis, it is essential to understand how to appropriately and effectively treat pain. Passport also recommends a ***collaborative PIP*** in which MCOs gather the latest knowledge about the treatment of pain. They would then be charged to work collaboratively with DMS to generate policy changes, provide member and provider education, increase awareness and use of existing interventions, and implement preventive and alternative therapies. This could include preventive solutions such as new lab technology and pharmacy policy changes. Education could be provided to promote better utilization of evidence-based pain treatments that are already part of the care continuum, such as physical therapy interventions like dry needling or cognitive behavioral interventions. The PIP could also address the evaluation and implementation of alternative therapies such as acupuncture and massage therapy. By better understanding the spectrum of pain treatment options, MCOs will be better positioned, and members will have more options to address chronic pain from a whole-member approach to care and reduce the use of opioids for pain management and their potential future misuse.

9.g.iii Methods for monitoring and ongoing evaluation of progress and effectiveness

Monitoring and Ongoing Evaluation of Progress

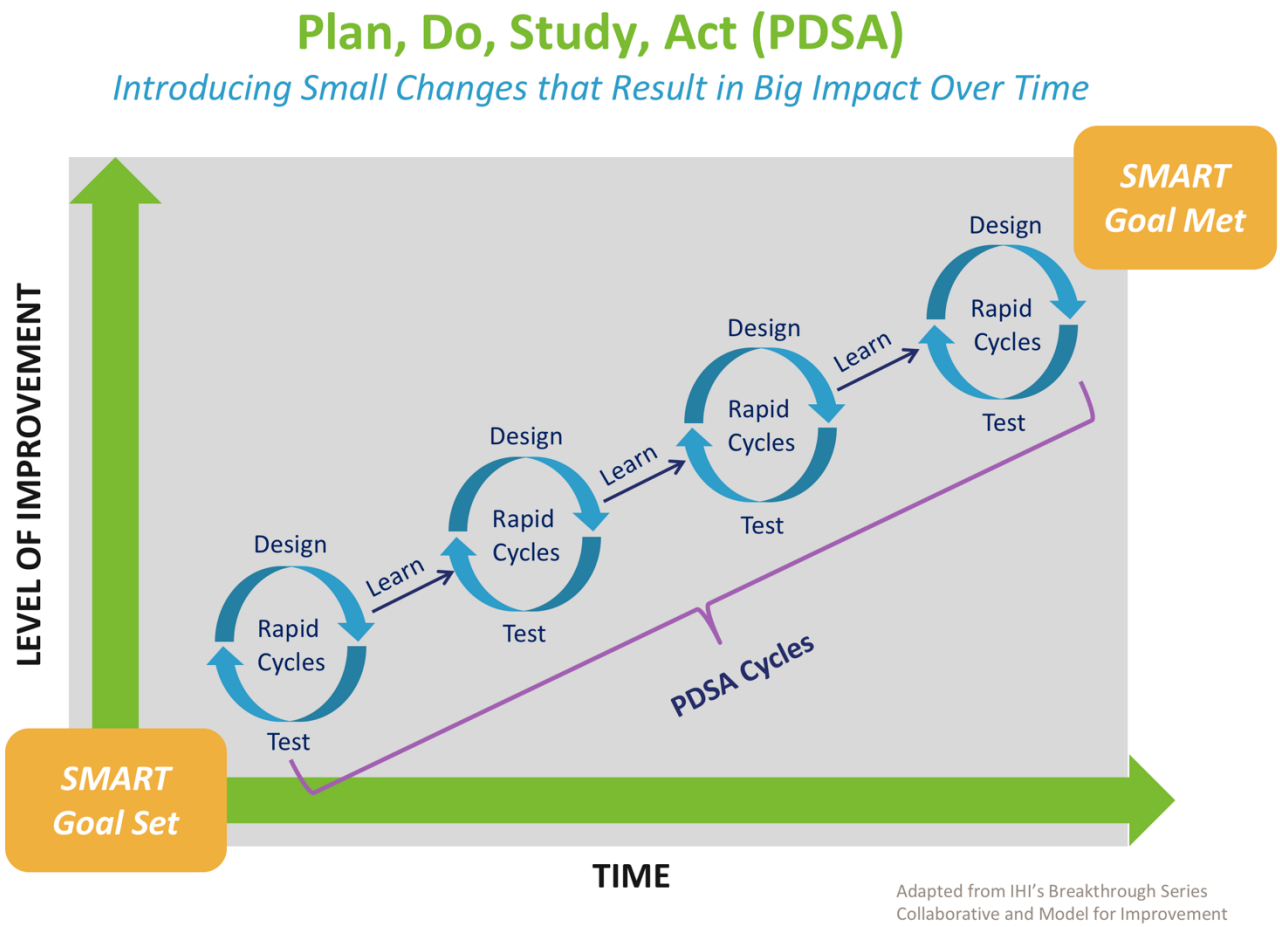
Passport actively tracks, monitors and evaluates progress in improving the quality of health care and outcomes on an ongoing basis, providing updates to the Department during quality meetings and when requested. We review program metrics such as preventive care, study and prioritize SDoH for performance measurement, and improve, review or develop/adopt new practice guidelines from our quality committees.

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[5] Seligman HK, Bindman AB, Vittinghoff E, Kanaya AM, Kushel MB. Food insecurity is associated with diabetes mellitus: results from the National Health Examination and Nutrition Examination Survey (NHANES) 1999-2002. *J Gen Intern Med.* 2007;22(7):1018-1023. Doi: 10.1007/s11606-007-0192-6

Our performance improvement activities include a robust suite of methodologies to ensure the reliability and validity of results, resulting in the development of comprehensive and well-planned interventions. We also incorporate into our processes the recommendations of our EQRO annual evaluation, HEDIS scores, results of member and provider satisfaction surveys as well as findings identified by the Department. PIP interventions are continuously monitored using specific, measurable, achievable, relevant, time-bound (SMART) goals, validated against data and improved using the PDSA cycle showcased in **Exhibit C.9-14**.

Exhibit C.9-14: PDSA Cycle



Monitoring and Ongoing Evaluation of Effectiveness

Our performance improvement activities include a robust suite of methodologies to ensure the effectiveness, reliability and validity of results. This results in the development of comprehensive and well-planned interventions. We also incorporate into our processes the recommendations of our EQRO annual evaluation, HEDIS scores, results of member and provider satisfaction surveys, as well as findings or focus areas identified by the Department.

Internal monitoring and ongoing evaluation include the following:

- Data collection processes that verify timeliness, accuracy and completeness of data, and apply both standardized NCQA standards and other externally and internally algorithms focusing on additional best practices
- Barrier/root cause analysis that enables us to decipher issues and modify or review barriers
- Workgroup/committees collaborative work that applies an extensive amount of system and community knowledge, leadership and guidance
- Oversight and input at QMMC to hold us all accountable and transparent
- Partnership Council approval that ties us all together in the decisions we make

External monitoring and ongoing evaluation:

- Quarterly DMS collaborative PIP meetings
- Quarterly DMS quality committee meetings (with all MCOs)
- Monthly internal stakeholder meetings for the work plan, accreditation, PIP and additional regulatory reporting

A cross-functional Passport team actively reviews outcome data for each program in care coordination, member and provider service metrics, identified national trends for improvement, and member/provider satisfaction surveys to identify areas for improvement, both pre-and post-program development. This team meets at various frequencies but at a minimum annually. Passport then presents its suggestions to DMS and the EQRO for discussion and approval. Passport submits proposals for each PIP to the EQRO and DMS on their required submission cycles according to their guidelines. Once a PIP is initiated, it is followed up with periodic measurements evaluating its current success or failure. The updates including a baseline measurement (one [1] calendar year after the project proposal); an initial PIP re-measurement (no more than two [2] calendar years after baseline measurement); an intermediate PIP re-measurement (no more than one [1] calendar year after the first re-measurement); and a final PIP re-measurement (no more than one [1] calendar year after the second re-measurement).

To ensure our PIPs are effective in addressing identified focus areas and improving outcomes and quality of care for members, Passport conducts a rigorous PIP monitoring and management process. We utilize our providers, community-based health/social agencies, local health departments, BH agencies, subcontractors and members to work together on improvement related to the PIP subject. These community and internal leaders participate in topic selection and development of interventions, as collaborative partners in participation, and to provide feedback on results. These collaborative teams review progress on a monthly or quarterly basis, revising interventions if PIP goals are not achieved. Passport collaborates with external providers and facilities to identify barriers to success. Collaboration between the MCO and public health agencies is an essential element for the achievement of public health objectives. ***Passport is committed to ongoing cooperation with DMS and public health agencies in the area of service and clinical care improvements through the development and dissemination of best practices and the use of encounter data-driven performance measures.***

C.9.h. Provide a description of opportunities the Vendor has identified to collaborate with the Department for Public Health to support improvement in public health outcomes. Where does the Vendor anticipate that collaborating on initiatives would have the most impact in addressing quality care and outcomes for Medicaid Enrollees? Explain the Vendor's rationale.

Over our twenty-two (22) years of working in Kentucky, we uniquely understand that there are many opportunities to impact the health and well-being of our members and the community at large. As we continually strive to collaborate, we recognize our great partners in many of these are the Department of Public Health (DPH) and the local health department (LHD). Our experience and long-standing work efforts with our partners have been the key to numerous initiatives that had an impact on Medicaid members and Kentuckians overall.

Examples of the historical and ongoing collaboration with DPH include:

- **Newborn health.** Passport collaborated with the LHD to improve preventive services for children. One (1) initiative involved the provision of cribs for newborns in the Lincoln Trail service area in concert with that health department. In 2016 and 2017, after the crib program started in the Lincoln Trail region, there were zero (0) infant deaths due to unsafe sleep environments. In 2018 and 2019, the only infant deaths that occurred in the five (5) counties were families who were not program participants.
- **Childhood health/EPSDT.** Another preventive service initiative for children included working with willing LHDs to conduct outreach campaigns to increase EPSDT services. Passport provided participating LHDs with the contact information of our child and adolescent members in their area who were missing expected EPSDT services. Now, LHDs augment our attempts to engage members to receive care. We are exploring alternatives with some LHDs to potentially perform the appropriate EPSDT preventive service and coordinate with the member's PCP.
- **Childhood immunizations.** Providing access to immunizations is a foundation of public health, and we work closely with our providers to make sure that they are participating in the Vaccine for Children Program as well as fully participating in the immunization registry. The registry is important in cataloging administered vaccines so that any provider can know what a member needs without exposing them to unnecessary services. The addition of this information into the KHIE is also an excellent opportunity to streamline access for providers and increase the likelihood of its use. We are fully supportive of the widespread adoption and utilization of KHIE providers across Kentucky, which is covered in Section 8 of this RFP response. Passport will provide technical assistance and help providers apply for funds to defray costs of connectivity to the KHIE as well as potentially help decrease costs further.
- **Women's health and maternity care planning.** Passport has worked closely with the DPH, LHDs and DMS to make long-acting reversible contraceptives more accessible. Passport believes that allowing the appropriate spacing and planning of pregnancies is an important factor in having a healthy child. As a result, Passport worked with providers (including our Women's Health Committee) to educate on the safe and effective use of such contraceptives post-delivery as well as removing some of the administrative hurdles preventing reimbursement. Passport created a mechanism that allows reimbursement for the devices outside of the DRG for delivery to aid the process. This was communicated to obstetricians as well as the birthing facilities.

- **KPHLI.** Sponsored by Passport in 2015-2016, the KPHLI brought public health leaders, including predominately public health department leaders, together to participate in a competitive entrance one (1)-year leadership training program. The ***program teaches public health leaders to identify and build collaborations to solve a real problem in the community***. Through our support, KPHLI graduates have developed interventions for public health issues in our state including improving colon cancer screening rates in Appalachian men by determining how to craft messaging to this group; developing lesson plans about the impact of social media on nutrition choices and childhood obesity; developing a wellness guide for schools; developing a document for agencies on reducing barriers to integrated care; developing written communication procedures for adoption by local health departments; and conducting a case study for increasing the participation and retention of WIC participation at the Lake Cumberland Health Department that addressed workflow and staff morale initiatives. We also work with DPH regularly to assist with outreach for EPSDT if we are unable to reach the member about available services.

As we continue to collaborate with DPH, we have identified several potential opportunities to collaborate to support improved health outcomes. Initiatives that we and our committees and stakeholders have identified that would be the most impactful in addressing quality care and outcomes for Medicaid members are diabetes, obesity, cardiovascular disease, lung cancer and SUD.

Below, Passport lists several opportunities where we would welcome collaboration with DPH to support DMS's goals to transform the Medicaid program.

- **Data Sharing**. Perhaps the most impactful means of collaborating with DPH can be found in sharing data between DPH and Passport. Sharing de-identified data on Passport's membership and receiving statewide and regional data from DPH provides additional information to both parties to help us understand population hot spots, shifts and changing needs so we can better focus resources where needed and provide the most appropriate services. Data received from DPH would especially help Passport address localized issues in areas where Passport membership is small and its population dataset is incomplete. Data sharing would be between both parties under a Health Insurance Portability and Accountability Act (HIPAA)-compliant transaction.
    - For example, data sharing would directly impact our ability to effectively address the most staggering problem of SUD within the Commonwealth by improving our shared understanding of areas where SUD is prevalent. Passport's data shows that the total number of members with SUD diagnosis is about 35,000 (eleven percent [11%] of Passport members). The prevalence rate among adults is nineteen percent (19%). These members contributed to $448 million in total medical and pharmacy costs, making up twenty-seven percent (27%) of the total spend of our health plan. The breakdown of total spending is forty-two percent (42%) inpatient, twenty-four percent (24%) outpatient, nine percent (9%) ED and eighteen percent (18%) professional.

    As large as these numbers are, data sharing across the entire statewide population would help us determine how to break down our plan response and potential opportunities to partner with practitioners. Only together with the DPH statewide data, local presence statewide and potentially a partnership with all MCOs will we be able to curb the extent of the prevalence and help Kentuckians break free of addiction. Similarly, on an equally important scale for our babies and youth, additional data would help us understand where gaps in fulfilling needed immunizations exist for EPSDT, and we could partner with DPH to fill those gaps.

- **Diabetes and Obesity**. Diabetes is a common disease in Kentucky and the nation, with type 2 diabetes being the most common form. The prevalence of diabetes among Kentucky adults nearly doubled between 2000 and 2017, according to the 2019 Kentucky Diabetes Report issued by the Cabinet for Health and Family Services (CHFS). DPH's Kentucky Diabetes Prevention and Control Program (KDPCP) and associated Diabetes Prevention Program (DPP) are excellent resources. Passport could leverage the Kentucky Diabetes Resource Directory available through this program for community resources available to its members at risk for or diagnosed with diabetes. It would help educate our providers on the availability of the resource. We could then inform and ask providers to refer members to DPP resources. Similarly, we would work with these resources to educate providers and encourage them to refer Passport members who outreach to them and refer them to Passport for participation in our Condition Care program for diabetes. Related to this, Passport has also been participating in DMS' evaluation for the Senate on the potential for including DPP as a covered benefit.
- **Tobacco Cessation**. Encouraging cessation of smoking and vaping will have multiple positive impacts for Kentuckians, including prevention of lung cancer, lowering the rate of chronic lung disease, decreasing the rates of vascular disease and addressing the emerging dangers of vaping. According to the 2017 Kentucky Behavioral Risk Factor Surveillance System (BRFSS) survey, 46.2% of low-income adults and 42.2% of those with less than a high school education in Kentucky currently smoke cigarettes. Passport currently leverages DPH's Quit Now Kentucky program as its primary resource for smoking cessation for its members and will continue to use this excellent resource. We propose a collaborative effort with the DMS, DPH, all MCOs and other stakeholders to make even greater strides in addressing this ongoing public health issue.
- **Substance Use Disorder**. Another area of SUD management that would be augmented with DPH collaboration is a collaborative PIP such as the one we have proposed in our response under Section C.9.g above, focused on increasing SBIRT referrals. DPH clinicians are well-positioned to aid in expanding the footprint of the SBIRT approach, and Passport recommends that DPH be included in the development and monitoring of that recommended PIP. Part of the PIP would address the need to expand the codes for appropriate reimbursement for DPH staff; Passport believes that DPH would have insight into assisting with the expansion.

C.9.i. Describe the Vendor's approach to monitoring and evaluating progress in improving the quality of health care and outcomes on an ongoing basis. Describe the following:

C.9.i.i How the Vendor will use data to inform and prioritize initiatives to address Enrollee needs.

Using Data to Inform, Prioritize and Drive Initiatives

Data. To prioritize and drive initiatives, Passport uses data and reports from the following areas:

- **Quality Workplan.** The QI workplan reflects ongoing activities and progress on QI activities throughout the year. It addresses program structure, quality of service, quality of clinical care, member safety, member service and communication, network adequacy, and performance improvement. The workplan captures the time frame and frequency of activities, responsible parties and monitoring of issues to maintain visibility into the performance and trends of major programs across the organization.

- **Annual QI Program Evaluation.** The program evaluation report is written annually to evaluate the results of QI initiatives in measurable terms trended over time and compared with performance objectives as defined in the QI workplan.
- **Network Provider Performance.** These reports are designed to give Passport visibility into key performance metrics for practices and providers. Data is trending over time, and providers are benchmarked against each other. The data can signal where there is an opportunity to engage a specific provider, group of practices or region. Measures that directly relate to member needs include access, utilization and clinical quality performance.

Prioritization. Through our organization's committee structure, we prioritize initiatives that Passport will execute. The QMMC and QMAC are the primary committees that set these priorities.

- **QMMC Prioritization.** When reviewing data from the quality workplan and annual program evaluation, the QMMC evaluates and prioritizes potential initiatives based on (1) alignment with DMS contractual requirements, goals and aims; (2) performance that has trended down over two measurement cycles; (3) financial and operational impact to the organization; and (4) expected impact to members, providers and the community. These factors are weighted, and then performance areas are ranked based on the highest weight. The QMMC then sets the priority and monitors the execution of initiatives.

  If we identify a negative trend in network provider performance, the QMMC prioritizes specific provider engagement initiatives targeted with those providers. This is a separate prioritization process and is guided by the same method as above. However, this process is focused on improving performance at the provider or practice level. The process may inform the overarching macro-level initiatives but is designed to work independently.
- **QMAC Prioritization.** The QMAC reviews data specifically related to areas of the QI workplan that impact members. This includes access and availability of care, complaints and grievances, and member services. The QMAC provides valuable feedback to our community engagement team on the areas they deem the highest priority from the member's perspective. Feedback from the QMAC is prepared and shared with the QMMC for use in the weighting and prioritization of organization-wide priorities and initiatives.

This data, and the needs and perspectives of our members, informs our ongoing quality efforts and guides our annual quality focus and strategy.

C.9.i.ii. Methods for measuring provider performance against practice guidelines and standards adopted by the QIC and follow up activities to be conducted with providers based on the ongoing review of findings.

Measuring Provider Performance Against Clinical Practice Guidelines

Passport maintains a process to measure provider performance against CPGs and standards set by the QMMC (QIC) to meet regulatory requirements. Passport applies the same analytic rigor of our quality process with medical record audits and real-time, in-person feedback and education with providers. We measure and audit contracted and subcontracted providers' performance against evidence-based standards and CPGs, other performance indicators, key performance indicators (KPIs) and other key related factors using a combination of our extensive analytic tools, data (HEDIS data) and other available electronic and

paper records. As a provider-owned organization, we are uniquely positioned to understand what can help them make quality improvements, and we as Passport are managing, guiding and leading the efforts.

Locally, if a new CPG is identified for use, it goes through a subcommittee specific to the CPG, when appropriate, and then is presented for consideration at the QMMC. The adoption of local CPGs is then sent to the subcontractor for adoption at the national level to ensure consistency and that it follows the required process for NCQA accreditation. As part of the NCQA process for accredited Population Health Management programs, our subcontractor is required to review the evidence base for the CPGs every two (2) years.

There are two (2) distinct ways we measure provider performance against CPGs: through continuous monitoring, and with a rigorous annual review.

Continuous Monitoring of CPGs

- If a provider does not meet the minimum eighty percent (80%) performance threshold during a CPG or EPSDT audit, Passport enacts provider monitoring, and in some cases, creates a corrective action plan (CAP).
- Ongoing performance on quality measures based on HEDIS, national or state measure steward specifications are shared regularly with providers. Approved measures for monitoring quality performance, by design, are deeply rooted in evidence-based medicine and clinical practice guidelines.

Annual Review of CPGs

- **CPG Audit.** Passport selects certain CPGs for annual review and examines related HEDIS performance rates by the provider. We select CPGs for review based on annual QMMC priorities. HEDIS rate targets are determined based on trend analysis and national benchmarks. We provide performance against targets to providers. If a provider does not meet the target rate, Passport performs medical record audits of the provider files for compliance with the requirements of the CPG. If the provider's file review results do not meet the minimum standard, Passport offers education and training to improve performance. We remeasure the provider's performance at six (6)-and twelve (12)-month intervals to ensure that improvement is achieved and maintained, and that ongoing education is provided if needed or upon request.
- **EPSDT Audit.** Passport audits pediatric and family practice providers for compliance with screening and documentation of EPSDT members. Charts are reviewed based on a three (3)-year cycle to ensure that each age group is receiving the correct screenings and services as outlined by Bright Futures.

Ensuring that providers are aware of and understand CPGs is key to this process. It is the goal of the Quality Department to provide ongoing awareness, education, and supportive, useful data relating to clinical practice guidelines ensuring that members are receiving the highest standard of care and that we are continually working with our stakeholders, providers and those same members to constantly gain improvements.

- CPGs are sent to providers regularly through *eNews* updates are available on the provider page on www.passporthealthplan.com and are addressed in the provider manual.
- Our Provider Relations and Population Health Managers meet daily with different providers and actively engage them when we identify positive and negative trends and issues or need their input on programs and initiatives that support our member community. During this time, the team will address any knowledge gaps surrounding CPGs. We leverage extensive reporting dashboards to help them meet the goals of the QMMC but the goals of their organizations as well.
- Passport utilizes the results of the CPG and EPSDT audit to develop better and more effective provider education tools targeted to the network or a specific provider type.

Below are two examples where we identified an opportunity using our CPG process:

Example #1: Passport identified an opportunity to improve documentation relative to the well-child visit, specifically parental education about physical activity and nutrition. In reviewing medical records, Passport could not find documentation of member education in many cases. To address this, **we shared best practices** on documentation of member education and counseling and the availability of charting tools such as Bright Futures for pediatricians to add to the documentation or the EMR, and tips on ways to incorporate member education during the normal office workflow. We also looked at related material, including our member website, which we provide under our support for WIC and other children's programs to see if we could make an additional impact.

Example #2: Passport identified limited documentation regarding obstetric (OB) education during the first OB pregnancy visits and encouraged providers to use standardized American College of Obstetrics & Gynecology (ACOG) tools, provided education on our expectations that education should occur in the first two (2) visits, and provided ways to document member education tools distributed during a visit. When a provider performed at less than our expected target, **we shared the results face to face and demonstrated best practices** on incorporating the requirement into documentation, which resulted in improved results in subsequent audits.

C.9.i.iii. A summary of the Vendor's approach to the annual evaluation of the overall effectiveness of the QAPI program and how the Vendor will use findings for continuous quality improvement efforts.

Evaluating the Overall Effectiveness of Our QAPI Program and Using Findings for Continuous Quality Improvement

As mentioned in the above section, Passport conducts an annual QI Program **evaluation to gauge the effectiveness of the QI Program**, which allows Passport to determine how well it has utilized its resources to improve the quality of care, service, and culturally and linguistically appropriate services provided to Passport's membership. Passport's QI program provides the infrastructure for continuous monitoring, evaluation, and improvement in care, safety and service. Based on this annual review, we modify as necessary quality programs, including quality improvement policies and procedures, clinical care standards practice guidelines, member protocols, utilization and access standards practice guidelines, and the needs of members.

Annually, this goal is measured by the following objectives included in the QI program:

- To continuously monitor and analyze key clinical and service indicators
- To manage disease and health management programs
- To conduct outreach and health education activities
- To develop programs for populations with special needs
- To conduct intervention studies in clinical and service areas, selected based on data reviews
- To perform appropriate oversight of delegated activities
- To conduct satisfaction surveys for members and providers/practitioners
- To coordinate activities across functional areas to improve care and service
- To foster an environment that assists practitioners and providers with improving safety
- To conduct oversight of risk management and evaluate the effectiveness of the QI program

As part of this evaluation, Passport's approach assesses the following program aspects and makes recommendations:

- QI staff, resources and committee structure
- Network adequacy and expansion
- Qualified providers and practitioners
- Member cultural needs and preferences
- Delegation oversight
- Quality improvement activities and guidelines
- Accessibility of services
- Administrative and medical necessity appeals
- Service indicators
- Member satisfaction and provider satisfaction
- Public affairs
- Utilization management
- Statutory requirements
- Kentucky Medicaid PIPs
- EQRO annual evaluation
- Program impact goals

When the program has not met its goals, we complete root cause analysis to identify barriers. The barriers are addressed by the identification of improvement opportunities through interventions. The appropriate changes are integrated into the subsequent annual QI workplan. Feedback and recommendations from various committees are integrated into the evaluation as well as the external yearly review results conducted by the EQRO on behalf of DMS, accreditation status and annual reevaluation results. The final document is presented to the QMMC, the Partnership Council and the Board of Directors for review and approval.

An example of this process: At the end of 2019, we reviewed overall performance improvement and identified an opportunity involving preventive health and screenings that could increase not only member

health outcomes related to preventive services but also chronic condition monitoring and avoidable ED and hospitalization usage. Through the QMMC, we set this as a focus of the 2020 quality strategy and incorporated in the QI workplan interventions to engage more members with their PCPs through direct outreach, VBP, birthday reminders, PIP pilots and enhanced member health incentives.

Annual Review and Update of QI Workplan

Based on the results of the annual QI program evaluation, and with input from our board, the Partnership Council, QMMC, other stakeholders, and relevant Passport Health Plan Departments, we develop an annual QI workplan addressing planned and ongoing quality initiatives. The QI workplan includes objectives, goals, scope, identified barriers and planned activities that address the quality and safety of clinical care, quality of services, CLAS and **reduction of health care disparities** for the year. This workplan incorporates both areas of needed improvement and areas of special focus identified by DMS, or through our robust governance structure. Planned monitoring of issues previously identified by internal and external customers are integrated, including tracking of issues over time and the planned evaluation of the QI Program. Also included are persons responsible for each activity and the time frame for achieving each activity. As a recommendation of the EQRO, quantifiable goals, a timeline for implementation of activities and achievement of goals, and an annual "Executive Summary" of the workplan highlighting key milestones and the dates the milestones were achieved is completed annually and incorporated into the QI workplan. The final document is presented to the QMMC, the Partnership Council and the Board of Directors for review and approval. Once completed and approved by DMS, we openly present to all community stakeholders, subcontractors and providers through multiple channels, community presentations and joint development sessions to ensure network adoption and that critical focus is placed on the findings to take the next step in improving care.

C.9.j. Provide a summary of how the Vendor will collaborate with the Department and other Vendors in developing and implementing a value-based payment (VBP) program. Include proposed approaches for the following at a minimum:

A fee-for-service model unintentionally encourages overutilization; siloed care delivery occurs and unfortunately allows members to fall through the cracks. This causes a cycle of further overutilization and repeated testing, unmanaged referrals to specialists, misunderstood care plans, and medications either not taken or taken in excess. Without an engaged and informed provider or physician, members are often required to manage their healthcare without the knowledge or resources to guide them, leading to a population with significant gaps in inappropriate preventive care. Through our VBP strategies, Passport strives to improve the quality and health outcomes of members, reduce or manage cost at the provider panel level, and inform our providers and physicians with actionable information. If we can give providers and physicians actionable information and incentivized payment structures that reward educating, engaging, and supporting members to achieve improved health outcomes, then our VBP programs will be successful.

We want Kentucky providers to become more knowledgeable about and accepting of alternative payment models. We are continually working with providers to iteratively test and improve our programs to create an approach that aligns with their practice workflows. As we describe in detail below, if we can do that

collectively together with DMS and the other MCO's, choosing metrics and VBP program elements thoughtfully, receiving feedback from physicians and provider groups, and finding the best standardized performance metrics to highlight high quality clinical performance to incentivize then we will find our providers more willing to engage in VBP programs. Our proposal to how Passport will collaborate with the Department and the other MCO's is to propose we work together to standardize key performance metrics around primary care physician (PCP) focused population health metrics, preventable utilization, and maternity to reduce the administrative burden of physicians having to focus on multiple, unaligned metrics from each payor individually. The addition of maternity also allows the Department and the MCO's to include a key specialty group in OB/GYN providers and maternity a key area of Medicaid populations. Standardization also allows for the Department to share provider group performance across entire provider populations publicly and not just across smaller MCO-based memberships. This would really engage physicians and providers around key quality standards and allow them to focus across their entire member population on the clinical activities to support better member outcomes. It would also lead to more standardized VBP programs approaches and better adoption by Kentucky providers.

C.9.j.i The Vendor's lessons learned in developing and implementing VBP models, examples of models that have been most effective in improving performance and outcomes.

Lessons Learned Developing and Implementing VBP Models

Passport has built a variety of VBP programs, focusing on primary care versus specialty care provider type, design sophistication, funding mechanism and provider risk. Through our VBP strategies, Passport strives to improve the quality and overall health of members, reduce or manage cost at the member panel level, and engage and inform providers and physicians with actionable information on their member panel. We are continually working with providers to iteratively test and improve our programs to create an approach that aligns with the quality and member care workflows within their practices. Through the process of building our VBP programs, Passport has developed a consistent approach to identifying and building out initiatives for VBP and has identified several lessons learned in building effective programs that improve performance and outcomes and attempt to reduce the administrative burden on providers.

Build a VBP Program with Provider Input End-to-End

To gain buy-in and minimize abrasion among providers, it is essential to work with them from the outset of developing the program. Our provider-driven governance structure is a differentiator for Passport in developing VBP programs because we can work directly with key provider leadership in the design choices and approval of our VBP programming.



The PCP Workgroup, a standing subcommittee of Passport's Quality Department made up of providers and provider group leadership from our network, offers invaluable insight on actionable quality and utilization metrics and incentive payment approaches so we can achieve the best outcomes with the highest provider participation. ***All of Passport's***

practitioner initiatives are reviewed and approved by the provider-driven Partnership Council as a final step before Passport leadership will move forward with deployment.

- An example of the important and thorough discussion with providers for feedback was on population health metrics like preventable ED utilization. A healthy discussion ensued about the impact PCPs have on members going to the ED. Early discussion focused on how members have many factors that lead to ED visits, including guidance from specialists, access challenges, member choice, member experience with their health needs and other factors. As the discussion continued, most PCPs felt they could make a bigger impact with the adult population than with the pediatric population. Accordingly, Passport removed the ED utilization metric for the pediatric population. Practitioner buy-in is the most important factor in engagement and building a successful VBP program.

We continue to work with our provider leadership network after selection of metrics to review provider reports and scorecards, make sure payment models and calculations are understandable and have conferences with providers at their offices to continue to drive activity and feedback into the program.

Even with some of the challenges and lessons learned, we have had an understanding VBP provider community that has stuck by Passport and our VBP program knowing that we have been honest with those challenges and worked with them on solutions instead of either coming up with metrics on the front end or solutions or reports on the back end on which they had no input.

Choose Measures Thoughtfully

With earlier VBP pilot programs, Passport initially selected a larger number of measures to evaluate for payments. As pilots progressed, we determined that it was best to ask providers to focus on fewer performance metrics, so they can best focus their attention on specific key areas leading to improved processes and quality of care for members. We will also offer reports on a broader set of quality and utilization indicators about their member panel but will focus on a smaller set to measure and pay out for performance. Otherwise, buy-in was difficult because practitioner feedback was that there were too many measures, and they had varying degrees of control over their impact on some of them.



- An example included PCPs saying that they are not involved in hospital follow-up after behavioral health hospitalization because that follow-up is almost exclusively done by psychiatrists and behavioral health specialists. We still want them to focus on making sure their members get follow-up in this specialty-driven situation. Still, it was very important to build provider buy-in to select metrics they felt they influenced, especially when tying this to compensation and incentives. The narrowed metric focus also helped our central analytics teams to focus on the critical elements to measure outcomes and results as accurately as possible, and it allows Passport to provide more granular-level actionable data and insights that providers seek to enhance care. It is also essential to provide education on programs and measures with providers. This is also an opportunity to align required measures across payers for similarities and alignment opportunities (e.g., Kentucky Core Measure set that was developed collaboratively with the CHFS, the Kentuckiana Health Collaborative, and multiple stakeholders, providers, and payers) and to work together with DMS and across MCOs.

There Will Be Data Challenges to Work Through

Practitioner buy-in and confidence are foundational to the success we described earlier. Significant effort is required to resolve data challenges and develop accurate reporting and measurement evaluation.

Key areas include:

- Member-PCP panel attribution
- Developing appropriate rules around each specific measure to incorporate exact data elements for both numerator and denominator
- Ensuring that claims data flows to populate those metrics and serial review and adjustment with each data run
- Being accurate and transparent in explaining in detail how scorecard performance ties to payment calculations. Mistrust with data, calculations, and payments is a significant source of frustration among providers.

We are lucky to have strong and loyal relationships with our key practitioner network partners and through the Joint Operating Committee, and practice meetings can review data with group leadership and individual practitioners to get feedback. Our intensive practitioner engagement process and staff—including our CMO, medical directors, Population Health Managers and practice engagement staff who focus on clinical programs and reports with providers in their offices—have maintained strong loyalty from providers who have willingly worked with us as we take their constructive feedback and adjust our data and reports.

Our providers are the standard-bearers for these initiatives, and we work with VBP program provider groups as well as our Partnership Council and PCP Workgroup provider-driven governance groups when we experience variable provider acceptance or key feedback. Passport invests time and resources to address provider data concerns, such as (1) member-PCP attribution logic, (2) appropriate definitions for each specific measure, and (3) ensuring that claims data flows to populate metrics appropriately and leads to accurate calculations and payments. Passport is building foundations for robust reporting and analytics through internal and provider reviews.

- In 2018, provider groups offered feedback around VBP program member attribution logic and how better alignment with their reality would not only improve population health management but also help them feel more empowered to perform against program metrics and subsequently enhance their earnings. In response, Passport partnered extensively with provider groups to understand underlying opportunities with the attribution logic, iteratively refining the attribution algorithms. Provider confidence in VBP program attribution logic and its ultimate impact on earnings is of the utmost importance to Passport. Passport's VBP team worked on data issues until providers had more confidence in the attribution and data analytics. Passport's partnership with providers resulted in all groups that formally participated in the previous HealthPlus program renewing their participation for 2020. Additionally, a group that was receiving population health management support outside of the VBP program felt so supported by our analytics that they decided to join the 2020 HealthPlus program.

Face-to-Face Interactions Because Provider Engagement Is Variable



Two important lessons learned are meeting providers at their office when they have time to meet outside of member care time and to have a robust provider engagement process and team. It is crucial to analyze provider group challenges, including confusion or disagreement with measures and calculations, information or technical gaps (like with data that could come from KHIE) and support needed to achieve incentives. There are also often office workflow efficiency challenges both to accomplish the quality goals and opportunities to help connect members to broader social and community providers and programs. Passport has invested in a VBP provider engagement team that includes, beyond the traditional yet helpful PR staff in the field, the following roles:

- Population Health Managers who are practice SMEs who can help address provider challenges, including workflow; create educational materials; educate and distribute provider panel reports and actionable member data; and facilitate jointly developed CCs at provider offices to review all materials monthly
- Provider Network Operations that works on provider-member attribution and provider data management
- Analytics that works on all data rules to measure VBP metrics accurately and the performance reporting for actionable member data to inform providers and performance reports, so providers know how they are performing on scorecards related to the VBP
- Passport CMO, Medical Directors and VBP staff that work on all aspects of the program and manage the challenges and feedback from providers to find solutions. They are also the leaders for provider engagement, education, communication and support. It is their leadership that focuses on maximizing provider performance (and member health improvement) and simplification of provider administrative burden

Member Compliance Can Be Low, and Some Members Are Hard to Locate and Engage



One of the biggest challenges for both providers and health plans is having the right member contact information. Social and financial difficulties often lead members to have to change phone numbers frequently or not have a phone. Even when they have a number, they are afraid to answer or give out the information because of legal or financial risk.

Passport care team staff embed within high-volume providers' offices, sharing contact information bidirectionally to help practice staff engage members to schedule necessary preventive appointments, immunizations and care needs. Care management teams that are connecting with at-risk members during inpatient-to-home transitions or with complex-needs members also engage members for preventive care with their PCP. Passport also has a member incentive program to reward engagement, including getting necessary PCP or prenatal appointments or care and other healthy behaviors. The care coordination team can also help arrange transportation when needed, eliminating that barrier for some members in obtaining care.

Meet the Providers Where They Are in Their Transition to Value-Based Payment Models

Providers are at different points in their transition to VBP models beyond traditional fee-for-service payments. Targets in VBPs need to be achievable for providers, regardless of where they are in this transition, and must be based on change over time rather than fixed metrics. “Meeting providers where they are” is multifaceted, and it is very important to have experience implementing and managing provider VBP programs. Having the right levels across a continuum of provider risk tied to the VBP program (e.g., upside only, partial risk, full risk, partial capitation or full capitation) allows for providers to participate at different levels. We must also ensure that the correct model sophistication is used (e.g., activity based, mixed model or outcome based) and that we understand our individual provider group’s competencies and comfort levels and offer the appropriate level of risk payment program. Lastly, thresholds for metrics must be adjusted incrementally to improve performance and reward providers as they progress year after year.

Early and Frequent Earnings Payouts

Paying out program earnings as early and frequently as possible makes a VBP program “sticky” with physicians; that is, it will help physicians sustain their involvement with the program. To the extent permitted by the VBP program model and data needed to evaluate performance, it should include periodic or performance-conditioned interim payments. As we noticed in our early experience, having VBP metrics limited only to HEDIS quality metrics meant that payments often would not be finalized until Q3 of the following year to have data be finalized to be accurate for completeness and payment. This was not financially viable to many small and large provider offices because to improve member health and hit accompanying quality-of-care targets, you often need additional staff or technology investments. However, we found that interim payments for activity-based models and shortening the lag time to finalize total payment after the measurement period ends for outcome-based models allowed for some regular activity-based payments and an often larger payout based on quality performance.

Focus on Meaningful Outcomes over Activity

Passport’s philosophy in “meeting providers where they are” includes helping providers new to value-based care build the infrastructure needed to support future participation in VBP programs (i.e., a CMS Health Care Payment Learning and Action Network [LAN] Category 2 program). For some providers, this took the form of a per member per month (PMPM) care management capitation to help providers fund and integrate population health management that would foster fruitful participation in VBP programs. One of Passport’s largest provider groups began their transition to value-based care with such a PMPM capitation; from there, Passport partnered with the provider group to evolve their participation over several years to that of an upside outcome-based VBP program with analytics and tools to support performance (i.e., a CMS Health Care LAN Category 3 program). Passport recognizes that to shift focus to meaningful outcomes, it may need to help providers set the foundations with stepwise VBP payment strategies that ultimately support more independent population health management.

Successful Passport VBP Programs

Several of the VBP programs that Passport has implemented have produced outcomes that we are proud of and hope to expand on in the coming years. Some examples of meaningful results include:

- Behavioral-health focused shared savings model with Centerstone Kentucky (Seven Counties Services) served 142 members with severe mental illness for up to six (6) months over a period of nine (9) months and observed the following impact:
  - Sixty-three percent (63%) reduction in combined medical, emergency, and behavioral health inpatient expenses
  - Forty-five percent (45%) reduction in inpatient hospital stays
  - Twenty-seven percent (27%) reduction in ED visits
  - Sixty-nine percent (69%) reduction in hospital readmissions
- The HealthPlus PCP program, Outcome-Based Shared Savings program, with seven (7) PCP groups—approximately thirty-seven percent (37%) of plan membership (about 120,000 lives) and sixty-one percent (61%) of network providers (2,100 providers)—**generated $6.7 million in shared savings in 2018**.
- VBP program with Care Management PMPM for Clinically Integrated Network (CIN) achieved the following measurable outcomes:
  - Reduced MER six percent (6%)
  - Exceeded the target for HbA1C control greater than or equal to nine (9) adults by thirty-eight percent (38%)
  - Decreased inpatient PMPM by thirty-four percent (34%)
  - Decreased outpatient PMPM by seventeen percent (17%)
  - Decreased ED PMPM by eleven percent (11%)

C.9.j.ii. Recommended goals and focus areas in the first two years of implementation of the VBP program.

Recommended Goals and Focus Areas for Our VBP Programs

Passport launched the 2018 HealthPlus VBP program, incorporating extensive provider input with design and metric selection from both the provider-driven PCP Workgroup and approval coming from the Partnership Council, and continues to integrate provider feedback as it evolves and grows the program.

Passport's goals for the first two (2) years of implementation of the VBP program include:

- Developing an even more reliable, accurate PCP program model that provides precise data measurement, reports and payouts to providers
- Seeing improvement in provider scorecard indicators in terms of target quality and utilization metrics year over year
- Maintaining the high level of provider satisfaction from survey data among Passport's VBP provider groups as well as indirectly from improvement in target quality and utilization metrics, leading to stronger provider incentive payments to reward clinician and office staff efforts
- Improving VBP provider retention by satisfying existing provider groups and adding new provider groups to the HealthPlus program, eventually incorporating most of the applicable provider network

- Continuing to build confidence and comfort in the practice level effort and panel member management necessary to drive success in VBP and move PCP provider groups ultimately to more advanced risk-based contracts as providers are willing and able in later phases, as well as to start to develop several bundled payment VBP models with specialists, including behavioral health, OB/maternity and possibly other specialties



The intent is to continue to scale this program across the network, strategically moving providers along the value-based continuum. Passport will advance VBP programs when providers are ready and willing. Passport will use the Centers of Medicare & Medicaid Services (CMS) Health Care Payment LAN Framework as our framework for defining APMs, such as VBP programs, which includes a four (4)-category payment model classification system:

- Category 1: Fee for service with no link of payment to quality
- Category 2: Fee for service with a link of payment to quality and value
  - Including foundational payments for infrastructure and operations, payment for reporting, rewards for performance and rewards, and penalties for performance
- Category 3: Alternative payment models built on fee-for-service architecture
  - Including APMs with upside gainsharing or APMs with upside gainsharing and downside risk
- Category 4: Population-based payment
  - Including condition-specific population-based payment or comprehensive population-based payment

In time, Passport hopes to move more providers from Category 3 to Category 4 APM contracts. As the program continues, Passport will work with DMS to advance program sophistication and performance targets so that HealthPlus impacts priority focus areas for Kentucky. Also, we propose to implement a few smaller programs of a more transformative nature, especially moving to develop specialty provider VBP programs. These will focus on a smaller number of specialty providers but focus more comprehensively on the quality metrics and member health goals demanded.

For example, we identified a need to engage behavioral health hospitals to focus on post-discharge management specifically. We have developed a program whereby Providers could earn additional incentives resulting in payment above the traditional per diem if they achieve two goals: connection to an outpatient visit within seven (7) days and avoidance of thirty (30)-day readmission.

To maximize the impact on quality and population health, Passport focused on nonclaims-based clinical data to drive performance. Passport is currently partnering with several large provider groups for EMR integration. Not only does this enhance performance reporting and analytics, but it also allows for more real-time bidirectional communication on member impact opportunities.

Other overall focus areas that tie back to our goals in the first two (2) years of our VBP programs:

- Continue to refine our provider data management and analytics to attribute members to provider panels with a high specificity, leading to highly reliable provider panels and actionable panel reports

- Expand provider engagement, especially with our larger provider groups, and encourage them to allow more practices to have CCs with our PHMs to review actionable member data and support practice workflow transformation at regular repeating intervals
- Encourage increased provider attendance and active participation, discussion and feedback at our PCP Workgroup (a subcommittee of the Quality committee) and the Partnership Council

C.9.j.iii. Proposed approaches to collaborate with the Department and other MCOs to develop the VBP program and to implement a coordinated approach to achieve statewide improvement in outcomes.

Collaborating with DMS and Other MCOs

Passport is fully supportive of anything it can do collectively with DMS and other MCOs to relieve burdens on its providers and improve the health of its members. As described previously, Passport has extensive experience collaborating with providers and DMS in the development of the VBPs implemented to date. We will continue this process and welcome the opportunity to engage with the other MCOs to establish statewide targets.

Passport understands the work entailed by all parties to set up systems to measure outcomes accurately. For smaller provider groups that work with multiple payers, this could be quite cumbersome and challenging to accomplish if the provider must create unique measurement systems for each payer. On a larger scale, it is challenging to aggregate data and demonstrate a collective impact on health outcomes if the information is being gathered in slightly different ways to measure similar constructs.

One approach that Passport is open to is working collaboratively with DMS and the other MCOs, together with input from provider groups, to decide on one standardized metric set that each PCP group would be measured against for performance. This was done with the Kentucky core measure set initiative, sponsored by the CHFS and managed jointly with the Kentuckiana Health Collaborative, to gain consensus on metrics that would be incented and implemented in a more standardized fashion for measurement-based care across MCOs.

While the specifics and subtleties of contracting might be unique to the MCO and provider relationship, the agreed-upon key measures and methods for capturing their outcomes could be determined and standardized in advance. Having single standardized quality and utilization **Kentucky Population Health Metrics**, all provider groups would become very familiar with the measure sets and would be able to focus their resources on managing to those core metrics. Narrowing metrics runs the risk of a “managing only to the measures” bias and not focusing on the whole person. But as mentioned before, under lessons learned, choosing metrics wisely is key. Including broad primary care initiatives like EPSDT ratios and access by adults, children and adolescents to primary care, well-child visits and other adult screenings would ensure that members are getting core, high-quality primary care.



This would also allow DMS to collect data from each MCO regularly and be able to publish statewide provider data across these key metrics, removing the barrier that each MCO was asking providers to divide their focus. With the Kentucky Population Health Metrics, statewide data could be measured for each group

regardless of what stage of CMS Health Care Payment LAN framework they are at from a VBP category. Even groups that were still at Category 1 (fee for service with no link of payment to quality) would receive performance data on the standardized measure set if DMS and the MCOs were to consider collaborating in this initiative.

By collaborating with DMS and the other MCOs to select targets for improvement and standardizing the measurement for outcomes, we would help the practitioners tremendously by avoiding multiple metric sets from each MCO, which frustrate their ability to focus as well as distract them from the primary focus of member health. Standardizing to a core measure set would also help DMS and the MCOs determine on a much larger scale the impact of interventions and meaningful changes in health for the Commonwealth.

Another approach to collaboration we propose is to broaden the standardized metrics that DMS and MCOs would collaborate on to a broader focus of preventable utilization across the population. These **Kentucky Preventable Utilization Metrics** could include ambulatory care sensitive condition ED visits per 1000, inpatient admissions per 1000, and all-cause 30-day readmissions rate. This approach would put a significant focus on PCPs identifying their at-risk members (at risk for ED visit, admission, or readmission) and ensuring they are managed as well as emphasizing the need for members to have access to acute primary care beyond regular hours.

The third approach to DMS and MCO collaboration we propose is to develop a standardized approach to measuring the quality of maternity care across the Commonwealth members and OB/GYN providers. It would also incentivize collaboration between OB/GYN and PCPs as well, especially since often prenatal care responsibilities are shared based on pregnancy stage, which is an opportunity for a member to fall through the cracks. With input from OB and PCP providers, we could establish the **Kentucky Maternity Monitoring Metrics** that could include the frequency of ongoing prenatal care (FPC), prenatal and postpartum care (PPC), primary C-section rate, preterm delivery rate and neonatal abstinence syndrome (NAS) rate per 1,000 live births. Such a collaboration would be an important focus of standardization for this very vulnerable population.

Any of these approaches to collaboration would most likely require additional staff or technology investment from the primary care and OB/GYN practice groups. It would be an important step to promoting any of these initiatives for DMS and the MCOs to also come together along with a broad, diverse provider group feedback panel to discuss standardizing the incentive payments or possibly adding a kick payment or additional incentive tiering model from the state for high-quality performance.

Regardless of which collaboration initiative is chosen or considered, **building the VBP program with the provider's input end-to-end** is crucial to the success of any DMS and MCO collaboration. Passport is uniquely positioned to ensure provider input to a collaborative process by leveraging our long-standing Partnership Council and Primary Care Workgroups. These groups have been providing Passport with advice and governance for over twenty (20) years. Passport would be happy to engage in convening this diverse group of providers that represents providers across the state and gauge their interest in being part of a

focus group that meets regularly with DMS and VBP leaders from other MCOs as a feedback group for any initiatives from DMS and MCO collaboration.

C.9.j.iv. Potential challenges specific to Kentucky and the Vendor's proposed methods for addressing identified challenges.

Addressing Kentucky's Specific Challenges

Although Kentucky experiences poor health results across the Commonwealth, especially outside of urban areas, there are often unique regional characteristics that make varying contributions to health. This is especially true in the health care delivery system, where distance and time often have a different meaning, whether that is getting around a range of mountains in eastern Kentucky, Lake Cumberland in southeastern Kentucky or crossing the land between the lakes in far western Kentucky. There are similar examples throughout the state. Factors such as this contribute to challenges in creating an extensive program that fits across the entire landscape, a landscape that from the provider's perspective is ideally agnostic to payer source. Said another way, the providers would prefer a universal system across all Medicaid MCOs as well as commercially insured clients. Passport believes that there is an excellent opportunity to unite all stakeholders to create a more uniform solution for all of Kentucky.

Other specific challenges that Passport believes are impacting providers and system development across Kentucky include:

- Limited access to concurrent data
- Limited access to member contact information
- Wide variance in member attribution at the provider level
- Wide variance in access to providers
- Variability in community and social supports
- Lack of common approaches by payers



Limited Access to Concurrent Data

The evolution of the KHIE offers an outstanding opportunity to connect health records across the state. Passport is ready and willing to work with the Cabinet to support widespread utilization. This method of interconnectivity, and the rich data collected in the KHIE, offers practitioners and MCOs a unified way to submit or access data in real time or near real time to help populate data fields and metrics and close specific care gaps. It would also help inform immediate hot spots to focus on, such as members who are in the hospital or ED, to ensure safe and smooth transitions and reduce readmissions. Within our network of contracted providers, we are working to grow connectivity to increase access to "real-time" information concerning admission, discharges and transfers, additional transitions, and gaps in care. Passport also understands that many hospitals are electing to participate in a collaborative that allows information to be shared regarding ED visits among those facilities that are participating.

Our proposed methods to address the challenge are to evaluate all our VBP-participating provider groups and all our other large member volume practices and meet to discuss and potentially assist them in

connecting to KHIE. Our IT director is very willing to review a provider's EHR capabilities and technical requirements, and Passport would be willing to assist the groups in applying for the recently announced Provider Assistance program or any grant or extramural funds available for connecting to KHIE. Passport is considering offering an incentive to offset a provider's implementation costs.

Limited Access to Member Contact Information

Member contact information is often a challenge for both plans and providers because our membership is often financially and legally at risk and will often not have consistent phone numbers or be willing to share contact information, including their address.

Our proposed methods to address the challenge would be to have a bidirectional feed for contact and demographic information much like the state database for childhood immunizations so that any provider, facility, pharmacy or plan would have secure access to necessary contact information to help in emergencies as well as to help providers and plans support members with their health care needs.

Wide Variance in Member Attribution Panel Sizes at the Provider Level

VBP programs tend to flourish in situations where providers have significant member volume, thereby making certain staffing, process and protocol changes needed to drive performance worthwhile. Larger provider groups are better able to make these necessary changes and fund the resources needed to support them; these groups typically reside in urban or suburban parts of Kentucky. It is difficult to use VBP programs to drive health care improvement in rural settings, which tend to have significantly smaller provider groups or independent practitioners. If the ratio of members on a provider panel is small, it also complicates the identification of a significant trend, addressing actuarial soundness at the micro level and creation of an incentive program and pool that is likely to facilitate behavior change. Smaller panel sizes also make it harder to identify actionable clinical-improvement trend opportunities due to low utilization volumes (e.g., if a practice has less than one hundred [100] deliveries per year or a practice has only zero to three [0-3] admissions per month).

The method we propose is to aggregate providers into functional collaboratives, similar to clinically integrated networks or Kentucky Primary Care Association (KPCA), where several smaller groups could have their data pooled to be able to identify trends and focus efforts and smooth out the data challenges that affect small numbers to be able to address actuarial soundness, especially when it comes to incentive payments for providers.

Wide Variance in Access to Providers

This has obvious impacts on referrals to specialists and delays in seeking early preventive services. Issues such as this can disproportionately impact a provider or region due to the utilization of high acuity services while solutions are identified and implemented. A less obvious example for some would be the reality that many counties in Kentucky do not have ready access to "private" ambulance services and might have only

one (1) or two (2) ambulances for the entire county, supported either by a local hospital or local government. This limitation on ground ambulance transportation can increase the need for the use of air transport, not only for tertiary or quaternary care but also for an initial evaluation at a local facility. The providers are evaluated before launch because regional variations can have adverse impacts.

Our proposed methods to address the challenge is to sit down with these provider groups to get their feedback to the access challenges with their members and brainstorm solutions, including educating them and their members on the broader use of telehealth and discussing opportunities for the plan sponsored transportation options for members. We would also consider in a VBP program adding additional dollars proportionally to support and incentivize increased primary care access after regular business hours and on weekends for these rural provider groups.

Variability in Community and Social Supports

While the urban areas have greater access to many services in absolute numbers, it does not always translate into significant improvement at the global level. Passport believes that lack of availability of many of these services will contribute to poor performance in health care results, i.e., quality and costs. Anything that impacts quality and health care costs will have an impact to consider in a VBP program. We understand that community and social supports are important to addressing the holistic needs of members independent of where they live. As a result, we use systems to track resources (Healthify and Unite Us) to assist in resource finding for our members.



Our proposed methods to address the challenge include meeting with our VBP provider groups to discuss and gain their feedback on what challenges they have in connecting at-risk members to the community and social supports. We can then offer care management support, even at specific times in their offices, to meet directly with members and to help connect at-risk members to ancillary community resources, especially community mental health services so often necessary in our vulnerable populations. Passport health educators are also willing to train and offer access to its internal resource database identification systems (Healthify and Unite Us) that it uses to identify support for at-risk members. Passport provider relations is also willing to contact any unresponsive community agencies on behalf of the provider groups that might be having trouble placing at-risk members.

Lack of Common Approach by Payers

Passport believes that providers want to focus on providing health care—what they do best—rather than keeping track of multiple programs for various health plans. It is easy to think only about the program that we offer or that other Medicaid MCOs might offer. From the provider perspective, there are these and so many more for commercial insurers, Medicare, TRICARE and other payors. Considering the scenario from a much broader view, we understand why providers are frustrated and why the results that we all want to achieve have been slower to materialize and track over time. Passport welcomes the opportunity to participate in a statewide DMS and MCO collaborative to reach common ground, potentially following a

model like the development of the Kentucky Core Measure Set. Although there might be unique characteristics to consider, the value is worth the effort.

Nationally, no standardized metrics exist for VBP programs. CMS is currently updating the quality metrics that will be used for MIPS in 2020 and will provide standardized measurement-based care metrics by specialty area. This standardization will simplify VBP on many levels.

Our proposed methods to address the challenge are detailed in the previous section; we suggest convening a broad representation of statewide provider group leaders with MCOs and DMS. Or, we would be glad to ask the Passport PCP Workgroup and Partnership Council to volunteer to be the focus group and to gather their feedback on a proposed standardized Kentucky Population Health metric set that would be tracked statewide across entire membership panels, inclusive of all MCOs, tracked over time, and publicly posted. DMS and MCOs could consider either continuing to have each MCO and provider negotiate their VBP payment models or potentially standardizing a single statewide payment model.

C.9.j.v. Regardless of the model implemented, the Vendor's approaches to analyzing performance against targets, frequency of analyses, reporting results to the Department and use of analyses to modify interventions that are not making progress towards achieving targets.

Passport's Approach to Performance Analysis and Reporting

Passport uses its standard PDSA approach to analyze performance. Once the VBP measures are selected, we embark on the following process during our implementation and ongoing operations:

- Establishing a performance baseline—key to selecting measures and ongoing trends
- Selecting a target or goal—these may be developed from a percentage improvement required, informed by trend performance or selected, and extrapolated from the "best-in-class" 50th or 90th percentile nationally
- Implementing the intervention—in this case, the VBP metric set performance by provider group and if possible, by the individual provider; however, this raises the issue of small number bias
- Assessing performance compared to goals or targets at least quarterly and meeting with each provider group leadership in JOC quarterly to discuss performance and feedback. We will also use our provider engagement staff, including practice facing Population Health Managers, to meet with individual practices in CCs monthly with actionable member data reports that help providers understand and identify at-risk members and members who have open care gaps. This important process step is defined in more detail below.
- Conducting a root cause analysis if overall program performance is not tracking to achieving the goals. One important goal of the VBP program is to make sure that provider groups can attain the chosen metrics. Sometimes the actual metric performance trend doesn't follow preliminary expectations due to real-world challenges, and we want to make sure that we make any midcourse corrections that make our VBP program metrics fair and reasonably attainable by the provider groups.
- Conducting a root cause analysis if the individual performance by groups is not tracking to achieving the goals. This activity is done in collaboration with the provider groups.

- Implementing a midcourse correction as warranted.
- Re-monitoring performance in the next quarter.
- Submitting aggregate performance on the VBP program metrics to DMS at least annually or upon request, including a summary of actions taken.

We have determined that a quarterly evaluation gives providers enough time to impact the metrics, while still providing us the opportunity to adjust program metrics or elements together as needed.

Passport takes a two (2)-tiered approach to physician engagement and scorecard report distribution that offers a comprehensive top-down and bottom-up structure.

JOC meetings: The purpose of the quarterly in-person JOC meeting is to work collaboratively with the provider organizations' executive leadership teams to discuss group-level program performance data and best practices that ultimately lead toward improved quality and satisfaction for members while reducing unnecessary expense. These meetings allow us to work with the practitioner group leadership to review interventions, measure result progress and jointly determine opportunities for improvement.

CC meetings: The purpose of the monthly CC meeting is to engage organizations' key practice managers and providers, ensuring that they understand the VBP program and have actionable information they can use to address member health opportunities. Passport's PHMs play a critical role in supporting practice-specific performance as SMEs around practice transformation, specifically clinical care management programs and VBP initiatives.

CCs' focus goes beyond just the VBP metrics and elements. We use the opportunity to provide feedback and inform about broader HEDIS, EPSDT, quality and clinical action items that we can work on together to benefit member health more broadly as well as improve relationships between Passport and its practitioner network. Passport has an extensive support team for its providers in addition to the PHMs, including CMO, medical directors, care managers, pharmacists, BH specialists and community health workers. As data-driven opportunity areas necessitate, these SMEs will join JOCs and CC to help providers take concrete action steps to improve member care while efficiently using resources. This unique, comprehensive support strategy fosters candid conversations and a shared commitment to improving member care.

We also share feedback on our VBP programs and our JOCs and CC meetings with Passport's provider-driven PCP Workgroup and Partnership Council as part of our regular program governance, especially because many of them are leaders within the VBP network. We regularly share and update them with feedback, both on performance results and feedback from JOCs and CC meetings so they can suggest and implement midcourse corrections and adjustments to program elements and metrics, but also including feedback from any part of the VBP process, such as data, reports and incentive payments.

Reporting to DMS is provided annually or as requested, and we will notify DMS of any major program adjustments. We welcome further cooperative development with the other MCOs and DMS.

9.k. Will the Vendor and Subcontractors implement VBP arrangements with providers? If so, describe the following:

C.9.k.i. The types of VBP arrangements the Vendor and Subcontractors plan to use and why these models were selected. As part of your description, map your proposed VBP arrangement to the HCP-LAN APM Framework maturity level.

Alternative Payment Model VBP Programs

Partnership in Advancing Value-Based Programs

Passport believes that to improve the health care system, it is essential to transition from fee-for-service payments that incentivize volume to APMs such as Provider Incentive Plans, which reward providers for keeping their members healthy. Passport defines a Provider Incentive Plan as any compensation program that rewards providers for improving the quality of member care and outcomes. Although a Provider Incentive Plan is often implemented in the form of a value-based purchasing (VBP) program, it can also take place through per member per month (PMPM) incentives that help providers establish a population health management infrastructure.



Passport knows that taking on risk is often intimidating for providers, and they are therefore hesitant to engage in a shared savings program. Passport is unique in its commitment to understanding the challenges providers face in the shift to **value-based purchasing models**, as evidenced by the meaningful steps Passport has taken to ensure that the provider community has direct input into the evolution of VBP through forums such as the Partnership Council.

We focus on infrastructure development with our providers to support that shift. Most providers in our network still need to enhance their population health management capabilities before participating in more advanced forms of APMs. As a result, Passport has partnered with several providers to administer foundational Provider Incentive Plans that establish population health infrastructures such as a PMPM payment for care management services or PCMH certification. These programs help providers build core VBP capabilities by allowing for incentives to change behavior.

Passport is committed to advancing the progression of the delivery system in Kentucky toward a focus on higher quality and better outcomes. The pages that follow will describe, in more detail, the following innovative approaches Passport is taking to ensure that the provider community is modifying its behaviors and participating in a meaningful way in our programs that are supporting this evolution toward value:

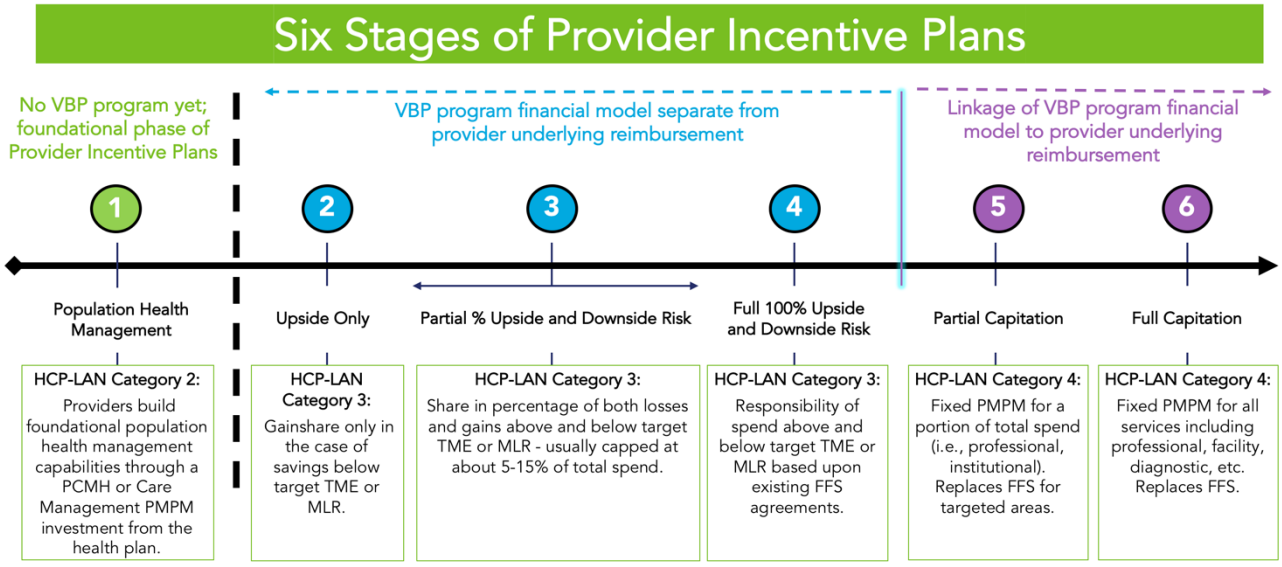
- Develop, and continue to evolve, a variety of Provider Incentive Plans that “meet the provider where they are” in terms of infrastructure, capabilities and risk tolerance
- Invest in providers’ ability to advance their population health capabilities by providing financial support for infrastructure buildout
- Incorporate customizable quality measures, designed for the needs of a specific practice, such as adjusting for adult primary care or pediatric care
- Provide meaningful, actionable data in a format that is readily available and easily digestible
- Provide frequent on-the-ground coaching and support through our PHMs

- Hold regular JOCs and CCs with providers participating in one of our VBP programs

Passport's Forward-Facing VBP Program Strategy

Exhibit C.9-15 below depicts the six (6) stages of Provider Incentive Plans. The first phase is a preparation phase, focused on building core population health capabilities through the aforementioned per member per month (PMPM) programs. Stages Two (2) through Six (6) incorporate a VBP program with increasing levels of provider risk. Given that we do not consider Stage One (1) to be VBP in its truest form, we will focus on Stages Two (2) through Six (6); section **C.03, Capitation**, contains more detail on the Stage One (1) programs.

Exhibit: C.9-15: Glidepath of Physician Incentive Plans



VBP: value-based program **MLR:** medical loss ratio **TME:** total medical expense

Passport **will advance VBP programs** when providers are ready and willing. Passport will use CMS' HCP-LAN framework as our basis for defining APMs, such as VBP programs, which includes a four-category payment model classification system, as follows:

- Category 1—Fee-for-service with no link of payment to quality
- Category 2—Fee-for-service with a link of payment to quality and value
  - Including: Foundational payments for infrastructure and operations, payment for reporting, rewards for performance, and rewards and penalties for performance.
- Category 3—Alternative payment models built on a fee-for-service architecture
  - Including: APMs with upside gainsharing or APMs with upside gainsharing and downside risk
- Category 4—Population-based payment
  - Including: Condition-specific population-based payment or comprehensive population-based payment

Most of Passport's providers are in the very early stages of VBP program sophistication. Currently, our Care Management PMPM and Member-Centered Medical Home PMPM programs align with LAN framework Category 2. However, Passport's primary care upside-only outcome-based VBP program, HealthPlus, aligns with LAN framework Category 3. Passport's goal is to graduate as much of its network as possible into some form of risk-sharing through Category 3 (financial model separated from underlying reimbursement) and Category 4 APMs (financial model linked to underlying reimbursement, such as bundled payments).



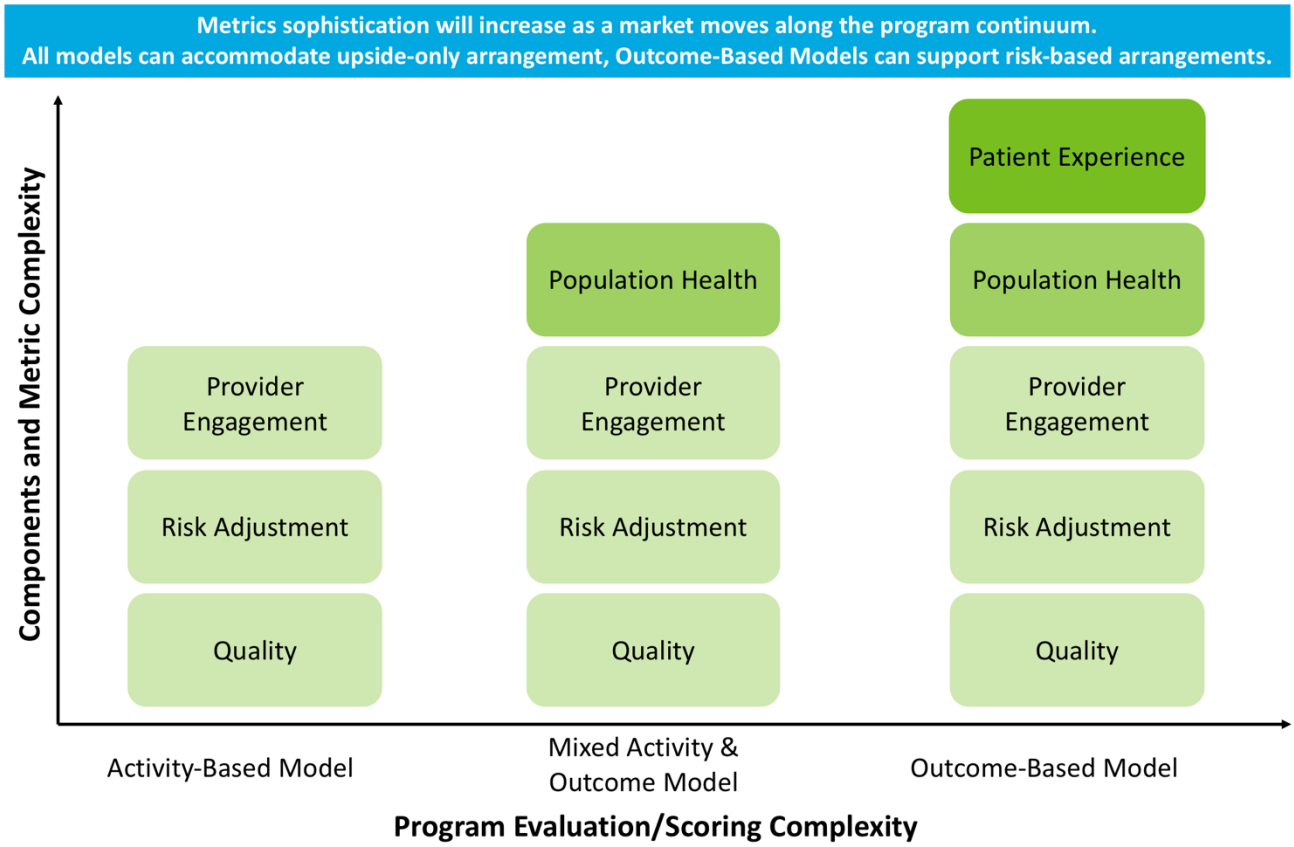
While Passport is evolving its VBP programs with an understanding of provider readiness, we have devised a forward-facing strategy to move providers along the risk continuum. Passport recognizes that payment transformation must be deliberate and incremental, and thus has developed a tiered VBP program framework that allows for more mature models as providers improve population health capabilities.

Our VBP program strategy has the following three defined stages:

1. The first stage is an **Activity-Based Model** in which providers receive a defined payment for completing specific tasks around quality, risk adjustment and provider engagement (i.e., submitting Member Assessment Forms for risk adjustment, attending JOC meetings, etc.).
2. The second stage is a **Mixed Activity-and Outcome-Based Model** in which providers can earn defined dollars by completing specific tasks and performing well on metrics around quality, risk adjustment, provider engagement and population health (e.g., exceeding the HEDIS 50th percentile, reducing ED utilization by a particular percentage relative to prior year).
3. The third stage is an **Outcome-Based Model** in which providers can share in savings by performing well on metrics around quality, risk adjustment, provider engagement, population health and member experience. For providers needing encouragement to try an outcome-based model, Passport may incorporate additional PMPM earnings to reward high-quality scorecard performance even if the MER does not decrease to generate shared savings. Furthermore, we may also offer a PMPM bonus for providers with an already efficient MER, which may be hard to reduce further.

Our VBP models have a sliding scale of program sophistication while covering the full risk continuum. Risk-bearing VBP programs will have proportional upside and downside risk for the providers. Since 2018, Passport has more than doubled the number of provider groups participating in LAN Category 3 APMs, and we plan to continue to engage more groups in shared-savings VBP programs. As providers establish foundational capabilities for upside gainsharing VBP programs and become comfortable in population health management techniques, we would like to introduce partial or full risk VBP programs. Should a particularly advanced provider group be ready and willing, Passport would welcome the opportunity to deploy LAN Category 4 APMs, in which we combine a capitation arrangement with an outcome-based VBP program. **Exhibit C.9-16** provides an overview of our strategy for aligning metric type with program sophistication.

Exhibit C.9-16: Program Evaluation and Scoring Complexity



Passport's Experience with VBPs

A core tenet of Passport's VBP philosophy is to "meet providers where they are." Passport has deployed several physician incentive plans, including VBP models, over the last several years. We have taken meaningful steps, such as through the Partnership Council and PCP Workgroup, toward ensuring that the provider community has direct input into the evolution of our VBP programs and that they have the support they need to be successful. Passport has refined the models we currently have in the market based on our learnings and input from the provider community. The following pages describe those VBP programs that will serve as a springboard for future models as providers are ready to participate in more mature HCP-LAN framework categories.

Below we detail four (4) VBP programs that progress along the HCP-LAN framework continuum that: (1) demonstrate Passport's experience launching a provider-centric primary care VBP program, (2) demonstrate our Behavioral Health Shared Saving Models, (3) exemplify a VBP pilot program for foster care, and (4) highlight a sample downside risk arrangement that incorporates capitation in another market supported by Passport's subcontractor, Evolent.

HealthPlus Primary Care VBP Program

Passport launched its primary care HealthPlus VBP program in 2018 after receiving input from the PCP Workgroup and approval from DMS. HealthPlus is uniquely physician-centric and is built upon the following guiding principles of Passport's value-based care strategy:

- Ensure value-based incentive strategy aligns with the plan's mission and governance from DMS.
- Begin by focusing on an (adult/pediatric) PCP incentive program designed to manage quality and cost at the member level. Confirm the program has metrics that are inclusive of all primary care practitioners—pediatric, family medicine, and adult-only internal medicine practitioners. Continually work with providers to iteratively test and improve the program to create the best approach.
- Ensure the value-based incentive program is driven by a true partnership between the plan and providers, including sharing information and resources to attain success. Provider engagement and communication are critical elements of the program.

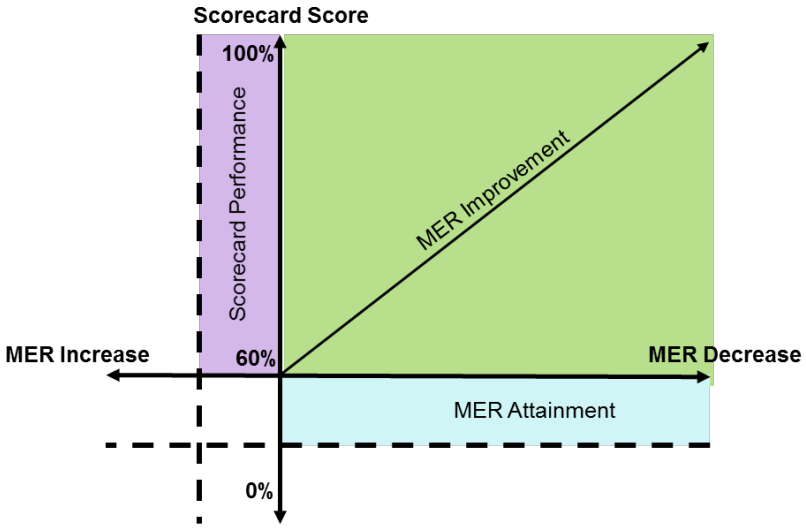
HealthPlus is an upside-only provider gainsharing program that rewards providers for improved cost and quality outcomes after a quality gate has been achieved. The program is uniquely physician-centric and rewards incremental progress. In direct response to feedback from our provider community and lessons learned from implementing earlier versions of the program, in 2020 Passport is offering three earning mechanisms as an enhancement to the program, as compared to its initial roll-out in 2018, which had only two earning mechanisms. The three earning mechanisms are further described in **Exhibit C.9-17**. In the exhibit, "MER" is the medical expense ratio, the percentage of premium spent on health care for assigned members, and "YoY" stands for year-over-year.



Exhibit C.9-17: HealthPlus Outcome-Based Earning Opportunities

There are 3 separate potential earning mechanisms for a participating provider group; the mechanism with the greatest calculated payout will be the one applied.

- **MER Improvement** earnings potential is generated from their individual cost savings from YoY lower MER. The portion of the incentive shared with the provider group is based on their scorecard performance, minimum of 60%. A group can earn up to 50% of its incentive potential.
- **MER Attainment** earnings rewards provider groups that maintain an MER at or below 85% in the case their MER does not improve. Groups must have at least 60% on the Scorecard. MER Attainment only applies for groups that do not have MER improvement.
- **Scorecard Performance** earnings mechanism rewards providers for achieving at least 80% on their scorecard. This earning mechanism only applies for groups that do not have any MER improvement or MER at or below 85% (MER Attainment).



The Passport Quality Scorecard, shown in **Exhibit C.9-18**, includes fifteen (15) quality measures, customized to the needs of the specific practice, such as adjusting for adult primary care or pediatric care. Performance is measured over a calendar year, and rewards are paid out the following year once claims have matured, creating an accurate measurement of the provider's performance. These quality metrics were carefully selected with the PCP Workgroup focusing on performance opportunities for the health plan and aligned with areas in which providers felt they could have a meaningful impact. The metrics go through a process of refinement based on participating group feedback gathered through in-person meetings and a survey. Please see our response to C.03 Capitation for additional details on how the program evolved from 2018 to 2020.

Exhibit C.9-18: 2020 HealthPlus Scorecard Performance Metrics

Domain	Measure	Weighting
Quality Adults	1. Comprehensive diabetes care—HbA1c testing 2. Antidepressant medication management—acute phase 3. Medication management for adults with asthma-appropriate medications for at least 75% of the treatment period	25% Weighted Adult
Quality Pediatrics	1. Medication management for children with asthma-appropriate medications for at least 75% of the treatment period 2. Adolescent well-care visits 3. Child well-care visits 4. Appropriate treatment of children with an upper respiratory infection	50% Weighted Pediatric
Population Health Adults	1. Plan all-cause readmissions 2. Ambulatory care sensitive ED rate 3. Use of imaging studies for low back pain	25% Weighted Adult
Provider Engagement	1. Practices' physician/clinical leadership and administrative leadership attendance at quarterly JOC meetings 2. Practices' key location(s) physician/clinical leadership and administrative leadership attendance at monthly CC meetings	20% Weighted All
Patient Visit Rate	1. Medicaid condition addressed rate—the percentage of suspect conditions addressed for members identified as having an intervention opportunity	20% Weighted All
Member Experience	1. The personal doctor explained things 2. The personal doctor showed respect	10% Weighted All

In 2018, **participating provider groups generated $6.7 million in shared savings**. Of the participating groups, a large practice serving the needs of adult and pediatric members earned incentives resulting from their performance in 2018. They demonstrated strengths in improving quality scores in all four measures for adults and reduced MER by 2.9%. Achievements in scorecard performance were less than optimal at the beginning of the program; however, we established a baseline to improve and tailor improvement efforts in 2020. **Exhibit C.9-19** reflects the final performance evaluation for participating groups in 2018.

Exhibit C.9-19: 2018 Final Performance Evaluation

Scorecard Domain	Measure	Percent of Groups that Exceeded Baseline Threshold	Percent of Groups that Exceeded Target Threshold
Quality Adults	Comprehensive Diabetes Care: Medical Attention for Nephropathy	20%	0%
	Antidepressant Medication Management	0%	0%
	Medication Management (Asthma)	80%	20%
Quality Pediatric	Medication Management (Asthma)	86%	0%
	Adolescent Well-Care Visits	29%	14%
	Child Well-Care Visits	29%	14%
	Appropriate Treatment (Respiratory Infection)	86%	43%
Population Health Adults	All-Cause Readmissions	20%	0%
	Ambulatory Care Sensitive ED Rate	80%	0%
	Use of Imaging Studies for Low Back	0%	0%
Provider Engagement	Leadership Attendance at JOC Meetings	100%	100%
	Provider Group Use of Identifi Practice	100%	100%
Patient Visit Rate	Medicaid Condition Addressed Rate	43%	43%
Member Experience	Personal Doctor Explained Things	86%	86%
	Personal Doctor Showed Respect	86%	86%

Behavioral Health-Focused Value-Based Payment Program

Centerstone Kentucky (Seven Counties Services) has been a provider with us since the BH benefit started in 2013. They were initially paid on a fee-for-service basis. Our first value-based arrangement with Seven

Counties was a pay-for-performance model under which they had the opportunity to earn additional dollars for demonstrating that they were putting recommended procedures in place and building relationships to increase seven (7) and thirty (30) day follow-up post-hospitalization. Later, the incentive was enhanced to increase the number of discharged members receiving their seven (7) and thirty (30) day follow-up appointments. Payments were made quarterly for earned incentives.

Our second arrangement with Seven Counties was a blended case rate/bundle of services. They had the opportunity to bundle a group of services and receive payment for delivery of high-fidelity wraparound services in the foster care pilot. They also had a chance to earn an incentive on top of this if they achieved their quality performance targets for the following two primary goals of the pilot:

1. Percentage of children who maintained their foster care placement or returned to their natural family
2. Percentage of children who improved their functioning on a standardized assessment

Payments on the blended case rate/bundle of services arrangement occurred monthly, with any earned incentives paid out at the end of the program.

Our current value-based arrangement with Seven Counties is a shared savings model that offers the following two opportunities to earn incentives:

- **Population Incentive:** Through our Population Incentive, Seven Counties' members are identified and agreed upon before the measurement period begins. Members are then measured for one quarter, and pre-quarter and end-of-quarter expenses per member are compared (after allowing a quarter for claims lag). A pool is created from any savings on medical inpatient stays, BH inpatient stays, and ED visits. Thirty percent of the savings over a quarter for the agreed-upon members are placed into an "incentive pool," which Seven Counties may earn. Half the pool is awarded for achieving savings. The other half is tied to the following quality measures:
  - Follow-up after hospitalization
  - Documenting members' body mass index (BMI) and having a plan for addressing it if it is outside the normal range
  - Documenting members' tobacco use, and having an intervention if they use tobacco
  - Documenting obtaining of release and sharing of records with PCP
  - Documenting obtaining of release and sharing of records with referring provider
  - Completing A1C hemoglobin screenings for members with schizophrenia or bipolar disorder
  - Documenting suicide risk assessments at least every six months for members with major depressive disorder
  - Screening members for SUD and linking to treatment if needed

- **Partners in Wellness Incentive**: Seven Counties is provided a list of two hundred (200) members (in advance of the quarter), beginning with their members with a severe mental illness and their members with the highest expenses due to their health care utilization. Seven Counties is also provided a list of members (who are not currently with Seven Counties) with a severe mental illness and higher expense rates, but who have not been engaged in care. Seven Counties can engage these members into the Partners in Wellness program, an integrated behavioral and medical case management model with 24-hour access to nursing. Again, this is a shared savings model with pre- and post-measurement before and after the quarter (after allowing another quarter for claims lag). Thirty percent (30%) of any savings over the quarter from medical inpatient stays, BH inpatient stays, and ED visits are placed into an incentive pool. Seven Counties can earn half of the incentive pool by closing the quarter with savings. The other half of the pool is tied to specific quality metrics for the intervention's following two primary goals:
  - Member activation
  - Documentation of member having a health goal with documented progress toward achieving that goal

Kentuckians Serving Kentuckians

Additional health behaviors and performance on HEDIS targets are documented for possible use as baseline clinical metrics for future value-based relationships.

The most significant challenge Passport has experienced in implementing the multiple iterations of this highly collaborative VBP arrangement is the needed investment in time, resources, and relationship-building to optimize this partnership and establish mutual trust. Both Passport and Seven Counties have invested countless hours in ensuring that data can be shared bi-directionally in a timely fashion, that processes are working smoothly, and that we are establishing meaningful measures that will truly continue to drive outcomes. As we continue the relationship, our metrics will remain focused on the member receiving whole-person integrated care to improve overall health and well-being.

During a Grand Rounds at the University of Louisville, Passport shared its BH program design with Stephen Bartels, MD, MS from the Substance Abuse and Mental Health Administration (SAMHSA) – Health Resources & Services Administration (HRSA) National Center of Excellence for Integrated Health Solutions (CIHS). He strongly supported the idea of focusing on member activation and physical health goals for outcomes for members with severe mental illness. He also reported that emerging research shows that focusing on symptoms of mental illness results in only incremental change. Dr. Bartels indicated that to achieve transformative change, the focus needs to be on overall health, even though the program was initially designed for individuals with severe mental illness. The integrated, whole-person approach helps members make impactful changes. The results of this value-based experience align with this emerging research (see **Exhibit C.9-20**).

Exhibit C.9-20: Results from Partners in Wellness Incentive Program

The program ran for 9 months and served 142 members with severe mental illness for up to 6 months each.

Within that period, we observed the following impact:

- 63% reduction in combined medical inpatient, emergency, and BH inpatient expenses
- 45% reduction in inpatient hospital stays
- 27% reduction in emergency visits
- 69% reduction in hospital readmissions

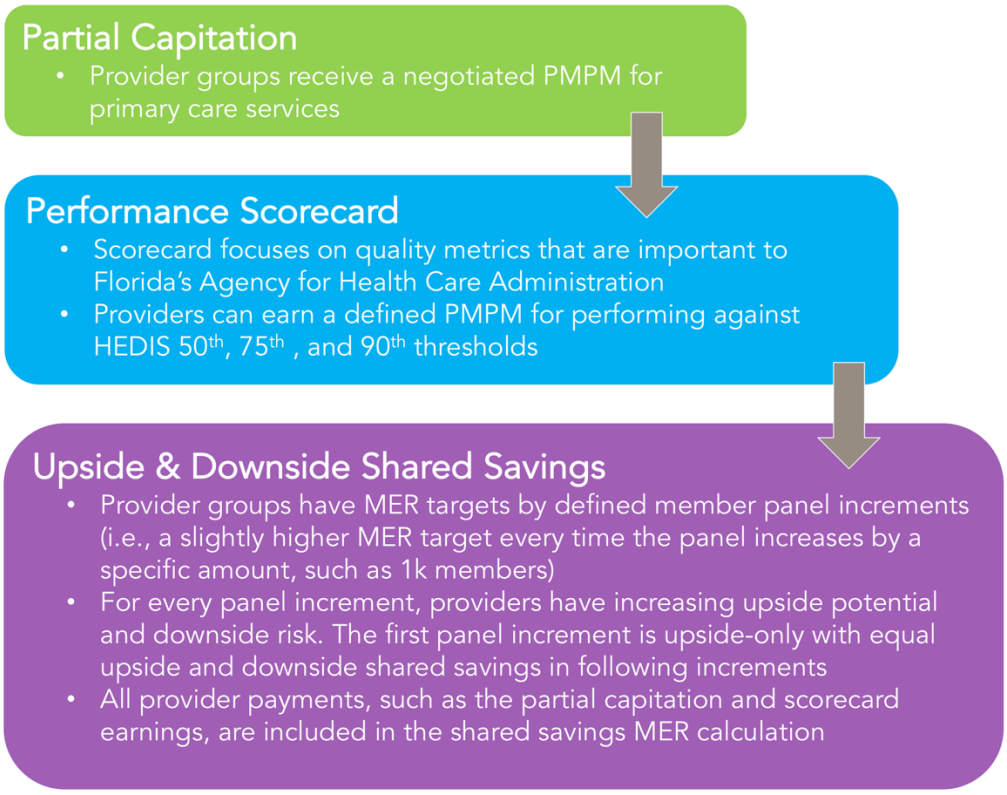
These initial results suggest we have created an integrated program that could bring medical case management into the relationship of trust with the BH provider and help us to promote appropriate utilization of intensive care resources

Members with chronic medical and comorbid mental health or substance use disorders generally experience higher costs. Because of this, savings opportunities exist through VBP programs that address this specific population.

Bringing National Capabilities to Kentucky

Passport's subcontractor, Evolent, has industry-leading experience with VBP models in markets across the nation. As the delivery system in Kentucky continues to evolve toward more sophisticated VBP models, Passport will benefit from Evolent's capabilities and experience. An example of an advanced HCP-LAN Category 4 model that is currently in place at another provider-driven, Evolent-supported health plan in Florida could be implemented in Kentucky when the provider community is ready. One of the models now in place in South Florida incorporates both differentiated underlying reimbursement (partial capitation) as well as a VBP component. Providers participating in this program have partial upside and downside risk, subject to hitting both financial and quality targets. This VBP model itself has gone through multiple iterations over the past two (2) years as the health plan has adjusted based on lessons learned and provider feedback. One specific modification made to maximize outcomes consists of adjustments to specific quality measures. Passport is prepared to implement a model such as this in Kentucky.

Exhibit C.9-21: Example Partial Capitation with Risk-Based VBP Program



C.9.k.ii. How an improvement in health outcomes will be addressed through the VBP arrangements implemented.

Improving Health Outcomes Through VBP Arrangements

Provider payment models are not considered "value-based" unless payments have a strong link to improved outcomes and cost savings. As described previously, our VBP programs include a quality gate that is applied based on an integrated scorecard of up to five (5) domains: quality, risk adjustment, provider engagement, population health, and member experience. Satisfying the quality gate thresholds is a prerequisite for providers to share in the rewards. Because of this, we expect to achieve better outcomes on the metrics included in our VBP programs. **Exhibit C.9-22** offers a list of "measures that matter" for PCPs, hospitals and specialists that are considered in conjunction with the domains and quality gates. This is a nonexhaustive list of metrics that support our VBP programs and quality gates.

As highlighted above in the HealthPlus VBP program overview, Passport teams with the Partnership Council and PCP Workgroups to select program metrics that both target areas of performance opportunity and ensure that **providers feel they can directly impact member care**. For example, when selecting program metrics, the PCP Workgroup voiced that providers were not in a position to meaningfully impact pediatric ED utilization and readmission. Accordingly, Passport only evaluates providers' adult member panel on these population health metrics.

Exhibit C.9-22: Quality Metrics

Clinical and Efficiency	Population Health, Access and Satisfaction
• Follow-up visit made within seven (7) days following a post-acute stay • Admission rate • ED utilization rate • Plan all-cause readmissions (adult & peds) • Ambulatory care sensitive ED rate (adult & peds) • Use of imaging studies for low back pain (adult only) • Completion of screenings such as the PHQ-9 for detection of depression in the primary care setting or completion of the Edinburgh Depression Scale for women with postpartum depression	• Expanded office hours outside the hours of 8:00 a.m. to 5:00 p.m. • Member satisfaction (member experience score) • Quarterly care plans • Transition visit within five (5) days of discharge • Physician attendance at Physician Engagement programs • Pre-visit planning • Visit made following the stratification of a member into a complex care program • Practices adoption and use of our technology platform, Identifi Practice
Adults	**Peds**
• Comprehensive diabetes care—nephropathy • Antidepressant medication management—acute phase • Medication management for people with asthma-appropriate meds for at least 75% of the treatment period	• Medication management for people with asthma-appropriate meds for at least 75% of the treatment period • Adolescent well-care visits • Immunization status—Combo 2 • Appropriate treatment of children with upper respiratory infections
Specialists VBP Measures that Matter	**BH VBP Measures that Matter**
• Many of the PCP metrics and specialist metrics can cross over to others • Hospital readmission at thirty (30), sixty (60), ninety (90) and one hundred and eighty (180) days (including psych.) • Follow up after hospitalization (all types) • Cesarean section and early elective delivery rates • Obstetricians—prenatal care (first-trimester prenatal visit, frequency of prenatal care visits, six (6) weeks postpartum) • Medication management, including follow-up targeting specific types of drugs	• Initiation and engagement of alcohol and other drug dependence treatment (IET) • Antidepressant medication management (AMM) • Follow-up care for children prescribed ADHD medication (ADD) • Participation in vocational rehabilitation and other measurable results

Hospitals VBP Measures that Matter	Maternity/OB VBP Measures that Matter
• All-cause readmission rate • Risk-adjusted average length of stay • Hospital-acquired conditions/infections • Emergency to observation/inpatient escalation rate • Radiology service utilization • National Member Safety and National Quality Improvement goals • Hospital Consumers Assessment of Healthcare Providers and Systems (HCAHPS) • Mortality rate for three (3) conditions present on admission indicators • Admission notifications within twenty-four (24) hours	• Regarding OB specialty, our quality gate would focus on OB care using Medicaid HEDIS® and Joint Commission measures. We aim for HEDIS® 90th percentile as a target, with partial points for 50th and 75th percentile. For Joint Commission measures, we use the Healthy People 2020 goal. Three (3) measures we focus on for OB care are frequency of ongoing prenatal care (FPC), prenatal and postpartum care (PPC), and the Joint Commission: C-section for nulliparous singleton term vertex (NSTV).

Our VBP programs are designed to reduce the number of preventable events in a member's care. We have identified several clinical and efficiency measures that support and can be attributed to a reduction in preventable events. To ease the burden of providers participating in multiple VBP programs, we may align our metrics with existing state and MCO initiatives for potentially preventable events. Examples of VBP program metrics that target preventable events are outlined in **Exhibit C.9-23**.

Exhibit C.9-23: Potentially Preventable Event Measures

PCP Measures	Preventable Events
• Follow-up visit made within seven (7) days following a post-acute stay • Admission rate • ED utilization rate • Plan all-cause readmissions (adult & pediatrics) • Ambulatory care sensitive ED rate (adult & pediatrics) • Use of imaging studies for low back pain (adult only) • Completion of screenings designed to identify members who need specific interventions such as the PHQ-9 for detection of depression in the primary care setting, or completion of the Edinburgh Depression Scale for women who are identified with postpartum depression	• All-cause readmission rate • Risk-adjusted average length of stay • Hospital-acquired conditions/infections • Emergency to observation/inpatient escalation rate • Radiology service utilization • National Member Safety and National Quality Improvement goals • HCAHPS • Mortality rate for three (3) conditions present on admission indicators • Admission notifications within twenty-four (24) hours

Analysis of these measurements is the basis for provider discussion and program planning. Passport's experience with VBP programs has informed our approach to analyzing performance against targets. We evaluate programs and provide feedback to participating providers every quarter. We have determined that a quarterly evaluation gives providers enough time to impact the metrics, while still providing us the opportunity to adjust program metrics or elements in partnership as needed.

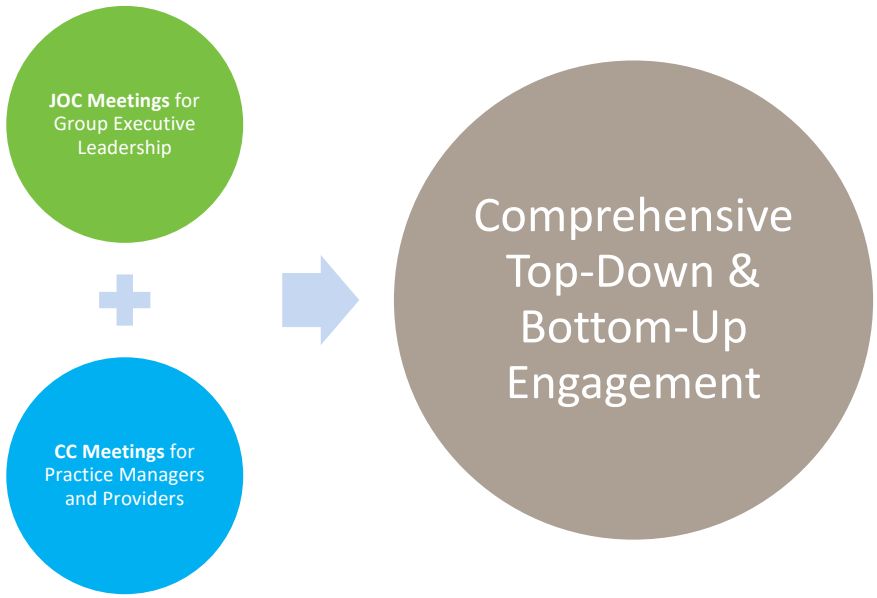
Passport takes a two-tiered approach to physician engagement and scorecard report distribution that offers a comprehensive top-down and bottom-up structure, as follows:

JOC Meetings: The purpose of the quarterly in-person JOC meeting is to work collaboratively with the provider organizations' executive leadership teams to discuss group-level program performance data and best practices that ultimately lead toward improved quality and satisfaction for members while reducing unnecessary expense. These meetings allow us to work with the practitioner group leadership to review interventions, measure result progress and jointly determine opportunities for improvement.

CC Meetings: The purpose of the monthly CC meeting is to engage organizations' key practice managers and providers, ensuring they understand the VBP program and have actionable information they can use to address member health opportunities. Passport's PHMs play a critical role in supporting practice-specific performance as SMEs around practice transformation and specifically clinical CM programs and VBP initiatives.

A significant focus of CCs goes beyond just the VBP metrics and elements; we also use the opportunity to provide feedback and information about broader HEDIS®, EPSDT, quality and clinical action items that we can work on together to benefit member health more broadly, as well improving relationships between Passport and its practitioner network. Passport has an extensive support team for its providers in addition to the PHMs, including CMO, medical directors, care managers, pharmacists, BH specialists, and community health workers. As data-driven opportunity areas necessitate, these SMEs will join JOCs and CC to help providers take concrete steps to improve member care while efficiently using resources. This unique, comprehensive support strategy fosters candid conversations and a shared commitment to improving member care.

Exhibit C.9-24: Passport's Multifaceted Physician Engagement Strategy



C.9.k.iii. Methods for evaluating the effectiveness of VBP, including tracking of costs and improvement in health outcomes.

Passport has the technical capacity and engagement resources to continue to successfully administer APMs with providers. Passport deploys our organizational approach to quality, the PDSA cycle, to inform the structure and process of all monitoring and evaluation activities. This process is described in detail in **Section C.9.j.v.** We monitor and evaluate the performance in cost management and health outcomes of our VBP programs against targets or goals at least quarterly.

Effectiveness Through Lowering MER and Increasing Scorecard Performance

Our VBP program strategy is rooted in a top-down and bottom-up provider engagement strategy, so evaluating the engagement of our providers and their medical value performance and health outcomes is essential. We accomplish this through JOC meetings at the provider group leadership level and CC meetings at the practice level (see **Exhibit C.9-24**). Both meeting forums feature customized analytics, guidance, scorecard performance updates, discussion about metric performance related to outcomes, and training to help providers succeed in our VBP programs, as appropriate for the audience level. Passport adjusts the support at these engagement meetings per the unique needs of the provider groups and what they feel will be most useful to them.

Notably, every quarter we do a deep-dive Cost & Use Report analysis, focusing on the most significant areas of opportunity both in total medical costs and health outcomes with a key focus on opportunities to reduce unnecesary care or overutilization and requests for deeper dive areas from participating provider groups.

Our focus on total medical expenses beyond those directly linked to the VBP program metrics supports providers in their overall medical expense ratio (MER) performance, focusing on outcomes beyond just the incentive metrics, which contribute to overall shared savings.

We will also evaluate provider group performance against VBP program metric performance baseline and target thresholds, such as HEDIS 50th and 90th percentiles. Providers enhance their earning potential the closer they perform to the target threshold. If we identify a measure or group of measures that are not on track to meet our goal, we complete a root cause analysis, implement corrective actions, and then remeasure the next quarter.

Our big-picture MER and more granular metric performance analytical support help providers in generating shared savings while also keeping focus on member care and outcomes. For example, under the 2018 HealthPlus VBP program, **our participating providers generated $6.7 million in shared savings**. Several **provider groups exceeded the minimum performance for the scorecard,** with one large provider group earning shared savings because they both lowered their MER by 2.9% and had a qualifying scorecard. We expect the number of providers receiving incentive payments to increase in 2020 with the addition of a third earning mechanism to reward just high scorecard performance.

Our BH VBP program with Seven Counties also demonstrated value through improvement in population health management. Passport observed material reductions in costly services, such as inpatient stays, ED utilization, and hospital readmissions, as outlined in **Exhibit C.9-20**.

Improving Health Outcomes Through Care Management

Passport also provides authorized providers access to our CM and reporting capabilities through our provider portal, Identifi Practice. This platform documents care gaps and coding accuracy opportunities on a member-by-member basis and enables providers to understand in near-real-time precisely how to close the care gap and thereby improve their performance metrics. Practitioner reports are available on Identifi Practice, and providers have the option to submit electronic authorizations via this portal. Passport will continue to work with our practitioners, especially with input from those that serve on the PCP Workgroup, to further develop and test efficiency enhancements to the tool. We will also pursue additional areas of collaboration with providers to achieve improvements in content and workflow and ease of use, such as the development of easy, single sign-on capabilities.



Our PHM and CM team also backs up the provider office to support individual care gap closure, actionable clinical guidance regarding member health and well-being, and VBP program arrangements and data results. Local medical directors and PHMs will work with physician offices to understand the practice's opportunities and disseminate local and national best practice strategies to improve performance in the areas of care gap closure, identifying and confirming suspected diagnoses that will drive our risk stratification program, and engaging the most complex members. PHMs are critical assets to provider practices; they work together with physicians, care managers, and office staff to ensure that they have

access to complex member rosters and gaps-in-care reporting. They are a resource to the practice to enable it to fully utilize the Identifi Practice tools, analytics and reporting capabilities. PHMs are also unique to Passport as practice transformation and population health SMEs whose capabilities go beyond the typical knowledge and experience of traditional provider network representatives. They are deployed to all our VBP program partners and other vital network practitioners.

Program Effectiveness Through Participation Renewal and Growth

The ultimate marker of an effective VBP program is that, in addition to reducing costs and improving the quality of care, it also makes providers want to participate and remain in the program. Our provider-centric approach to program design gives our network a voice in the development and refinement processes, whether through formal Partnership Committee/PCP Workgroup sessions or survey feedback. We are committed to developing VBP programs that set up both Passport and the provider network for success.

The HealthPlus VBP program highlights program effectiveness in its evolution and growth. Not only did all provider groups that officially participated in the 2018 program renew their participation for the revised 2020 program, but three more groups also joined. Another example of successful provider engagement in Passport's VBP programs is the experience of Seven Counties. This provider group was willing to expand the number of BH VBP programs they were participating in and include an **innovative foster care pilot (see callout box below)**. Seven Counties' willingness to not only participate in two VBP programs but also to be a partner in developing a new program demonstrates the value Seven Counties sees in its relationship with Passport and the impact our programs have on member care.

QUALITY IMPROVEMENT IN ACTION:

Addressing Behavioral Health Needs of Foster Care Members

Define Problem Statement: Unaddressed behavioral health care needs of Foster Care members resulting in increased number of placements and poor outcomes.

Set Goals and Direction: The *Behavioral Health Advisory Committee (BHAC)* was tasked with evaluating and designing an evidence-based model of care to address the identified problem. The *QMAC* was consulted and *member feedback* was provided to help further define the problem with access to behavioral health services. Objectives of the program included maintaining foster care placement or children returned to their natural family, improve functioning on a standardized assessment, and implementing a VBP program

Plan, Align Resources, and Execute: The *Health Integration* and *Clinical Operations* teams at Passport identified 60 high-risk children between the ages of 4 and 17.5 years old who experienced 3 or more placements within 24 months and were at risk for entering a group home, psychiatric hospital or 24-hour behavioral health treatment facility. Through an iterative process with the *BHAC* and *QMMC*, the team incorporated feedback from BH providers to develop the Foster Care Pilot, with approval and oversight by the *QMMC* and *Partnership Council.* Pilot included:

- Team-based decision-making; including care manager, child welfare, therapists, and child/family.
- Monitoring system for high fidelity wraparound evidence-based practice.
- Alternative payment model case rate and performance incentives:

Analysis & Results: Data were collected between March 2015 and September 2017. Observed results include:

- Child and Adolescent Functional Assessment Scale (CAFAS) scores improved with longer lengths of service.
- 150% increase in children living with natural/adoptive family compared with six months pre-intervention

Continued Improvement Efforts: Upon analysis and experience, an adjustment was made to the sub-capitation rate. The analysis demonstrated that the initial rate was higher than needed and infrastructure had been developed reducing the overall cost of the program. Other identified challenges include the significant culture change required of team members to accommodate a model of care that promoted youth and family choice and voice.

C.9.l. Provide results of any provider satisfaction survey reflecting the Vendor's performance in Kentucky or any other state Medicaid program over the last three (3) years. Where results identified provider dissatisfaction, describe strategies the Vendor has implemented to address improvement and examples of how those strategies have been effective.

Passport conducts provider satisfaction surveys annually using a third party. This survey meets or exceeds NCQA Standard QI4 (Member Experience) and QI5 (Continuity and Coordination of Medical Care) guidelines and targets providers to measure their satisfaction with Passport. **Exhibit C.9-25** highlights three provider satisfaction measures from 2017 to 2019. Within our Provider Relations and Quality Department planning, our use of annual practitioner satisfaction survey results includes, for example, the following:

- Determining how satisfied practitioners are on key drivers and opportunities

- Benchmarking performance against other MCOs, both Medicaid and Medicare, within Kentucky and nationally
- Identifying actionable information to drive improvements
- Creating a culture of high practitioner satisfaction and member quality of care

Exhibit C.9-25: Three (3) Year Summary of Selected Provider Satisfaction Measures

Measure	2017	2018	2019
Overall Satisfaction	70.10%	67.5%	71.40%
Loyalty	32.3%	64.6%	70.7%
Recommend Passport to Other Physician Practices	82.00%	80.10%	81.20%

The following is a summary of our performance:

- The Overall Satisfaction score has improved, based on 2019 results, to 71.40%. Over the past several years, Passport has undergone an essential transformation to improve technology capabilities and build a sustainable long-term infrastructure. We experienced a decrease in performance during this time of change.
- Loyalty scores have steadily increased, with our most recent 2019 score of 70.7% trending well above our 2017 score of 32.3%. Loyalty is calculated as the percentage of respondents who answered "Yes" to Recommend Passport to Other Physicians Practices **and** rated Overall Satisfaction with Health Plan as "Completely Satisfied" or "Somewhat Satisfied."
- Overall score on "Would you recommend Passport Health Plan to other physician practices?" was rated as 81.2% in 2019.
- Over the years, Passport has bolstered its provider network impact by maintaining consistent and regular practitioner collaboration visits from its PR teams, addressing provider shortage gaps, enhancing payment rates, building trusted relationships, providing regular communication, and working with our large-volume and key-provider network partners around VBP and capitation arrangements, along with focusing on developing actionable member-practitioner analyses **to benefit provider efficiency and member quality of care**.



Our three (3) year provider satisfaction survey results can be seen in Attachment C.9-5_Passport Health Plan 2019 Provider Satisfaction Survey Results.

In keeping with **our Culture of Quality and our commitment to continually improving our service** to members and providers, Passport's Provider Relations team reviewed survey results for 2019 with the various functional departments in January of 2020. We identified process gaps that we felt impacted provider satisfaction results and created targeted action plans for follow-up from each of the key service areas that interact with our practitioner network in our comprehensive practitioner engagement process. We will continue to send our practitioner surveys annually during August-October. Our QMMC will review survey results and action plans across all departments. Our provider-driven Partnership



Council and the Board of Directors will also carefully review the results and action plans.

Our provider survey results reveal strengths as well as areas for improvement. We have organized the results into key drivers and opportunities for internal service departments to focus on in 2020. Key drivers of provider satisfaction include the following:

- Resolution of claims payment or disputes (Claims)
- Accuracy of claims processing (Claims)
- Consistency of reimbursement fees with contract rates (Claims)
- Access to case/care managers from this health plan (UM, Clinical)
- Access to knowledgeable UM staff (UM)
- Timeliness of claims processing (Claims)
- Overall satisfaction with the health plan's call center (Call Center).

Financial, utilization, and quality management are highly correlated to provider satisfaction. Improvement in these areas **is a top priority for Passport**. The following subsections discuss how Passport has implemented strategies to improve provider satisfaction.

Strategies Implemented to Address Opportunities

Claims

Passport had maintained consistent, accurate reimbursement based on the contractual rates for the providers, except for 2018, when it was briefly hindered as a result of system migrations. During 2018, Passport's Claims team and the Contracting team invested significant efforts to make corrections and reduce turnaround times for corrections. The team created a cross-functional tracking process that allowed for real-time updates that could be shared with providers. They also engaged and collaborated with providers in meetings with claims SMEs to ensure that all parties had a full understanding of the issues and concerns. The team increased their audits to ensure we captured the issues, quantified and analyzed those issues expeditiously, and worked with the technical team to prioritize and solve the highest-volume issues in terms of both dollars and quantity. We introduced automation to reduce the cycle time and added trained resources to provide assistance. The Claims team also used "lean" process improvement practices to conduct full root-cause analyses and correct issues at the source, thereby resolving them fully. As the team made changes, they updated the documentation and trained our staff to ensure consistent and accurate processing.

In 2019, our average time to pay Medical claims was 6.5 days, which is reflected in our higher percentage of claims paid within thirty (30) days over the past calendar year (although still meeting state requirements). Our average of 6.5 days to pay during 2019 marks a 50% reduction in time to pay from the 2018 average.

Utilization Management

Another opportunity we identified was to ensure timely access to knowledgeable UM staff and employ collaborative procedures for prior authorizations. This opportunity became a key focus area related to

provider satisfaction for our UM Department. The UM team has undertaken direct efforts to improve satisfaction in these areas, investing time and effort in educating staff to encourage and cover preventive care.

The UM team has a dedicated trainer who provides education to all stakeholders. During 2018, the UM Department hosted seven educational forums that assisted all Passport associates in managing the population we serve. The forums were hosted by SMEs and were evaluated afterwards by the Passport associates in attendance. The seven educational forums were as follows:

- InterQual® *and* InterQual® Clinical Instructor (IQCI) Train the Trainer
- New Health Plan Training, including Appeals Training
- Documentation, NCQA, IPRO Training
- Identifi (Claims System) *and* DRG Calculator
- CCSI Portal Training



Through efforts such as these forums, the UM Department has enhanced relationships with providers, and is available to assist providers with any issues that may arise.

In 2017 we experienced a significant reduction in satisfaction related to access to knowledgeable staff. Following a root cause analysis, we determined there was a need to change the way we approached staff training; we therefore dedicated a trainer to periodic training. Early in 2019, we enhanced our staff training with the inclusion of internal SMEs who develop specific content to educate and provide ongoing support to the UM team. In 2019 we demonstrated a 4.1% improvement in provider satisfaction with access to knowledgeable staff.

Clinical

Facilitation and support of appropriate clinical care and access to case/care managers are critical elements of our partnership with the practitioner network to better manage the health needs of members. Member engagement in CM programs to help them self-manage their conditions has increased by fifty-one percent (51%) since 2017. Another strategy to enhance facilitation and support of clinical care is enhancing the Remote Care Monitoring (RCM) program. This program enables remote monitoring of members inside the home, which increases access to care for high-risk members. RCM teaches members to identify and manage their symptoms and gathers member-generated health data to share with case/care managers and health care professionals who may make appropriate care interventions when needed.

Passport worked directly with provider groups to raise awareness of the CM programs available to their members. This increased the number and engagement of members who participate in CM programs, as well as improving provider communication. One current area of focus is childhood obesity, with a recent increase in referrals for CM from providers. The team has had focused conversations with providers about helping families make changes to improve children's nutrition and overall health.

Call Center

Ease of reaching call center staff over the phone is another opportunity; we recognized this as a key contact relationship with our providers and an important determinant of satisfaction with our plan. We implemented a variety of corrective actions to improve practitioner satisfaction, including the following:

- Providing additional call center staffing and training staff to handle calls in a more efficient and consistent manner
- Working with practitioner offices to supply specific information in a more efficient manner
- Updating our practitioner queue management system to more efficiently route calls to cross-trained staff who could assist with specific questions
- Working with high-call-volume practitioners to understand their call triggers so we could be proactive in resolving issues and updating our guides
- Implementing several IVR enhancements (in 2018) so that practitioners no longer need to navigate through unnecessary call prompts

As a result of these and other changes, the current average speed of answer (ASA) is under thirty (30) seconds and provider satisfaction has improved. Scores related to the accuracy of member information have also improved. We have also made system and process improvements to support timely eligibility verification. Scores related to the helpfulness of call center staff in obtaining referrals for members in the provider's care improved. In addition, through the adoption of EMR systems, providers now submit referral information on the CMS 1500 claims form, which they find far more efficient. Passport is committed to making changes whenever necessary to address issues and concerns quickly.

Overall, in the areas identified for improvement, we demonstrated notable progress that we believe will be reflected in our 2020 satisfaction survey results.

CONCLUSION

Passport is firmly committed to DMS' goal of significantly improving the quality of care and health care outcomes, and of reducing or eliminating health disparities. This focus aligns with our commitment to the Passport promise: To Help Improve the Health and Quality of Life of Our Members.

Our **provider-driven governance model orients our focus on quality and whole-person care** because our provider-sponsor stakeholders do not just provide input—they hold critical responsibility and approval-level oversight through the QMMC, the Partnership Council, and the Board of Directors. With their oversight, Passport pursues a fully integrated approach to whole-person care across medical, behavioral, pharmacy, dental and vision. This same committee structure takes full accountability for quality and outcomes across the entire service spectrum, including the provider network, Passport, and all of our subcontractors. Overall, Passport's collaborative and robust connection to providers and the provider perspective helps to enhance the quality of care, improve access to primary

health care services, drive efficiency, and reduce physician abrasion, which positions Passport well to continue serving the Commonwealth.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

C.10 Utilization Management



C.10. Utilization Management

a. Describe strategies the Vendor will implement to identify and reduce inappropriate utilization of services, including emergency departments. Address the following at a minimum:

   i. Proposed approach to using data to inform the Vendor's efforts to improve appropriate use of service and cost efficiencies, as well as to identify potential Fraud and Abuse referrals.

   ii. Overview of the Vendor's methods for monitoring appropriate health care utilization, including two examples of identified negative trends, initiatives undertaken to improve them, and the results of these initiatives.

   iii. Frequency in which the Vendor proposes to re-evaluate its approaches to identify need for adjustments (e.g., re-evaluation of existing prior authorization requirement for appropriateness)?

b. Describe the Vendor's proposed Utilization Management (UM) Program, assuring that it addresses requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices." In the description, include information about the following, at a minimum:

   i. Approach to align the UM Program with the Department's required clinical coverage policies.

   ii. Proposed evidence-based decision support tool(s).

   iii. Innovations and automation the Vendor will implement, for example, to reduce provider administrative burden under the UM Program.

   iv. Methods and approach to balance timely access to care for Enrollees with the administration of the UM Program.

   v. Approach to integrate medical and behavioral health services in the UM program.

   vi. Approach to ensure UM Program is compliant with mental health parity.

   vii. Approach to ensuring accountability for developing, implementing, and monitoring compliance with Utilization policies and procedures and consistent application of criteria by individual clinical reviewers.

   viii. Processes and resources used to develop and regularly review Utilization Review (UR) criteria.

   ix. Prior Authorization processes for Members requiring services from non-participating providers or expedited Prior Authorization, including methods for assuring services are not arbitrarily or inappropriately denied or reduced in amount, duration, or scope.

   x. How the Vendor will use its Utilization Management Committee to support Utilization Management activities.

Passport Highlights: Utilization Management

How We're Different	Why It Matters	Proof
Our UM program earned the highest level of National Committee for Quality Assurance (NCQA) accreditation based on our exceptional standards of quality and care.	• Demonstrates that Passport has stringent review processes in place to ensure safe and high-quality care	• 2019 NCQA surveyors found **no issues** in their most recent UM accreditation survey of our program
We have long-standing and established relationships with Kentucky providers.	• Our UM nurses and physicians engage with our network based on long, trusting relationships • Helps enable appropriate use of services—right service, right time, right place • Timely access to service approvals and care	In 2019, we showed: • 71% of providers reported loyalty to Passport • A 96% voluntary retention rate for our providers
Evidence-based provider-oriented UM is supported by Identifi℠, our medical management technology platform.	• High provider satisfaction; optimum engagement • Minimal delay for members to receive care • Real-time authorization requests fulfilled	• Passport exceeds Department for Medicaid Services (DMS) requirements to expedite timely access to care
We have demonstrated ability to reduce inappropriate emergency department (ED) use in the Medicaid population in Kentucky through innovative population health care management programs and value-based payment (VBP) framework.	• Appropriate use of place of service • Enhanced integration of behavioral health (BH) pre-ED use • Improved access to health services to avoid necessity of an ED visit • Engaged providers to reduce ambulatory care sensitive condition (ACSC) ED use through VBP	• 27% reduction in ED visits among members with serious mental illness (SMI) in the Partners in Wellness program • 35% reduction in ED visits for members enrolled in Complex Care programs • 43% reduction in ED visits with HealthPlus VBP providers

Introduction

As a Kentucky-based provider-directed plan, Passport Health Plan (Passport) has unique access to its providers, who provide input and guidance on its medical and UM policies. Our Partnership Council and its subcommittees, including our Quality Improvement Committee (QIC), Behavioral Health Advisory Committee (BHAC), UM Committee (UMC), and our primary care provider (PCP) work group, include representation from our Kentucky participating providers. Passport's UM program safeguards its members against unnecessary and inappropriate medical care. The program allows us to review member care from perspectives of medical necessity, quality of care, appropriateness of decision-making, place of service and length of hospital stay.

These programs assist in ensuring services are available in a timely manner, provided in the appropriate settings, and planned, individualized and evaluated for effectiveness.

Passport Delivers Excellence in Utilization Management

Passport is NCQA Health Plan accredited and, with its NCQA UM accredited partner and delegate Evolent Health, provides a full range of UM services, including prior authorization, concurrent review and retrospective review, designed to ensure members' needs are addressed holistically through application of evidence-based medical necessity, state-specific criteria and a review of members' assessed needs, resources and living situation.

The Passport UM program is designed to promote delivery of high quality, medically necessary and cost-effective health care on behalf of its clients and their members. The program is under the administrative and clinical direction of the chief medical officer (CMO).

Our CMO works closely with our Partnership Council, and its committee structure, to ensure members have access to high quality services, including the UM program. Passport retains full accountability for medical policy but delegates the processing of UM transactions to specialist organizations with nationally recognized expertise. To ensure a holistic approach to UM, and compliance with requirements, Passport oversees each delegate through a comprehensive delegation oversight process.

C.10.a. Describe strategies the Vendor will implement to identify and reduce inappropriate utilization of services, including emergency departments. Address the following at a minimum:

Our Strategies to Identify and Reduce Inappropriate Use of Services

Passport's UM program establishes continuum-of-care principles that integrate an appropriate range of services, including medical, BH and pharmaceutical, to meet members' needs while maintaining flexibility in modifying services.

Passport's Utilization Management Program Effectiveness

The goal of the UM program is to maintain the quality and efficiency of health care delivery by caring for members at the appropriate level of care, by coordinating health care benefits, ensuring the least costly but most effective treatment benefit and ensuring medical necessity. Our strategies for reducing inappropriate utilization of services, including inappropriate use of the ED, are described below.

Inpatient Reviews

UM clinicians review medical service requests for medical necessity. Passport's medical director conducts care rounds three times a week and reviews inpatient stays that fail to meet InterQual® criteria or long lengths of stay.

We focus all inpatient reviews—acute care, rehab, long-term acute care (LTAC), neonatal intensive care unit (NICU) and intensive care unit (ICU) level of care—on ensuring appropriateness of service and setting. We also evaluate whether the member needs ongoing inpatient care or can be transitioned to a subacute setting or home.

Outpatient Reviews

Our outpatient review program focuses on high-cost and high-utilization services. We ensure that the outpatient service is medically necessary and appropriate in frequency and duration.

Specialty Care

Passport has tools to simplify UM for our members who require oncology and cardiology care and the providers who care for them. We streamline workflows for instant treatment authorization and provide point-of-care decision guidance that incorporates appropriate use criteria and incentives. We structure episodic UM around critical events, such as tumor progression, complications of therapy or new diagnostic findings. We collaborate with the physician at the beginning of each critical episode of care and authorize the clinical plan in a multimodality "SuperAuth."

Pharmacy Utilization Management

Passport's multifaceted Drug Utilization Review (DUR) program ensures that prescriptions are appropriate, medically necessary and unlikely to result in adverse health outcomes. Through prospective and retrospective DUR, our programs provide the control necessary to achieve optimal UM and enhanced financial control. Passport's DUR program supports appropriate prescribing practices by:

- Promoting member safety, including reviews for mental health/substance use and narcotic drugs
- Ensuring adherence to approved treatment protocols
- Proactively addressing medication interactions
- Verifying plan design compliance
- Managing expenses by shifting utilization to more cost-effective, clinically appropriate drugs

Reducing Inappropriate Emergency Department Utilization

Passport takes a multifaceted approach to positively influencing where its members seek care. Not all ED care is inappropriate or avoidable, but many ED visits are. Our comprehensive approach includes member education, effective care management for high ED utilizers and members with co-occurring medical and BH concerns, provider incentives through our VBP programs, and performance improvement projects overseen by our Quality Medical Management Committee (QMMC).

Physical and Behavioral Health Integration Strategies and Results

To support our commitment to truly integrated care, our UM and BH care managers work together to provide the UM review and assist in transitions of care from one level to another. We hold weekly care rounds within the BH team with a physician reviewer. While informal collaboration happens between the medical reviewers and specialized BH reviewers daily, collaborative care rounds with the medical care management team and BH care management team occurs biweekly to address the needs of members with complex needs.

Care Management for High Utilizers

Members with complex medical conditions or multiple comorbidities may need an extra hand in coordinating all their health care needs. Engaging with a care management program may help members avoid ED visits or hospitalizations that result from not understanding how to follow their treatment regimen or respond to symptoms of chronic or complex conditions. Care Advisors and health educators collaborate with all providers involved in the members' care to create a consolidated, individualized care plan and to be sure the members or caregivers fully understand their condition(s) and their care plan.

Care management programs use a multidisciplinary care team, led by the member's PCP and Care Advisor or health educator, to coordinate care for members. The member-centric, team-based model focuses on optimizing the health of the member by using the skills of the PCP, Care Advisor or health educator, registered dietitian, licensed social worker, community health worker and pharmacist to develop and implement personalized care plans that will help the member effectively use the health care services and achieve a better quality of health and life.

Quality Management and Performance Improvement Projects

As part of our collaborative ACSCs Performance Improvement Project (PIP), we identify barriers to members seeking preventive and primary care related to Social Determinants of Health (SDoH). We aim to reduce potentially preventable hospitalization and ED visits for ACSC through targeted provider and member interventions as well as internal process improvement. Program interventions include:

- Expansion of our Complex Care Management program for high-risk members, focusing on care coordination, self-management and multidisciplinary care plans to improve Passport member ACSC-related ED and hospitalization visits
- Enhancement and expansion of monthly interdisciplinary care conferences with high-volume

providers with focus on high risk members to reduce preventable hospitalizations and ED Visits

- Education and intervention tactics will include member education to drive members to alternative sites of services such as our 24-hour Nurse line or urgent care

HealthPlus Value-Based Payment and Primary Care Provider Incentive Programs

In 2018, we designed our primary care VBP program for seven multisite practices covering nearly 120,000 health plan lives (37% of total members) across 2,100 contracted PCPs (61% of total PCPs).

One of the key metrics measured in this domain is the ACSC ED rate. We compare providers on this metric and provide VBPs based upon their success. In 2020, we will incorporate population health management support.

Emergency Department Lock-In Program:

Passport's goal of ensuring members receive the appropriate level of care by coordinating health care benefits, ensuring that services are rendered in a timely manner and provided in appropriate settings, and that services are planned, individualized and evaluated for quality and effectiveness is further supported by its participation in the DMS ED Lock-In program initiative.

2019 Lock-In Program Statistics

- 1,100 members were enrolled
- 1,400 letters of concern sent
- 85 referrals to Mommy Steps maternity program
- 255 referrals made to BH services

We developed the program in accordance with 907KAR 1:67 to address the rising utilization of the ED for nonemergency diagnoses. Our approach includes engaging primary care and ED providers in the program. With the overarching goal to reduce inappropriate use of health care services, the program connects members with care managers who can solve for the root cause and provide education about how best to meet their health care needs.

Under the ED Lock-In program, a member's claims history and diagnoses are reviewed for possible overutilization. A member is placed in the ED Lock-In program when, in two consecutive six-month periods, the member has had four hospital ED visits for a condition that was not an emergency medical condition or has received services from at least three different hospital EDs for a condition that was not an emergency medical condition.

We send a letter of concern to members regarding their utilization of the ED and reach out by phone to coordinate with other services prior to entering the member into the Lock-In program. When members do enter the program, they are locked into a designated hospital for nonemergency services. We send notices alerting all designated providers (i.e., PCPs, hospitals) of the member's lock-in status.

Improving Access and Emphasizing Primary Care to Reduce ED Visits

Passport's philosophy has long recognized that the medical home model of having one provider who knows the member's history, medical conditions and medication history is an integral piece of quality, cost-effective medical care. We encourage members who may be unable to receive care from their PCP to seek

care at urgent care centers rather than the ED. We track when members receive care from these locations and coordinate follow-up care with the member's PCP to promote coordination of care through the following mechanisms:

- **Nurse Advice Line:** Passport educates its members on the importance of calling their PCP for medical questions and in using the 24-hour nurse advice line for additional questions regarding medical conditions or care. We educate members on what a true emergency is and when it is appropriate to seek care in the ED.
- **Network Adequacy:** Passport continually reviews its network adequacy and looks for opportunities to recruit new PCPs into its network. We also use the information gained during reviews of ED utilization to identify opportunities for providers to expand their office hours.
- **Provider Extended Hours:** As Passport has transformed its business model, it has reevaluated its provider contracts and incorporated extended hour requirements into these contracts to ensure members have the ability to access providers after traditional work hours and on Saturdays, which may help reduce ED use.
- **ED Coordinator:** We have an assigned staff member to contact members who go to the ED for nonemergency reasons. The outreach focuses on PCP follow-up, education on contacting the PCP with non-life-threatening medical conditions, defining a true emergency, use of the 24-hour nurse advice line and standards of care for common ED use, such as fever, nausea/vomiting, rash and cold symptoms.
- **ED Navigator:** ED navigators are deployed at high-volume facilities. After treatment, these registered nurses (RNs) speak with members or caregivers who frequent the ED for nonemergency use to evaluate the reason for the ED use, evaluate the member's discharge needs, discuss discharge needs, make referrals to community resources/agencies and assist with PCP/test follow-up. In 2019, ED navigators met with and educated 438 members on appropriate use of the ED and connected them to their PCP.

C.10.a.i. Proposed approach to using data to inform the Vendor's efforts to improve appropriate use of service and cost efficiencies, as well as to identify potential Fraud and Abuse referrals.

Our Approach to Data-Informed, Appropriate Use of Services

Passport relies heavily upon data to evaluate utilization trends. We monitor five key components for the management of utilization opportunities:

1. Monthly UM authorization data reviews
2. Medical economic reviews—provider data reviews
3. BH spend outpatient work group
4. Fraud, waste and abuse (FWA)—Program Integrity Unit (PIU) data reviews
5. DURs

We monitor our data for trends, year-over-year comparisons and variability among providers. When we identify an outlier, we complete a root cause analysis to identify causal factors and conduct a more detailed analysis as needed. If the trend is unusual or demonstrates any clusters, more investigation is undertaken.

Utilization Management Authorization Reviews

We analyze and trend data to evaluate the UM program's efficiency and effectiveness and under- or overutilization trends. Data is evaluated in the areas shown in **Exhibit C.10-01**.

Exhibit C.10-1: Passport Utilization Management Authorization Metrics

Metric	Description
Inpatient admissions per 1,000 members	An indicator calculated by taking the total number of inpatient admissions for a specific period of time (usually one year), dividing it by the average number of covered members in that group during the same period, and multiplying the result by 1,000
Inpatient days per 1,000 members	An indicator calculated by taking the total number of inpatient days for a specific period of time (usually one year), dividing it by the average number of covered members in that group during the same period, and multiplying the result by 1,000
Readmission rates	Readmission rates within 30 days of discharge same or similar diagnosis for both BH and physical health
Average length of stay (ALOS)	ALOS is computed by dividing the number of days stayed (from the date of admission) by the number of discharges during the year
Utilization by category of aid (CoA)	Resource utilization by eligibility type under Medicaid
Outpatient	Analysis of outpatient trends in BH and physical health, such as home health therapies, high-tech radiology, high-cost durable medical equipment (DME), substance use disorder (SUD), targeted case management (CM), intensive outpatient program (IOP)
Maternity utilization	Resource utilization by maternity patients, including: • Use of obstetrical ultrasound in low-risk maternity patients • Potentially avoidable cesarean sections (primigravid, singleton, vertex, term) • Inappropriate genetic testing in low-risk patients • Antepartum admissions • Lengths of stay for specified conditions
BH utilization	• Similar analysis of BH trends across levels of care • Post discharge visits within seven days of discharge
Rx UM requests per 1,000 members	An indicator calculated by taking the total number of Rx UM requests for a specific period of time (usually one month), dividing it by the average number of covered members in that group during the same period and multiplying the result by 1,000; this analysis is done for both Rx coverage determination and appeal requests

Metric	Description
Concurrent and retrospective DUR	To identify potentially inappropriate or medically unnecessary prescribing, including savings estimates based on the cost of those claims that are rejected or not filled after DUR edits are processed and evaluated

Quarterly, our UM clinicians, together with a medical director and the UMC, review key indicators and compare against goals outlined in the UM plan. Committee members actively participate in oversight of UM activities and help to identify opportunities to improve utilization, quality and clinical outcomes.

These key indicators reviewed by our UMC are compared to stated goal(s), month over month, quarter over quarter, year over year, provider to provider (same specialty) and against external benchmarks when available. We review, trend and develop action plans to address targets not met, including additional provider education, additional reviews with hospitals if hospitals repeatedly exceed targets, alteration of services on the preauthorization list and economic credentialing.

We review the following data to evaluate for under- or overutilization:

- **Claims Data:** Medical, BH and pharmacy claims are examined for under- or overutilization trends.
- **UM Data:** UM data is evaluated to identify overutilization and variances in provider practice patterns.
- **Disease State Data:** Incidence and prevalence of disease states are assessed, and preventive services and outcomes are analyzed.
- **Gaps in Care Data:** Gaps in care are addressed by the clinical team, in coordination with other functional areas as appropriate, through member and provider outreach and investigation and formulation of a member- or provider-specific plan to resolve barriers to care or a provider's lack of adherence to clinical practice guidelines (CPGs). When we identify an underutilization trend across multiple members and providers, we develop a performance improvement plan.
- **Member/Provider Complaint Data:** We review member and provider complaints, such as quality of care, access issues or ongoing failure by providers to remain compliant with Passport protocols.

From the review of this data, if a pattern of inappropriate utilization trends is detected, the findings will be discussed with Passport's Medical Management team members to create an action plan to improve performance. Based on the nature of those findings, Passport's compliance or FWA-PIU team will be included in the action plans.

Drug Utilization Review

On a quarterly basis, we review DUR reports from CVS/Caremark that combine all retroactive, point-of-sale and detailed DUR edits from the previous quarter. These sophisticated reports provide an in-depth review of certain drug categories and outline opportunities for interventions, actions taken and outcomes. We then review quarterly comparison reports to identify opportunities for improvement through new outreach methods, care management referrals and targeted prescriber, or pharmacy outreach using embedded pharmacists.

Our Approach to Cost Efficiencies—Passport's Medical Economics

To have effective reviews of the five components, outlined earlier, Passport leans on effective clinical data and resulting reports. Through our analytic and actuarial group, we use the Identifi Analytics and Reporting Tool to identify and address trends in under- or overutilization of services through reporting and data mining, analyzing claim transactions, pharmacy claims data, eligibility files, authorization records and other ancillary records, such as historical claims data, laboratory results or immunization registry data. Our Cost and Use Report, on an inpatient and outpatient basis, profiles Passport providers to benchmarks and to similar specialty providers.

The key components of our Medical Economics review process include:

- **Cost and Utilization Assessment**: Identify opportunities through setting and service category review and comparison to benchmarks, isolating the impact of cost versus utilization on overall trends, and drilling down to further explain trends and highlight opportunities for savings without an impact on clinical results.
- **Population Assessment**: Evaluate demographic characteristics and changes over time, assess enrollment trends, profile high-cost member characteristics and trends, and measure chronic disease burden.
- **Provider Network Assessment**: Analyze PMPM, utilization and key performance indicator trends by provider practices and areas, drilling down on key focus areas and assessing in-patient versus out-of-network services.
- **Care Management Assessment**: Summarize care management engagement rates and drill down to unengaged members to identify root causes.

The Medical Economics team uses the reporting in these key categories to determine which insights are actionable and to recommend prioritization of actions. These reviews allow us to identify specific areas of opportunity related to key priority areas of DMS, including SUD, opioid use disorder (OUD) and the use of psychotropic medications in children and adolescents.

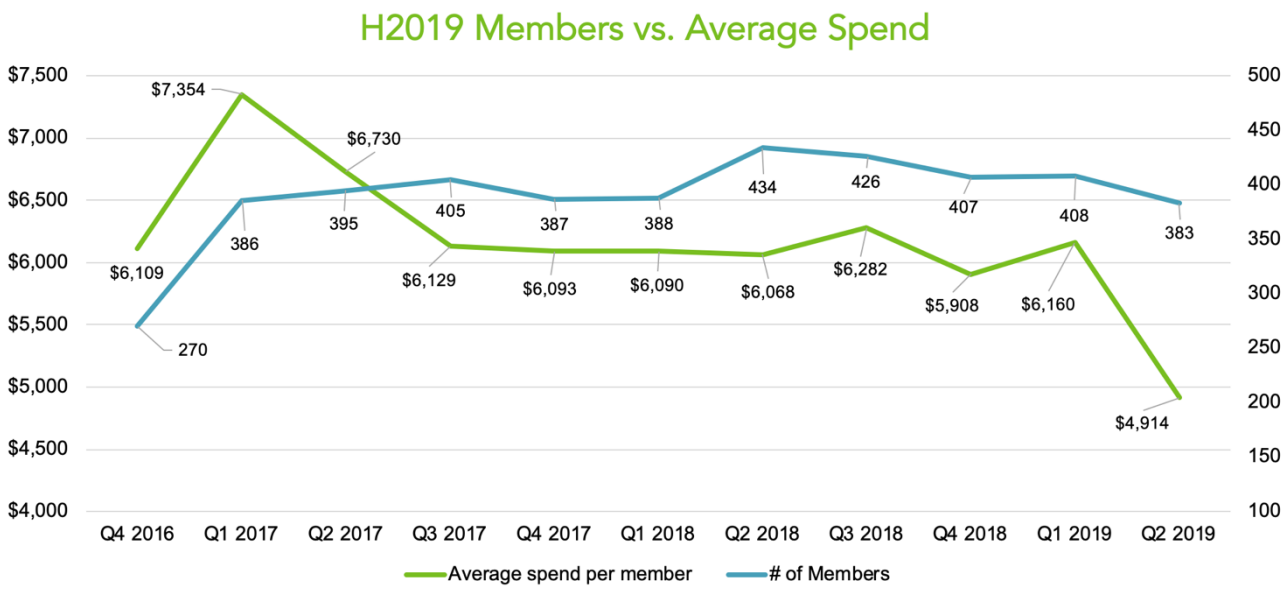
Behavioral Health Spend Work Group

A BH Spend work group was established in 2018 to provide a deeper dive analysis into some of the utilization and spending trends observed. The Health Integration team led this process. Here are some examples of trends investigated:

- **Large Provider Billing Under the National Provider Identifier (NPI) of One Site:** A large provider in Kentucky has been billing 98% of its services under the NPI of one site instead of the NPI of the sites in which the services took place. In review of their billing, the work group identified the primary site being billed was contracted by Passport at 110% the DMS rate (the only site with that rate). Although the review determined the only rate that increased was for one specific code, concerns regarding billing practices, large increases in utilization and inappropriate diagnosis codes for treatment was sent to the Passport Program Integrity team to investigate.
- **Impact of Institution for Mental Diseases (IMD) Expansion:** An analysis of Passport members between the ages of 22 and 64 years with inpatient admissions into IMD facilities was conducted and identified a $4.5 million spend over the first three quarters of 2018. This was used to help better predict utilization for future time periods.

- **Therapeutic Rehab Program (TRP-H2019):** The duration, intensity, cost and effectiveness of TRP has been a focus for the work group. Over the course of 2017 and 2018, utilization of TRP has been increasing quarter over quarter. Examination has been ongoing into the effectiveness of this service in improving the health and quality of life of members. Passport conducted several site visits to these programs in 2018, using the information and findings from the work group efforts to drive a message of general expectations for services, use of person-centered planning and helping members achieve recovery and develop a life integrated into the community that has lessened dependence upon professional support when possible. Additionally, the work group has been scrutinizing the medical necessity criteria from the clinical perspective and guidelines to ensure adherence to the Kentucky regulations for the service. Further education to providers on expectations for outcomes and time frames will be ongoing. **Exhibit C.10-2** illustrates a spike in unique utilizers and cost per member in Q1 2017. Since that time, the number of unique utilizers has increased, but the cost per member has been steadily decreasing.

Exhibit C.10-2: Impact of BH Spend Work Group Efforts on Therapeutic Rehab Program



Identifying Fraud, Waste and Abuse—Passport's Program Integrity

Passport's FWA program identifies, audits and investigates behaviors that suggest actual or potential FWA. We understand the overwhelming effect that FWA can have on health care. Our PIU is a separate and distinct operation, whose staff is autonomous from the UM department. Under health care reform and as a result of rising costs, scrutiny has increased to ensure that claims paid are for the right person, in the right setting, at the right time, in the right amount and for the right service. To that end, Passport provides a comprehensive approach to detect, prevent and correct FWA to reduce costs and ensure appropriate utilization.

Our PIU helps to identify aberrant trends in utilization. Through data analytics, Passport's PIU identifies provider and member outliers and allows for comparisons between peers. In addition, the clinical and Health Integration teams will look at utilization patterns and trend data to determine any if any changes in patterns are expected or warrant further investigation. They also review member data to determine if care management or care coordination should be offered and make referrals the appropriate area.

Based on the findings of the analytic review, the PIU may request and review medical records. Findings may be discussed with the Passport medical director to determine next course of action, if needed. Once determined, findings and action may be shared with the provider or member, if applicable. Once a provider is notified of investigation findings, the appeals process will allow them to provide additional supporting documentation. If a PIU investigation uncover nefarious activities related to fraud or abuse, Passport will report those findings to Commonwealth, federal or Office of the Inspector General (OIG) investigators, as required by the contract.

Through our data analytics, we have access to national tracking and trending data. Specific configurations based on Kentucky regulations or FWA findings can be built in a proactive manner to prevent identified trends of FWA. Through Passport's membership in the Healthcare Fraud Prevention Partnership, we have access to fraud schemes that are trending regionally and nationally, and we are able to perform analytics to determine the impact to Passport. In addition, specific system configurations based on Kentucky regulations or FWA findings can be built in a proactive manner to prevent identified trends of FWA.

Application of this trending information in a proactive way helps manage the health care dollar.

Passport works in a collaborative fashion with all Commonwealth and federal regulators in the identification, detection and prevention of any FWA activities.

C.10.a.ii. Overview of the Vendor's methods for monitoring appropriate health care utilization, including two examples of identified negative trends, initiatives undertaken to improve them, and the results of these initiatives.

Monitoring for Appropriate Service Utilization

Claims Review

As part of an ongoing review for process improvement through our UMC, the committee members review detailed claims data and examine for under- or overutilization. From the review of the data, if a pattern of inappropriate utilization trends is detected, the findings will be discussed with Passport's Medical Management team and the QIC to create an action plan to improve performance and outcomes.

Utilization Management Data Review

We review UM data as part of UMC and examine for under- or overutilization. From the review of the data, if a pattern of inappropriate utilization trends is detected, the findings will be discussed with Passport's Medical Management team and the QMMC to create an action plan to improve performance and outcomes.

Integrated Rounds

In our integrated rounds process, a medical director conducts care review in an interdisciplinary approach that brings clinicians, care managers, pharmacists and physicians together to review the care for comorbid and complex conditions, support, placement issues and access to services. Nurse reviewers refer cases directly to our medical director based on an individual case review and from daily inpatient census reports. Our BH medical directors also provide a level of support where we partner with our facilities and conduct case reviews while the member is receiving services. This will drive the plan of care and coordinate appointment setting prior to discharge to ensure members are connected to their provider and reduce recidivism.

If quality issues or concerns are identified by the medical director, the medical director immediately reaches out to the management team to discuss, and UM nurses track cases that are reviewed by the medical director. Through this process, UM nurses and the medical director are able to identify any members who require referrals to higher-intensity levels of care management. They also, identify provider trends, barriers to care and claims with high dollar amounts.

Negative Trends, Improvement Initiatives and Results

Urine Drug Testing

Passport's review of utilization data showed that urine drug testing (UDT) expenditures increased by 54.6% between 2016 and 2017, resulting from a 61.9% increase in utilization. This increase translated to a $13 million increase in the amount paid. 2018 saw further exacerbation, resulting from an 11.9% increase in cost.

To combat the increased utilization trend, Passport implemented a program from January 2019 to July 2019 that required authorization for UDT for SUD and pain management. Providers were permitted an allotted number of tests without authorization, with authorization then required for subsequent tests.

During the review time frame, Passport received an average of 1,400 requests per month and denied 34-36% of those requests based on inappropriate frequency of testing (testing weekly for an established member) and the provider making no changes to the treatment plan based on prior testing. This equates to a savings of approximately $90,000/month. Analysis of data also identified certain providers with atypical utilization who accounted for 60% of total requests. We provided education to the providers on the requirements for a review, and we developed a detailed form for them to use during the review process

Prescribed Pediatric Extended Care

Auditing that showed the potential for providers to bill a higher level of acuity when medical documentation did not support that level was reintroduced in 2016. Passport performed an audit that identified the acuity level for enrolled members was being billed at a higher acuity than the clinical scenario indicated. This audit was used as the basis for an ongoing investigation into potential overutilization.

To remediate the audit findings described above, in October 2016, Passport introduced a prior authorization program for prescribed pediatric extended care (PPEC) review to include medical necessity review of admission and level of acuity. Passport provided documentation to assist providers in gathering and providing the required information for the reviews to facilitate timely processing of authorizations. As a result of this program, we were able to recontract the largest PPEC to reduce the fees paid for higher levels of care.

Controlled Substance Management

Controlled Substance Safety Edits Reduce Member Harm: Passport pioneered many significant controlled substance safety edits in 2016. Since then, these edits have been refined and coordinated with DMS fee-for-service edits implemented in 2018. Passport extended these edits to address both acute and chronic opioid utilization and limit daily morphine equivalent dose (MED) and prescription days supply. These edits reflect Kentucky Board of Medical Licensure guidance with respect to promoting safety and curbing abuse potential associated with acute opioid prescribing. In the last 18 months, we have seen a reduction of approximately 22% in total opioid users.

C.10.a.iii. Frequency in which the Vendor proposes to re-evaluate its approaches to identify need for adjustments (e.g., re-evaluation of existing prior authorization requirement for appropriateness)?

Frequency of Initiative Evaluation

Passport evaluates its UM approach continually to ensure it cost-effectively provides members with the most effective care. We observe an evaluation schedule that, at a minimum, results in evaluations monthly, quarterly and annually, as detailed below.

Monthly

We examine claims, authorizations, drug trends and provider complaints related to the authorization process on a monthly basis. This review provides insights into sudden spikes in usage or unanticipated provider impact of changes and allows us to adjust as needed to address the issues.

Quarterly

We engage in Medical Economics reviews to see larger data trends on a quarterly basis. We also examine consistency of approvals, so that we can streamline our authorization requirements and reduce provider abrasion. For example, if we determine that we are approving a procedure 100% of the time, we may remove the prior authorization requirement. These quarterly Medical Economics reviews also allow us to look at seasonal trends on a year-over-year basis to understand utilization trends and potentially identify disease trends like a difficult flu season. The Pharmacy team also brings any recommendations from monthly and quarterly evaluations to the Pharmacy and Therapeutics (P&T) Committee to address drug trends.

Annually

Our annual evaluation includes medical, behavioral, pharmacy, dental and vision services. The annual evaluation is designed to:

- Evaluate the overall effectiveness of the UM program (medical, BH and pharmaceutical management) to assist in the promotion and maintenance of optimally achievable quality of care
- Ensure systematic reevaluation of the policies and procedures currently in force
- Promote consistency in authorization processing through the application of defined criteria for clinical decision-making
- Evaluate compliance with policies, procedures and regulations related to the appeals process
- Evaluate documentation consistency among clinical reviewers
- Evaluate clinical initiatives efficiency and effectiveness
- Evaluate program objectives, activities and targets for the coming year
- Verify the UM program complies with and is responsive to applicable requirements of federal and Commonwealth regulators and appropriate accrediting bodies

We include the results from these evaluations in our annual UM program evaluation.

Pharmacy: The Pharmacy program and UM department program descriptions and the annual evaluations are reviewed and approved by the Passport QMMC, Passport's QIC. The BH Advisory Committee also reviews BH UM materials. The programs are subject to continuous review to ensure they meet the needs of Passport. Select data from the evaluation is also submitted to the Quality department on a quarterly basis for submission to the DMS Quality Work Plan.

Behavioral Health: The BH UM program description, annual evaluation and monthly reporting, including Senate bill (SB) 20 appeal results, are reviewed by the Delegation Oversight Committee, BH Advisory Committee and QMMC. Providers, advocates and members who participate in these committees provide oversight and feedback regarding the UM process.

Ad Hoc

On an ad hoc basis, we examine new drug and technology releases, new therapy recommendations and provider complaints.

Our Approach to Identifying Needed Adjustments

Passport formally reviews the prior authorization (PA) list annually. However, the UM Director reviews the PA list quarterly and makes recommendations through our committees, and ultimately to DMS, based on the annual description of covered benefits. In 2019, we removed chiropractic services. After UM analysis and provider feedback from the provider survey, the authorization requirements for chiropractic services were removed. The analysis showed appropriate utilization of services within the benefit limits.

C.10.b. Describe the Vendor's proposed Utilization Management (UM) Program, assuring that it addresses requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices." In the description, include information about the following, at a minimum:

Ensuring Medicaid Managed Care Contract Compliance

Passport and its delegated partners Evolent Health and Beacon Health Options are NCQA accredited for UM. Evolent Health was pleased to learn that the NCQA surveyors had no findings in their most recent UM accreditation survey.

Under the direction of Passport's directors for medical and BH services, Passport's UM program meets the requirements of request for proposal (RFP) Draft Contract—Attachment C Draft Contract and documents in its plan as required in KRS 304.17A-600. Our UM program, processes and time frames are developed, implemented, managed and monitored in accordance with Title 42 of the Code of Federal Regulations (CFR) 431, 438 and 456. Our medical director and BH director are accessible and available for consultation as needed.

Passport's innovative and effective UM processes ensure a high quality, clinically appropriate yet highly efficient and cost-effective delivery system. We continually evaluate the cost and quality of medical services delivered by providers.

Our program description, included as **Attachment C.10-1_Passport 2019 Utilization Management Program Description,** details our program structure, complies with KRS 304.17A-600 and includes the information detailed in RFP Attachment C Section 20.1 that network providers may participate in UM activities to the extent that there is not a conflict of interest. Our UM policies and procedures define conflicts and remedies.

In all of our subcontractor agreements, we include that, consistent with 42 CFR Section 438.6(h), we do not provide financial incentives to deny, limit or discontinue medically necessary member services.

Utilization Management Program Description

Passport submits its UM program description to the Department for approval within 30 days of signing the contract annually and at any time when making material revisions.

Passport's UM leadership team, including its CMO and BH director, evaluates its program annually, including an assessment of the effectiveness in improving clinical and service outcomes and resulting changes to the UM program. We include an evaluation of subcontractor UM activities. Our CMO and BH director review and approve the annual program evaluation prior to submission to DMS.

Utilization Management Committee

Chaired by Passport's medical director, its UMC includes Kentucky-based providers overseeing clinical service delivery trends across its membership, including evaluating utilization, patterns of care and key utilization indicators.

Our UMC evaluates the need for and approval of UM policy, standards or procedural changes, including approval and implementation of clinical guidelines, and approving and monitoring the UM program description and work plan.

The UMC also reviews Passport's grievances and appeals (including expedited appeals and State Fair Hearings) related to UM activities to determine needed policy changes.

Clinical Practice Guidelines

Passport uses CPGs to support its providers in the care and education of its members and to reduce variation in diagnosis and treatment. Our guidelines, which are reviewed and approved by the QMMC, are based on valid and reliable medical/BH evidence or consensus of health professionals, consider the needs of our members, and are developed or adopted in consultation with Passport participating providers. We source CPGs from nationally recognized experts in treating a variety of conditions. For example:

- Centers for Disease Control for attention deficit hyperactivity disorder
- National Institutes of Health for the diagnosis and management of asthma
- National Kidney Foundation for evaluation and management of chronic kidney disease
- The American Psychiatric Association for the treatment of members with SUDs

We make these CPGs and many others available to our providers on our public website at passporthealthplan.com. We will also make them available to members or potential members upon request through our Member Services team.

C.10.b.i.Approach to align the UM Program with the Department's required clinical coverage policies.

Our Utilization Management Program Aligns with DMS Clinical Coverage Policies

Passport works to ensure members receive the appropriate level of care by coordinating health care benefits and ensuring that services are rendered in a timely manner, provided in appropriate settings, and planned, individualized and evaluated for quality and effectiveness. We have implemented a comprehensive UM program focused on identifying and reducing inappropriate utilization of services while ensuring timely access to appropriate care.

Our UM program provides complete prior authorization, concurrent review and retrospective review support as part of overall medical management administration. Our UM philosophy is centered on partnering and collaborating with providers to ensure members receive appropriate high quality, whole-person care. The UM program establishes continuum-of-care principles that integrate a range of services, including medical, BH and pharmaceutical services, that appropriately meet members' needs while maintaining flexibility in modifying services, as needs dictate. In fact, we view each step of the process as an opportunity to better understand the needs of the member and provide additional decision support for the provider, thereby allowing for identification of the most appropriate service to answer those very needs.

Passport's Compliance department ensures that all departments are in compliant with DMS Clinical Coverage Polices and Commonwealth regulations. DMS submits any policy changes to the Passport Compliance department, which then disseminates the requirements to the respective department. The Passport Compliance department requires action plan development to meet any required policies or regulations.

C.10.b.ii. Proposed evidence-based decision support tool(s).

Our Proposed Evidence-Based Decision Support Tools

Passport's integrated UM approach leverages a variety of tools to ensure that we apply the most appropriate evidence-based guidelines to service authorization requests that are transparent to providers and support integrated care. As required by DMS, we use InterQual to support medical necessity decision-making review of requested adult and pediatric medical services.

Along with the use of approved criteria, we consider the following when evaluating requests for medical necessity:

- Member demographics, eligibility and CoA
- Cultural diversity and linguistic barriers
- Local delivery system
- Appropriateness of site/place of service
- Level of care
- Member characteristics and information (e.g., educational level that may present barriers to care)
- Information regarding responsible family members and home environment
- Information regarding benefits for services or procedures, if applicable
- When the services requested are for a member from foster care, Passport has established a modified review process requiring authorization only for select services

Our Technology and Systems Supporting These Tools

Evidence-based criteria are only as effective as their integration into the care management process through effective technology. Passport is supported by Identifi, its web-based solution that brings local CM teams, providers and UM team members together on a single platform. UR/Quality Improvement and Surveillance UR subsystems are supported by the Identifi Population Health Management system Identifi Review module.

Identifi Review

Identifi Review is Passport's UM application with service-level agreement (SLA)-driven workflows and medical policy administration to support DMS utilization/quality improvement and surveillance UR by reducing inappropriate utilization. Passport's full suite of UM interventions includes prior authorization/prospective review, inpatient concurrent review, post-acute care/retrospective review, referral management, member and provider appeal, and member complaints and grievances. The data derived within the Identifi Review application fosters the development of robust utilization data to aid in

quality improvement activities. Identifi Review allows Passport to actively monitor and manage under- and overutilization of services across its health plan. Identifi Review provides our UM nurses with complete and real-time clinical and financial information.

C.10.b.iii.Innovations and automation the Vendor will implement, for example, to reduce provider administrative burden under the UM Program.

Our Approach to Reducing Provider Administrative Burden

As a physician-aligned organization, Passport understands that an overly burdensome UM program can cause physician abrasion and—at worst—lead to delay in members receiving needed care.

Innovations

Innovation in supporting our providers begins with delivering flexibility in authorization request methods. We offer providers multiple ways to request an authorization through our web-based UM portal or by phone or fax. Our UM portal is easy to use and features intuitive design. We display fields that are mandatory for completion and offer a guide that walks the provider through the submission process, explaining the information needed to complete a review.

We are also dedicated to easing the administrative burden on those provider practices who have demonstrated compliance with certain prior authorization guidelines through gold carding and episodic authorizations for oncology and cardiology providers.

Gold Card for Providers: Gold card providers have demonstrated consistent adherence to evidence-based practices, cost-effectiveness and quality. We grant a different level of request for specific medical services to these providers, allowing them to provide the service without the need for prior authorization or review. We monitor to ensure ongoing high quality, cost-effective results for the provider to remain in the program.

Episodic Authorizations: As a provider-driven plan, Passport knows first-hand how complicated treating members with cancer and cardiac issues can be. We treat UM for these conditions differently, bundling authorizations for multiple service requests into SuperAuths related to specific clinical episodes of care. Each episode of care is defined by clinical events, such as progression of tumor, complications of therapy or new diagnostic findings, rather than by a duration of time. Passport collaborates with the physician at the beginning of each critical episode of care to use its industry-leading clinical decision support tools to identify the optimal, highest quality and affordable care plan for each member. These Clinical Decision Checkpoints will collect the most recent data for the member's condition and use our Precision Pathways library to authorize the clinical plan for the full episode of care in a multimodality SuperAuth. Rather than requiring the physician to submit separate authorizations for each service or treatment, a SuperAuth covers all key elements of the required treatment for the member, including essential diagnostic and imaging tests, and medical, radiation and surgical treatments.

Automations

Passport's UM system supports auto-authorization of specific services when certain criteria are met, streamlining authorization processes and enhancing provider satisfaction. For example, we can use the provider taxonomy code to auto-authorize services commonly needed by specific types of providers for diagnostic purposes, such as a neurologist requesting an magnetic resonance image (MRI).

Identifi Practice (Practice) is Passport's provider-facing portal that supports utilization/quality improvement. Practice is designed to inform providers about actionable opportunities within their member panels by surfacing information about gaps in care, active care management programs, and cost and utilization metrics. Practice integrates with provider electronic health record systems to promote data exchange, improving care efficiency and the accuracy of our risk stratification models.

Practice includes several prebuilt member rosters that can be further customized by providers and their staff. The Total Members roster includes a snapshot of all members attributed to a provider or practice, detailing the risk of impactable ED visits and inpatient admissions, status of care management programs (based on activity in Identifi Care), the number of open care gaps for each member, and chronic conditions identified for that member. A more focused roster highlighting members with care gaps identifies all the open care gaps within a provider's panel.

Even beyond the Identifi Practice module, the overall Identifi platform leverages automation to fully support all medical management activities and includes the following medical management features:

- Easy-to-use authorization creation workflow for any staff at the provider's office
- Required fields that are clearly defined so all medical information is captured at the time of authorization entry
- Built-in logic enabling member lookup, prior authorization policy check and member eligibility check
- Built-in rules and criteria based on UM policies and customization to support auto-authorization, resulting in faster turnaround times for service request decisions
- Real-time status of authorization requests
- Identifi Practice enables providers to participate directly in a member's care plan, view authorizations and manage gaps in care

Identifi uses machine-learning techniques to improve processes, continuously improving the auto-authorization rules based on historical authorization data and trends. Identifi supports highly configurable auto-authorization rules that reduce administrative burden and the time a provider must wait for a decision. These rules can be configured according to a variety of member (e.g., age, gender, diagnosis code), procedure, and provider (e.g., requesting, attending, or rendering) data elements. Passport uses machine-learning and other analytics on historical authorization data and trends to identify potential auto-authorization rules to configure in Identifi.

These rules are based upon evidence-based guidelines selected to ensure services requested are medically appropriate for our members and leverage InterQual guidelines, internally developed medical policies, Medicaid criteria/guidelines and statutory or regulatory guidelines. Machine learning is the scientific study

of algorithms and statistical models that computer systems use to perform specific tasks without explicit instructions, relying on patterns and inference instead. Machine learning allows streamlined analysis and decision support for initial authorizations based on thousands of records of experience. This informs our authorization decision rules as to which authorizations can automatically occur and which authorizations should be removed. Machine learning is only applied to initial requests that are within a nurse's control. The BH team also uses other DMS-mandated tools, including Level of Care Utilization System (LOCUS), Child and Adolescent Needs and Strengths (CANS), American Society of Addiction Medicine (ASAM) and Child and Adolescent Service Intensity Instrument (CASII).

C.10.b.iv. Methods and approach to balance timely access to care for Enrollees with the administration of the UM Program.

Our Approach to Balancing Timely Access to Care with Program Administration

As noted, Passport is a provider-directed organization. As such, we are committed to providing member centered care and timely authorization of services that do not delay or interrupt medical services, divert significant resources from member care, or complicate medical decisions.

Methods that Support Our Approach

Passport uses these methods to support our approach to timely, member centered, cost effective care:

Monitoring performance with SLAs. Passport applies strict standards to meeting SLAs that exceed DMS requirements. These medical and BH SLAs include responding to urgent requests for authorization within 24 hours; treating all requests for members with SUD as urgent; communicating non-urgent determinations within two business days; completing continued stay determinations within 24 hours of receipt of the request; and completing retrospective review determinations within 14 calendar days. Our performance of SLAs is detailed in **Exhibit C.10-3**.

Exhibit C.10-3: UM Service Level Agreements

	Description	SLA* Target	Goal	Performance
Case Turnaround Times for Medical Review Determination				
Urgent	Case Types	24 Hours	95% completed within 1 Business Day	97.1%
Non-Urgent		2 Business Days	95% completed within 1 Business Day	85.5%**
Retrospective		14 Calendar days	95% Completed within 1 Business Day	97.6%

	Description	SLA* Target	Goal	Performance
Case Turnaround Times for Behavioral Health Review Determination				
Urgent	Pre-Service: Initial Authorization for Inpatient or Other Urgent BH Services	24 Hours	95% completed in 24 hours	99.75%
Non-Urgent	Pre-Service: Initiation Authorization for Non-Urgent BH Services	2 Business Days	95% completed in 2 business days	100%
Urgent/ Expedited	Concurrent: Continued Auth for Inpatient and Other Urgent Behavioral Health Services	24 Hours	95% completed in 24 hours	99.6%
Non-Urgent/ Retrospective	Non-Urgent/Standard	30 Business Days	95% completed in 30 days	100%

** We did not meet our goal for non-urgent case turnaround in 2019. We implemented a corrective action plan process and completed a root cause analysis. We found that a combination of the following contributed to the decline in our performance:

- Increase in authorization calls due to new authorization requirements increased our fax request volume by 130%
- Changes in our radiology prior authorization program and implementation of a specialty oncology program increased the call volume to our UM team by 20%
- By the third quarter of 2019, our service levels returned to expectation, no members were adversely impacted, new staff were hired and we implemented cross-coverage among teams with a resumption of our performance meeting goals

Ongoing Provider Education

We develop training and job aids to ensure appropriate provider education to address identified updates, issues or new information. This messaging will then be incorporated into Passport's ongoing training and education curriculum. The curriculum is reviewed and updated, as appropriate to ensure our providers continually have the knowledge and information needed to best care for our members in the most effective and efficient manner.

Passport's ongoing provider education includes prior authorization processes and procedures. We communicate to providers via the following communication channels:

- Provider letters and bulletins
- Preferred Drug List (PDL) drug changes and distribution

- Point of Service (POS) messaging
- Training sessions, webinars, quarterly newsletters and other training activities as requested by the Department
- Billing instructions and claim resolution communication
- Website postings

Leveraging Technology

Identifi Review provides UM nurses with complete and real-time clinical and financial information. Automated workflows trigger follow-up action items for UM staff in a single, integrated platform and provide the ability to share UM requests with physicians and team members for review. The work queue prioritizes follow up actions based on SLA-configured requirements.

Our Utilization Management Team Administering the UM program

Passport is committed to its Kentucky-based staffing model. Hiring Kentuckians who are familiar with regional and cultural influences allows us to better serve our members and providers through a tailored approach developed in accordance with DMS requirements. Living and working right here in Kentucky helps them understand the Kentucky provider referral patterns and gives them an intimate understanding of the network; this enables our teams to support the management of care more appropriately.

Medical Director

Passport's CMO, Dr. Stephen Houghland fully supports our whole-person integrated care and population health approach. Dr. Houghland is accountable for leadership pertaining to all major health programs related to the DMS contract, as well as Passport's treatment processes and policies, medical management (including UM), quality management and improvement efforts, and population health management activities.

Director

Anna Page serves as Passport's director, utilization management. She is responsible for the overall management of the activities relating to the strategy, tactics, policies and programs that drive utilization for plan provider owner network providers and members. Anna is responsible for developing new capabilities and efficient and effective programs that achieve cost and quality goals in a way that is integrated into the local delivery system.

See **Exhibit C.10-4** for additional UM Staff.

C.10-4: Additional UM Staff

Title	Responsibilities
Manager Clinical	• Oversee daily operations of the UM department
Manager Non-Clinical	• Oversee daily nonclinical operations of the utilization department
Medical Directors	• Serve as consultant to the medical management associates • Conduct denials when serving as a clinical reviewer
Appeals Director	• Direct the implementation and oversight of the appeals process
Utilization Review Nurses	• Perform medical necessity review • Ensure compliance with policies, procedures and regulations • Refer for higher level of care • Identify potential FWA
Mommy Steps Maternity and New Born Program Nurses	• Conduct concurrent review and care coordination • Acts as a member of the health care team to coordinate activities with physician, NICU staff and caregiver
ED Navigators	• Conduct member interviews Evaluate the member's discharge needs • Provide member education Track and trend ER utilization
Appeals Nurse	• Perform clinical oversight of appeal decisions • Ensure compliance with policies, procedures and regulations • Identify potential FWA
Intake Specialists	• Provide nonclinical support to the clinical staff
Research Appeals Coordinators	• Provide nonclinical support to the clinical staff
ED Coordinators	• Provide nonclinical support to the clinical staff
Medical Systems Analyst	• Maintain a current knowledge base with regards to rules, all federal and commonwealth regulations, DMS contract requirements • Develop, edit and maintain multiple medical management systems • Assist with the development and delivery of system training programs and processes
Data/Business Analyst	• Assist in the development of reporting and analysis of medical data, metrics and measures • Assist with clinical and physical data modeling to support medical management initiatives • Develop weekly, monthly, quarterly and annual medical management reports and results

Title	Responsibilities
Medical Management Trainer	• Assess training needs and methods of instruction • Develop, implement and maintain training strategies for both short-term and long-term training goals and initiatives • Develop and maintain training material • Serves as the training liaison between medical management and other departments within Passport Health Plan
Medical Management Auditor	• Perform internal chart audits on medical management associates for completeness and accuracy • Perform internal chart audits on medical management associates to ensure compliance with criteria, regulations, NCQA requirements and policy and procedures • Develop and maintain clinical and nonclinical audit tool • Prepare audit reports • Assist in the development of individual/team corrective action plans based upon audit results

C.10.b.v. Approach to integrate medical and behavioral health services in the UM program.

Our Approach to Integrating Behavioral and Physical Health In UM

Health Integration is Passport's collaborative, member-centric team-based model of care delivery combining medical, BH and social needs services.

Passport's "No Wrong Door" Approach Integrates Medical and Behavioral Health Services

Member health and well-being needs are met through a "No Wrong Door" and equitable whole-person approach to care. Our UM and BH teams refer requests seamlessly to each other to ensure timely action and resolution. Regardless of the type of service being requested, our integrated approach to UM ensures that providers may request a plan of care and receive approvals quickly and efficiently. Integrated workflows ensure communication across UM teams who work in tandem to meet member needs. During the review process UM asks questions of the provider related to symptoms, treatment plan, diagnosis including behavioral and medical, and all medications as well as housing, family, education and legal concerns. Referrals to CM are made as appropriate. Additionally, UM reviews are audited on an annual basis to ensure all staff are including these elements in their reviews.

Physical and Behavioral Health Joint Staffing

Passport and Beacon Health Options, our NCQA accredited managed behavioral health organization (MBHO) are co-located as they address member needs. When a member presents with physical health/BH comorbidities, our co-location model facilitates a seamless case review. This helps ensure that care is authorized holistically from a whole-person perspective. When discussion on a member's unique needs is required, our collaborative care rounds provide a forum for cross-discipline discussion and care planning

among UM and BH teams. Our BH and physical health team members are co-located allowing for consultation, discussion and referrals.

To ensure our teams understand the importance of integrated care, we conduct annual integrated care training jointly with our medical and BH teams. During this training, we review specific cases and evaluate our processes to look for opportunities for improvement. Integrated care experts present in these meetings, including providers from integrated care settings and people from other health plans in other states, to learn from experience and ensure we are continuing to stay updated on best practices.

For BH, Passport ensures UM criteria are applied consistently and appropriately across all levels of care and lengths of stay through annual inter-rater reliability (IRR) audits of all staff who complete utilization reviews including clinicians, clinical supervisors and medical directors. The process includes conducting focused monthly supervisory reviews of the clinical staff, reviewing and providing feedback on specific input, and reviewing process metrics that cover the continuum of the UR and case management clinical process. The BH IRR uses approximately 15 to 20 vignettes in which clinicians apply medical necessity criteria to make determinations. The BH IRR also utilizes monthly monitoring of service request calls from providers that include a review of the documentation received against the audit tool to confirm that the request addresses all the elements required to make a determination. If frequent errors are noted, we increase the frequency of the monitoring and implement an assessment of the reason for deficiencies and the related corrective action which may include policy clarification and/or provider training.

Integrated Rounds

Our provider centered governance structure provides a unique system for integration. Provider representation on our PCP Workgroup and Behavioral Health Advisory Committee allow for provider input around our processes to ensure integration across Passport's organization, including UM.

For example, when we implemented the Partners in Wellness program to create an integrated care model for members with SMI, we sought input from both groups. Partners in Wellness had BH case managers receive medical case management training at Centerstone Kentucky (Seven Counties Services). Members also had access to nursing 24 hours a day. With feedback from our provider representatives, we worked to ensure the UM process was not a barrier to entry into the program. Members for possible participation were identified in advance as having an SMI and high medical utilization through review of medical and BH claims data. We met with Centerstone Kentucky (Seven Counties Services) in advance to streamline the process. Instead of completing the usual pre-authorization process, the team at Centerstone Kentucky (Seven Counties Services) sent over the name of the person and treating diagnosis from the pre-generated list of possible participants and were auto-approved. An authorization was then entered into our system for an integrated care model to be delivered. We met frequently to get feedback about this process and ensure the UM process was working properly so members could access this integrated and collaborative program.

Whole Person Care

A member is admitted to a hospital for an overdose. It is immediately recognized that this member has both medical and behavioral health (BH) issues from the inpatient authorization request to our UM staff. The member's case is assigned to our Health Integration team to ensure that both Passport medical and BH care teams are alerted. The Health Integration lead ensures that our Transitions Care Program Manager reaches out to the member and hospital to provide support during hospital stay while also preparing for discharge and transition.

Our Health Integration team discusses the member at Interdisciplinary Care Team rounds weekly to plan for the member's complete care needs. Our integrated approach ensures that the medical and BH providers are aligned and the member understands his or her care plan.

Psychiatric evaluation during the hospitalization determines that acute inpatient psychiatric care is the appropriate next step for the member's recovery. The Passport UM team authorizes and helps find an appropriate psychiatric facility and works with the hospital to support discharge and transition. The Health Integration care team continues to monitor the member's progress and care plan and ensures coordination between medical and BH providers. The same Transitions Care Manager will stay with the member to support the transition to outpatient BH and primary care follow up and then facilitate a warm hand off to the Beacon BH care team with the member.

Integrated Health Considerations for Special Populations, Co-Occurring BH Conditions and Intellectual or Developmental Disabilities (IDD)

For members with IDD, our clinicians collaborate with other members of the Passport care team to reach out to the member's current providers and other supports. Service plans, assessments, and other relevant information are combined with the clinical issues associated with the request for authorization for services or treatment. When needed, our clinician requests consultation with members of the care team who have expertise in IDD. All available information is then reviewed, and services, BH or physical health, are recommended by the member's IDD care team and are authorized.

Clinical Care Guidelines Development – Collaboration with the American Psychological Association

Passport understands the challenge in providing services to a member who may have another co-morbid BH condition along with IDD. Members of the Health Integration team participate in providing feedback through the Kentucky Psychological Association to the American Psychological Association as they develop a clinical practice guideline to ensure the use of evidence-based practices to meet the needs of individuals with IDD. This national clinical practice guideline will articulate the importance of addressing the whole-person needs of individuals with IDD, as well. When complete, the national clinical practice guideline will address the importance of addressing the whole-person needs of individuals with IDD.

C.10.b.vi. Approach to ensure UM Program is compliant with mental health parity.

Ensuring UM Program Compliance with Mental Health Parity

We developed our integrated health approach (described in C.10,b.v above) in consideration of mental health parity principles enabling us to support whole-person care.

Passport ensures parity compliance by systematic review of the physical and behavioral health benefits, including pharmacy, upon implementation and whenever a change is made to the benefit structure. During this review the following items will be assessed:

- Quantitative treatment limits
- Non-quantitative treatment limitations
- Preauthorization and pre-service notification requirements
- Fail-first protocol
- Geographical limitations

We monitor our compliance using the Self-Compliance Tool for the Mental Health Parity and Addiction Equity Act (MHPAEA) created by the Department of Labor on an annual basis and as requirements change.

Systematic Review of MH and SUD Equity to Physical Health Conditions

In 2018, upon DMS request, we analyzed prior authorization and claims data to ensure mental health and SUD were treated equally with physical health conditions. Parity was examined in the requested areas of:

- Medical necessity
- Criteria development
- Prior authorization
- Concurrent review
- Prior notification
- Retrospective review
- Outlier management
- Experimental/investigational determinations
- Medical appropriateness reviews
- Practice guideline selection/criteria
- Blanket exclusions for medically necessary court-ordered or involuntary treatment

Our analysis confirmed parity between the BH and physical health benefits in the delivery of services to our members. We shared our results with DMS as required. We monitor physical health and BH parity annually and as prior authorizations and benefits may change.

C.10.b.vii. Approach to ensuring accountability for developing, implementing, and monitoring compliance with Utilization policies and procedures and consistent application of criteria by individual clinical reviewers.

Our Oversight and Committees

In order to set a culture of accountability and to ensure we ultimately develop, implement and monitor compliance with utilization policies and procedures, we must start with an effective governance structure. Passport's framework is designed to bring accountability and compliance from the top of the organization then drive it throughout so that we apply consistent and effective approaches. Passport has strong, existing partnerships with local provider groups, community advocates, and members because of our roots as a Kentucky-based, provider-led organization. To help us maintain these deep community ties and inform decision-making, we have implemented a unique governance structure that integrates stakeholders. In total, well over 100 volunteer clinicians, representing multiple specialties, consumers and member advocates inform Passport's governance process through these committees. This structure brings alignment into our UM approach.

Board of Directors

The Passport Board of Directors has broad oversight of the health plan's strategic direction and performance. Through its unique relationship with the Partnership Council, Passport's Board also maintains oversight of quality of services, UM and clinical programs.

Partnership Council

The Partnership Council receives and reviews management and improvement actions from the Partnership Council committees/subcommittees to continuously improve the quality of our team's service delivery. Passport works closely with our Partnership Council and its committee structure to ensure members have access to high quality services. The Partnership Council is comprised of Passport providers and community advocates and operates as a committee of the Board of Directors to assist in oversight of programs such as UM.

The Council meets bi-monthly and has ongoing responsibility for recommending policy decisions, reviewing and evaluating the results of quality activities, and instituting actions as appropriate. It has oversight authority for Passport programs, including Quality, Utilization Management, Care Management, Pharmacy, etc., and receives and reviews quality management and improvement activities from the Partnership Council committees and subcommittees.

Passport's Quality Medical Management Committee

The QMMC is Passport's QIC. The QMMC provides oversight and input for quality improvement and accreditation activities throughout the health plan and the provider network. The committee is chaired by Dr. Stephen Houghland, our CMO and includes representatives from Norton Healthcare, UofL Health, a rural Community Medical Health Center (CMHC), a clinical pharmacist, and private practice OB/GYN, among

others. The QMMC serves as the primary conduit for achieving our holistic organizational goals for quality which flow from DMS's stated priorities of transforming the Medicaid program: engaging individuals to improve their health and engage in their health care; significantly improving quality of care and health care outcomes; and reducing or eliminating health disparities. Through its oversight of quality for the entire Passport organization, the QMMC facilitates our focus on whole-person care across the full spectrum of needs and services, regardless of whether these services are delivered directly by Passport or via a subcontracted arrangement. The Partnership Council is an approving body for the QMMC.

Our Utilization Management Committee

The UM Committee is a subcommittee reporting to the above outlined QMMC and supports provider clinical decision-making by providing medical and BH expertise for medical necessity criteria selection and approval. It provides continuous review of the entire UM program and all delegated entities to assure the UM program meets the needs of Passport and DMS. The UM Committee achieves its end goal of safeguarding our members against unnecessary and inappropriate medical care.

Additional QMMC Subcommittees

Passport believes it is important to integrate other management activities into the decision-making process for our QMMC. As a result, the QMMC encompasses several subcommittees that advise the QMMC and Passport on various issues specific to populations and/or therapeutic topics and issues. These subcommittees report to the QMMC, providing minutes and reports of activities. The QMMC can accept, reject or request more information on subcommittee recommendations. Additionally, if a matter needs immediate attention, the QMMC may act on its own authority without subcommittee input.

Our Approach to Policy and Procedure Compliance

Developing and Implementing Policies and Procedures

All policies and procedures are developed in accordance with federal and commonwealth guidelines and NCQA standards. It is the policy of Passport to develop, review and update operational and compliance policies and procedures throughout the year. All operational and compliance policies and procedures are reviewed by the operational owner for changes and updates annually. The Compliance department and operational areas monitor the changes in commonwealth and federal regulations, changes in applicable NCQA standards, and changes in business needs that affect policies and procedures throughout the year. If changes to policies and procedures are identified in either the annual review process or in the ongoing regulatory and business review, the appropriate operational area makes updates and creates a red line version of the policy and procedure. Policies that need to be retired or replaced are also identified during the annual review process or during the ongoing regulatory and business review.

Once polices are reviewed and approved, the UM trainers educate the team on the required process.

Monitoring Compliance in our Criteria Application

We focus our UM Quality Assurance Review Program (QA) on a detailed review of clinical and nonclinical staff knowledge, understanding and application of federal, commonwealth and national regulatory

requirements and guidelines, and SLA program requirements. We ensure consistent application of criteria through an extensive orientation, training and retraining program, IRRs, and feedback and continuing education as needed.

Ensuring Consistent Criteria Application

Providers may submit an authorization request via:

- Phone
- Fax
- Secure email
- Web
- Mail

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

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

Passport defines Medical Necessity as a covered benefit that is: reasonable and required to identify, diagnose, treat, correct, cure, palliate, or prevent a disease, illness, injury, disability, or other medical condition, including pregnancy; clinically appropriate in terms of the service, amount, scope, and duration based on generally-accepted standards of good medical practice; provided for medical reasons rather than primarily for the convenience of the individual, the individual's caregiver, or the health care provider, or for cosmetic reasons; provided in the most appropriate location, with regard to generally-accepted standards of good medical practice, where the service may, for practical purposes, be safely and effectively provided; needed, if used in reference to an emergency medical service, to evaluate or stabilize an emergency medical condition that is found to exist using the prudent layperson standard; Provided in accordance with Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements.

An initial first level review is performed by the utilization review nurse. The request is entered in the medical management system and the following is verified:

- Authorization requirements of the requested service
- Member eligibility and plan type
- Provider network status
- Benefits
- Clinical information sufficient to render a determination is included

- Outreach attempts are conducted if required

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

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

The utilization review nurse refers any request not meeting criteria to a medical director for review determination. Decisions to issue an adverse determination to deny a service authorization request or to authorize a service in an amount, duration or scope that is less than requested, is made by a medical director who has appropriate clinical expertise in treating the member's condition or disease. Medical director consultants from appropriate medical, surgical and psychiatric specialties are accessible and available for consultation as needed.

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

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

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

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

- The adverse benefit determination the UM department has taken or intends to take
- The specific reason for the adverse benefit determination in clear, nontechnical language that is understandable by a layperson
- A reference to the benefit provision, guideline, protocol or other similar criterion upon which the adverse benefit determination is based
- Notification the member or provider can obtain a copy, free of charge, of the actual benefit provision, guideline, protocol or other similar criterion upon which the adverse benefit determination was based
- The member's right to appeal
- The member's right to request a State Fair Hearing
- Procedures for exercising member's rights to appeal or file a grievance
- Circumstances under which expedited resolution is available and how to request it
- The member's rights to have benefits continue pending the resolution of the appeal, how to request benefits be continued, and the circumstances under which the member may be required to pay the costs of these services

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

Audits to Determine Appropriate Guideline Application

We use externally and internally developed audit tools to evaluate consistency in the application of criteria and adherence to policy and procedure. The Quality Assurance Review Program (QA) activities focus on a detailed review of clinical and nonclinical staff knowledge, understanding and adherences to federal, commonwealth and national regulatory and Utilization Management (UM) program requirements. Opportunities for improvement are identified and addressed by action plans to mitigate trends. While we utilize a number of oversight activities, one method through which we identify the need for auditing and monitoring is through IRRs, outlined next.

Interrater Reliability Reviews

We conduct IRRs for all UM clinical professionals using the InterQual® IRR testing tool to evaluate consistency in the application of InterQual® criteria. The IRR program is designed to assess consistency in the application of the use of medical necessity guidelines.

Physician Reviewer Interrater Reliability. We conduct a Physician Reviewer IRR quarterly to ensure consistency and objectivity of UM decisions made by physician reviewers. The IRR reviews verify that service request determinations are consistent with our policies and state-specific requirements and guidelines. The CMO develops hypothetical Medicaid case studies that reflect the common types of requests that are

reviewed by each physician, then discussed during an IRR meeting. Physician reviewers document their review decision and any questions they would like to discuss. At the scheduled meeting, the physicians discuss their decisions and the rationale used to make the determination. They also clarify and interpret evidence-based clinical resources to encourage ongoing review consistency in the future. This is consistent with a classic peer review process.

The IRR administrator scores the physician reviewers based on the consistency and standards adhered to for each of the decisions made by each the physician. The CMO monitors the scores and establishes performance improvement plans for reviewers who score below a 90% adherence target. An annual summary report is prepared and presented to the UMC and Quality Management Committee (QMC). Additional education or action may be taken to improve consistency in the application of clinical evidence criterion and followed by the UMC until closure, if needed.

Nurse Reviewer Interrater Reliability. We conduct Nurse Reviewer IRR quarterly to ensure consistent understanding and application of evidenced-based clinical resources. The UM manager carries out IRR reviews under the direction of the senior director of utilization management. The UM manager assigns sample cases to the nurse reviewers who must complete the reviews with a 90% accuracy.

We calculate overall scores based on individual case scenario scores, and the UM manager establishes corrective education plans for reviewers scoring less than 90%. The UM manager monitors the corrective education plan to ensure the 90% standard is met within one quarter or implements a corrective action plan that includes training and retesting until the desired score is reached. Annually, the UM manager prepares a summary report for the UMC and QMC that summarizes the IRR program and details the IRR components assessed, number of clinicians evaluated, range of scores, reasons for trends or failures, and opportunities for improvement.

Pharmacist Interrater Reliability. Pharmacy IRR evaluates clinical decision-making consistency by type (prior authorization, step therapy or quantity limit, and initial request or appeal) through a careful selection of sample medication requests received and reviewed by our Clinical Pharmacy Services (CPS) team.

The CPS QIC coordinates these audits by selecting cases for review confirming sound clinical judgment, adherence to the prior authorization policy and adherence to the specific medication policy. A minimum of two cases per CPS team member are selected and reviewed biannually.

A pharmacist member of the CPS team leads a clinical discussion of the sample medication requests. Sample medication requests are selected based on questions received from the CPS team, identifiable review inconsistencies pulled from the UM prior authorization platform data or from CPS team member request. The IRR process evaluates individual clinical decision-making and overall adherence to the prior authorization process.

Other Oversight Activities

Behavioral Health Review. Passport ensures UM criteria are applied consistently and appropriately across all levels of care and lengths of stay through annual IRR audits of all staff who complete utilization reviews including clinicians, clinical supervisors and medical directors. The process includes conducting focused

monthly supervisory reviews of the clinical staff, reviewing and providing feedback on specific input and process metrics that cover the continuum of the UR and care management clinical process.

The IRR uses approximately 15 to 20 vignettes in which clinicians apply medical necessity criteria to make determinations. The BH subcontractor combines IRR with monthly monitoring of service request calls from providers that include a review of the documentation received against the audit tool to confirm that the request addresses all the elements required to make a determination. If the BH subcontractors encounter frequent errors, they increase the frequency of the monitoring and implement an assessment of the reason for deficiencies and the related corrective action, which may include policy clarification and/or provider training.

Ensuring Consistency in Application of Criteria

Inservice Training. We conduct "in-service" days to provide education to reviewers and hold annual InterQual® training to ensure all team members are fully informed about any changes to criteria. In 2019, we held educational forums addressing the following topics as they relate to consistent application of UM criteria:

- IQCI Train the Trainer.
- InterQual® (for Medical and Behavioral).
  - Acute Hospital – Adult, Pediatric
  - Rehabilitation (Acute Rehab Facility)
  - LTAC
  - Home Care
  - Outpatient Procedures
  - Outpatient Imaging
  - Specialty Rx Oncology
  - Outpatient Rehabilitation & Chiropractic
  - Outpatient DME
- Identifi Review platform by role
- Appeals Training for new Appeals Identifi Platform – Appeals
- InterQual® IRR remediation training
- March 2019 InterQual® Neonatal Intensive Care (NICU) and Transition Plan training
- Complaints Training for new Complaints Identifi Platform-Appeals team
- Documentation, NCQA, IPRO training

C.10.b.viii. Processes and resources used to develop and regularly review Utilization Review (UR) criteria.

As required by the department, Passport uses InterQual® medical necessity criteria for adult and pediatric nonemergency inpatient services, outpatient therapy, home care and DME. InterQual® Criteria are produced using a rigorous development process based on the principles of evidence-based medicine (EBM) to give complete confidence in the underlying guidance the criteria provide.

In addition to InterQual®, we may use the following evidence-based, nationally accepted, licensed, clinical decision support criteria sets is chosen for use to ensure consistent, appropriate decision-making regarding care and services:

- Centers for Medicaid and Medicare Services (CMS)
- Kentucky Medicaid regulations, fee schedules for coverage determination
- DMS guidelines for select services
- Internal Health Medical Policies
- American Society of Addiction

Processes for Utilization Criteria Development

DMS and our UMC review and approve both national, licensed evidence-based clinical resources and internally developed evidence-based clinical resources prior to use. are reviewed and approved by our Utilization Management Committee or the P&T Committee, which both include physicians and other health care professionals.

For instances where licensed evidence-based clinical resources are not available, or the request is for review of experimental or investigational health services and procedures, Passport considers both appropriate licensed evidence-based clinical resources as well as internal evidence-based clinical resources in developing criteria and the evidence application procedures using scientific evidence reviewed by actively practicing clinicians from appropriate specialties.

Processes for Regular Utilization Criteria Review

Passport ensures all medical necessity criteria are reviewed as least annually.

InterQual® Criteria Review

InterQual® criteria is updating annually using the following five-step process:

6. Identify content for development and updating
7. Teams identify and critically appraise clinical evidence
8. Physician-led groups develop new and updated content
9. Independent clinical review panel drawn from more than 900 experts provides authoritative peer review
10. Clinical team conducts final quality assurance check and releases content

Internally Developed Criteria Review

We review evidence-based clinical resources annually against current industry standards for any changes in technology or practice patterns that could impact appropriate application of the evidence-based clinical resources. We present all evidence-based clinical resources, including any revisions or modifications to the UMC or P&T Committee for review and approval. DMS approves all changes prior to use.

Resources Used to Support Review Processes

Passport uses current industry standards, changes in technology and practice patterns, our policies and procedures, and DMS requirements in the annual evaluation of internally developed UM criteria. We present all changes to the UMC or P&T Committee and DMS for annual review and approval

C.10.b.ix. Prior Authorization processes for Members requiring services from non-participating providers or expedited Prior Authorization, including methods for assuring services are not arbitrarily or inappropriately denied or reduced in amount, duration, or scope.

Passport is committed to providing medically necessary, cost-effective care through our network of over 32,000 high quality providers. Passport's network providers participate in our quality and UM programs, comply with DMS requirements on access and availability, and credentialing providers. To ensure the safety and efficacy of services provided by out of network providers, we require these providers to obtain prior authorization before providing care for our members.

Nonparticipating Provider Prior Authorization Process

Passport is committed to the shared aims of providing medically necessary, cost-effective care. There are circumstances when members or providers seek out-of-network services, or nonparticipating provider services, that may be safely and conveniently provided within our network.

Because nonparticipating providers are under no obligation to participate in Passport's quality or UM programs, access and availability requirements, or credentialing requirements, Passport requires a prior authorization to ensure continuity and coordination of care for our members.

The nonpar prior authorization process is approved by our medical director who has the following responsibilities:

- Ensure requested service is a covered benefit. If not a covered benefit, may be eligible for an EPSDT Special Services consideration
- Assess medical necessity of the request
- Assess access of the requested service from a network provider
- Assess continuity of care or service
- Assess if the service has an impact on coordination of other covered services

If the medical director's assessment confirms that the service is a covered benefit and is medically necessary and no in network provider is available, he or she will authorize a benefit exception for the out of network service within two business days of receiving the request. The timeframe may be extended up to 14 days if the provider or member requests an extension, or if Passport justifies a need for additional information (including how the extension is in the member's best interest) to DMS.

Nonparticipating Provider Expedited Prior Authorization Process

In the case of a member with a diagnosis of SUD and in cases in which the requesting provider, or Passport determines that following the standard timeframe described above would jeopardize the member's life, health or ability to attain, maintain or regain maximum function, Passport's medical director will complete an expedited authorization decision within 24 hours and provide notice as expeditiously as the member's health condition requires.

Assuring Appropriateness of Service Denials or Reductions in Amount, Duration or Scope

Passport's UM Committee ensures approval of medically necessary covered services without arbitrary reductions in amount, duration or scope by following these principles:

- Following evidenced based criteria
- Proactively contacting the requesting provider to gather additional information needed to decide appropriateness of service including through peer-to-peer consultation and discussion with the health plan Medical Director or BH Medical Director
- Consulting with the local care management team to ensure decisions take into account the member's assessed needs, living situation and other factors that may impact the need for a service
- Requiring physician review of all service requests that do not appear to meet medical necessity
- Confirming compliance with established criteria through chart audits, telephone monitoring and IRR reviews for nurses and physicians
- Adhering to specific NCQA processes
- Affirmation process that UM decision-makers may not financially gain from UM decisions
- Systematic review of appeals and denials by service type
- Systematic assessment of member appeals and complaints

In the event we identify evidence of arbitrary or inappropriate denial or reduction of service, we employ our Culture of Quality problem-solving process where we analyze the data, compare to trends, complete a root cause analysis, identify cause, design remedies to remediate, implement and re-measure to assess for effectiveness.

C.10.b.x. How the Vendor will use its Utilization Management Committee to support Utilization Management activities.

Passport's Utilization Management Committee

Passport's UM Committee (UMC) guides the overall UM program. Chaired by Passport's medical director, the Committee focuses on clinical service delivery trends. A cornerstone of our UMC is the involvement and participation of local physical medicine and BH clinicians who reside and practice in Kentucky. These committee members bring real-life experience in managing the challenges and opportunities of providing care in the urban, rural and remote areas of Kentucky.

Passport's UMC reports at least quarterly to the QIC which has formal oversight of all UM activities. The QIC reviews and approves the UM program description, work plan and annual evaluation. It makes process and quality improvement recommendations and reviews and approves, denies or recommends revisions to policies related to the UM program.

Utilization Management Activity Committee Support

Passport's UM Committee monitors utilization trends and issues to ensure members receive appropriate care. It reviews and evaluates data sets and other information, such as member demographics, costs and recommend actions. The committee reviews and approves studies, standards, clinical guidelines and trends in utilization patterns as well as quarterly utilization reports from delegated entities, and makes recommendations for improvement. Finally, it also reviews any specific utilization issues (cases) requested by the medical director.

Annual Program Evaluation

Our Utilization Management program is evaluated annually by the Utilization Management Committee, with a thorough review of the program structure, scope, and processes as well as information sources used for medical necessity and benefit coverage determinations to determine if changes are necessary.

The level of involvement in the UM program of the medical director and medical director of BH, and the resources to support the UM program will be evaluated. Modifications to the UM program will be made as necessary. Annually, in the first quarter, the CMO and vice president of clinical operations evaluate the impact of the UM program using data from:

- Under and over utilization and relevant UM data
- Timeliness of decisions and notifications
- UM telephone answering response time statistics and volume
- Access to the UM program
- Consistency in applying criteria, and
- Satisfaction with the UM program

The evaluation identifies problems and/or concerns that might limit members' equitable access to health care and provides recommendations for improvement.

Subcommittees

In addition to the guidance provided by the QIC, the UMC receives input from other QIC subcommittees advising on UM integration across medical, BH, pharmacy and other areas. These include:

- **Behavioral Health Advisory Committee:** The Behavioral Health Advisory Committee provides feedback and recommendations related to BH care and pharmacy in collaboration with the BH delegate. This group reviews utilization and performance metrics for BH. They also provide recommendations regarding proposed policy and program changes that impact the BH benefit. Having the provider, advocate, and member perspectives involved in the policy development and performance review help to ensure quality of care and increased access to BH services. Decisions and recommendations from the Behavioral Health Advisory Committee are submitted to QMMC for review and adoption. Responsibilities include:
  - BH clinical guidelines
  - BH performance standards
  - BH workplan and program activities
  - Provide recommendations to QMMC for BH activities
  - BH PIPs
  - Oversight of delegated BH activities
  - Formulary recommendations
- **Pharmacy and Therapeutics Advisory Committee:** The P&T Committee provides direction to, and oversight of, pharmaceutical issues concerning members using pharmacological, economic and clinical information. It is charged with the review, evaluation, and delivery of recommendations related to utilization (under and over) of drugs; additions and deletions to the formulary; and, monitoring and review of pharmacy programs and program results. The committee is also tasked with the review of medical policies related to pharmacy utilization. Responsibilities include:
  - Pharmacy policies and procedures
  - Operating metrics
  - Complaints and grievances
  - Clinical program descriptions
  - Analysis and evaluation of data
  - Recommend opportunities for improvement

Conclusion



Passport health plan has demonstrated its commitment to timely, medically appropriate, cost-effective care for our members. We deliver fully integrated physical and behavioral health care services, supported by dynamic technology and the dedication of our Board of Directors, our committees, our executive and functional leaders, and every Passport Associate.

The UM program Passport utilizes is NCQA accredited which demonstrates our focus on operational excellence in UM.

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.

C.11 Monitoring and Oversight



C.11. Monitoring and Oversight

a. Describe the Vendor's proposed approach to internal monitoring of operations to ensure compliance with this Contract.

b. Describe the Vendor's proposed approach to providing oversight of its Subcontractors, including examples of actions the Vendor takes when a Subcontractor is found to be non-compliant or when performance improvement opportunities are identified.

Passport Highlights: Monitoring and Oversight

How We're Different	Why it Matters	Proof
Passport has a direct line of accountability from subcontractor oversight committees to our Board of Directors. Staff from key subcontractors also work onsite in our shared Kentucky office space.	• This allows for more efficient and enhanced oversight, responsiveness, and collaboration regarding operational effectiveness.	• Vendor reports and issues flagged in weekly operational meetings are reviewed at monthly Delegation Oversight Committee (DOC) meetings. The DOC reports directly to the Compliance Committee, which makes periodic reports to the Board of Directors.
Monthly Compliance Collaboration Calls (CCC) with our subcontractors' compliance teams.	• Goal is not to talk operational but compliance risks, share best practices and lessons learned. • Ensures timely oversight and coordination.	• Passport has developed best practices and efficiencies through collaboration

Introduction

For over 20 years, Passport Health Plan ("Passport") has been trusted to serve Kentucky Medicaid recipients. This trust has been earned by Passport's ongoing adherence with our Contract obligations. To ensure compliance, Passport monitors internal performance, as well as the performance of our subcontractors. Passport's internal monitoring does not differentiate between internal Passport issues and Passport subcontractor issues; any issues identified are addressed. Passport's Board, leadership team, committees under Passport's committee structure, and Passport's internal departments each perform oversight, whether formal or informal, of Passport's subcontractors. Our program is focused on ensuring compliance with specific federal, state, contractual, internal rules and policies to ultimately meet the needs of our members.

C.11.a. Describe the Vendor's proposed approach to internal monitoring of operations to ensure compliance with this Contract.

Passport's commitment to monitoring and oversight is grounded in all aspects of our operations, directly driven internally and externally by our Chief Compliance Officer. This is accomplished by using a multi-tiered approach that include:

- Internal and external monitoring,
- Issue/problem identification, remediation, or escalation,
- Internal and external committee review, issue remediation, and systematic notification.

Passport's organizational structure ensures performance of its obligations to DMS, its members and providers under the MCO contract, with internal monitoring procedures and processes throughout the company that ensure compliance. For instance, every operational department and leader is required to monitor their respective operations, through a series of internal controls and reports, to ensure Passport meets contractual and organizational obligations. Significant issues and/or issues that cannot be resolved within the department, or that require extensive interdepartmental coordination are escalated to Passport's Executive Leadership Team for review, discussion, and remediation. Identified items that impact specific areas are brought forward to their respective focus committee, such as the UM Committee or Behavioral Health Advisory Committee. From these focus committees, issues can be escalated and continued to be reviewed, as needed, through the Quality Committee Structure, as shown in **Exhibit C.11-3** below.

Passport's Organizational Structure Ensures Full Accountability

Board of Directors

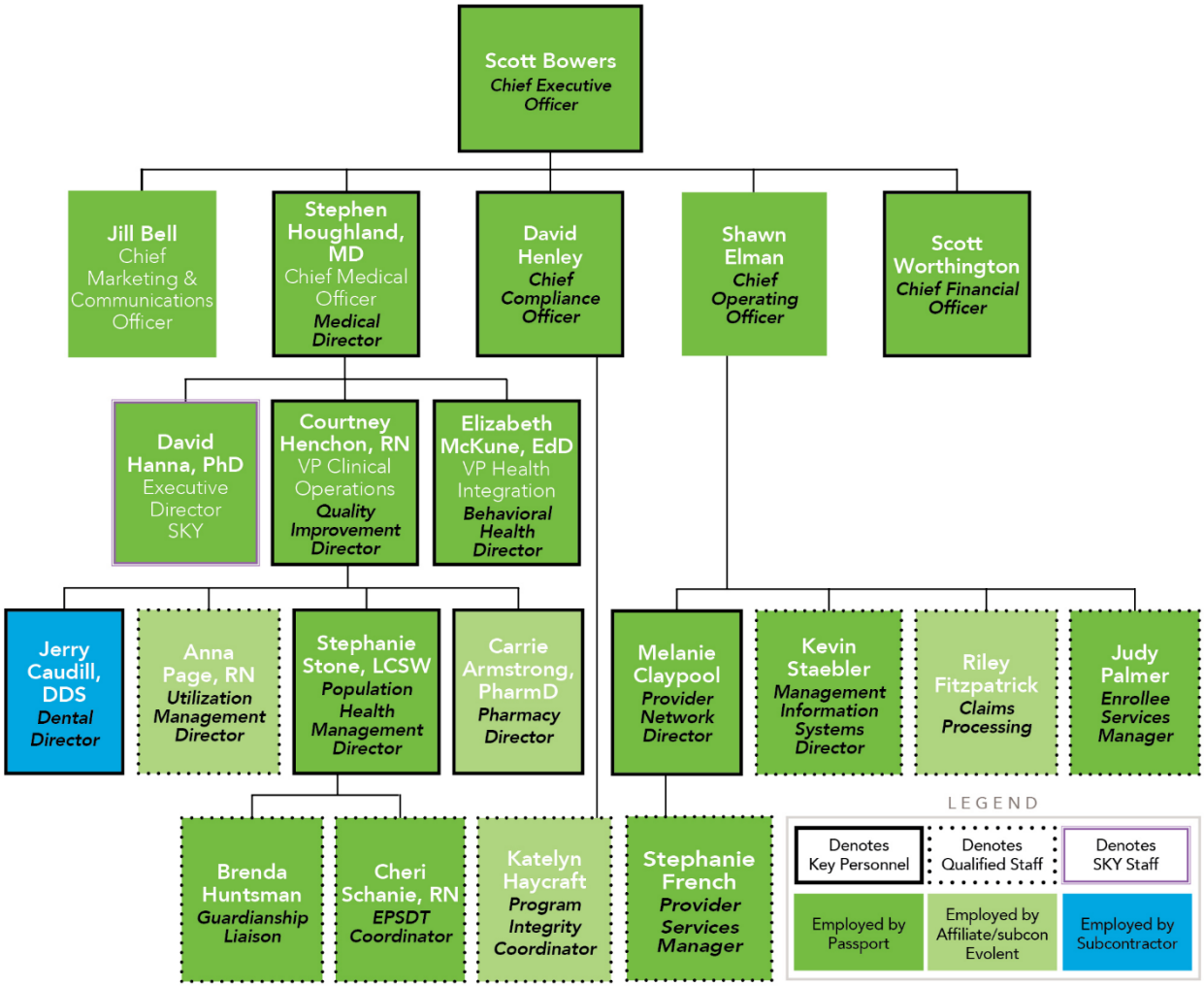
Passport's organizational structure is designed to ensure full accountability at all levels and ensure compliance with the Contract. At the highest level, the Passport Board provides close oversight of the operations of the health plan. The Board of Directors is comprised of 7 members. Passport's provider owners have three "seats" on the board. The remaining members of the Board are appointed by Evolent, as the 70% owner of Passport. The Board meets regularly and has an open line of communication with the CEO. This close communication ensures that the Board's expectations are understood and met and that the health plan benefits from the health care industry experience of the board members.

Executive Leadership Team

The CEO works closely with the Executive Leadership Team (ELT), consisting of the Chief Operating Officer (COO), Chief Medical Officer (CMO), VP of Health Integration, VP of Clinical Operations, Chief Financial Officer (CFO), Chief Compliance Officer (CCO), and Chief Marketing and Communications Officer (CMCO) and other Key Personnel under the Contract to ensure appropriate, compliant performance of Passport's responsibilities to members, providers, and DMS. The CEO chairs weekly team meetings to review health plan performance, compliance with contractual requirements, and operational performance and metrics, subcontractor performance as well as staffing issues, organizational and cultural topics. These team meeting agendas routinely include various functional subject matter experts to address current business

issues. The practice of conducting a weekly forum to review and discuss operational issues with members of ELT and Key Personnel who represent all of the functional disciplines in the health plan facilitates a clear holistic understanding of current relevant business issues and promotes broad communication across the disciplines that supports internal monitoring of operations to ensure compliance with the Contract. An organizational chart listing the members of the ELT, Contract Key Personnel and Qualified Staff pursuant to Section 9.2 of the Draft Contract is below in **Exhibit C.11-1**.

Exhibit C.11-1: Passport Health Plan Organizational Chart



Members of the ELT have oversight and accountability for the performance of 10 highly-coordinated teams across fifteen operational areas who work collaboratively to ensure that all functions and services are integrated seamlessly to better support internal monitoring of operations, including timely resolution of any issues, to ensure compliance with the Contract. These business owners, shown in **Exhibit C.11-2**, work closely with the Chief Compliance Officer on all compliance related issues that may arise.

Exhibit C.11-2: Passport Executive Oversight

Operational Area	Business Owner
Overall Compliance/Monitoring & Oversight	David Henley, Chief Compliance Officer
Claims	Riley Fitzpatrick, Manager, Claims
Pharmacy	Carrie Armstrong, Pharmacy Director
Call Center	Judy Palmer, Enrollee Services Manager
Eligibility	Judy Palmer, Enrollee Services Manager
Population Health	Courtney Henchon, Quality Improvement Director
Quality	Courtney Henchon, Quality Improvement Director
Utilization Management	Dr. Houghland, CMO
Program Integrity	Tracy Bertram, Compliance Director
Provider Enrollment/Credentialing	Melanie Claypool, Provider Network Director
Analytics/Insights	Meredith Norris, Operations Manager
Data and Systems	Kevin Staebler, Management Information Systems Director Dr. Houghland, CMO
Member/Provider Portals	Melanie Claypool, Provider Network Director
Finance	Scott Worthington, CFO

Key Personnel and Other Staff

Passport maintains the staff and staff functions in sufficient number and skill level to adequately provide for its enrollment or projected enrollment. Our ELT along with our Pharmacy Director, Quality Improvement Director, and Dental Director serve as the Executive Management. In addition to the Executive Management, Passport's team supporting the Contract includes qualified staff in the positions of Enrollee

Services Manager, Provider Services Manager, Claims Processing team, Utilization Management Director, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Coordinator, Guardianship Liaison, and a Program Integrity Coordinator. Passport is already fully staffed with all the necessary Executive Management, Key Personnel, and other qualified staff to meet the Contract obligations on Day One.

Passport's organizational structure ensures that Passport retains full control over all aspects of performance under this contract and ensures that Passport employees are performing the oversight of subcontractors. This staffing model ensures that Passport's regular internal monitoring of operations identifies and addresses issues before they escalate to be out of compliance with the Contract. The staffing model further provides clear accountability over each operational area by Passport's leadership team, and beyond to our Board of Directors.

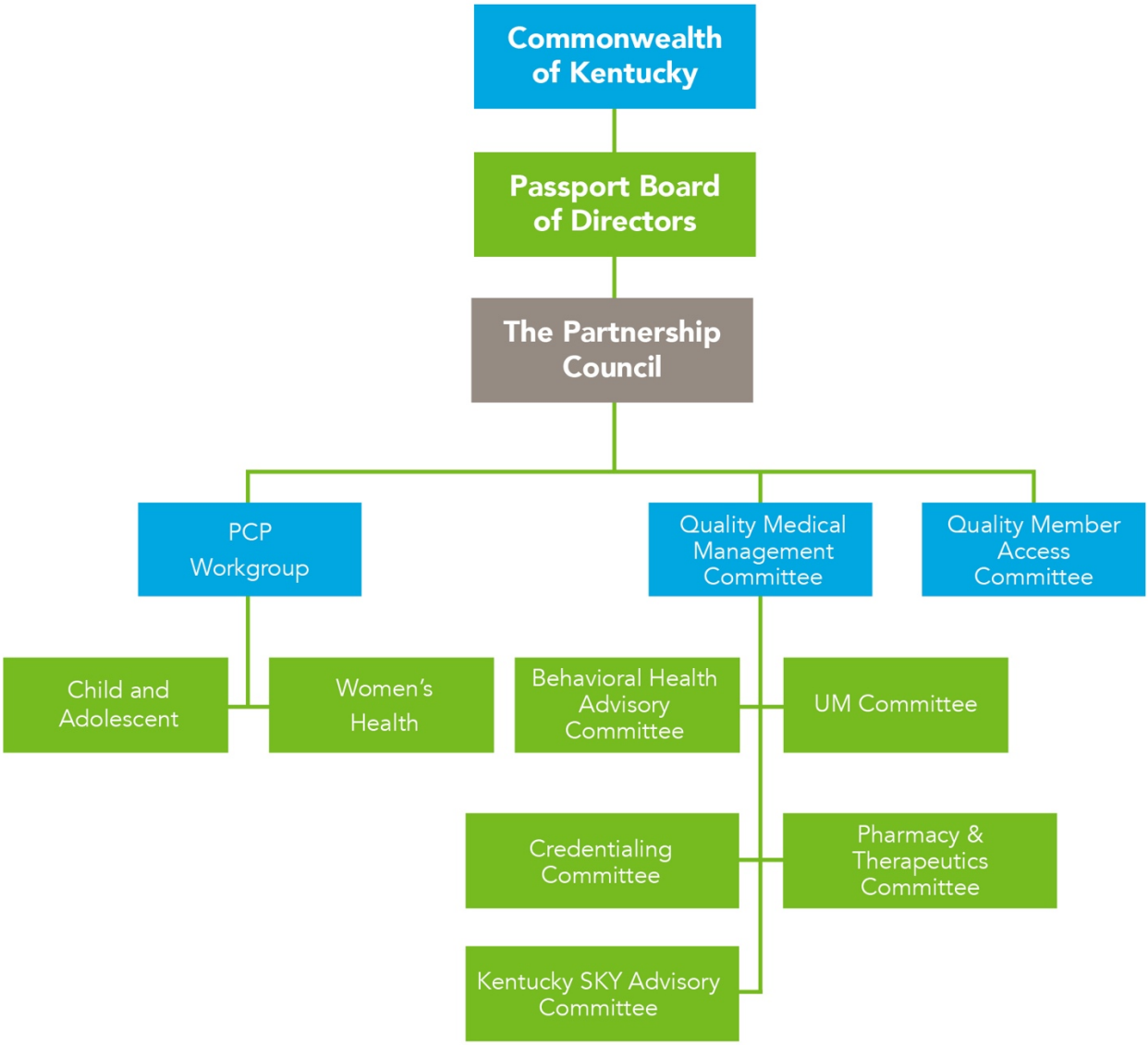
Passport's Committee Structure Provides Additional Oversight and Monitoring

At Passport, monitoring our own performance to ensure compliance with our contractual obligations is fundamental. Such internal monitoring and oversight confirm both that Passport's own operations are compliant, as well as ensuring that Passport's subcontractors are compliant. Passport's oversight and monitoring of its subcontractors enables Passport to guarantee that subcontractors are also meeting all contractual obligations. Passport requires its subcontractors to have equivalent reporting and monitoring activities to reconcile with Passport on a regular basis to ensure their compliance with requirements, as well as our own compliance.

However, Passport goes further, and uses the information we gather to transform our clinical and non-clinical operations to benefit our membership. Passport's quality organizational structure was intentionally designed to magnify our provider-driven voice and provider accountability, as well as to facilitate Passport's whole-person, integrated care approach. The organizational structure supporting Passport's quality programs has the additional benefit of creating another method of internal monitoring, ensuring that any issues that arise are quickly identified and remedied.

Passport's QAPI governing body includes the Board of Directors, the Partnership Council and the Quality Medical Management Committee (QMMC). The QMMC serves as the Quality Improvement Committee (QIC) for Passport. The Partnership Council is an approving body for the QMMC.

Exhibit C.11-3: Passport Health Plan Quality Committee Structure



As a provider-driven organization, our providers are not just advisors; they have true governance responsibility through participation in the Board of Directors, the Partnership Council, and the QMMC. This committee structure takes full accountability for quality and outcomes across the full spectrum whether services are provided by the provider network, Passport or any of its sub-contractors. This focus on provider-driven quality helps lead Passport's compliance with our Contractual obligations.

These committees and sub-committees receive reports on pertinent subject matter, provide feedback, and approve or decline recommendations. Committee scope may vary with some being more advisory in nature and others allowing participants to shape policy subject to Partnership Council approval. Specific items that matriculate through this process include all annual program descriptions and evaluations, clinical practice

guidelines, UM policies changes, sentinel event report, quality of care concerns, network adequacy, significant contract SLA performance, etc. Actions that can be recommended include Corrective Action Plans (CAPs) for providers due to quality of care concerns, failure of chart reviews, and similar issues. The committees and sub-committees further serve a critical role in early identification of issues impacting providers that could lead to non-compliance by Passport with the Contract.

The Partnership Council

The Partnership Council receives and reviews quality management and improvement activities from Passport's quality committees. Our committee structure enables us to address quality throughout our organization, through the board of directors and down to our QMMC, and through each and every department in our organization. The Partnership Council is an approving body for the QMMC.

The Partnership Council has oversight authority for Passport programs, including Quality, Utilization Management, Care Management, Pharmacy, etc.

The Partnership Council is a separate 501(c)(3) non-profit organization originally formed in response to the 1115 waiver establishing the authority to implement managed care in the region in 1997. Given the importance of the Partnership Council to our organization, it will continue to operate and support Passport.

Quality Medical Management Committee (QMMC)

The QMMC provides oversight and input for quality improvement and accreditation activities throughout the health plan and the provider network. The committee is chaired by Dr. Stephen Houghland, our Medical Director, and includes representatives from Norton Healthcare, the University of Louisville, a rural CMHC, a clinical pharmacist, and private practice OB/GYN, among others. As with our QIC, the QMMC serves as the primary conduit for achieving our holistic organizational goals for quality which flow from DMS's stated priorities of transforming the Medicaid program; engaging individuals to improve their health and engage in their healthcare; significantly improving quality of care and healthcare outcomes; and reducing or eliminating health disparities. Through its oversight of quality for the entire Passport organization, the QMMC facilitates our organization's focus on whole-person care across the full spectrum of needs and services, regardless of whether these services are delivered directly by Passport, or via a subcontracted arrangement.

Voting members consist of 5-10 participating providers (medical and behavioral) including specialists appointed or elected on an annual basis. As required by the contract, the QMMC maintains records that document its activities, meeting minutes, findings, recommendations, actions, and results. Records are available for review upon Department request, during the annual on-site External Quality Review Organization (EQRO) review, and/or for NCQA accreditation review. Passport provides DMS's Chief Medical Officer with ten days advance notice of all regularly scheduled QMMC meetings with an agenda and related meeting materials, as available, to support determination of attendance.

Sub-Committees of QMMC: Passport integrates other management activities into the decision-making process for our QMMC. Therefore, the QMMC has several subcommittees which advise QMMC and Passport on various issues specific to populations and/or therapeutic areas. These committees report up to the QMMC, providing minutes and reports of activities. The QMMC can accept, reject, or request more information on sub-committee recommendations. Additionally, if a matter needs immediate attention, the QMMC may act on its own authority without subcommittee input. These committees include:

- Behavioral Health Advisory Committee
- Credentialing Committee
- Utilization Management (UM) Committee
- Pharmacy and Therapeutics (P&T) Advisory Committee

Primary Care Provider (PCP) Workgroup

The Primary Care Provider (PCP) Workgroup provides direction to Passport on issues concerning PCPs and their panels of members. This advisory workgroup identifies and addresses the needs and concerns of PCPs and their roles with Passport and raises these up through the Partnership Council. It is chaired by the Chief Medical Officer or his designee. Other participating organizations include the Kentucky Primary Care Association (KPCA), University of Louisville, OnePediatrics, Family Health Centers and private practice physicians. Having this broad provider perspective to review and approve recommendations regarding Passport policies, procedures, and programs helps to enhance the quality of care and improve access to primary health care services. The PCP Workgroup also serves as a clear communication path for PCPs to communicate feedback, negative or positive, on our efforts to deliver quality services to our membership and comply with the Contract.

Subcommittees of PCP Workgroup: The following subcommittees exist to focus on issues that directly affect these large populations within Passport's membership.

- Child and Adolescent Health Committee
- Women's Health Committee

Quality Member Access Committee (QMAC)

The QMAC is a means for Passport Health Plan members, consumers, and advocates to provide input regarding access to care and quality of care for the membership, in addition to identifying opportunities for improvement. The QMAC allows Passport to hear the Voice of the Customer to better understand and accommodate member wants and needs in our efforts to deliver quality services to our membership with the goal of achieving DMS's stated priorities of transforming the Medicaid program; engaging individuals to improve their health and engage in their healthcare; significantly improving quality of care and healthcare outcomes; and reducing or eliminating health disparities.

Similar to the voice providers receive under the QMMC and PCP Workgroups, the QMAC provides members, consumers, and advocates a say in Passport's policies that affect members. The QMAC provides a direct line of communication to Passport for our members to quickly escalate issues that arise. Passport is fully

accountable for the member experience and reducing friction across medical, behavioral, pharmacy, vision and dental and ensuring that all subcontractors are pulled into that holistic approach.

Comprehensive and Holistic Support for Monitoring and Compliance throughout Passport

In addition to the roles played by Passport's Board, leadership team, and committees under Passport's committee structure described above, Passport depends on all of its other departments, as varied as Member Services to Data and Analytics to Quality to Compliance, to perform internal monitoring and escalate any issues or concerns that arise. Examples of the monitoring performed by these departments are described below.

Enrollee Services

The Enrollee Services department (Member Services department) supports Passport's internal monitoring and compliance through interactions with the member population regardless of the services they access, whether medical, behavioral, pharmacy, vision or dental. They are the first line in our relationship with our members and focus on making every interaction count. Some of the responsibilities of the Member Services team are:

- Member inquiries and grievances
- Monitor member services call center metrics
- Member satisfaction analysis and interventions
- Member outreach calls to include EPSDT, gaps in care and new member onboarding
- Inform members of rights and health plan benefits and services

Data and Analytics Department

Under the leadership of our Chief Information Officer, Passport utilizes the vast and measurements available to monitor compliance with internal and expert expectations. Passport currently utilizes a number of report templates that stem from multiple sources:

- Identifi℠ software reporting utilizing the Identifi℠ Platform, a proprietary Management Information System (MIS), including its correlate analytics package that allows for customizable routine and ad hoc reports that can be exported into more distributable file formats, for example, Microsoft Excel. These reports are often more operational in nature, and focused upon daily routine monitoring such as census, numbers of newly identified members and more.
- Batch file requests incorporating Microsoft SQL (or similar) based reporting (e.g. Claims file data) that can also be exported into more distributable file formats such as Excel. These report types often are used to fulfill routine and regular requests that involve large data sets and claims-based activity summaries.
- Unique reports that result from database queries in an executable program language, typically SAS and/or SQL, and would involve 'building' unique queries with results designed to fit each unique

request. The resultant report product typically is presented in widely accepted office software platforms, such as MS PowerPoint, Excel, Word and/or PDF.

In addition to the above types of reporting platforms, Passport delineates its reports as either 'Qualitative', 'Quantitative' or a combination of both. Qualitative reporting is more descriptive in nature, focused on processes and not just the outputs of the subject at hand. Qualitative reporting is used to uncover trends in thought and opinions, and dive deeper into the problem. Quantitative reporting focuses upon the ability to collect and report on measurable data to formulate facts and uncover patterns. Some more robust reports such as annual program evaluations will employ both of these approaches in order to develop comprehensive understanding about program outcomes, trends/patterns, gaps and barriers in order to arrive at opportunities for improvement that are actionable and impactable for the coming review period.

Currently, Passport has numerous dashboards and pre-existing data elements used for internal measurement purposes, operations and quality.

Passport Monitors, Tracks and Utilizes Data Analysis Results

Passport has extensive experience and expertise within the areas of regulatory, financial and operational reporting. Identifi's centralized EDW provides an integrated, cross functional view of data allowing for the effective use of data for targeted analytics and reporting. The EDW supports Passport's ability to predict, report and interpret trends and summarize findings into an easily interpreted format.

On a regular cadence, the Compliance team and business areas of the health plan each conduct reviews of current and historical data reported relevant to their functions. This data is reviewed through internal reporting shared cross-functionally. The data is assessed for noted trends, new findings, outliers or anomalies.

The Passport Compliance team and the various business areas then meet quarterly (at a minimum) to discuss the outcome of the review, identify any areas of concern or opportunities and recommended next steps to address each. Delving deeper into the areas of concern like significant changes in the data values, comprises of a root cause analysis by an assembled team of subject matter experts in order to more completely understand the reasons for the shift. This may mean isolating the cause of the variance, determining its validity and deciding what changes are needed (if any) to either assimilate or accommodate the new data. A similar team-based approach is used when ascertaining opportunities for enhancement/improvement.

The data and analytics department provides analysis of health and financial impact data to support clinical and financial decision-making regarding health care improvements and outcomes, utilizing both internal data, including data provided by Passport's subcontractors, and outcome, utilization, and financial data provided by DMS through numerous sources which address strategic planning and program design.

Findings From Reports are Used to Identify Improvement Opportunities

Passport conducts ongoing reporting oversight that includes a review of metrics for each report submitted to DMS. The reviews seek to identify trends, findings, outliers, or anomalies. Metrics identified as out of

expected range are escalated to the leadership of the operational area impacted for further investigation, a determination of root cause and to ensure corrective measures are proactively undertaken. An example of this is a Corrective Action Plan (CAP) that occurred in August 2018 specific to call center SLAs. Passport's Call Centers experienced a 60% increase in call volume over a seven-month time period that impacted our service level agreements (SLAs) for metrics such as speed to answer and abandonment rate. The reason for the impact to the metrics was driven by a variety of external factors related to KY HEALTH as well as a variety of internal operational items:

- The onboarding of a significant group of Passport Member and Provider Services Representatives, in conjunction with the implementation to a new system increased call handle time.
- Passport experienced slow system performance that negatively impacted call handle time in the first quarter of 2018.
- Providers' acclimation to Passport's new provider portal generated inquiries that led to a 42% increase in calls to our Provider Services Call Center.
- A decrease in Passport's auto adjudication rates as a result of a new vendor implementation and systems migration caused an increase in provider calls to the Provider Services Call Center.
- Passport experienced eligibility load issues due to system issues that resulted in a higher-than-anticipated number of calls to our Member and Provider Services Call Centers.

Passport took a series of short and long-term actions to remediate the issues and regain compliance with the reporting SLA requirements that included:

- Available overtime for Passport Member and Provider Services Representatives
- Staffing model refinements
- More aggressive recruiting and hiring efforts
- Provider outreach by Passport's Provider Relations team
- Adjustments to workflow queue policies and procedures to better address inbound provider requests and minimize the necessity for follow up phone calls to providers
- Initiatives to increase auto adjudication rate
- Improvements for system architecture and capacity to improve processing speed and overall system performance

Through the actions taken, the identified issues were resolved, and Passport regained compliance with DMS SLA requirements.

Quality

Passport's Quality Program is built on a continuous readiness cycle as the basis for quality improvement (QI) activities. Utilizing this methodology, Passport ensures that appropriateness of care and services are constantly monitored for best practice and opportunities for improvement. The continuous readiness cycle builds and strengthens processes and interventions while maintaining compliance. Annual review of the

program is completed by staff for revisions. All revisions are submitted to the appropriate committee for input and approval.

Annual Evaluation of the Overall Effectiveness of the QAPI Program and Using Our Findings for Continuous Quality Improvement Efforts

On an annual basis, Passport conducts a QI Program evaluation to gauge the effectiveness of the QI Program which allows Passport to determine how well it has utilized its resources to improve the quality of care, service, and cultural and linguistic appropriate services provided to Passport's membership. Passport's QI Program has been established to provide the infrastructure for the continuous monitoring, evaluation and improvement in care, safety, and service. Annually, this goal is measured by objectives included in the QI Program:

- To continuously monitor and analyze key clinical and service indicators
- To manage disease and health management programs
- To conduct outreach and health education activities
- To develop programs for populations with special needs
- To conduct intervention studies in clinical and service areas which were selected based on review of data
- To perform appropriate oversight of delegated activities. Only high-risk quality of care issues by a subcontractor are reported to the QMMC from DOC.
- To conduct satisfaction surveys for members and providers/practitioners
- To coordinate activities across functional areas to improve care and service
- To foster an environment that assists practitioners and providers with improving the safety of their practice
- To conduct oversight of risk management
- To evaluate the effectiveness of the QI Program

As part of this evaluation, Passport assesses various program aspects and makes go-forward recommendations. If the program has not met its goals, root cause analysis is completed to identify barriers. The barriers are addressed by identification of improvement opportunities through interventions. The appropriate changes are integrated into the subsequent annual QI Work Plan. Feedback and recommendations from various committees are also integrated into the evaluation as well as the annual external review results conducted by the EQRO on behalf of the Department, accreditation status, and annual reevaluation results. The final document is presented to the Quality Medical Management Committee, the Partnership Council, and the Board for review and approval.

The Passport Compliance Structure

Internal monitoring and oversight is fundamental to ensuring compliance throughout the company, from the Board of Directors level to staff levels. Such internal monitoring and oversight ensures both that Passport's

own operations are compliant, as well as ensuring that subcontractors are required to meet all contractual obligations.

The Passport Compliance Committee

The Compliance Committee is a cross functional team that consists of associates from various business units including but not limited to Internal Audit, Finance, IT Security, Compliance and Operations.

The Compliance Committee's primary duties and responsibilities are to:

- Be generally knowledgeable about compliance issues facing the managed care industry.
- With the Chief Compliance Officer, review Passport's Compliance program and Code of Conduct and Ethics and related Board policies at least annually and make recommendations to the Board with respect to changes.
- Receive periodic reports from compliance staff as to Passport's efforts to educate its employees concerning adherence to state and federal laws and regulations.
- Ensure proper communication of significant compliance issues to the full Board.
- Review significant compliance risk areas and the steps management has taken to monitor, control and report such compliance risk exposures.
- Oversee the information, procedures and reporting systems Passport has in place to provide reasonable assurance that (i) the operations of Passport comply with applicable laws and regulations, particularly those related to managed care companies, and (ii) Passport acts in accordance with appropriate ethical standards.
- Review and recommend to the Board for approval Passport's Code of Conduct and Ethics and related Board policies.
- Receive periodic reports from appropriate Passport management concerning training and education programs and requirements for employees relating to the Code of Conduct and Ethics and related Board policies.
- Assess, at least annually, the performance of the Compliance Committee with respect to the responsibilities and duties specified in its Charter.
- Report on a regular basis, but no less frequently than annually, to the Board concerning compliance, ethics and quality matters. Urgent and time sensitive matters shall be reported at the next regular or special Board meeting.
- Review and reassess the adequacy of its Charter at least annually. Submit the Charter to the Board for approval.
- Perform any other duties and responsibilities as the Board may deem necessary, advisable or appropriate for the Compliance Committee to perform.

The Compliance Committee also prepares and reviews with the Board an annual performance evaluation of the Compliance Committee, which evaluation shall compare the performance of the Compliance Committee

with the requirements of its Charter. The performance evaluation shall be conducted in such manner as the Compliance Committee deems appropriate.

The Compliance Committee meet at least quarterly, or more frequently as circumstances may dictate. Attendance by a majority of members of the Compliance Committee constitute a quorum for any meeting. Meetings may be called by the Chairman of the Board or the Chair of the Compliance Committee. The Compliance Committee Chair prepares or approves an agenda in advance of each meeting. Minutes are prepared and maintained for each Compliance Committee meeting.

Passport's Steering Committee

Passport's Medicaid Compliance Steering Committee (Steering Committee) has general responsibility to review the Passport compliance and ethics programs, policies and procedures. The purpose of the Steering Committee is to: review Passport's policies and procedures which are designed to respond to the various compliance and regulatory risks facing Passport; assist the Compliance Committee in fulfilling its oversight responsibility for Passport's compliance and ethics programs; and perform any other duties as directed by the Compliance Committee.

The responsibilities of the Steering Committee include:

- **General Compliance Matters:** The Steering Committee has responsibility for matters of non-financial compliance, including Passport's compliance programs, policies and procedures; significant legal or regulatory compliance exposure; and material reports or inquiries from government or regulatory agencies.
- **Compliance Programs, Policies and Procedures**: The Steering Committee reviews Passport's compliance efforts with respect to relevant company policies, and relevant laws and regulations. The Steering Committee reviews Passport's efforts to implement compliance programs, policies and procedures that respond to the various compliance and regulatory risks facing Passport and support lawful and ethical business conduct by Passport's employees.
- **Review of Complaints:** The Steering Committee reviews complaints received from internal and external sources, including the Compliance Hotline.
- **Steering Committee Evaluation:** The Steering Committee performs an annual review of its own performance. The Steering Committee conducts that evaluation and reviews in a manner that it deems appropriate and reports the results of the evaluation to the Passport Compliance Committee.
- **Other Duties:** The Steering Committee also carries out such other duties as may be delegated to it by the Passport Compliance Committee from time to time.

The membership of the Steering Committee is determined by the Passport Chief Compliance Officer (CCO) in consultation with the Passport Compliance Committee and consists of three (3) cross-functional staff members who are not members of management. The Steering Committee shall meet as frequently as it determines to be appropriate, but not less than one a month.

The Chairperson of the Steering Committee is responsible for setting the agendas for meetings. The agenda and information concerning the business conducted at each Steering Committee meeting is communicated to members sufficiently in advance of each meeting to permit meaningful review. The Chairperson of the

Steering Committee reports regularly to the Passport Compliance Committee on the Steering Committee's activities, findings and recommendations, including the results of the annual Steering Committee evaluation.

Passport's Compliance Department

Beyond the Compliance and Steering Committees, the Passport Compliance Department team works hand in hand with the operations team to perform internal monitoring, and to provide oversight of all submissions to DMS, ensuring the Passport's submissions are complete, timely and accurate.

Passport has submitted reports to DMS in compliance with reporting requirements for more than 20 years. Our process for ensuring that the submitted reports are accurate, complete and submitted in the prescribed reporting formats and frequencies follows a repeatable process to receive and assess reporting requirements, develop the report design that captures all necessary data in the appropriate format, test and review the data output, and securely deliver the report in compliance with requirements.

General oversight of DMS reporting requirements is the responsibility of Passport's Compliance Department. Report requirements are identified through several channels, but the primary channel is from our Medicaid Managed Care Contract with the Commonwealth of Kentucky. Other channels include contract amendments or other formal communications with DMS as well as reporting requests that funnel to the Compliance team from Passport's functional areas, as required via our internal processes.

Every report that is submitted to DMS is logged into a database and tracked by Passport's Compliance team. The Compliance team captures the following information in the database for each report and monitors progress daily from the point of DMS request through submission.

- Report Name
- Report Frequency
- Report Purpose
- Report Requirements
- Accountable Passport business area
- Accountable Passport Business Owner
- Report Deadline to Compliance
- Report Received Date in Compliance
- Report Certification Received Date in Compliance
- Responsible for Approval (Vice President or delegate)
- Date Sent for Approval
- Approved Received Date
- DMS Deadline
- Submission Method
- Date and Time of Report Submission to DMS
- E-Mailed To (if submitted via e-mail)
- Date Compliance Returned to Business Owner
- Extended Compliance Deadline
- Reason for Return
- Final Report Received Date
- Resolution of Returned Report
- DMS Extension Requested Date
- DMS Extension Due Date
- Extension Submitted to DMS Date
- Reason for Extension
- Extension Submission Date to DMS
- Date Revised Report is Requested by DMS or Received by Business Owner

- Source of the Request for Revised Report
- Reason for Revision
- Revision Submitted to DMS
- Extended Compliance Deadline
- Received Date in Compliance of DMS Responses to Report 200 and Report 220
- Date Compliance Returned to Business Owner
- Reason for Return

Passport's compliance team continues to monitor and track the development and progress of the report to ensure it is submitted to DMS in the required timeframe.

Passport Uses Internal and External Monitoring to Ensure the Effectiveness of Our Internal Monitoring

Passport's formal internal monitoring and oversight is primarily performed by its compliance department, which includes the internal audit business unit. The internal audit business unit reviews Passport processes through its Model Audit Rule review, which focuses on ensuring internal controls and governance processes are in place and being followed. In addition, the internal audit business unit performs an enterprise risk assessment of Passport's departments and business units. The audits and assessments team of the compliance department performs audits and surveys of Passport departments and business units not within the scope of internal audit's activities, such as ensuring that Passport is complying with relevant laws, contractual obligations and policies related to HIPAA, marketing activities, documents and information on the Passport website, grievance and appeal procedures, and various operational activities.

In addition to the various formal and internal monitoring performed by Passport, Passport utilizes external monitoring methods to ensure that our internal monitoring is effective in maintaining our compliance with our obligations under the Contract. For instance, Passport is implementing a process to measure provider performance against Clinical Practice Guidelines (CPG). On an annual basis, Passport selects certain CPGs for annual review and examines related HEDIS® performance rates by provider. When a provider does not meet the target rate, Passport performs medical record audits of the provider files for compliance with the requirements of the CPG. Should the provider's file review not meet the minimum standard, Passport offers education and training to improve performance. The provider is remeasured at six and twelve months to ensure improvement is achieved and maintained, and ongoing education is provided if needed or upon request. In addition to ensuring compliance with CPG, this provider performance monitoring serves to ensure that our internal processes are effective, for items as varied as the success of our provider communications to the effectiveness of our claims auditing tools.

C.11.b. Describe the Vendor's proposed approach to providing oversight of its Subcontractors, including examples of actions the Vendor takes when a Subcontractor is found to be non-compliant or when performance improvement opportunities are identified.

Passport's internal monitoring described above in section (a) does not differentiate between internal Passport issues and Passport subcontractor issues; any issues identified are addressed. Passport's Board,

leadership team, committees under Passport's committee structure, and Passport's internal departments each perform oversight, whether formal or informal, of Passport's subcontractors. Our program is focused on ensuring compliance with specific federal, state, contractual, internal rules and policies to ultimately meet the needs of our members. Passport's subcontractors are required to meet all contractual requirements and required to have equivalent reporting and monitoring to reconcile with Passport regularly to ensure their, and our, compliance with requirements.

Passport's Subcontractor Oversight Process

Passport's monitoring of subcontractors begins before the subcontractor agreement is signed. Passport's relationship with a subcontractor begins with a rigorous process to identify and select the best subcontractors. An entity under consideration for delegation from Passport must be audited by our representatives to validate their capabilities and financial stability in accordance with 42 CFR 438.230 and 42 CFR 434.6. The entity must be judged to be compliant with our standards and with standards established by the NCQA to be eligible to be a subcontractor. Our staff presents pre-delegation audit results for potential subcontractors, indicating compliance, to the Delegation Oversight Committee (DOC).

Delegation oversight audits are performed pre-delegation and annually thereafter. The surveys include audits of subcontractors' policies and procedures for validating active and unsanctioned status with the following:

- OIG List of Excluded Individuals and Entities (LEIE)
- Excluded Parties List (EPLS)
- Kentucky Medicaid Excluded/Termed Provider List.

Passport's Delegation Oversight Committee

Passport is committed to ensuring that all delegated entities with whom it works can perform the delegated functions that they are contracted to perform and that they can meet the requirements of all applicable laws and regulations. The establishment of the Passport Health Plan Delegation Oversight Committee (DOC) evidences Passport's commitment to ensuring its compliance and the compliance of its delegated entities with all applicable laws and regulations.

The DOC is composed of associates and management from relevant business units including but not limited to Internal Audit, Finance, IT Security, Compliance and Operations. The Committee also invites operational support staff with day-to-day insight of delegated functions to provide additional oversight of monitoring activities.

The DOC meets monthly to review the service level metric reports of our delegated entities. The DOC also meets at least three times during the year to review delegate annual audit performance, policies, Corrective Action Plans and QI Program objectives.

The DOC reviews all delegated entities Quality Improvement and Utilization Management program descriptions, annual work plans, evaluations and related administrative policies for compliance with applicable QI/UM protocols, Passport and DMS contract requirements, accrediting body compliance, and compliance to Federal and State regulations. The DOC also reviews policies and performance reports to provide recommendations for focused metric audits, Corrective Action Plans (CAPs), Letters of Concern (LOCs) or other actions to reduce compliance risks.

The DOC is responsible for oversight of the following:

- Quality Improvement Activities
- Call Center Statistics
- Credentialing Activities
- Utilization Management Activities
- Claims Processing Activities
- Encounter Rates
- Corrective Action Plans (if applicable)
- Fraud, Waste & Abuse
- SWOT Analysis & Forward Thinking
- Delegated Service Level Agreement Metrics
- Evolent Policies & Procedures

The DOC maintains written minutes of its meetings and activities and distributes meeting minutes to all Committee members for approval. The Committee Chair provides regular reports on the Committee's activities to Compliance Steering Committee. Passports Chief Compliance Officer reports the Committee's significant activities including Corrective Action Plans to Board Compliance Committee.

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

Items reviewed during DOC audits include:

- Delegated NCQA elements- policy review
- Office Site Security (Front desk, door access)
- Leadership Interviews (process review of delegated functions)
- Disaster Recovery Plan

- IT site security (Server access)
- Sub-delegate BAA's
- Annual Disclosure (Submitted to DMS)
- Certificate of Authority, KY SOS registration, EEOC report
- Associate Training
- Mail room access
- Quality Improvement Plan
- ERM Process (review report if provided)

All reports are reviewed at monthly DOC meetings. The DOC advises if any items are out of compliance and the action plan to mitigate. Passport may then: continue to contract with the delegate; continue to contract with the delegate so long as it agrees to a corrective action plan (CAP) to resolve any deficiencies identified during the annual audit; or terminate the contract. Any decision to terminate a subcontractor will be submitted to DMS for review no less than 30 calendar days of Passport's desire to terminate a subcontract.

Passport retains accountability for any delegated functions and services and monitor the performance of subcontractors through review of the following:

- Delegated entities program descriptions;
- Annual work plans;
- Evaluations and related administrative policies for compliance with applicable Passport and DM contract requirements;
- Accrediting body compliance; and
- Compliance to Federal and State regulations 42 CFR 438.230(b) and 42 CFR 434.6.

Subcontractor Monitoring

Passport recently made changes designed to ensure better monitoring and enforcement to ensure that subcontractors follow Passport's processes and remain compliant with all obligations under the Contract. We employ dedicated staff who have direct oversight and accountability for the vendor's performance and adherence to contractual requirements. Passport's Manager of Delegation Oversight is responsible for delegation oversight of our subcontractors. The Manager of Delegation Oversight works closely with the DOC to oversee and monitor subcontractors' performance and compliance with contractual and NCQA accreditation requirements as well as state and federal law.

All Passport subcontractor agreements include language committing the subcontractor to compliance with all DMS requirements and commitment to implementing and administering DMS-required changes. Subcontractors are required to provide data and reporting to the health plan which is reviewed by Passport for completeness, accuracy and compliance. Once reviewed, the information is provided to DMS in a timely manner and within the requirements of the Contract.

Subcontractor Service Level Agreements

Service level agreements (SLAs) are an integral component of each Subcontractor agreement and vary based on the services being performed and the DMS contractual requirements. Expectations of regular reporting to Passport by subcontractors extend beyond SLAs and cover a variety of operational indicators such as:

- Auth Decision Timeliness
- Auth Decision Notice Timeliness
- Auth Volume
- Service Authorization Outcomes
- Call Center Metrics
- Appointment Availability & Access
- Credentialing Activity
- Claims Data
- Financial
- Care Management
- Network Status
- Utilization

Some of the current SLAs in place with subcontractors are noted in **Exhibit C.11-4** below. These SLAs are monitored regularly, some as often as weekly, while others are tracked monthly or quarterly.

Exhibit C.11-4: Examples of Subcontractor SLAs

Service Level	Metric
Authorization for urgent services	98% of Urgent/Expedited requests will be completed within 1 business day of receipt
Authorization for non-urgent services	98% of Non-urgent/Standard requests will be completed within 2 business days of receipt, with up to 14 business days to collect additional clinical information needed to make decision if necessary
Eligibility Data Posting	Initiate the load of the daily and monthly eligibility files within eight (8) hours upon receipt from Passport
Member Eligibility Issues	Notify Passport of Member Eligibility File discrepancies within 1 business day of discovery
TPL Updates (Urgent)	Update a member's TPL record within 1 business day of an urgent request
TPL Updates (Non-Urgent)	Update a member's TPL record within 3 business days of an non-urgent request
Claims Adjudication	100% of all claims will be adjudicated within 90 days of receipt
Encounter File Submission	Submit all encounters processed within 30 days of the date of full adjudication defined as the paid date
Encounter File Pass Rate	95% Pass rate on first pass submission
Provider Data Maintenance Data Entry and Maintenance	98% of terms will be completed within 3 business days of requests 99% of new adds completed in 7 business days of request 98% new changes completed in 10 business of request 100% urgent request completed in 2 business days

By establishing the inclusion of SLAs during initial contract negotiations, Passport can ensure that expectations of performance are clear to both the subcontractor and Passport before the relationship begins. SLA monitoring is a critical part of the management and accountability process. Passport regularly reports on SLAs as part of a Joint Operating Committee (JOC), the Delegation Oversight Committee (DOC), the Compliance Committee, Executive Leadership, and the Board of Directors. The DOC also provides information to the Quality and Member Access Committee (QMAC) regarding service metrics such as call center average speed of answer, abandonment rates and information regarding appears and grievances.

In addition to setting SLAs, Passport utilizes the subcontractor contract to outline action steps for non-compliance with contractual obligations to provide reports, data and/or information. Such action steps can include placing the subcontractor under a CAP with specific remediation requirements or imposing financial penalties.

Challenges, Successes, Trends and Corrective Actions

Focused Audits and Annual Delegation Reviews

Passport utilizes focused audits and annual delegation reviews to monitor subcontractor performance and adherence to contractual obligations. At least annually, Passport reviews the delegated activities as recorded on the Delegate Master List. The Risk Assessment is used to identify those delegates to be placed on the annual Risk Remediation Plan. However, audits may be added at any time based on newly identified risks from compliance actions, routine monitoring, or ad hoc audits.

The Compliance Department conducts annual reviews of selected delegates through a combination of on-site and desk audits according to the audit schedule. Annual reviews are performed on the delegate's compliance program (if applicable) and on operation performance of the delegated function.

The Audit Plan includes the following information:

- the number of delegates that are reviewed each year;
- how the delegates are identified for auditing;
- the number and name of delegates that are subject to on-site vs. desk audits, and,
- the prioritization of reviews.

Passport shares the Audit Plan with affected business partners and provide such business partners 30 days advance notice of any subsequent changes in the review schedule.

Remediation

Oversight and Improving Performance Through Corrective Action Plans

Passport's Subcontractor agreements contain escalating action steps for non-compliance with contractual obligations and can include placing the Subcontractor under a Letter of Concern (LOC), requiring a

Corrective Action Plan (CAP) with specific remediation requirements, or imposing financial penalties. By establishing the expectations at the time of contracting, Passport supports Subcontractors' fulfillment of obligations to fully comply with DMS requirements.

LOCs or CAPs are specifically utilized to communicate best practices, deficiencies, significant deficiencies or material weaknesses. Issues are identified through any of the oversight parties, including Passport's Delegation Oversight committee, subcontract operations manager, executive sponsors, business owners or other leadership. Metric and SLA reporting are reviewed for patterns and trends on a monthly, quarterly and annual basis to track subcontractor performance. If a subcontractor were to have a pattern of missing SLAs, we would issue a LOC or CAP unless improvements are quickly seen. When corrective action is needed, Passport provides written notice to the subcontractor of any violation of our policies. If, after notice of a violation of our policies, Passport determines that no steps have been taken by the subcontractor to remedy that violation, Passport requires submission of a Corrective Action Plan (CAP). If the violation is still not remedied in accordance with the CAP, Passport determines the appropriate measures to be taken.

Passport's Delegation Oversight representative will work with the Subcontractor to ensure adoption of best practices and to track and remediate all levels of deficiencies identified. Effective reporting allows all layers of accountable oversight to view status and identified issues and trends.

Conclusion

Passport's organizational structure is designed to ensure compliance with the Contract by empowering full accountability at all levels and relies upon internal monitoring to measure performance. Passport has demonstrated during its two decades as a Kentucky MCO that its internal monitoring is successful at identifying gaps, allowing Passport to timely address performance issues, either internally, or by subcontractors. Passport values and utilizes feedback from internal monitoring, providers, members, subcontractors, and external measures to ensure that our internal monitoring processes are robust and comprehensive, not only for Passport's performance, but for the performance of its subcontractors.

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.

C.12 Enrollee Services



C.12. Enrollee Services

a. Describe the Vendor's operation of the Enrollee Services call center including:
   i. How the Vendor will monitor and ensure full staffing during operational hours.
   ii. Examples of training and resources provided to call center staff.
   iii. Approach to using back-up staff to support increased call volumes, how the Vendor ensures such staff are trained and have the correct materials specific to the Kentucky Medicaid managed care program, and location of these staff.

b. Describe the Vendor's approach to Enrollee outreach and education, including the following at a minimum:
   i. Overall approach to educating and engaging Enrollees about topics such as but not limited to Covered Services, accessing care, availability of the Population Health Management program, and improving overall health.
   ii. Topics the Vendor proposes to be priority areas of focus for Enrollee outreach and education.
   iii. Initiatives and education (health literacy) the Vendor will use to drive appropriate utilization and costeffective health care services.
   iv. Collaboration opportunities with other contracted MCOs, CHFS Departments, and community partners to support Enrollee needs through joint outreach and education.

c. Describe methods for communicating with Enrollees as follows:
   i. Creative efforts to achieve high levels of Enrollee engagement (e.g., smart phone applications,) to educate Enrollees and to communicate information for their individual health issues.
   ii. Approach to identifying, developing, and distributing materials that will be of most use to Enrollee populations, and efforts the Vendor proposes to target distribution to specific populations as appropriate.
   iii. Methods of leveraging communications to meet the diverse needs and communication preferences of Enrollees, including individuals with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities and regardless of gender, sexual orientation or gender identity.

d. Provide a summary of innovative methods and the Vendor's proposed outreach plan to assess the homeless population.

e. Describe the proposed approach to assess Enrollee satisfaction at each point of contact (call, online and in-person), including tools, frequency and process to measure trends, and use of findings to support ongoing program improvement.

f. Provide the following sample materials:
   i. Draft Welcome Packet and Enrollee ID card aligned with the requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

ii. Sample Enrollee Handbook meeting the requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

iii. Three (3) sample Enrollee materials with taglines and displaying ability to meet translation, accessibility and cultural competency requirements.

C.12. Enrollee Services

Passport Highlights: Enrollee Services

How We're Different	Why it Matters	Proof
20+ years of supporting our members from our local call center and community. All member calls are answered from our call center in Louisville.	• We know our communities at the neighborhood level, giving us deeper insights to the navigation and access needs of our members.	• In 2019, we received 330,000+ member calls. Our average speed of answer was < 30 seconds and our call abandonment rate < 5%
Regionally dedicated community representatives across the Commonwealth with DMS-approved benefits and health education information to engage in-person with members and offer personalized assistance	• We are a known and trusted resource to members, providers, advocates, civic organizations, employer groups, educators, and the state.	• Our Community Engagement Team live in the communities where they work. In 2019 they had over 5,000 community touches. • We are a trusted partner to over 190 service provider and community organizations serving previously marginalized populations.
Commitment to measuring and improving Member Satisfaction through every interaction and out Equity, Diversity and Inclusion (EDI) team	• Member satisfaction is one measure to assess that our members are accessing the services they need when they need them, which is core to our mission. This is, in part, driven by communications to meet the diverse needs and communication preferences of Members	2019 CAHPS Rating: • Adult Customer Service 82.45% (Benchmark: 77.02%) • Child Customer Service: 89.57% (Benchmark: 71.72%)
Associates who are committed to a culture and a mission of service	• Our associates have higher than average rates of tenure that foster member service excellence. They retain the knowledge and experience essential to member and community service excellence.	• Judy Palmer, Sr. Director who leads Member Services has been with Passport for 20 years. Her Senior leadership team has an average tenure of 14 years. The average tenure of her Member Services Reps is 4 years -- exceeding the industry average by 75%.

Introduction

For twenty-two (22) years, Passport has remained firmly committed to improving its members' health and quality of life—it is our mission. We have a strong history of excellent customer service and a commitment to service our members with compassion in communities across the Commonwealth.

We have had thousands of interactions and developed deeply embedded relationships as we address health and wellness, community engagement and social/environmental issues across our highly diverse communities.

Our communities are comprised of people who are homeless, refugees, immigrants, people who are deaf or hard of hearing, grandparents/families raising children, foster families, people who learn differently, individuals with substance use disorders, people in domestic violence situations, former inmates, those with disabilities or special health care needs that may lead to facing barriers to accessing care. Our team works to eliminate those barriers no matter their race, ethnicity, language, sexual orientation, gender identity or age.

Through our member service interactions, we assist members in addressing their barriers to care, which could include:

- **SDoH,** such as housing, clothing, food security, transportation, education, criminal record, accessibility and domestic violence/safety
- **Community-wide issues that create barriers to well-being,** lack of school supplies, food insecurity, lack of transportation, workforce-ready skills and after school care

We have served our communities with passion and enthusiasm. We are extremely proud of the impact we have had on our fellow Kentuckians and look forward to the opportunity to continue serving well into the future.

Passport Health Plan's Member Services

At Passport, every board member, executive leader, operational leader, associate and volunteer is a part of our Member Services team.

What We Accomplish—Every Day

We are dedicated to excellence in member services and committed to:

- Ensuring each member is made aware of his/her rights and responsibilities and that each member understands his/her decision to exercise those rights will not result in adverse treatment by Passport or its participating network providers
- Guaranteeing we present each member's right to receive information on available treatment options and alternatives, appropriate to his/her condition in a way that they can understand
- Making sure that, at every contact, we collect updated addresses and phone numbers
- Identifying, investigating, and resolving member health care grievances
- Helping members with formal appeals about plan determinations

- Providing identification cards that correctly identify the member as a Passport participant
- Explaining all member rights and responsibilities, including those for reporting suspected fraud and abuse
- Explaining Passport's rights and responsibilities, including the responsibility to ensure minimal waiting periods for scheduled member office visits and telephone requests, and avoiding undue pressure to select specific providers or services
- Selecting providers or services without pressure
- Providing the Member Handbook, including information about how to access services within five (5) business days of enrollment, and when requested, using a method that will not take more than three (3) days to arrive. Alternative methods for individuals with specific needs are also available.
- Educating and assisting members by telephone or face-to-face in selecting or changing primary care providers (PCPs). We notify members of a change in a provider's availability within thirty (30) days of Contractor's receipt.
- Connecting members to specialized providers for:
  - Members with long-term, complex health conditions
  - Aged, blind, deaf, or disabled persons
  - Members who have been identified as having special health care needs who need treatment or regular health care monitoring
- Assisting and arranging Early and Periodic Screening, Diagnostic and Treatment services for members under the age of twenty-one (21) years
- Providing members with information on child nutrition, elderly and child abuse, parenting skills, stress control, exercise, smoking cessation, weight loss, behavioral health and substance abuse or
- referring them to support services such as the Special Supplemental Nutrition Program for Women, Infants, and Children
- Arranging direct, non-referral access to:
  - Primary care vision services
  - Primary dental and oral surgery services
  - Evaluations by orthodontists and prosthodontists
  - Women's health specialists
  - Voluntary family planning
  - Maternity care for members under age eighteen (18)
  - Childhood immunizations
  - Sexually transmitted disease screening, evaluation and treatment
  - Tuberculosis screening, evaluation and treatment
  - Testing for HIV, HIV-related conditions and other communicable diseases
  - Assisting members in obtaining services. Referral to ESM when unable to meet standards of access
  - Ensuring access to behavioral health and pharmacy services

- Supporting members in accessing:
  - Public health departments
  - Community mental health centers (CMHCs)
  - Rural health clinics (RHCs)
  - Federally qualified health centers (FQHCs)
  - The Office for Children with Special Health Care Needs
  - Charity care providers, such as Shriner's Hospital for Children
- Helping arrange member transportation for both emergency and appropriate non-emergency situations
- Handling, recording, and tracking member grievances properly and timely while acting as the member's advocate
- Facilitating access to member health education programs
- Assisting in completion of health risk assessment (HRA)
- Creating annual report about needed changes with a copay to the department

To accomplish this work, Passport leadership relies upon the expertise, experience and sound professional judgement based on years of training of these Passport departments:

- Member Services
- Member/Provider Services Call Center and Special Support
- Care Connectors
- Marketing & Community Engagement
- Care Management/Population Health Management
- Member Grievances and Appeals
- Behavioral Health Crisis Management
- Provider Network Management

Our capable leaders and associates are supported by the carefully selected technology platforms described below.

Technology

Telephone System (Cisco Finesse)

Passport's call center technology supports both inbound and outbound calls. Cisco Finesse enables Passport call center staff to work from home in cases of inclement weather, allowing us to stay open and assist our members. Cisco Finesse supports workforce management activities by identifying associates' active status and tracks breaks, allowing supervisors to place associates into different call queues while managing calls to our service level agreements.

Document Management System - Identifi℠ Health Plan Administration

Identifi Health Plan Administration (HPA), our claims and documentation system, allows our call center representatives to verify a member's demographic information and edit as needed, check claims, order ID cards, make PCP changes, and verify the member's eligibility and aid category. We also document all call information and notes in Identifi HPA. This enables each representative to view prior call notes in support of issue resolution.

Eligibility System - KY Health Net - State System

We view KY Health Net as the single source of truth for verification of member eligibility and managed care organization (MCO) enrollment. The Passport Special Support team works with our Member Services call center with discrepancy corrections in our Identifi HPA system, matching our system to KY Health Net. This eliminates any access to care issues for our members.

C.12.a. Describe the Vendor's operation of the Enrollee Services call center including:

Member Services and Call Center Operations

Our one hundred percent (100%) Kentucky-based Member Services Call Center team has grown due to increased membership from a department of less than a dozen MSRs in 1997 to one hundred+ (100+) today. Our Member Services call center is fully compliant with the Americans with Disabilities Act, Commonwealth and local requirements pertaining to adequate space, supplies, sanitation, and fire and safety procedures applicable to health care facilities.

4th Quarter 2019 Member Services Call Center average speed to answer is 12 seconds with an abandonment rate of 0.65%

Member Services Testimonial

"Calling Passport is easy. I get nervous sometimes when I have to telephone strangers but the Passport staff who answer calls are friendly. They explain things carefully. You know that you are speaking with someone who really wants to help you and knows how to answer your questions the first time you call."

-Nicholas D., Passport Member

Our Team

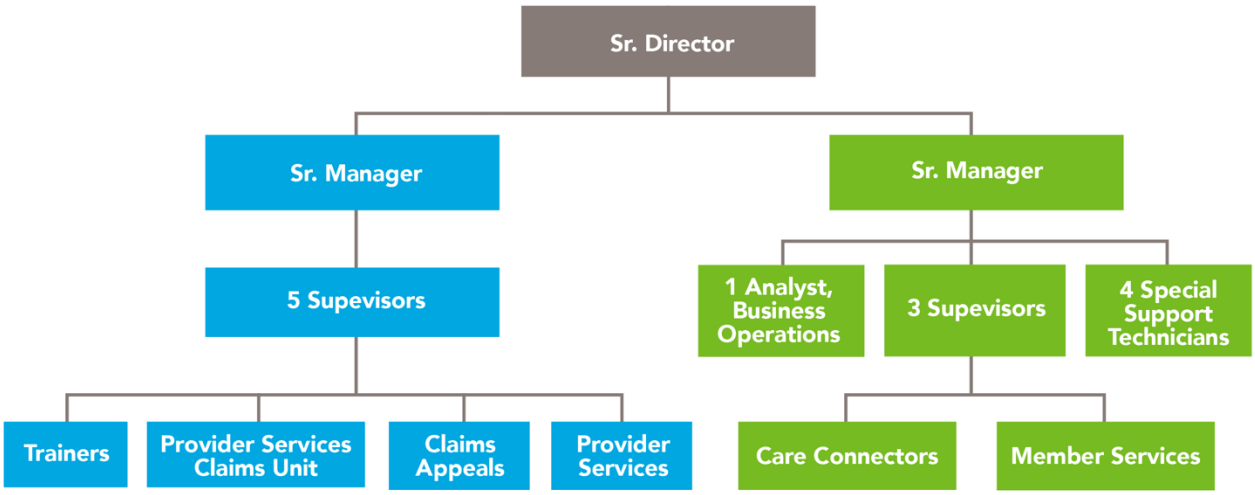
Leading our Member Services call center is Judy Palmer who has twenty (20) years of experience at Passport. Our two Member Services senior managers have nineteen (19) years and eight (8) years of experience, respectively, supporting Passport. The passion and commitment behind that tenure is what drives the spirit of service resulting in our plan achieving high member satisfaction.

Additionally, Passport deploys **Care Connectors** as another level of member engagement and are among the first point of contact for new members performing welcome calls. They ensure members understand their

benefits and answer any questions they have about the plan and support existing members with resources, appointment setting and transportation as well as connecting them to programs within Passport. They also assist Quality and Clinical teams with outbound call campaigns for preventative and disease management care. Our Care Connectors act as a concierge for our members providing our members with a more robust level of service.

Our team, including our leadership's length of experience and tenure at Passport is shown below in **Exhibit 12.1** – Member Services and Call Center Operations Team Organizational Chart**.**

Exhibit 12.1 Member Services and Call Center Operations Team Organizational Chart



Passport's Louisville member call center is staffed and available by telephone Monday through Friday, 7:00 am to 7:00 pm Eastern Time (ET). Our call center meets the current American Accreditation Health Care Commission/URAC-designed Health Call Center Standard for call center abandonment rate, blockage rate and average speed of answer for all Passport medical programs.

Medical Advice Line

Health care issues do not always occur during the call center service times. We make certain our members can ask health-related questions through our Medical Advice Line provided by our partners at CareNet. Our members may also speak with a medical professional or listen to health topics any time of the day or night. Our Medical Advice Line is available to members 24 hours a day, seven days a week, 365 days a year. Through the Medical Advice Line, which is staffed by appropriately trained medical personnel, members can receive advice about the following:

- If a medical issue needs immediate attention
- Discuss their health needs and medical concerns
- Receive personalized instructions to better understand and follow their doctor's orders
- Medicines they and their families are taking

- Exercise and nutrition
- Medical tests and procedures
- Specific medical problems such as diabetes or asthma

Meeting Culturally and Linguistically Appropriate Services Standards

Our EDI team creates an annual Culturally and Linguistically Appropriate Services plan to address the identified needs and trends in the limited English proficient communities Passport serves.

Since 2000, we have employed full-time staff in this division, one of whom is trained by the Disparities Solution Center and certified by the Cross-Cultural Health Care Program. One of our bilingual (English/Spanish) team members provides monthly member outreach to agencies who serve these communities and uses an interpreter line during outreach events for languages other than English and Spanish. We keep current with cultural nuances by offering training such as the Cross-Cultural Health Care Program, the LGBTQ+ affirming health care series and, cultural competency training, such as unconscious bias. In addition to member research and outreach, this team also collaborates with our community partners such as Catholic Charities, KY Refugee Ministries, and Migrant Network Coalition. We also offer support for the communication needs of the disabled, blind, deaf, and aged.

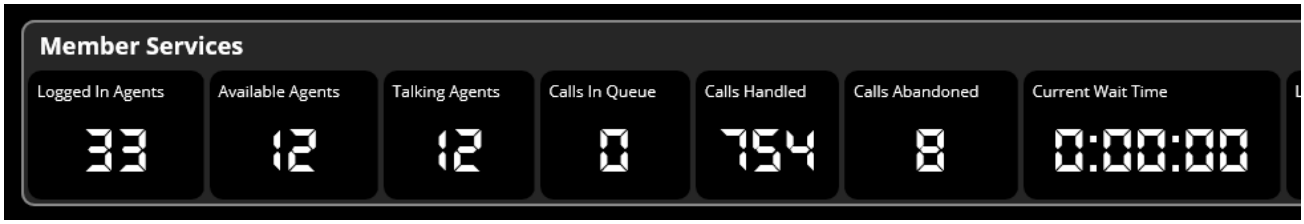
C.12.a.i. How the Vendor will monitor and ensure full staffing during operational hours.

Using Cisco Finesse, Passport ensures that our member call center meets or exceeds Department metrics.

Monitoring Call Center Staffing

Cisco Finesse is the technology we use to manage our member call center where incoming calls are routed through an automatic call distributor (ACD) to the first available MSR and call documentation is logged in Identifi HPA for tracking and reporting. Using the Cisco Finesse dashboard with real-time statistics, we adjust staffing as needed throughout the day. For example: the Supervisor or other support staff may jump in and assist with calls to keep wait times at a minimum. Please see **Exhibit C.12-2 Cisco Call Queue** for an illustration of Cisco's call tracking screen.

Exhibit C.12-2 Cisco Call Queue



Adjusting Staff as Needed to Meet Standards and Service Level Agreements

Passport ensures it is fully staffed and available to support its members. Our call center staffing formula uses call volume, call handle times and goals. This formula accounts for both planned and average unplanned

leave, lunches, breaks and after call, ensuring we have the number of representatives needed. Daily adjustments are also made. Supervisors and the business analysts touch base daily, looking at current statistics to ensure we are making goals and determining needed adjustments. In addition, supervisors use the real-time statistics on the dashboard, adjusting as needed throughout the day.

Passport's MSCC team uses Cisco Finesse reporting for workload-balancing assessments and analyzing call volumes and call patterns throughout the day. Using these processes, the manager of Member Services analyzes recommendations for the best allocation of staff based on call trends, anticipated call volumes and the available trained staff.

Passport's call center includes representatives who are cross-trained (e.g., provider service representatives that can back up the member service team if available and as needed). Our support staff, such as team supervisors, also jump in as needed to ensure calls are handled in a timely manner. Using our dashboard with real-time statistics, we adjust staffing throughout the day to keep wait times at a minimum.

Promoting Quality Versus Quantity

Most call centers demand a minimum number of calls be taken by each representative, but our focus is on quality and first call resolution with ninety-six percent (96%) of calls resolved immediately. For those calls that require additional research, MSRs pend their documentation tickets in Identifi HPA, and a return call to the member is always completed to ensure it is resolved to the member's satisfaction. Supervisors hold daily stand-up meetings that allow for collaboration on any trends they may be hearing and quickly act for solutions.

Using Cisco Finesse, the call center manager balances each representative's queue, which allows us the number of staff necessary to empower focus on first-call resolution and taking the necessary time on each call, rather than using a staff-to-membership ratio, which results in staff being required to handle a minimum number of calls daily.

C.12.a.ii. Examples of training and resources provided to call center staff.

Training Call Center Staff

Passport's MSRs play an integral role in servicing our members along with our providers and clinical care staff. The training program for MSRs provides a comprehensive two-week program and emphasizes first-call resolution. Training includes job shadowing with an experienced MSR and a nesting period before being released to work as a full-time MSR. Our training for new MSRs includes the following.

Orientation

An overview of both Passport and the Member Services department is outlined with focus on organizational structure.

MCO and Medicaid Concepts:

An overview of MCO concepts with an emphasis on terminology and understanding of the basic structure and design. MSRs receive training on Kentucky Medicaid with special attention given to the following topics:

- A definition of Medicaid
- A description of Title XIX of the Social Security Act
- A description of the federal and state level structures of the Medicaid program (financially and organizationally)
- A description of Medicaid eligibility under the federal mandate
- A detailed description of Medicaid benefits
- A description of the operation of Medicaid health maintenance organizations (HMOs)

Systems and Applications

MSRs receive training on the following systems:

- Telephone System
- Third Party Administrator (TPA) Health Care System
- KY Health Net - Kentucky State System
- Identifi HPA
- Microsoft Outlook Email Systems
- TPA Pharmacy System
- Passport's Member Portal
- Department online help reference guide

Covered Services

Training focuses on a description of covered services, presented under the following broad categories:

- Becoming a member
- Primary care
- Specialty care
- Hospital care
- Supplementary care
- Pharmacy services
- Behavioral health services
- Vision care
- Dental care
- Transportation

Daily Operations

Telephone Skills: Training provides customer service techniques, including the role of the MSR, components of a call and understanding the member.

Training Partner: Throughout the training process, the trainee is paired with a "training partner" to observe phone calls, work low and team interaction to reinforce training instruction, and provide hands-on experience with members and providers.

Ongoing Training: Lastly, ongoing training is provided on topics such as policy and procedures, professional customer service skills, and systems and applications due to changes and updates or as needed.

Passport maintains exceptional service in its Member Services call center, starting with a strong foundation in training for every representative. We provide focused training including but not limited to the following:

- Covered benefits, including behavioral services, dental, vision and pharmacy
- Cultural competency
- Assisting members with limited English proficiency
- Assisting members in locating providers
- Providing appointment scheduling assistance and knowing when to refer to the Nurse Advice team or Behavioral Health (BH) Services hotline
- Privacy and HIPAA, as well as fraud, waste and abuse
- Crises
- Warm transfers
- Escalations
- How to assign PCPs

Post-training self-assessment surveys test the MSR's mastery of the core competencies. Once training is completed, the majority of calls can be handled by the individual MSR, but in the event they need supervisory assistance, they are embedded with staff throughout the department and can easily motion to a supervisor for assistance. Upon request, we will submit a full description of our training program and training materials to the Department for Medicaid Services (DMS) for review and approval. We will also provide quarterly reports documenting our training activities.

Ongoing Training

Passport continues to train MSR staff with on-the-job experiences, and at least quarterly, we will conduct retraining to update the MSR's knowledge of changes to existing services, new services and community resources, including the following:

- Annual cultural competency training
- Annual compliance training
- Quarterly refresher training on benefits and DMS covered services, prior authorization requirements, PCP changes and provider search techniques, available community resources and how to connect members to community supports, how to connect members to care management, and Medicaid program requirements
- Additional training as new processes or programs are established

Beyond Formal Training: In addition to our formal training program, we monitor member satisfaction with the call center. At the end of every call, both inbound and outbound, the member is asked if they are satisfied with the call. If the member is not satisfied for any reason, the call is escalated to the supervisor for resolution within forty-eight (48) hours. Complaints that cannot be resolved within forty-eight (48) hours are

forwarded to the Grievance and Appeal team. This ongoing call monitoring and supervision provides opportunities to initiate on-the-spot training with our MSRs as needed. Further, a minimum of sixteen (16) random calls per month per MSR will be audited. Calls will be audited not only to ensure call quality and provide feedback to staff, but also to look at trends and develop refresher trainings. Auditors review recorded calls, supervisors spend time on the floor daily to complete side-by-side reviews, and managers listen to both live and recorded calls. Supervisors spend time with each individual MSR, reviewing their audit results, answering questions from staff and providing feedback.

C.12.a.iii. Approach to using back-up staff to support increased call volumes, how the Vendor ensures such staff are trained and have the correct materials specific to the Kentucky Medicaid managed care program, and location of these staff.

Passport Member Services call center staff are dedicated to supporting Passport members. A key component that ensures day-to-day operations can support members in the event of increased call volumes is our ability to use back-up staff. Passport's member call centers cross train all staff, including Provider Services and bilingual call center representatives, to allow all call center representatives to seamlessly provide support to members as needed.

In the event of increased call volumes, Passport's Provider call center can begin taking calls immediately to provide support for members and ensure customer service to our members is not impacted. Passport's member and provider call centers are both located in Louisville, Kentucky, and Passport does not send member calls to external call centers. Passport call center staff have access to all necessary information to service a member or provider call.

All staff, including special support, supervisors, and managers sign in to Cisco Finesse each day and can change their status to “ready for call” instantly.

C.12.b. Describe the Vendor’s approach to Enrollee outreach and education, including the following at a minimum:

Passport’s Approach to Member Outreach and Education

Passport’s approach to member outreach and education centers around its philosophy of compassion, personalized communication, early engagement and face-to-face contact, focused on achieving integrated, whole-person care for its members. As we will describe throughout this section, we deploy numerous strategies across multiple teams to achieve higher engagement from members.

We work one-on-one with members in person in the community, at their provider offices and in their homes to help empower them to engage in their health care. Our goal is to persuade members to take control of their health and trust that we will be there to support them every step along the way, in any way that influences their health and well-being. We want them to know that we are there for them in their own community, especially when they need us most.

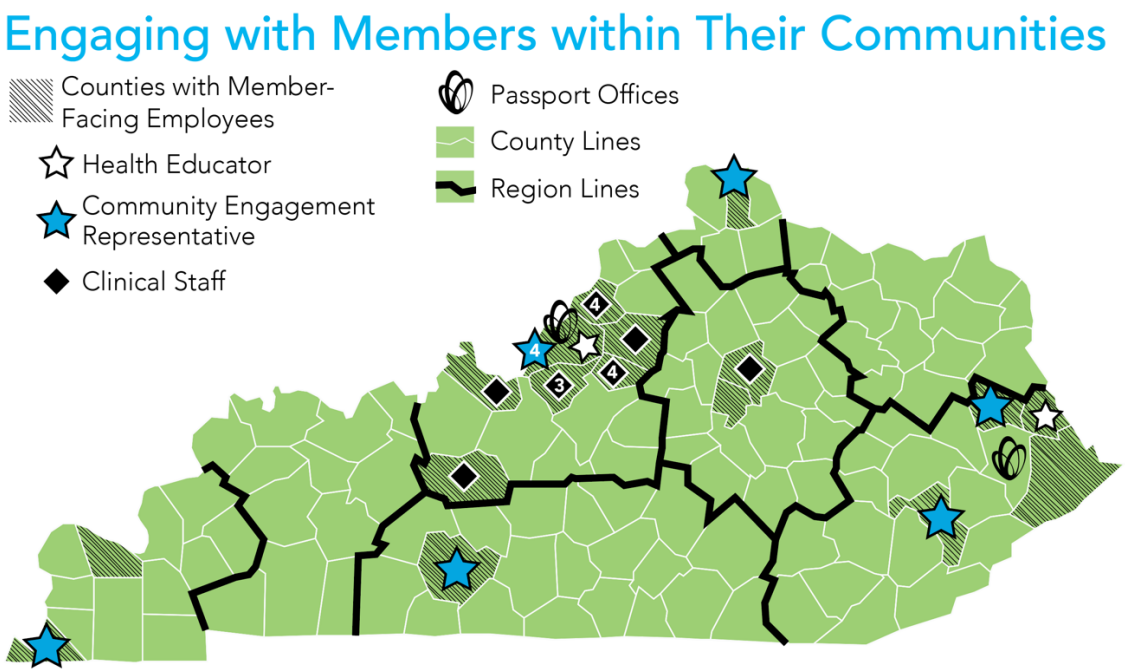
In addition to meeting members where they are, we believe the first ninety (90) days of their membership is a critical time to build trust and set expectations. The transformative work we have done in the new member experience is described below.

Our Community Engagement Department

Passport's member engagement strategy is best captured in the phrase "Better Health Together". Better Health Together reflects our fundamental belief that the best health outcomes result when Passport, its members, and providers work together within each unique circumstance. Our approach to educating and engaging members includes education and awareness through the many programs and resources we make available (and those that are already available throughout the Commonwealth) to our members and the community at large.

Passport has Community Engagement representatives who are embedded throughout the Commonwealth, which allows for regional representation to be locally accessible to members in their communities. **Exhibit C.12-3** shows our current Community Engagement representatives by region.

Exhibit C.12-3: Community Engagement Representatives by Region



Passport Community Engagement staff actively provide health and benefit education to members, participate on many local boards and collaborate with agencies that support DMS goals and its mission.

Our Community Engagement team has spent over two decades tailoring our approach to identifying where Kentucky Medicaid members are located and placing representatives in those locations with DMS-approved

benefits and health education information. This outreach allows us to engage in-person with members and offer personalized assistance with their health issues, access to care and barriers related to SDoH. These efforts support overall health and quality of life improvements and positively impact the total cost of care.

Here are some locations/events where we outreach to and educate members in our community and meet them where they live, work, play, pray, learn and connect.

- Community area ministries
- Homeless shelters
- City and community development centers
- Substance use disorder recovery centers
- Prisons
- Community kitchens
- Community centers
- Libraries
- Pregnancy centers
- Health departments and other health care facilities
- Community action agencies
- Apartment complexes
- Mental health and substance abuse facilities
- Churches
- Reentry facilities
- Extension offices
- Colleges
- Career centers
- Goodwill and other thrift centers and food pantries
- Salvation Army
- Numerous other advocate locations

We also cooperate with the Cabinet for Health and Family Services' (CHFS') independent ombudsman program, including providing immediate access to an Enrollee's records when written Enrollee consent is provided.

Passport & American Heart Association Partnering Since 2005

"Passport Health Plan has been a supporter of American Heart Association's Go Red for Women Louisville since 2005. AHA has worked in tandem with Passport Health Plan to create a healthier community through multiple mission focused programs. The American Heart Association's Go Red For Women movement encourages women to take action to reduce those numbers, and join other organizations in the fight against heart disease. Passport Health Plan has worked with us to educate our community of knowing their numbers to help decrease the risk of developing cardiovascular disease. This includes blood pressure, cholesterol, blood sugar and BMI. They have also assisted in helping prevention in way of understanding risk factors and taking action to manage numbers. We appreciate the impact they have made on members of our community and beyond."

- Karrie Harper, Senior Development Director, American Heart Association

Targeted Community Events



We participate in and/or sponsor various programs that help improve health, access and reduce medical costs in the community, working collaboratively with our community partners.

In 2018 and 2019, our staff participated in an annual average of three hundred seventy+ (370+) Kentucky community events such as the Johnson County back to school event, Americana Community Centers health fair, Stand Down for the Homeless, and Northern Key Community Baby Shower. In addition to community events, Passport collaborates with community partners that are focused on specific health conditions that are prevalent in Kentucky such as the American Heart Association, March of Dimes, Diabetes Association, American Lung Association and Community Farm Alliance to raise awareness and address specific needs in its communities.

To encourage member participation, we post information about our upcoming community events involvement on our website, advertise through flyers, electronic newsletter publication, auto-dialed calls with recorded messages and collaborate with community partners to share via word of mouth.

As a community-based health plan, Passport partners with local organizations and participates in community events where Kentucky Medicaid members live and work. Our participation is primarily motivated by our desire to facilitate education and awareness of the many programs and resources we make available (and those that are already available throughout the Commonwealth) to our members and the community at

large. We also participate in and/or sponsor various programs that help improve health and access, and reduce medical costs in the community, working collaboratively with our community partners.

Through these events we are able to meet face-to-face with our members to address their health care concerns, educate them on our benefits and services, explain member incentives for preventive care and stress the importance for maintaining current contact information at the plan and state level. We educate through dialogue and print materials, as well as visuals using health manipulatives. For detailed examples of our community event participation, please see **Attachment C.12-1_Passport Community Engagement Examples By Category.**

C.12.b.i. Overall approach to educating and engaging Enrollees about topics such as but not limited to Covered Services, accessing care, availability of the Population Health Management program, and improving overall health.

Our Community Engagement department drives our in-person education and outreach efforts.

Passport's New Member Initiatives Program

Getting a new health insurance plan can be confusing. At Passport, we want to ensure our members feel valued and cared for from the very first day. In the fall of 2018, a team of associates from across Passport began collaborating on our new member program. Our new member-focused objectives are to ensure member satisfaction from a member's very first day with us.

New Member Web Page

Though Passport's website provides its members with tools and information to keep them healthy, we previously had no web page designed specifically to provide guidance for our new members. Passport's New Member Web Page is tailored to meet the needs of members who are brand new to its plan. The New Member Web Page walks our new members through what kind of outreaches they can expect to receive from Passport in their first days with the plan, such as a new member welcome kit containing a Member Handbook, a separate mailing with a Passport ID card and a phone call from Passport personally welcoming members to the plan and answering any questions they may have. The Passport New Member Web Page also contains a checklist that members can use to take charge of their health and their family's health from the start and get the most from their benefits. The checklist contains seven (7) easy-to-follow steps with instructions for our members to follow:

- Knowing the name of their PCP
- Scheduling their first PCP visit
- Learning more about their pharmacy benefits
- Saving the 24/7 Nurse Advice Line phone number
- Filling out their HRA
- Setting up an account on Passport's member portal

- Calling Passport with questions about how to better manage their health

New Member Onboarding 90-Day Plan

To welcome new members to the Passport community, we have created a comprehensive ninety-day (90-day) onboarding plan. Our New Member Onboarding Plan defines objectives such as making positive connections, providing benefit education, giving members an opportunity to share with us about themselves and empowering our members to take control of their health. Our ninety-day (90-day) onboarding plan pairs these objectives with hands-on tactics such as personalized outreaches to our new members, providing information sessions, encouraging member portal registration and use of benefits, and earning of member rewards. We have established metrics we can use to ensure each new member receives personalized outreach, and it tracks enrollment in educational classes and monitors returned mail and returned surveys. Our onboarding process includes the following:

Redesigned the Member ID Card Carrier - As part of the New Member Initiatives Program, Passport redesigned its Member ID Card Carrier and instructional letter its new members receive with their member ID card. The newly redesigned Member ID Card Carrier contains three (3) easy-to-follow steps with instructions for members:

- Ensure the name on the card, the member's PCP and date of birth are listed correctly.
- Protect the member ID card and keep it handy at all times.
- Use the member ID card by calling to set up the first PCP visit.

New Member Engagement - We have created a series of short instructional videos designed to guide our new members during this time. Our new member videos include topics such as: what's in the New Member Kit, about the HRA form; seven (7) simple steps for new members; the importance of having a PCP; how to sign up for texts and emails and social media; and how to earn member rewards. The videos are part of Passport's New Member Web Page and social media accounts.

Our New Member Onboarding Ninety-Day (90-Day) Plan brings these activities together in a simplified effort to enhance the enrollment and post-enrollment period for our new members, as illustrated in **Exhibit C.12-5**.

Exhibit C.12-5: Passport's 90-Day On-boarding Plan

NEW MEMBER ON-BOARDING & RETENTION			
	OBJECTIVES	TACTICS	METRICS
DEEPER LEVELS OF ENGAGEMENT	Member makes a positive human connection with a Passport associate	• Welcome call • Care Connectors outreach • "Call to Confirm" sticker on ID card • Signs up for texts / emails	• Member services reaches member • Care Connectors reaches member • % of members who call within 30 days
	Member learns about Passport	• Attends live member education class • Watches new member video • New member packet • New Enrollee Survey	• Attends and receives reward • Page via web and/or member portal • Returned mail data • Returned surveys
	Member tells us more about themselves	• HRA form • Member portal registration	• % of forms returned within _____ • % registered for portal within 90 days
	Member takes steps towards managing their health	• Uses benefits • Visits PCP • Earns a reward • Stays enrolled	• Claims data within 1st 90 days • Claims data within 1st 90 days • Care Connectors sends reward • Enrollment file

Award-Winning New Member Videos

In 2019, Passport implemented award-winning innovation efforts to meet the unique needs of newly enrolled members via digital and social media. Using local actors and filming in our Louisville headquarters, our in-house Marketing team crafted a series of five **New Member Videos** as part of our new member experience strategy. The videos live on our website; we promote them on Facebook, Twitter, Instagram and LinkedIn to send general messages letting everyone know to check out the New Member Videos on the welcome page.

Our first video received positive results, with three thousand eight hundred fifteen (3,815) views, an above-average click through rate of 5.52% (the industry average is 1.8%), two hundred eighty-six (286) reactions (likes/comments), and twenty-nine (29) shares. Since the 2019 launch of this series, the videos have received over six thousand five hundred sixty-eight (6,568) separate page views with an average time on the page of one minute, thirty-five seconds (1:35).

In the fall of 2019, the New Member Videos were awarded both a silver and bronze Digital Health Award for excellence in crafting high quality digital health media. **Exhibit C.12-6** below shows a sample screenshot of one of these videos.

Exhibit C.12-6: Sample Screenshots of Passport New Member Videos



Annual Outreach Plan

Passport will submit its annual outreach plan to the Department for review and approval subject to Section 4.4 "Approval of Department." Our plan will include the frequency of activities, the staff person responsible for oversight and how activities will be documented and evaluated for effectiveness or need for change. Our Annual Outreach Plan is included as **Attachment C.12-2_Annual Outreach Plan**.

C.12.b.ii. Topics the Vendor proposes to be priority areas of focus for Enrollee outreach and education.

Passport's upcoming outreach and education efforts will focus on how and where to access needed services, the importance of preventive care and how members can positively impact their own health and wellness through addressing SDoH barriers to care.

Priority Areas of Focus Topics

During our time with members, our priority is to outreach and educate them on the topics outlined in **Exhibit C.12-7: Outreach and Education Topics** below.

Exhibit C.12-7: Outreach and Education Topics

Outreach and Education Topic	Description
Accessing Needed Services	Whether we are helping members find a provider, obtain an ID card, coordinate with a pharmacy or something else, our goal is to personally help members access and maximize their coverage and benefits to ensure better health and reduced medical costs.
Avoiding Emergency Department (ED) Usage	We educate members on how to avoid unnecessary, expensive trips to the ED by instead using the urgent care center and 24-Hour Nurse Advice line.

Outreach and Education Topic	Description
Availability of Care Coordination and Special Programs	For members who have complex care needs or chronic diseases (such as asthma, COPD, diabetes, heart disease and obesity), we are able to share individualized health information and enroll them in Passport's various special programs designed to help meet their individual health needs.
Preventive Care	We focus on educating members on the importance of annual wellness visits with their PCPs to help close gaps and identify health risks at an earlier stage.
Benefits of Medical Home	Our Community Engagement representatives frequently check in with members to ensure that they have and are seeking medical advice from a PCP, which we believe is essential to the overall health and well-being of members.
Knowing Your Health Numbers	Our Community Engagement representatives are trained and have information available to help Kentuckians know what health numbers, such as blood pressure, cholesterol and BMI are important; what the healthy range should be; and what they should do if their numbers are out of healthy range.
Healthy Lifestyles	Our Community Engagement representatives have been trained to speak to members of all ages about general health topics, using health manipulatives to demonstrate concepts such as sugar and salt overuse. In addition, Passport's Health Education team offers targeted health education on the following topics through the LIFE Program: • E-cigarettes/Vaping • Wellness for LIFE • Watch the Sugar • Move More • Dental Health • Sleep Deprivation • Nutrition, Diet and Exercise • The Importance of Sleep and Good Health • Eat Better • Watch the Salt • How to Use Nutrition Labels for Better Health • Bullying
Social Determinants of Health	A major priority for our outreach is to uncover and address any barriers to individual member's health and well-being. Through advocacy and community outreach, we are able to build internal networks throughout the region, giving us the ability to funnel available resources. We also have a multistate database that we are able to access to help those in need of food, clothing, shelter, housing and/or other services.

Outreach and Education Topic	Description
Culturally Competent Outreach for Non-English-Speaking Members	Kentucky has an increasingly diverse and non-English speaking, or limited English proficient (LEP), population. Passport's team has the ability to identify and address the needs of multiple cultures across Kentucky. Our bilingual staff help to overcome language barriers and assist members in addressing health literacy. The EDI team creates an annual Culturally and Linguistically Appropriate Services Plan to address the identified needs and trends in the LEP, disabled and LGBTQ+ communities Passport serves.
Mental Illness	In addition to providing information about depression and its behavioral health services, Passport's Community Engagement representatives accept referrals from agencies that encounter Passport members needing mental health assistance. We are then able to connect the member with our behavioral health program for more personalized assistance.
Resources for Harmful Situations	We educate individuals in situations that are harmful to their health (such as substance abuse, human trafficking or domestic violence situations) and on how to access services and resources to help them regain control of their health and safety.
Oral Health	Our Community Engagement representatives provide information on proper oral hygiene, and our Health Educators provide special oral health trainings to various populations (such as children of various ages in the school setting and refugees at local resettlement agencies).
Transportation	We educate our members on how to utilize the transportation service to reduce the barrier of not having access to attend medical appointments.

C.12.b.iii. Initiatives and education (health literacy) the Vendor will use to drive appropriate utilization and cost-effective health care services.

Sharing information with a diverse population with varying levels of education means that we must customize our efforts to the individual with compassion and humility. All individuals have different needs, and we must address all language and/or cultural barriers to drive appropriate utilization and cost-effective health care services. All of Passport's printed materials and communications are written at a sixth grade reading level or lower to help members with health literacy issues better understand their benefits and health information.

Initiatives and Education Efforts to Improve Utilization

To promote preventive care and encourage utilization of appropriate health care services, we provide the following information at member education sessions, "staff and learns" for advocate/agencies and businesses, through our Member Handbook, Member and Provider call centers, community health workers, health education and through our LIFE Program, a series of topics relevant to all ages. We provide ongoing member education about these topics:

Access to Needed Services

- Clear understanding of benefits and services to ensure better health outcomes
- Assistance in finding a network provider (PCP, specialist, hospital, pharmacy, etc.)
- Obtain ID card, update address to receive important information

Appropriate Level of Care and additional support

- Importance and benefits of having a Medical Home
- PCP provided essential services, including annual well checks and preventive care services
- If specialty services are needed, the referral services available

Direct access (no referral required) to services with:

- Dental providers
- Vision providers
- Obstetrical providers
- Chiropractic providers
- BH providers

Care Coordination and Special Programs

- For complex care needs and/or chronic diseases, such as asthma, COPD, diabetes, heart disease and obesity, we have special programs designed to help meet their individual health needs.
- We assist members in making appointments with providers and obtaining services. If we are unable to meet the accessibility standards for access to PCPs or referrals to specialty providers, member services documents and refers the issue to the Member Services manager for resolution.

Social Determinates of Health

- Uncover and address barriers to individual members needs and assist them with resources in relation to housing, transportation, food insecurities, education as well as other needs

Healthy Lifestyles:

- Targeted health information on a variety of education programs to promote overall health and well-being

Culturally Competent Outreach

- To address various barriers as it relates to race, ethnicity, language, culture, gender, sexual orientation and disabilities.
- Includes education to individuals and providers about situations that are harmful to their health such as substance use, human trafficking or domestic violence situations, and how to access services and available resources.

Cost Effective Services Initiatives and Education

Passport provides multiple low-risk health promotion and wellness programs geared toward preventive care, member education and outreach for members who do not stratify into a higher risk or emerging risk program. The following highlights several examples of specific initiatives we have adopted to help our members obtain, process and understand basic health information to help them make more informed decisions about where to seek care.

Member Outreach Specialists: Passport Member Outreach specialists work to build relationships between the PCP and the member. They make outreach calls to members on behalf of providers to understand why members are using an ED instead of their provider and educate the member on more appropriate options for care.

ED Coordinator - We have an assigned staff member to contact members who go to the ED for non-emergency reasons. The outreach focuses on PCP follow-up, education on contacting the PCP with non-life-threatening medical conditions, defining a true emergency, use of the 24-hour Nurse Advice Line and standards of care for common ED use (such as fever, nausea/vomiting, rash and cold symptoms).

ED Navigator – ED Navigators are deployed at high-volume facilities. After treatment, these registered nurses speak with members and/or caregivers who frequent the ED for non-emergency use to evaluate the reason for the ED use, evaluate the member's discharge needs, discuss discharge needs, make referrals to community resources/agencies and assist with PCP/test follow-up. In 2019, ED Navigators met with four hundred thirty-eight (438) members in the ED.

Refugee Services: Passport provides a Refugee Care Coordination program to help refugee members get the care they need. The Refugee Specialist works directly within local refugee resettlement agencies and provides face-to-face support to newly arrived refugees to help ensure they can navigate, access and receive quality health care in the communities within which they now live. This social worker assists with addressing barriers that refugees face when in the health care system. The social worker works with the members face-to-face or on the phone, addressing transportation issues, language access problems, navigating cultural differences, and education on accessing needed services in the local health care and social service delivery systems.

C.12.b.iv. Collaboration opportunities with other contracted MCOs, CHFS Departments, and community partners to support Enrollee needs through joint outreach and education.

Collaborating with MCOs, CHFS Departments and Community Partners

Passport has multiple cross-departmental teams who have extensive experience collaborating closely with community partners, CHFS departments and other contracted MCOs.

MCOs and CHFS Departments

We collaborate with participating MCOs through various interactions, including Affordable Care Act Enrollment Committee, Community Baby Showers, interagency meetings, boards and advisory committees, re-entry and other coalitions. In addition, along with DMS representatives, Passport participates in the Consumer Technical Advisory Committee on a bi-monthly basis. Here are several examples:

MCO Collaboration Meetings: At the request of DMS, the five state MCOs have met together for the past several years to address specific issues raised by DMS and Department for Community Based Services (DCBS), as well as create instructional materials for state workers and foster parents. When the collaborative

started, we were focused on training DCBS workers and foster parents on how to work effectively with us as the MCOs. We described the services Passport provides, what problems they encounter that we could assist with, who to contact, etc. Our staff traveled to all DCBS regions to train staff and foster parents across the Commonwealth. We have created both PowerPoint and DMS-approved written material for foster parents, medically complex foster parents, state supervisors, social service workers and recruitment and certification workers. Passport continues to collaborate on member baby showers, clinical initiatives and performance improvement projects. We will continue to look for new ways to collaborate.

Foster Care Team Collaboration: One of the best examples of how Passport has collaborated with other MCOs and realized a tangible outcome is when its Foster Care teams came together to create a one-page resource contact guide. The same information was provided for each MCO and is regularly updated. This guide has been shared with DCBS and other community partners.

Community Farm (CF) Alliance: In 2019, Passport joined forces with the CF as sponsor of The Double Dollars Program. Along with additional community partners and sponsorship, including WellCare we address the needs and access to individuals to address food insecurities. Co-sponsoring these activities allows us to reach more members and the community at large.

Re-Entry Coalitions: There is prevalence of behavioral health disorders and chronic conditions, and infectious diseases are high in justice-involved populations. There is a wide range of SDoH barriers for those who are recently released from a correctional facility and the criminogenic factors that lead to recidivism greatly overlap with the SDoH. By addressing the SDoH for the individual returning to the community, we help reduce the factors related to re-incarceration. We serve along with local community service providers, assisters and other MCOs to address the needs and gaps created by incarceration. Passport care managers follow up with members upon release from incarceration to assist with health care needs while also addressing SDoH to promote successful reintegration into the community. Passport plans to continue work with the Re-entry program within the Department of Corrections to address the gaps in care for justice-involved individuals.

Other Government Agencies

Our Community Engagement team works directly with other government agencies outside of CHFS including:

Department of Behavioral Health Developmental Intellectual Disabilities (BHDID): We frequently run ideas for our pilot and demonstration projects past DBHDID for feedback. Some examples of our work with BHDID include the following:

- DBHDID worked with us to draw down a grant that provides training and supervision for the train-the-trainer design of the evidenced-based model to bring the High-Fidelity Wraparound training to Kentucky.
- Passport participated in three (3) national collaboratives to learn from others as we problem solved for barriers to supporting Screening, Brief Intervention, and Referral to Treatment (SBIRT) for substance use disorders in the primary care setting.

- We participated in regular meetings to build a plan that would work for our team, providers and members on the Plan of Safe Care model for pregnant women who are using substances.

Family Resource and Youth Service Centers (FRYSC): Passport's Community Engagement team serves on the advisory council and managing board at Neighborhood Place. We coordinate with Jefferson Community Public Schools (JCPS) and build beds for children in need.

Community Partners

Our Community Engagement team had over 5,000 encounters with numerous agencies, nonprofit organizations and individuals throughout the Commonwealth in 2019. Advocates help the community better understand our membership and provide them with information on how members can contact Passport for assistance.

In 2019 alone, these included, but were not limited to, local libraries, school systems, food pantries, community health centers, faith-based organizations, grandparents, LGBTQ, daycares, employment agencies, inter-agencies, homeless shelters, Urban Leagues, community centers and action groups, health departments, Boys and Girls Clubs, and coalitions. We work diligently to uphold strong, collaborative relationships with our community partners and local Kentucky advocates through in-person meetings, presentations and staff trainings.

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

- One thousand nine hundred twelve (1,912) one-on-one meetings with assisters, advocates, providers and their staff, brokers, businesses and pharmacies
- Two hundred fourteen (214) formal presentations
- One hundred forty-nine (149) staff and learns

Supporting Members Through Joint Outreach and Education

We have provided binders and annual updates and scheduled meetings regarding programs, health materials and behavioral health services. Our email blog, *Inside Passport*, is available for any advocate to receive plan updates and industry-related information. We have a dedicated web page for advocates and community partners that lists roles and responsibilities of our Community Engagement team and additional resources to assist our members and provide general health and wellness information.

C.12.c. Describe methods for communicating with Enrollees as follows:

Our creative message is based on research in the local community where we discovered that Passport's unique value is in our commitment to taking the time to care**.**

Member Communication Methods

We communicate with our members in person, by phone, by email, by text message, through online chat that is available on our website and our mobile app, and through social media such as Facebook, Twitter, Instagram, and others. A high-level overview of Passport's communications methods are included in **Exhibit C.12-8** Communication Methods, Strategies, and Key Messages below.

Exhibit C.12-8: Communication Methods, Strategies, and Key Messages

Communication Method/Strategy	Key Messages and Objectives
Broadcast Media • Local and cable TV • Local and public radio **Print** • Local, county newspapers • Provider and professional publications • Lifestyle magazines • Flyers and brochures **Outdoor** • Mass transit ads, bus shelters, vehicle wraps • Billboards and mobile billboards • Signage at key Kentucky venues	• Promote Passport's Mission: To Improve the Health and Quality of Life of Our Members • Promote and Improve Access to Health Benefits
Targeted Events and Sponsorships with representation by Passport Community Engagement Team	• Provide In-Person Access to Community Engagement Representatives • Collaborate with Advocate Agencies to Ensure Access to Needed Services
Web/Social Media • Facebook • Twitter • Pinterest • Instagram • YouTube • Text messaging • Mobile-friendly website • Digital advertising • Search-engine marketing	• Increase education for prevention and disease management • Reinforce Department for Medicaid Services (DMS) messages through various social media mediums
Direct-to-Member Messaging • Direct mail • Email • Text messages • Outbound calls • Newsletters • On-hold messaging	• Send educational information directly to members • Invite member participation at community events • Remind members to seek preventive care • Reminders about appropriate use of the emergency department

C.12.c.i. Creative efforts to achieve high levels of Member engagement (e.g., smart phone applications,) to educate Enrollees and to communicate information for their individual health issues.

Member-Facing Mobile Application

Closing the Loop on Social Determinants

Actively enrolled Passport care management members have access to the mobile application to facilitate two-way (chat) communication with their care team. Chat messaging supplements traditional telephonic and in-person communication, allowing frequent and convenient communication between members and Care Advisors to maintain program engagement while limiting interruptions in members' daily lives. The app also provides an additional channel for providing directions and interventions to the member (e.g., links to resources, recipes, etc.). The mobile app is available via the iOS and Android app stores.

For the proposed contract period, Passport intends to expand smartphone application availability to the full membership of the plan. In this model, the smartphone app will be freely available to all members regardless of prior engagement with care managers or other plan staff. Upon downloading the app from iOS or Android stores, members will be able to perform a wide variety of core health plan functions including:

- Validate their coverage history including effective and termination dates
- View status of claims submitted and any accumulators
- Search a provider directory

Web/Social Media

In addition to our website, www.passporthealthplan.com, Passport maintains a strong social media presence in Kentucky. In 2011, Passport was the first Medicaid MCOs in Kentucky to establish a presence on **Facebook** (5.5K followers) and **Twitter** (1,493 followers), and we continue to be the only MCO with a social media presence dedicated exclusively to the needs and interests of Kentucky's Medicaid Population. Given the growing importance of social media and each channel's ability to reach unique and distinct audiences, we have subsequently established a presence on YouTube, LinkedIn, Instagram, and Pinterest.

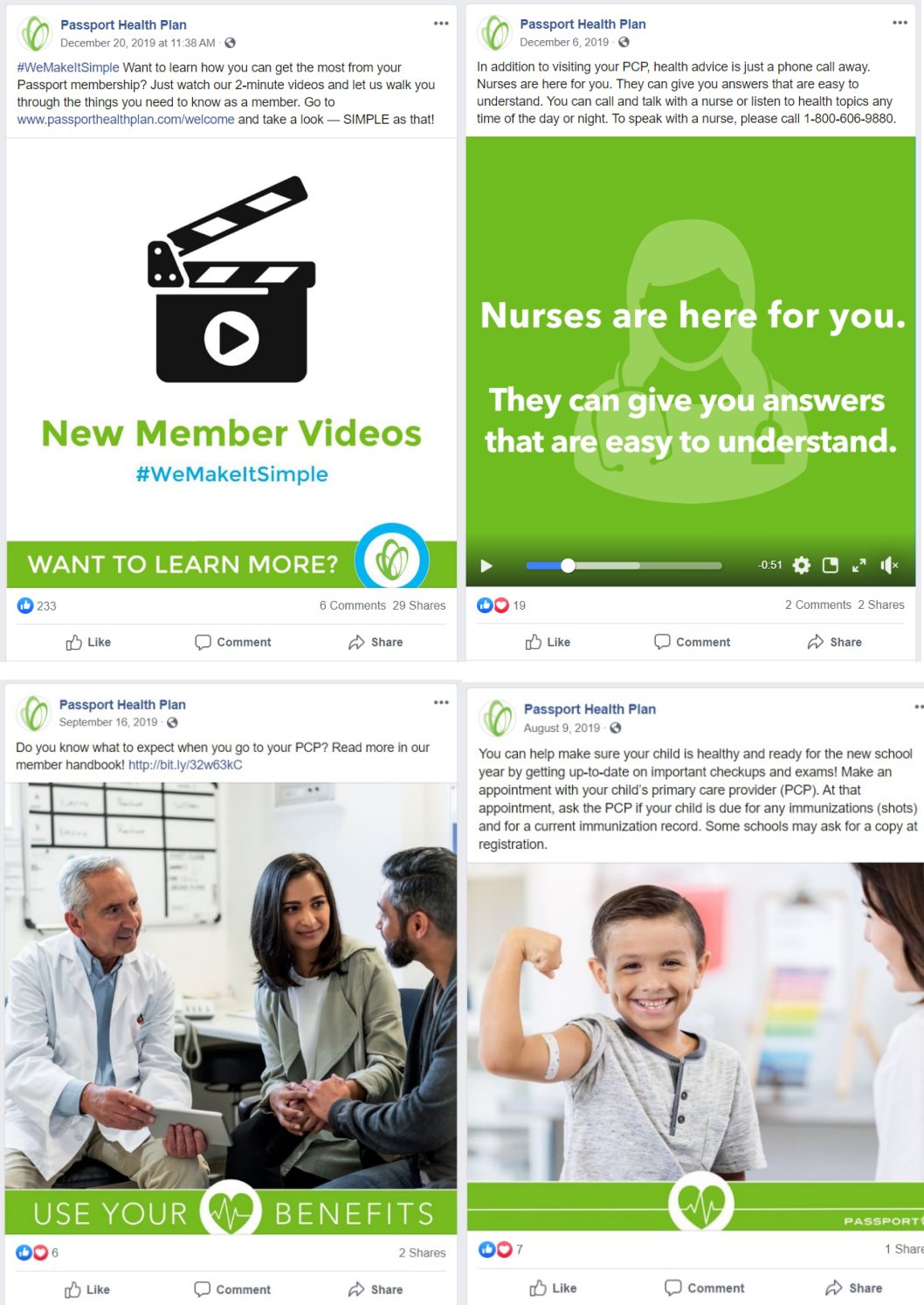
Passport's Social Media Team actively manages the messaging plan for each channel, tailoring the content for each audience on a weekly basis, and–as a result–Passport's social media following has grown every month for the past five years.

The primary objectives of Passport's Social Media strategy are to improve access to health care services; promote incentives for healthy behavior; reinforce messages from DMS; and increase member engagement through education on covered services, accessing care, and Population Health management program

Without question, Passport's most engaging social media posts are the real, true "Success Stories" that we share regularly on several of our channels. The member-centric situations described in these stories are often difficult to read, yet the successful outcomes go a long way toward building the hope and trust that is

necessary in order to engage the Medicaid population. Please see **Exhibit C.12-9 Passport's Social Media Messaging Example**.

Exhibit C.12-9: Passport's Social Media Messaging Example



Texting Initiative to Engage Members

In 2018, Passport began using texting services for members to help communicate basic health and benefit information. Passport's Marketing team, in collaboration with our Clinical and Quality teams, work to develop educational campaigns and, with permission from DMS, other social media platforms and new technologies specifically to address the health concerns of our members.

C.12.c.ii. Approach to identifying, developing, and distributing materials that will be of most use to Enrollee populations, and efforts the Vendor proposes to target distribution to specific populations as appropriate.

Passport's Community Engagement; Communications/Marketing; Equity, Diversity and Inclusion (EDI); and Care Coordination teams all work collaboratively throughout the year to identify, develop and distribute materials to Kentucky Medicaid's diverse populations.

First, our Care Coordination, Quality, EDI, and Health Education teams identify the need for specific health-related and clinical information using Kentucky-specific demographic data. We develop materials for targeted populations based on demographics, diagnoses and claims. Our messages to a group with asthma will be different than messages to someone with chronic obstructive pulmonary disease, for example.

In our Community Engagement Model, we conduct the following activities to distribute member education materials:

- In-person community engagement at targeted locations
- In-person member education sessions
- Events and program sponsorships
- Outreach to specialty populations through our EDI Program
- Targeted health education outreach
- Active involvement in boards, coalitions and other community groups
- Collaboration with advocates and community partners
- New member experience strategy
- Telephonic outreach
- Print, web, social media, text and email outreach
- Volunteerism in the community

Reaching Members Requires Collaboration with Mulitple Stakeholders

Passport has learned that reaching and engaging members requires a collaborative effort with various community partners across the Commonwealth. We work every day with members and multiple other stakeholders to access members in person and through advocacy agencies to help us provide the information they need on benefits, access to care, preventive services, etc. We work every day with members and multiple other stakeholders to access members in person and through advocacy agencies to

help us develop and provide them the information they need on benefits, access to care, preventive services, etc. Passport's outreach plan spans ongoing interaction and collaboration with the stakeholder groups outlined **in Exhibit C.12-10** below.

Exhibit C.12-10: Passport Health Plan Outreach Stakeholders

Stakeholder	Passport Health Plan Outreach Description
Members	Passport's first and foremost priority is to address the health issues and care gaps of Kentucky Medicaid members through education and empowerment of enrolled members across the Commonwealth.
Advocates	We work closely with individuals and groups who currently serve our members. Examples of some of our advocates include faith-based organizations, service providers, interagency groups, community action agencies, local health departments, provider groups and other coalitions.
Providers	We work with the provider community to validate their knowledge of the services available to the members under their care. This comes in the form of educational seminars, personal contact, and understanding of the media outlets available.
Civic Organizations	Our Community Engagement representatives interact with and make presentations to civic groups throughout the state to help educate on plan benefits and services, importance of preventive health screenings and how to navigate the healthcare system. Neighborhood and county business associations, rotary clubs, independent business associations, are examples of some of these organizations.
Business Partnerships	Passport Community Engagement representatives continue education and outreach by meeting in person, sending electronic communications to and joining groups such as local chambers of commerce, hotel/motel associations, housing authorities, and restaurant associations with the goal of helping their employees understand services offered and resources available.
Community Outreach	Passport is committed to improving health in our KY communities and to participate, sponsor, and volunteer throughout the Commonwealth in multiple community health and resource fairs. These events are free and open to the general public. We are able to promote health and wellness education through dialogue, print material, and health manipulatives as visuals to address topics such as diabetes, health, nutrition, exercise, preventive care, and sodium intake.
Employer Groups & Outplacement Services	Our Community Engagement representatives will continue to successfully develop relationships with employer groups and outplacement services throughout Kentucky (such as temporary staffing agencies, human resources groups, job fair coordinators) that will continue as both a means of direct

Stakeholder	Passport Health Plan Outreach Description
	education to employers and agencies and to unemployed or underemployed individuals.
Education Organizations	Passport has and will continue to provide information about Medicaid and health promotion to public and private schools (including community and technical colleges), GED programs, and migrant education providers.
Statewide Coalitions	Our Community Engagement representatives participate in statewide groups such as Kentucky Voices for Health, Foundation for Healthy Kentucky, and the National Alliance on Mental Illness, that focus on issues relevant to Passport's current and future priorities for members and providers.

Our EDI team researches various Kentucky populations and analyzes public demographic and Passport-specific data to help other teams better understand the specific needs of our membership as they are developing materials. For example, every year this team analyzes reports from Passport's language line, the Kentucky Department of Education, Jefferson County Public Schools (JCPS) and the Kentucky Office of Refugees to determine the top languages that Passport should be addressing in our materials. The final decision is an amalgamation of each of these sources so that we can achieve the best result for our members. The top 10 languages for Passport in 2019 are identified in **Exhibit C.12-11** below:

Exhibit C.12-11: Top 10 Languages for Passport members in 2019 (based on data from Passport's language line, the Kentucky Department of Education, JCPS, and the Kentucky Office of Refugees)



Our Community Engagement team supplements this type of information obtained by the EDI team by identifying multiple geographic and ethnic population needs through their daily in-person interactions with members, citizens and community partners across the state.

Passport also holds focus groups in different parts of the state in order to assess whether the different geographies require different communication strategies. As a result, we provide marketing and communication materials in English, Spanish and each prevalent non-English language.

One of the strategies Passport uses to reach and engage special populations across the Commonwealth is to hire local talent for some materials and radio and TV ads. For example, when we record scripts for Spanish radio, we use local community members who speak the language.

When our Community Engagement teams host member education sessions, we look at the demographics of members in that area and bring relevant health and benefits information based on the needs of that region. We also tailor our flyers to use different languages or pictures to correlate with the populations in the areas where our Community Engagement representatives will be visiting. For example, we would include an African-American family in a neighborhood where the member population is largely African-American. We have found that members are more likely to engage with materials if they are looking at pictures of people who look like themselves. We also employ the use of local scenery to help inspire trust and reassure members that we are a local plan committed to helping them improve their health and quality of life.

Our in-house, Kentucky-based Communications and Marketing team reviews all materials and ensures that the appropriate departments and leaders review materials prior to DMS submission. They are constantly analyzing national best practices in the field that might apply to specific materials. For example, through our experience with national marketing affiliations, we learned that reaching unique populations such as millennials requires more texting and positioning on less traditional social media outlets, such as Instagram and Pinterest.

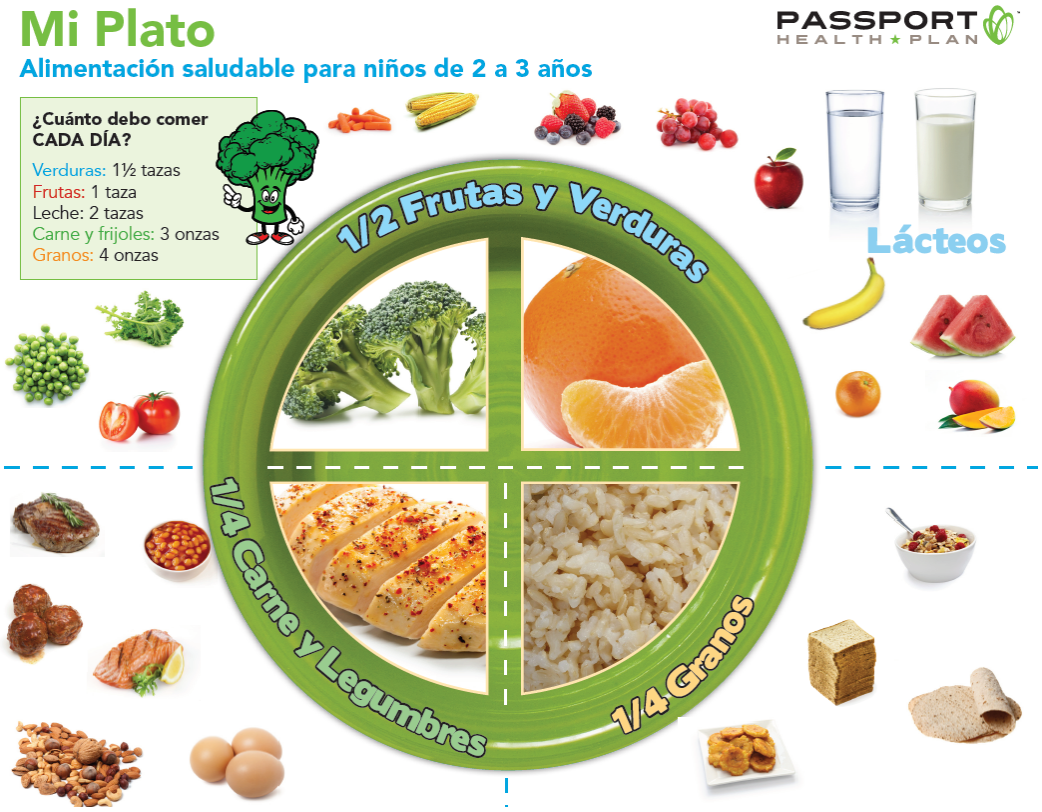
Individual departments are typically responsible for helping determine the distribution method of their requested materials. However, our creative services team assists in the printing and fulfillment process. We work diligently to ensure that we distribute culturally sensitive materials to the appropriate populations and use methods that will speak to their specific and unique needs. For examples, our EDI and Marketing teams work together with our Refugee Care Coordination program to develop and provide translated materials that may assist with refugees' unique needs as they adjust to life and navigating health care in the U.S.

Here are several examples of Passport materials that were developed based on the research and collaborative efforts described above to meet the needs of specific populations across the Commonwealth:

Spanish Food Chart for Children

Our clinical teams recently developed a food chart for children ages five through eight to encourage healthy eating. To meet the needs of our Hispanic population, we translated this into Spanish and added different pictures of foods that are more frequently eaten by Hispanic families. See **Exhibit C.12-12** below to view this food chart.

Exhibit C.12-12: Spanish Food Chart for Hispanic Children



Fotonovela for Pregnant Hispanic Members

In 2013, Passport developed a unique storytelling tool called a fotonovela to help our Hispanic populations understand how our Mommy Steps high-risk pregnancy program works. A fotonovela is a small pamphlet (similar to a graphic novel) that uses photographs instead of animations and is very popular in Latin American countries and among American Hispanic populations. This innovative format has been used for educational purposes by national health organizations such as the National Diabetes Education Program.

For Passport's fotonovela, we used actual photographs of our Bilingual Customer Service Representative and bilingual Mommy Steps nurse located here in Kentucky. See **Exhibit C.12-13** to view several pages from this fotonovela.

Exhibit C.12-13: Sample from Fotonovela for Hispanic Pregnant Women

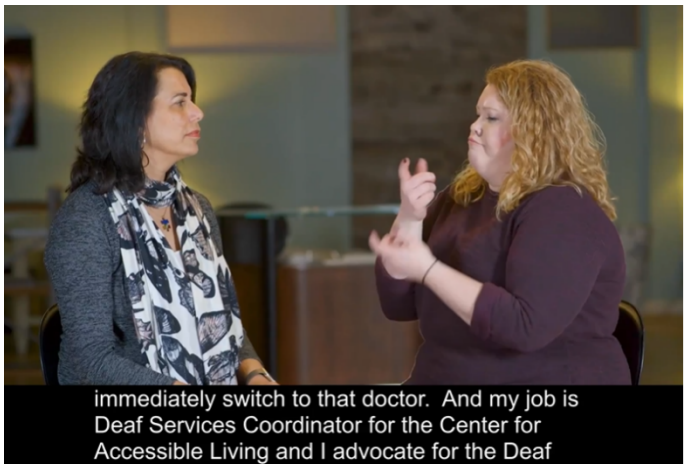






Video Addressing the Right to Language Access

In 2018, to help us disseminate information about Section 1557 of the Affordable Care Act (the Right to Language Access), our EDI and Marketing teams created a video in collaboration with the Center for Accessible Living. We added subtitles so that the deaf community could read and receive this important information on the internet.



C.12.c.iii. Methods of leveraging communications to meet the diverse needs and communication preferences of Enrollees, including individuals with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities and regardless of gender, sexual orientation or gender identity.

Leveraging Communications

Passport offers a member-centric care program dedicated to individuals with limited English proficiency and diverse cultural and ethnic backgrounds and disabilities regardless of gender, sexual orientation or gender identity. Passport facilitates the delivery of culturally sensitive and appropriate services to members. We comply with all federal and state nondiscrimination laws and work to ensure that members are aware of their nondiscriminatory rights. Our EDI team creates an annual Culturally and Linguistically Appropriate Services Plan to address the identified needs and trends in the limited English proficient, disabled, and LGBTQ+ communities that Passport serves. We establish our language capabilities in accordance with CFR 42.438.10(d).

Member Preference

Passport has a formal, established process to ensure that members receive vital member documents in their desired language and/or format. Vital member documents include, but are not limited to, appeal and denial letters, lock-in notifications, and the Member Handbook. In fact, the Member Handbook is always available in Spanish and Braille. Also, Passport maintains a separate mailing list of members who have communicated their preference to receive the Spanish version of the member Newsletter. This list is routinely updated as members notify Passport of their preference. Significant documents are translated into other languages upon request. Passport also provides appropriate auxiliary aids and services including qualified interpreter for limited English proficient and hearing-impaired members in order to facilitate communication with limited English proficient and non-English speaking members, as needed, when other resources are not available.

Limited English Proficiency

Passport's EDI team creates an annual Culturally and Linguistically Appropriate Services Plan to address the identified needs and trends in the limited English proficient, disabled, and LGBTQ+ communities that Passport serves. This team works together with Passport's Marketing and Communications team to develop and distribute communications to meet the diverse needs and communications of members. The EDI and Marketing teams also work to translate appropriate parts of the media campaigns into the second most used language in the state (Spanish). Items translated include, but are not limited to, billboards, bus shelters and radio ads.

Since 2000,Passport has also hired bilingual associates to provide direct customer service to Spanish-speaking members. Bilingual/multilingual associates are tested to determine level of proficiency. These associates work in our Member Services; EDI; and Health Management teams. Having bilingual/multilingual staff makes reaching out to our members with limited English proficiency more efficient while making the member feel more welcomed.

Written communications must also be available in multiple languages. The first step is to prepare the English language version of the document and route it to the state for approval. To eliminate any delays, our linguistic team also prepares the multilanguage translations. If changes are requested during the review cycle, they are made in all languages as appropriate. The final versions are then routed to the state for final approval prior to authorizing print. We work with printers who maintain the ability to print in multiple languages. To ensure that our documentation is correct prior to distribution, our linguists review a final proof prior to authorizing a print run.

Cultural and Ethnic Competency

Understanding the attitudes and behaviors of a specific cultural community is as critical as clinical care itself. We cannot properly serve our members if we do not understand the basics of their cultural and ethnic norms. In our ever-changing world, this requires that we promote cultural diversity by offering ongoing staff training covering topics such as faith, ethnicity and gender. We seek out avenues such as those available through Health Resource Services Administration (HRSA) to keep our understanding current.

Passport provides ongoing training to our provider network to help them understand how to communicate in ways that align with members' needs and preferences. Passport's EDI Program Manager facilitates onsite education sessions at providers' offices and health facilities upon



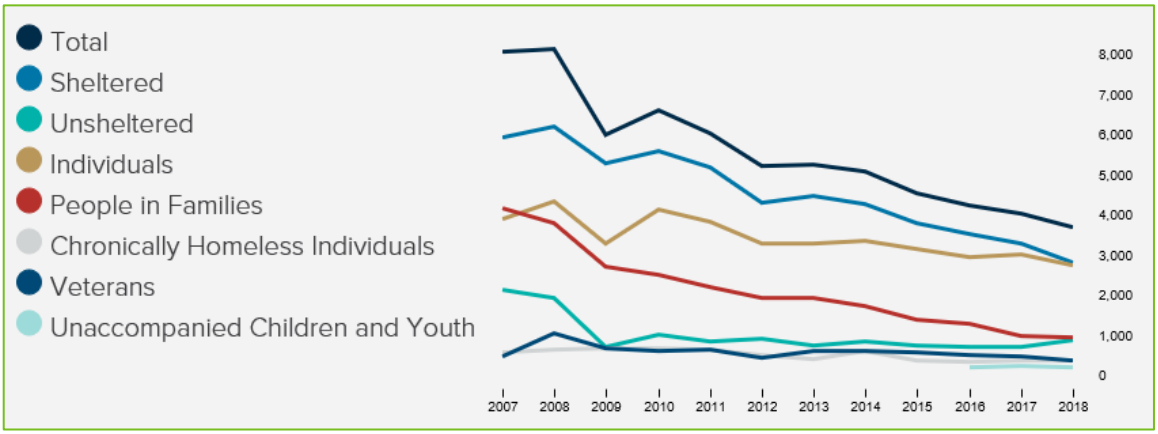
One of our Kentucky Community Engagement Reps took this picture at the Lee County Elementary Readifest Back-to-School Day in Beattyville on July 28, 2018, where over 300 families received back-to-school supplies and other resources. This is just one of the many ways Passport reaches the needs of diverse populations across the Commonwealth.

request. These trainings include a range of topics, such as compliance with federal regulations and diversity awareness, and are provided free of charge to participating providers.

C.12.d. Provide a summary of innovative methods and the Vendor's proposed outreach plan to assess the homeless population.

Homelessness is defined as when a person "lacks a fixed, regular, and adequate nighttime residence." It affects many types of individuals, such as single adults, families, senior citizens, veterans, and unaccompanied youth and children. According to the National Alliance to End Homelessness[1], reporters from 2007 to 2018 show that the rate of homeless continues to decline in Kentucky, as illustrated in **Exhibit C.12-14.**

Exhibit C.12-14: The State of Homelessness is Declining in Kentucky (2007 – 2018)



Passport recognizes that every member's situation is unique. The causes of homelessness can differ; the resources needed can vary; and a member can experience homelessness for various lengths of time. Domestic violence is the leading cause of homelessness among women. Other important factors include a lack of affordable housing, unemployment, low wages, poverty, mental illness, substance use disorder and the lack of needed resources. Passport offers our members a holistic and member-centric approach in offering services and resources specific to their situation. We understand our homeless members, young and old, can experience a range of emotions from depression, fear, vulnerability, to abandonment.

[1] [1]National Alliance to End Homelessness (2018). Homelessness Statistics: *State of Homelessness in Kentucky*. Retrieved May 15, 2019 from https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/kentucky/

Categories of Homelessness

The Homelessness and Housing Action Research Network classifies homelessness in three categories[2]:

Chronic Homelessness describes an individual who has either been continuously homeless for a year or more, or has had at least four periods of homelessness in the past three years. Many of these individuals also struggle with mental health disorders. These members of the homeless population use about half of the services available.

Episodic Homelessness is where an individual has experienced three or more episodes of homelessness within the past year. These individuals tend to move in and out of homelessness. Many individuals in this population also struggle with chronic unemployment, mental health problems and disabling conditions.

Transitional Homelessness is the most common type of homelessness and describes people who use homeless services for a brief period (typically around 54 days). These individuals often are homeless as a result of situational circumstances, such as housing affordability.

Passport realizes that many of our members face serious challenges in their daily lives from social determinants of health, including homelessness. We refer members for assessment to Louisville's Common Assessment Team (CAT) which is a local *Family Health Centers' Phoenix Health Care for the Homeless* team. Permanent Supportive Housing programs must take referrals from the CAT. Permanent Supportive Housing participants must have a chronic disability and need case management services. To facilitate housing placement, the CAT conducts vulnerability assessments on homeless individuals to determine which type of housing is most appropriate. The assessment asks questions related to the individual's physical health, mental health, substance use and other vulnerabilities.

According to the National Alliance to End Homelessness, there are approximately 3,688 people homeless in Kentucky on any given night. This issue affects individuals across the Commonwealth, although the urban areas of Louisville and Lexington have more affected individuals than Kentucky's rural areas. Our homelessness strategy is multifaceted with targeted goals to:

- Improve the health of Kentucky's homeless population
- Ensure that all members, including those who are homeless, have access to quality care in a manner that offers respect, dignity and equality
- Identify social determinants of health in a timely manner
- Help members remove health and social barriers, including home insecurities, and assist in locating community resources to help them in their journey to better health
- Support local homeless agencies and advocates in their efforts to improve living conditions and quality of life for all homeless Kentucky persons

[2] Housing and Homelessness Research Action Network (2018). *Types of Homelessness*. Retrieved May 14, 2019 from https://hharn.org/types-of-homelessness

By assisting members with physical and behavioral health services and locating community resources to address the root causes of their social determinants of health, we can help them break the cycle of homelessness.

Passport's Pathways Program Connects our Members to Community Opportunities and Resources

Passport's Pathway Program assists our members in finding the resources to better health, including homelessness. We recognize that this can be a long and stressful journey, so our team offers guidance throughout the process. The program includes identifying care gaps and social determinants of health, collaborating with local community resources, building health programs, and measuring outcomes.

One avenue of the Pathways Program to address homelessness is through our comprehensive management programs. Whether the members require medical or behavioral health services, we identify their needs and aid them in finding programs and services to address them. Regardless of their condition, Passport honors the "No Wrong Door" policy in helping our members. Through our care management programs, we conduct member health assessments to determine their needs, including their current housing situation. If it is determined that the member is experiencing homelessness, our Care Advisors work with the individual to develop a member-centric care plan that includes specific goals and resources to address their housing insecurities.

In the Louisville metropolitan area, homelessness is a prevalent social issue. Passport works to find housing options for members in this area through our case managers. Case managers work onsite with providers in the Louisville area and meet face-to-face with our members to understand their individual situations. We enroll members who are experiencing homelessness in a care management program, in which we complete an assessment to fully understand needs and work with them to set specific goals to help them improve their health and remove social barriers, such as homelessness.

Creating a Path Forward for a Member in Pain

Malia*, a Passport member experiencing homelessness with chronic pain, was having extreme difficulty filling her medications and getting an appointment with a pain management specialist. She had also been living at a homeless shelter for about 10 months. Although she had applied for different housing, she had not able to find a place to live. Our Care Advisor, Kellie Massie, helped her get the prescriptions she needed and decreased the confusion by calling both the pharmacy and Malia's PCP. Kellie also worked with Malia and her PCP office to coordinate care and get her the referral she needed for a wrist fracture. Then, she referred Malia to Passport's social work team. Together, they were able to get a housing plan in place.

During the program, Malia had an anaphylactic reaction for an unknown reason. Kellie encouraged her to call her PCP for an allergy testing referral and to ask for an EpiPen to keep on hand if needed. Malia was very grateful for all the help. She said she hadn't thought of getting testing and had never been instructed to do so. Malia voiced many times how much she appreciated the calls, help and care about her. By the end of the program, she was educated on her conditions, when to contact her provider versus going to the ED, medication adherence, and coordinating care with her providers.

*Member name changed for privacy.

Another gateway into the Passport Pathways program is through the work of our Community Health workers. They assist our members with health and social issues, including housing needs that affect their quality of life. The Community Health workers conduct face-to-face visits in members' homes and provider offices and via community service organizations that are assisting members to obtain the necessary resources for safe and stable housing. Behavioral health case managers are embedded in homeless shelters weekly to connect with members with behavioral health needs who are also experiencing homelessness. In a deep dive review of our BH readmission data, we discovered that members who had been hospitalized for BH and were experiencing homelessness had a much higher rate of readmission. Based on this information, we began sending our case managers into the shelters to connect with members and follow up with them about fulfilling their discharge treatment plans and becoming better connected to the care they need.

Serving as member advocates, the Community Health workers use a web-based tool to quickly search and locate housing resources available in their community. Our staff provides the information to the member, empowering them to take charge of their health and contact the community housing organizations. We can also make the contacts on their behalf, if they prefer.

Providing Community Outreach Efforts and Health Education to the Homeless

As a part of the Pathways Program, Passport develops relationships with and learns from other community homeless advocates. We have a long history with the Coalition for the Homeless. Since 1997, Passport has been a member of the coalition and has worked with various homeless and transitional shelters throughout Kentucky. On a quarterly basis, our team performs outreach efforts to shelters, offering health and wellness

education sessions. The curriculum includes information about the importance of preventive health, well-child visits and immunizations, how to choose a primary care provider, community resources and instructions for accessing transportation, including assisting with tokens, vouchers and other means if needed. Our staff nutritionist and health educators conduct educational classes on health and wellness, proper nutrition and promoting healthy lifestyles to help members and their families.

In many cases, a homeless or transitional shelter houses victims of domestic violence. We understand that survivors of domestic violence require supportive services to help them heal from the trauma of abuse and improve their economic security and well-being. Passport's team is there to help. Our caring and compassionate staff offer information on Medicaid, our plan's medical and behavioral health programs and services and available community resources. It is critical for victims of domestic violence to have safe, stable housing to reduce their risk of both homelessness and future violence.

Passport's Community Engagement representatives reach out to members and individuals at many community events across the Commonwealth, including:

- Lexington OHPI Point in Time Count Engagement event, where we collaborated with community partners and agencies to survey sites for homeless individuals to receive health assessments and obtain resources for social determinants of health, including alternative housing options.
- Annual Stand Down Day at the Salvation Army, where our Community Engagement representatives provided information and assistance to the homeless in Jefferson County.
- Communities Against Drug Abuse (CADA), where Passport was the only MCO invited to participate at every location during the entire 10-day event. Our Community Engagement and Health Education teams provided resources through our web-based tool for community advocates and health education demonstrations for approximately 2,700 attendees.

It is important for the staff working at shelters to be well-informed about Medicaid programs. Our team provides quarterly training sessions to educate the facility staff on Medicaid benefits, Passport's program and service offerings, and community agencies. The training sessions help the staff become better educated on available resources to assist homeless individuals.

Passport places a strong emphasis on internal staff education to better serve our members. Our team members attend frequent diversity and inclusion trainings to better embrace our members of different races, ethnicities, genders, sexual orientations, and religions. Some Passport team members have also participated in a poverty simulation training to learn about the daily challenges and difficulties that our members encounter. The poverty simulation taught our staff to be more caring, compassionate and empathetic when interacting with our members. In addition, Passport gains insights into the lives of our members and gives back to the community by volunteering at Kentucky shelters and food banks.

C.12.e. Describe the proposed approach to assess Enrollee satisfaction at each point of contact (call, online and in-person), including tools, frequency and process to measure trends, and use of findings to support ongoing program improvement.

Assessing Member Satisfaction

We stress the importance of member satisfaction in all areas of the Passport Health Plan. The continual recognition that we are here to help the member is extremely important in maintaining focused attention to the needs of the Medicaid members in Kentucky. It is also important that we not lose sight of the reality that maintaining a good relationship with primary care and other providers is important in meeting the expectations and needs of members.

Member Surveys

In an effort to get more real-time feedback on our customer service, Passport recently launched a New Member Survey. After our 90-day onboarding is complete for new members, Passport now administers a questionnaire to ensure that our new members have had a positive and educational experience during their first months with the plan. The New Member Survey is administered online on the new member's 90-day anniversary of enrollment and takes only about five minutes to complete. Our questions focus on measuring how well our members understand their benefits and how to use their plan; we also survey satisfied they are after the first 90 days with Passport. The results from the New Member Surveys are compiled and analyzed on an ongoing basis so that we can continue making improvements for our new and current members. Preliminary results from the survey (on a scale from 1-10) are favorable and include:

- How would you rate the knowledge of the Customer Service Representative: 9.4
- Were you treated with dignity and respect: 9.8
- Was the call handled to your satisfaction: 9.2
- How would you rate your overall experience with Passport: 9.3

Passport's Advocate Survey

Passport's advocate oversight survey is used as a reporting tool to ensure that all outreach to agencies is in accordance state and federal marketing rules and regulations. Each month, 10 advocates and/or agencies who have received a recent visit from a Community Engagement representative receive a survey to complete about their encounter. Information received is reviewed by Passport management for compliance and outreach effectiveness for each representative. Any issues or concerns identified through the survey are addressed with the representative. Surveys are scanned and paper copies are filed and submitted as part of the Annual IRPO audit and Outreach Plan if deemed appropriate.

Our advocate surveys demonstrate member satisfaction by allowing us to track and monitor the work our Community Engagement representatives are doing each month in Kentucky. See **Exhibit C.12-15** below for examples of comments submitted through our Advocate Survey.

Exhibit C.12-15: Passport's 2019 Advocate Survey Comments

Representative	Event/Location	Comment
Diane Corsey	Kentucky Career Center	Diane Corsey is a wonderful representative for Passport Health Plan. She is knowledgeable regarding the information, she is professional in her delivery, and everyone at the KCC NIA center loves her! We appreciate her willingness to pass the information along, and with the population we serve, she is willing to explain and help them understand the ins and out of the program/plans. We love to have her anytime!
Zach Sturgill	Mountain Comprehensive Health Corporation	Mr. Sturgill was very professional and provided useful information to those in attendance for the health fair. Several of our staff members were able to ask questions and get answers. Zach was very knowledgeable and courteous, and we look forward to working with him in the future.
Marji Pilato	Eastern Area Community Ministries	Marji has been representing Passport at our organization for quite a while. She is always professional, organized, and upbeat. She has a wonderful and personal way of connecting with the families that she serves, and we are always happy to have her here to connect with them. We look forward to having Marji continue to represent Passport at our location.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

Once the yearly CAHPS results are received, Passport activates a multidisciplinary team, drawing from each department, to review, analyze and develop interventions aimed at improving member satisfaction. For example, we initiated a campaign, "Making Every Member Count," to promote individual staff ownership of member satisfaction based on the results of our customer service scores. This initiative is supported by our implemention of a comprehensive training program aimed at providing in-depth customer service skills in every department at Passport.

Our 2019 Member Satisfaction results are shown in **Exhibit C.12-16.**

Exhibit C.12-16: 2018 Member Satisfaction Survey Results for Passport Health Plan

Satisfaction Survey Category	2019 Passport Health Plan Score*	2018 NCQA Quality Compass Average
Adult Customer Service	82.45%	77.02%
Child Customer Service	89.57%	71.72%

*CAHPS®4.H Adult and Child Versions, Medicaid. CAHPS® is a registered trademark of the Agency for Health Care Research and Quality(AHRQ).

The following are examples of member initiatives that we have implemented in direct response to member feedback:

- Fewer interactive voice response options so that our members receive a higher level of customer service by eliminating layers of telephone-prompted menu options that delay talking to the best person for their specific question
- Enhanced member/provider service trainings in response to member's needs
- Analysis of our grievance data, which has allowed us to implement proactive solutions
- Increased Spanish language access
  - 5 Spanish-speaking Member Service representatives to ensure that no information to our Spanish-speaking population gets missed in translation
  - Spanish-speaking Mommy Steps nurse and to ensure that our pregnant, Spanish-speaking population readily understand the care available
  - Spanish-speaking Rapid Response representative ensuring members who have urgent issues receive one-on-one assistance and education
- Developed auto-dialer campaigns for outreach to members. The auto-dialer system can connect the member directly to our Rapid Response team
- Implemented an incentive plan to incentivize members to obtain specific health screenings
- Implemented the use of social media to directly educate members
- Provided a health educator to attend community events and educate members
- Monitor access to care to ensure that members receive needed care in a timely fashion

Quality Member Access Committee

As a direct result of feedback from members at our Quality Member Access Committee (QMAC), Passport modified several member education materials and reformatted the member newsletter articles by using single-sheet educational formats, shorter articles, and other "quick facts" types of tactics. These modifications were so successful in making our materials more member friendly that we expanded this practice to all care management materials.

Engage the Provider Community

We also believe that engaging providers in quality improvement is another valuable tool to meeting member satisfaction. The provider is the first line in understanding the key issues that impact a member's encounter. Our provider community helps us to develop initiatives that better engage members, increase screening rates, help providers manage chronic conditions, and ensure that members receive access to the services they need. With our providers' valued input, we have made changes that have a positive impact on local practices, such as:

- Altering prior authorization processes to ease administrative functions for office staff
- Identifying health-quality initiatives for creative program development within Case Management
- Implementing financial incentives through our Provider Recognition Program to support improved health and "cost-conscious" care.

While Passport Health Plan has historically been rated highly by members, we consider feedback and concerns as a constructive part of program evaluation and modification. For example, Passport has incorporated member suggestions for modification in educational materials and content, as well as recommendations about the type and frequency of communications.

Member engagement and satisfaction are being targeted through consistent messaging established across all member touchpoints. Using multiple scheduled interventions across the year, Passport members will be reminded of important steps to improve their health and address barriers to care. Through surveys, live outreach, automated calls, texts, email, and traditional mailed member communication, Passport intends to expand and improve the member experience during 2020.

Our priority goals for 2020, based on findings from the 2019 Member Satisfaction survey, are:

- Continue progress on Healthcare Effectiveness Data and Information Set (HEDIS) Quality Strategy for identified gap closure
- Maintain Population Health Management Strategy
- Identify health care disparities in the membership population and implement interventions to address these disparities
- Create and update policies, processes and reporting to meet accreditation standards

Members who understand that their concerns are considered as part of the program evaluation feel more engaged with their program. This leads to a greater willingness to participate in future surveys, thus creating a continuous cycle of member satisfaction.

C.12.f. Provide the following sample materials.

i. Draft Welcome Packet and Member ID card aligned with the requirements of RFP Attachment C "Draft.

Passport's Welcome Packet and member ID cards are written at a sixth-grade reading level, designed to assist in member comprehension of how to navigate the health plan and provide important information aligned with DMS requirements. Our member ID cards include the PCP name and the pharmacy processing center information.

Please refer to **Attachment C.12-4_Member Welcome Kit** for a copy of our proposed Welcome Packet and **Attachment C.12-3_Member ID Card**.

C.12.f.ii. Sample Member Handbook meeting the requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

Please refer to **Attachment C.12-5_Member Handbook** for a copy of our proposed Member Handbook.

Our Member Handbook is easy to read (certified sixth-grade reading comprehension level), easy to navigate, accessible, comprehensive, and culturally sensitive. The handbook is sent to new members within three business days of enrollment through a method that will take no longer than five business days for delivery; we also send the handbook any time a member requests one.

All members receive a hard copy of the Member Handbook upon enrollment. Passport sends mail in such a way that maximizes effective delivery and follows guidelines set forth by the United States Postal Service. Our average return rate is about 7.5 percent for new member kits. We have a process in place to proactively seek out correct address information whenever we receive return mail.

An electronic copy of the Member Handbook is also available on our website. Member Service

representatives are able and available to answer questions; the Member Services phone number is published in the Member Handbook, on the website, in the member newsletter, and on the member ID card.

We have carefully organized and designed the contents of the booklet to highlight important calls to action. It is easy to navigate and offers members clear and succinct direction on how to access benefits and get the most from their plan.

The Passport Member Handbook, available in English, Spanish, and each prevalent non-English language, is funneled through our formalized in-house communications process. It has been edited by a trained health literacy/plain language specialist and is intended to be comprehensible to all members regardless of their health care knowledge or literacy skills. In addition, for many years Passport has been using special software, Health Literacy Advisor, which we introduced to the state. The software was subsequently adopted by the state in 2012. This software assesses the readability and reading grade level of communications to ensure member comprehension.

Passport offers consideration for members with special needs by offering the Member Handbook in alternate formats such as Spanish, Braille and audio. Additionally, the Member Handbook is reviewed and approved annually by Passport's internal staff and DMS staff.

C.12.f.iii. Three (3) sample Enrollee materials with taglines and displaying ability to meet translation, accessibility and cultural competency requirements.

Passport's EDI team brings decades of experience producing award-winning, culturally competent member materials. We are proud to share three sample materials which display our ability to meet translation, accessibility, and cultural competency requirements.

- ***My Health My Life* member newsletter.** Passport's member newsletter is translated into both Spanish and English. We strategically use diverse graphics, pictures and examples that reflect the audience (our members), as well as our provider network. Throughout the newsletter, many cultural groups are represented. Please see **Attachment C.12-6_myhealthmylife Member Newsletter** for an example.
- **Care-Connectors program flyers**. These documents were tested for comprehension and cultural acceptance with actual Kentucky Medicaid-eligible refugees at one of the state's refugee resettlement agencies. Pictures were added to ensure cross-cultural understanding of the material. These may be viewed in **Attachment C.12-7_Care Connectors Flyer in Vietnamese.**
- **EPSDT Rack Card.** This document was translated into the top languages served by Passport for Kentucky Medicaid membership. The material was adapted and simplified to ensure understanding, based on the limited health literacy among Kentucky's refugee communities. This may be viewed in **Attachment C.12-8_EPSDT Rack in Somali.**

Conclusion

Throughout this response, we have demonstrated our commitment to member services excellence through the deep expertise and passion of our Member Services team, our creative efforts to engage and educate members, our commitment to health literacy, our concern for members with limited English proficiency, and our culture of cultural and ethnic sensitivity. We endeavor every day to meet our members where they are and, through powerful educational programs and materials, support them in living their healthiest life. We are proud of our accomplishments and recognize there is much still to do. We look forward to continuing the important work we do for our members and our communities.

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.

C.13 Enrollee Selection of Primary Care Provider (PCP)



C.13. Enrollee Selection of Primary Care Provider

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

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

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

   i. Enrollee request after initial assignment,

   ii. For cause,

   iii. When Enrollees regain eligibility,

   iv. When the Provider is terminated, and

   v. For a Provider request.

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

Passport Highlights: Enrollee Selection of Primary Care Provider

How We Are Different	Why It Matters	Proof
In 2019, Passport had high member satisfaction and no reported member grievances related to PCP selection.	• Enhances member access to care • Establishes a member's medical home in a timely manner • Allows members flexibility to align with best fit providers as their needs change • Helps mitigate unnecessary emergency department (ED) usage • Promotes member and provider satisfaction	• A member's primary care provider (PCP) selection is validated with every member touch point. • Member engagement rates and PCP visit rates are higher than other managed care. organizations. • Passport facilitates real-time provider selection and changes.
Passport's "no wrong door policy" for provider support and issues resolution without	• Meets unique needs of members through broad selection of PCPs	• Passport PCP adequacy rate of 100% exceeds 95% requirement.

How We Are Different	Why It Matters	Proof
needing to transfer providers elsewhere results in long-tenured, positive relationships with our network providers.	• Supports stability of service and length of member service relationships through consistent provider bench • Provides frequent, quality information about members' health • Promotes members' active role in their health care	• Passport has very low provider attrition, with a 96% voluntary provider retention rate over 2018-2019.

Introduction

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

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

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

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

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

Immediate PCP Establishment

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

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

Empowering a Member's PCP Choice

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

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

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

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



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

Selecting a Specialist as a PCP

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

Adult Guardianship PCP Exemption

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

Members With SSI

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

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

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

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

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

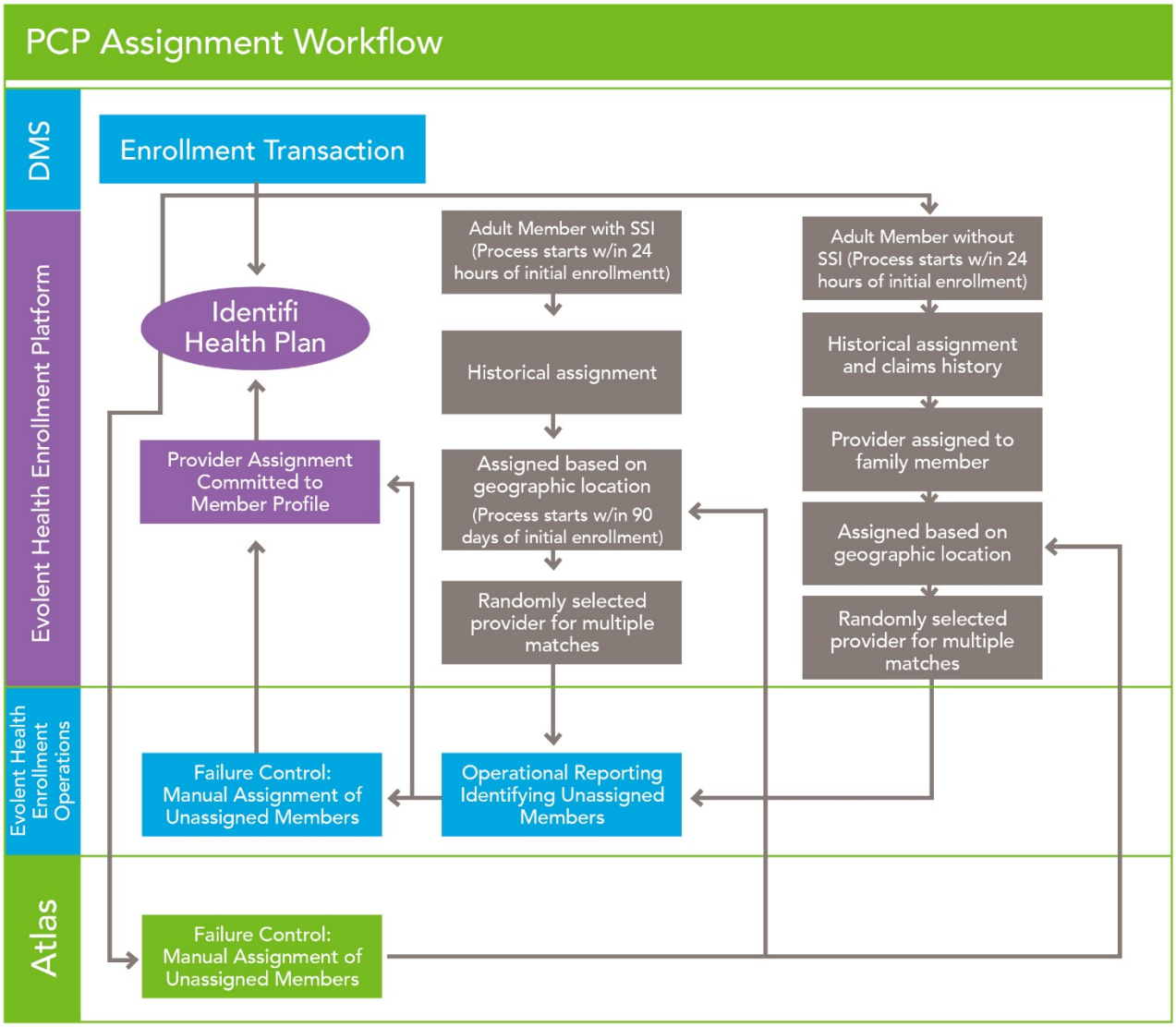
The algorithms Passport deploys for PCP assignment use several criteria to align our members with the PCP that best meets their needs, whether the member is new to Passport or has regained Medicaid eligibility, as illustrated in **Exhibit C.13-1**. Criteria include:

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

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

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

Exhibit C.13-1: PCP Assignment Workflow



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

Facilitating PCP Change Requests

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

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

Assisting Members with a PCP Change Request After Initial Assignment

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

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

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

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

C.13.c.ii. For cause

Changing a PCP Due to Member Dissatisfaction with PCP

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

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

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

Ensuring Continuity of Care for Members Regaining Eligibility

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

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

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

Assigning a PCP Due to a Provider Termination

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

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

Ensuring Continuity of Care Following a Provider Termination

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

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

Processing a Provider-Initiated PCP Change Request

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

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

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

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

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

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

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

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

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

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

The Right PCP Leads to a Healthier Member

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

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

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

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

Promoting Members Accessing Care from Their PCP

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

Exhibit C.13-2: Member Incentives

Member	Incentive Value	Incentive Criteria
Young Members (0 to 15 months)	Up to $60	Earn a $10 gift card for each of six well-child visits.
Young Members (3 to 6 years)	$20	Members visit provider for a well-child visit.
Young Members (7 to 21 years)	$25	Members visit provider for a well-child visit.

Adult Members (21 years and older)	Up to $100 in gift cards and vouchers	• Members earn $20 for completing a PCP well visit. They must be:
		  • A new Passport member enrolled within the last 90 days
		  -OR-
		  • An existing member who has not seen a PCP in the last 18 months
		• Earn up to three $20 vouchers toward obtaining your General Educational Development (GED) (for members who do not qualify for the Kentucky State program).
		• Earn a $20 voucher toward transportation. You must be the subscriber/head of household.

All Members	Up to $20	Members earn $20 for getting a flu shot annually. Children under age two must get two doses to receive this reward. Each member can receive this reward once a year.

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

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

Conclusion

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

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

C.14 Enrollee Grievances and Appeals



C.14. Enrollee Grievances and Appeals

Describe the Vendor's proposed Enrollee Grievances and Appeals process, including a summary of methods for the following:

a. Compliance with State and Federal requirements.

b. Process for Expedited Review.

c. Involvement of Enrollees and their caregivers in the process.

d. Tracking grievances and appeals received by type and trending results for use in improving operations.

e. Reviewing overturned decisions to identify needed changes.

Passport Highlights: Enrollee Grievance and Appeals

How We're Different	Why It Matters	Proof
Local staff understand Kentucky and know the provider network.	• Minimizes administrative denials • Provides timely access to service approvals and care	• Twenty-two (22) years of established relationships with Kentucky providers
Member advocacy through the appeals process	• Minimizes burden on members, improving satisfaction • Increases member awareness and control over health care	• Advocacy specifically built into training materials for appeals coordinators • Member education built into procedures for appeals and grievance handling
Ease of use for members as a priority	• Process in place that allows members to contact the Plan and get concerns forwarded to the appropriate area, regardless of entry point • Members and caregivers can meet with us face-to-face in our office when needed	• Grievance submission can be made in multiple modalities: telephone, in writing, electronically, and in person • Staff assistance in completing forms • Interpreter/teletype (TTY) support

How We're Different	Why It Matters	Proof
Rigorous operational focus to ensure service level agreement (SLA) compliance	• Members are not delayed in receiving services they need • Continuation of benefits during the appeals process when requested	The average time for resolution for the past twelve (12) months has been: • Twenty-seven (27) days for member grievances • Twelve (12) days for member appeals • Two (2) days for expedited member appeals

Introduction



Providers are in our DNA. Formal participation by statewide Kentucky providers in our governance structure and open communication channels for informal ongoing input into our programs lead to greater provider and member engagement, and a more provider-focused, realistic approach to member and provider appeals and grievance processes. Passport's Partnership Council has deep ties to the community and allows us to develop innovative solutions through our thirty-one (31) members representing major categories of providers, members, and community services organizations. The breadth of the Partnership Council and its subcommittee structure can be measured by the nearly one hundred (100) community providers and volunteers that comprise this formal input forum. With this input, Passport ensures a high-quality member experience through a grievances and appeals process that is easy for members and providers to access, is fair and objective, and resolves issues in a timely manner.

C.14.a Compliance with State and Federal requirements.

Passport's Approach to Grievance and Appeals Ensures Compliance with State and Federal Requirements

Passport has policies and procedures and an operational process and system for identifying, tracking and analyzing member grievances, appeals and Medicaid Fair Hearings, as well as provider grievance and appeals, in compliance with all state and federal requirements.

Grievance and Appeals Training Program

Passport has a robust Grievance and Appeals training program for clinical and non-clinical staff. The continuum begins with new hire onboarding and initial training. It includes ongoing staff training as well as targeted remediation based on quality analysis and oversight findings by the QA and Auditing Department. Training includes classroom, side by side training, precepting and ongoing mentorship. New hire curriculum

includes workflow training that is based on Passport policy and procedures, Kentucky and federal regulatory requirements, and NCQA compliance. Staff performance variation is managed via root cause analysis. Targeted formal or informal staff remediation or communication is conducted as needed. The Training Department collaborates with the Quality Assurance (QA) department and managerial staff to assure that remediated performance outcome(s) have reached targeted level.

Quality Assurance Review Program

Passport also engages in a rigorous QA Review Program to ensure compliance with state and federal requirements. QA activities focus on a detailed review of clinical and non-clinical staff knowledge, understanding, and adherences to federal, state and national regulatory and client SLA program requirements for appeals and grievances. QA results are reviewed and approved by the Utilization Management Committee (UMC) and subsequently are reported up through the Quality Medical Management Committee (QMMC). Opportunities for improvement are identified and addressed by action plans to mitigate trends.

Continuation of Benefits During Appeal

A member may request continuation of benefits while an appeal is pending. The appeals team will inform members upfront that they may be liable for cost of services if the appeal is upheld. Benefits will continue until one of the following occur:

- The member withdraws the appeal/request for State Fair Hearing.
- The member fails to request a State Fair Hearing with continuation of benefits within ten (10) days from the date the adverse determination is mailed.
- A State Fair Hearing decision adverse to the member is made.

Member State Fair Hearing Process

Consistent with requirements, our policies allow a member (or the member's authorized representative) to request a State Fair Hearing if an appeal of an adverse benefit determination is not resolved in the member's favor.

If the member requests the State Fair Hearing within ten (10) days of receiving the notice of adverse determination, Passport will continue to provide the suspended, reduced, or terminated services until the conclusion of the State Fair Hearing.

Members will need to make a request for a State Fair Hearing within one hundred twenty (120) calendar days from the date of the appeal notice of resolution. Our Grievance and Appeals department adheres to all regulatory and contractual requirements and time frames and complies with the Department for Medicaid Services (DMS) ruling in such cases.

We work with the member, the member's provider and the member's advocate to prepare for the hearing.

Passport also cooperates with DMS in the event of a hearing. If a member requests a hearing, the DMS Administrative Hearings Branch contacts Passport's appeals coordinator to initiate the process and to request the denial and appeal files.

Once our appeals coordinator receives an email from the DMS Administrative Hearings Branch asking for the denial file for a specific member and service, the next steps are followed:

1. The appeals coordinator sends the electronic denial and appeal files (if applicable) by secure email to the DMS Administrative Hearings Branch.
2. The appeals coordinator receives an official email from the DMS Administrative Hearings Branch. This email states that a hearing has been requested and the date that the request was received. It also includes a copy of the entire file, including the denial file sent by Passport and the member's request to DMS.
3. The Passport appeals coordinator receives a Notice of Scheduled Hearing from the DMS Administrative Hearings Branch that is signed by the assigned hearing officer. This is received as an attachment to an email and by U.S. Postal Service (USPS) mail. The notice gives the date, time and location the hearing is to be held.
4. Passport files a Notice of Entry of Appearance of Counsel. The notice is faxed to the DMS Administrative Hearings Branch and is mailed by USPS to the Hearing Officer and the member.
5. An attorney represents Passport at all hearings. If the case warrants a medical or dental director or other expert testimony, he/she also attends the hearing.
6. Passport awaits the final order.
7. If the final order upholds Passport's denial, the appeal decision is final, and, at this point, the member has exhausted all appeal options with Passport. The member may also contact Kentucky's Ombudsman for assistance at any time during the appeal process.
8. If the final order overturns Passport's denial, the member receives a letter from DMS, and Passport approves the service.

If at any point Passport does not comply with hearing requirements, we understand that this will lead to an automatic ruling in favor of the member, and we would approve the service.

All hearing procedures are in compliance with Kentucky Revised Statute (KRS) Chapter 13B.

Our Grievance and Appeals department will process and resolve these inquiries fairly and quickly, in a manner that is fully compliant with all applicable federal, state, contractual and request for proposal (RFP) requirements. Our process, which is the same for all members, includes a grievance process, an appeal process and access to the DMS State Fair Hearing process. Passport's grievance and appeals process addresses members' oral and written requests. Our grievance and appeals process will be approved in writing by the Department before implementation and will be conducted in compliance with the notice,

timelines, rights and procedures in 42 C.F.R. 438 subpart F, 907 KAR 17:010 and other applicable Centers for Medicare & Medicaid Services (CMS) and Department requirements.

To ensure that all members have trouble-free access to our grievance and appeals process, our member service representatives (MSRs) and appeal coordinators educate members and act as advocates for members to support their submission of grievances and appeals via multiple modalities, including by telephone, in writing, electronically, and through staff available on-site. We assist members with completing the forms required to file a grievance or appeal. We offer free foreign language interpretation services and a bilingual call center staff to our members who call Member Services for assistance. Our Member Services Department also offers a TTY line and auxiliary aids upon request. Our policies allow members and authorized representatives, such as caregivers relatives, providers, care managers or any member-authorized individual, to file grievances and appeals.

The Grievance and Appeals staff categorizes grievances and appeals for tracking, trending, reporting and education purposes. Categorized grievances and appeals are brought to other departments to support resolution and to drive improvement where applicable. For example, the Grievance and Appeals coordinator routes all grievances related to the following to the Compliance Department for review:

- Potential Health Insurance Portability and Accountability Act of 1996 (HIPAA)/protected health information (PHI) violations
- Allegations of fraud, waste or abuse (FWA)

In addition, Passport staff refer quality-of-care investigations to the quality team, which, under peer review protection, completes a thorough investigation and, if applicable, identifies needed corrective actions for the provider or facility. The quality team can report substantiated quality-of-care grievances to Passport's Credentialing Committee and QMMC.

Clinical staff conduct the investigation of the appeal or grievance, researching documentation, member needs and medical necessity requirements to render a determination. Our clinical staff collaborate with physicians, social workers, case managers and other staff as required. Clinical staff and physicians may also be involved in the State Fair Hearing process and may attend the hearing if their knowledge and familiarity with the member or case warrants their attendance.

Sourced Operational Improvements for Grievance and Appeals

Grievance and Appeals system data is integral to our ongoing efforts to improve service to members and providers.

The director of utilization management (UM) appeals reports complaints and grievances and appeals on the Quality Work Plan, which is reviewed by the Quality Improvement Committee (QIC) on a quarterly basis. This information is used to direct quality improvements that can benefit members and providers, such as process improvements and changes to pre-authorization requirements. The Quality Work Plan outlines goals, timetables and individual accountability per task and status. The QIC also tracks provider audit data and

develops corrective action plans to address deficiencies that are likely leading to complaints and grievances. As appropriate, an annual quality improvement evaluation details studies, methodologies, results, improvement actions and overall impact. Reports are reviewed and discussed at monthly compliance steering committee meetings and are provided on a monthly and quarterly basis to our QMMC, Quality Member Access Committee (QMAC) and to DMS.

Medicaid Member Grievance and Appeals Review and Process

Passport has designed a process with ease of use for members as its priority. We have policies and procedures, and an operational process and system for identifying, tracking and analyzing member grievances, appeals and Medicaid State Fair Hearings, all with the member experience in mind.

Grievance Process

A grievance is an expression of dissatisfaction (orally or in writing) to the health plan about any matter related to the health plan other than an adverse benefit determination. As specified in 42 C.F.R. 438.400, possible subjects for grievances include the following:

- Quality of care or services provided
- Aspects of member interaction, such as rudeness of a provider or employee
- Failure of provider or employee(s) to respect a member's rights

Medicaid members or their representatives may contact Passport's Member Services for assistance with writing or filing a grievance or appeal (including an expedited appeal). Member Services also works with the member to monitor the process through resolution.

Passport:

- Cannot take any action against the member as a result of him/her filing a grievance.
- Will send an acknowledgment letter within five (5) business days of receiving the grievance.
- Will provide Member Services staff to help fill out the grievance form.
- Will answer the member's grievance and send the member a letter within thirty (30) days of receiving the member's grievance. This letter will tell the member what has been done to address the grievance.
- Will provide the member the opportunity to present evidence, testimony and allegations of fact or law, in person as well as in writing.

If the grievance is about an ongoing emergency or hospital stay, it will be resolved as quickly as needed for the urgency of the case, and no later than one (1) business day from when Passport receives the grievance. The member can also file a grievance with DMS by phone, mail or electronically.

If a quality-of-care issue or concern is identified, this information is captured electronically within our documentation tool. For quality-of-service concern with a provider, the Grievance and Appeals coordinator sends the issue to the Provider Network Management (PNM) team for investigation, which may include a site visit to the office. Once a thorough investigation is completed, the outcome is submitted to the Grievance and Appeals coordinator to complete the grievance and submit a resolution letter.

Passport's Grievance Resolution process can be found in **Attachment C.14-1_Grievance Resolution Process Workflow**.

Member Medical/Administrative/Benefit Appeal Process

Passport has established and maintains a system for resolving dissatisfaction of actions regarding the denial or limitation of coverage of health care services, filed by a member, provider on behalf of the member, or authorized representative with specific member consent.

If a determination is made to deny payment, , the member may have the right to ask for an appeal. Appeals may be requested by phone or in writing within sixty (60) days of the date of the letter of adverse benefit determination.

Examples of administrative/benefit:

- Noncovered services
- Lock-in program

Examples of medical necessity:

- Elective purchase of wheelchair
- Urgent inpatient admission
- Elective inpatient admission with surgery

Passport will send a letter to the member within five (5) business days of receipt of a standard appeal request. This letter will include all necessary instructions related to filing an appeal by contacting the provider. If the request was received telephonically, this letter will also include instructions to submit a written request within ten (10) days along with the standardized appeal request form.

A board-certified doctor who was not previously involved, nor is a subordinate of any physician previously involved in the case, will review the appeal and decide how the appeal should be handled (i.e., whether the initial adverse determination should be affirmed, overturned or partially overturned).

Passport will send the member a letter with the response to the appeal within thirty (30) calendar days from when Passport receives the appeal. A fourteen (14)-day extension may be granted to the member or the Plan if additional time is needed. If we require an extension, Passport will notify the member telephonically of the reasons for the extension by the end of the business day on the day the decision is made, and in writing within two (2) days. Information sent to the member includes information on the member's right to file a grievance.

Passport will send a final resolution letter, either within thirty (30) days or after the fourteen (14)-day extension. Passport will also provide the member and the member's representative the member's case file, including medical records, other documents and records, and any new or additional evidence considered, relied upon or generated by Passport in connection with the appeal of the adverse benefit determination.

We provide this information upon request, free of charge and sufficiently in advance of the resolution time frame for appeals as specified in 42 C.F.R. 438.408(b) and (c).

The member may also contact Kentucky's Ombudsman for assistance at any time during the appeal process. Members can refer to their Passport Member Handbook for complete details about filing pre-service medical appeals. Members may also call Passport's Member Services for help filing a medical appeal.

Passport's Appeals Resolution process can be found in **Attachment C.14.2_Appeals Resolution Process Workflow**.

Passport's Provider Grievance and Appeals Process

Passport allows providers the right to file an internal appeal for any of the following:

- A health care service
- Claim for reimbursement
- Provider payment
- Contractual issues

A provider may also have the right to file an appeal on the member's behalf. This would fall under the member appeal process.

Passport will offer a committee of at least three (3) qualified individuals who were not involved in the original decision to review the provider appeal. A written response to the appeal will be submitted to the provider within thirty (30) calendar days of receiving the request.

The provider may submit any information he/she would like Passport to review during the appeal process. The appeal will be reviewed by a physician of the same or similar specialty who was not involved in the original decision. Passport or the provider may request a fourteen (14)-day extension. Upon completion of the internal appeal process, Passport will send the provider a written determination letter.

The provider has the right to request an external third-party review after Passport has rendered its internal decision.

A provider has the right to file a grievance to Passport, including a complaint or dispute that may not require remedial action. Passport will render a decision and respond in writing within thirty (30) calendar days.

Passport will not retaliate or discriminate against a provider for filing an appeal or grievance.

Passport's Average Resolution Time for Member Grievance and Appeals

Passport consistently resolves member grievances and appeals within the regulatory timeliness thresholds set by DMS. The average time for resolution for the past twelve (12) months is as follows:

- Twenty-seven (27) days for member grievances
- Twelve (12) days for member appeals
- Two (2) days for expedited member appeals

During 2019, Passport received one hundred fourteen (114) member grievances. **Exhibit C.14-1** lists the top four (4) grievances received.

Exhibit C.14-1: Passport 2019 Top Four (4) Grievances

Member Grievance Description	Number of Grievances	Percent Completed Within Required Time Frame
Attitude/Service-Office Staff Unprofessional	18	100%
Access—Denial/Reduction of Services	15	100%
Quality of Care	13	100%
Access—Appointment Availability	7	85%

Passport reserves the right to perform on-site visits to provider offices if patterns that need to be investigated in person are identified through the grievance process. DMS or its contracted agent may conduct on-site visits to follow up on patterns of repeated grievances or appeals.

C.14.b. Process for Expedited Review.

Passport's Expedited Review Process

Passport understands that improving some members' health outcomes may demand that we resolve their appeals more quickly than our standard review time allows. Passport's expedited review process is available when we determine, or a member or provider indicates, that taking the time for a standard resolution could seriously jeopardize the member's life, health, or ability to attain, maintain, or regain maximum function. Expedited appeals are available for prospective and concurrent services but are not available for those requests that are made retrospectively. For all expedited appeals, a physician other than the physician rendering the original denial decision, who is not a subordinate of the physician who rendered the original decision, must review the appeal request. If a provider requests an expedited appeal on behalf of a member, we will not require the provider to follow up with a written consent from the member.

If the member requests an expedited review, Passport will work closely with the member as well as the member representative/caregiver and provider to obtain all the necessary information to render a decision. We will render a decision within seventy-two (72) hours. We will call the member with our decision within one (1) business day or seventy-two (72) hours, whichever is shorter. We will also send a letter with the answer to the appeal within three (3) business days.

Our Expedited Appeals Resolution process is provided as **Attachment C.14-3_Expedited Appeals Resolution Process Workflow.**

C.14.c. Involvement of Enrollees and their caregivers in the process.

Advocating for Members and Caregivers in Resolving Grievances and Appeals

Passport has twenty-two (22) years of experience working closely with Kentucky Medicaid members to help resolve concerns through our grievance and appeals process. Our Kentucky-based staff are committed to advocating for members and caregivers throughout the grievance and appeals process with compassion and fairness. Whether our grievance and appeals representatives are assisting members over the phone or in person at our local office, we will work with our members and their caregivers throughout the grievance and appeals process. We take the time and care to ensure that members are actively involved in the process and understand what is going on with their appeal or grievance, and we encourage them to take an active role in their appeal as well as their health care in general. We work to ensure that our members and their caregivers have a voice during the process so that we may address their concerns appropriately. Our goal is always to provide a high quality member experience for members that is easy, fair, objective and timely.

To ensure that all members have trouble-free access to our grievance and appeals process, our MSRs and appeal coordinators educate members and act as advocates for members to support their submission of grievances and appeals via multiple modalities, including by telephone, in writing, electronically and in person. We assist members with completing the forms required to file a grievance or appeal. We offer free foreign language interpretation services and a bilingual call center staff to our members who call Member Services for assistance. Our Member Services Department also offers a TTY line and auxiliary aids upon request. Our policies allow members and authorized representatives, such as caregivers relatives, providers, care managers or any member-authorized individual, to file grievances and appeals.

Supporting Whole-Person Care with Member Advocacy

Passport member Anna* called the appeals department because her doctor said Passport will not cover her procedure. On investigation, no UM authorization request was found in the system.

When Passport G&A Coordinator Nancy* asked Anna for more details, she stated she was told the procedure is new and did not yet have a code, so the provider could not send the request to Passport. Because of this, the provider wanted Anna to pay thousands of dollars to have the procedure.

Nancy advised Anna that she could not file an appeal because there was no denied authorization request. Through further conversation, it became clear Anna was upset and very nervous about the procedure in question. She was scared it would not go well. Nancy explained that, while she could not offer medical advice, as a member, Anna is afforded a second opinion and that she should reach out to her primary care provider (PCP) to get that scheduled if she feels she needs help in doing so. Further discussion calmed Anna and gave her a clear understanding of her next steps.

A few months later, Anna called back to say how much she appreciated Nancy taking the time to talk with her that day. She had taken Nancy's advice and obtained a second opinion from a new specialist. Anna stated that the new doctor was very kind, and she felt comfortable about having the procedure done by the new doctor, who was able to approve the procedure with Passport. Anna stated she would never have enough words to express how grateful she will always be that Nancy took the time to help her.

**Names changed for privacy.*

C.14.d. Tracking grievances and appeals received by type and trending results for use in improving operations.

Improving Operations Through Grievance and Appeals Analysis

Sophisticated technology enables Passport to provide high levels of member service for grievances and appeals while identifying areas for improvement across our operations. Passport uses its Identifi℠ Grievance and Appeals module, a proprietary system that tracks, investigates and communicates all grievances and appeals. This system stores and maintains all documentation used in the internal and external appeal or grievance review.

Passport maintains all grievances and appeals files in a secure and designated area that is accessible to DMS, its designee or CMS, upon request, for review. Passport also retains all grievance and appeal files for ten (10) years following our final decision, Health Service Department (HSD) decision, an administrative law judgement, judicial appeal, or closure of a file, whichever occurs later.

Passport has procedures for ensuring that files contain sufficient information, as outlined at 42 C.F.R. 438.416, to identify the grievance or appeal, the date it was received, the nature of the grievance or appeal, notice to the member of receipt of the grievance or appeal, all correspondence between Passport and the member, the date the grievance or appeal is resolved, the resolution, the notices of final decision to the member, and all other pertinent information. Passport ensures that documentation regarding the grievance is made available to the member if requested.

Using Identifi, grievances are reported via both monthly and quarterly reports. The Identifi system is fully customizable, and all entered fields are reportable to assist in root-cause analysis, assessment of barriers and development of opportunities for improvement. The Grievance and Appeals leadership analyzes the data on a monthly and quarterly basis, with reports going to the compliance steering committee, QMAC and QMMC at a minimum. Passport also reports grievance data quarterly to DMS via statutory reports. These reports include the number of grievances, the nature of the grievances, their resolutions, and the time frame for resolution of each grievance. We also report any Quality Assessment and Performance Improvement (QAPI) initiatives or other changes made as a result of an analysis of grievances to DMS through the quarterly Quality Improvement Work Plan.

Passport appeals staff work closely with Passport medical directors and PNM as well as any other departments when any trends are identified with grievances and appeals. We analyze our results, looking for root cause with any trends, large or small, when they are identified or at a minimum of monthly and quarterly. Ongoing collaboration occurs for appeals that are overturned when the complete clinical information is submitted with the appeal request. Incomplete or missing clinical information is a large driver for UM adverse benefit determinations. The appeals team works closely with PNM to educate providers. PNM will work with offices as well as UM, when necessary, to understand the needed information for submission of UM requests to prevent the initial denial of services.

Passport uses the results of the analysis of grievance and appeal trending in formulating business decisions and improving operations. These decisions can include, for example, possible changes to internal processes, prior authorization requirements or simply provider education on Passport's medical management processes.

Passport's 2019 Appeal Results

During 2019, a total of 3,630 denials were issued, 412 of which were appealed, and 100% of all appeal requests were completed within the thirty (30) day requirement. For 2019, the ratio of appeals to denials was 1:8.8. The ratio of appeals to denials has remained consistent year to year.

Passport's 2019 appeal results are shown in **Exhibit C.14-2** for members and in **Exhibit C.14-3** for providers**.**

Exhibit C.14-2: Passport 2019 Member Appeal Results

Member Appeal Description	Number of Appeals	Percent Completed Within Required Time Frame
Lock In	31	100%
Outpatient/Outpatient Surgery	17	100%
Durable Medical Equipment	8	100%
Home Health Services	5	100%

Exhibit C.14-3: Passport 2019 Provider Appeal Results

Provider Appeal Description	Number of Appeals	Percent Completed Within Required Time Frame
Administrative Denial	204	100%
Hospital Length of Stay (LOS)	114	100%
Outpatient/Outpatient Surgery	5	100%

C.14.e. Reviewing overturned decisions to identify needed changes.

Engaging Medical Directors and Providers to Review Overturned Decisions to Improve Operations

Passport is committed to thoroughly reviewing overturned decisions to identify needed changes as part of our grievance and appeals processes noted earlier.

Passport reviews all appeal decisions, regardless of whether they have been overturned or upheld. We look for all trends and actions to identify any possible changes needed to our UM or appeals processes. We analyze data on a monthly, quarterly and annual basis to identify any trends in service requests or provider specialty types. We look for any changes that may need to be incorporated in UM and appeal processes, and also any opportunities to educate providers and help them better understand the UM and appeals processes.

Once trends have been identified, one of two things happen: (1) If the trend requires provider education and intervention, our Grievance and Appeals staff collaborates with our PNM department to work individually with the providers to help them understand our UM and appeal processes and hopefully avoid future concerns. (2) If the trend identifies a service that we are consistently overturning, our Grievance and Appeals team brings the issue to the attention of our medical directors. This group discusses the next steps on analyzing if we need to change our policies to align with the current best practices. All decisions are

brought to the Passport QMMC, where local providers are given the opportunity to provide input on any decisions that will be made to policies. Reports also go to Passport's QMAC, which allows us to gain further input from local members, providers and community partners.

Passport also participates on a UM committee with our subcontractor Evolent's national UM department. This allows us to identify trends, analyze our policy decisions and collaborate on solutions using national best practices from grievance and appeals experts from across the country.

Conclusion

Passport's Grievance and Appeals Department keeps the member experience at the forefront of all we do. The extensive provider participation in our governance structure and program development has shaped our streamlined, member-and provider-focused grievance and appeals approach, resulting in a process that is easy for members and providers to access, treats cases fairly and objectively, and resolves issues in a timely manner. We are committed to providing swift and fair resolution to member grievances/complaints and appeals to ensure our members know that they are heard and their issues have been fully considered. Our Grievance and Appeals Department and committees use processes and systems to resolve these inquiries fairly and quickly, in a manner that keeps the focus on our members.

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.

C.15 Marketing



C.15. Marketing

a. Provide a summary of the Vendor's marketing and distribution plan, describing the following at a minimum:

   i. The system of control over the content and form of all marketing materials.

   ii. The methods and procedures to log and resolve marketing Grievances.

   iii. The verification and tracking process to ensure marketing materials and activities have been approved by the Department and adhere as required by Section 25.1 "Marketing Activities" and Section 4.4 "Approval of Department" for the Vendor and its Subcontractors.

b. Describe the Vendor's understanding of the populations in the Commonwealth and define how it will adapt its marketing materials to reach the various populations and audiences.

Passport Highlights: Marketing

How We're Different	Why It Matters	Proof
Passport uses local scenery, actors, and location, and tailors branding and messaging to Kentucky's unique population.	Engages members to better comprehend complex information and increases likelihood of members taking positive action to improve their health and quality of life	Passport has received multiple marketing and communications awards for these efforts, including the 2019 national Gold Aster Award for our social media campaign #FacesOfPassport.
We partner with community organizations to address health issues in local communities that are high priority for Department for Medicaid Services (DMS).	Allows us to facilitate education and awareness of Passport's many programs and resources, as well as help improve health and reduce medical costs in the community, working collaboratively with our community partners	• In 2018 and 2019, we participated in an annual (average of 700) Kentucky community events. • Passport's participation in Operation Bobcat: Innovative Readiness Training (IRT) provided over $1 million of free medical services to over 2,600 of our neighbors in four (4) counties in Eastern Kentucky.
Passport is the only current Kentucky Medicaid managed care organization (MCO) to have a dedicated Marketing Controller overseeing the marketing process.	Ensures that key staff monitor and adhere to state and federal laws, contractual provisions and DMS guidance regarding marketing rules and activities	Since this position and policy were implemented five (5) years ago, Passport has not received any marketing grievances.

Introduction

As a local organization with a long history of serving Kentuckians, Passport's approach to marketing is firmly rooted in the belief that all advertising, communications and outreach to our membership and to the Kentucky Medicaid population must be tailored to the unique needs of that audience in its diverse communities.

Further, Passport's Brand Strategy is best captured in the phrase "Better Health Together" because it reflects our fundamental belief that the best health outcomes result when Passport, members, providers, the Commonwealth and community advocates all work collaboratively to identify and deliver the services and support needed in each unique circumstance. Our creative message is based on research in the local community, where we discovered that Passport's unique selling proposition is in our commitment to taking the time to care. Kentucky Medicaid members may be struggling financially, physically and emotionally, and they deserve to be treated with respect and empathy regardless of their situation. Passport is here for our members in good times and in bad. Simply stated in our tagline, "We do life together."

Passport's Community Engagement, Communications and Marketing, and Care Coordination teams work together collaboratively throughout the year to identify, develop and distribute compliant marketing and outreach materials to Kentucky Medicaid's diverse populations. Local community relationships are key in helping us understand and address the health needs and Social Determinants of Health for our members across the Commonwealth.

C.15.a. Provide a summary of the Vendor's marketing and distribution plan.

Passport's marketing strategy is to promote the benefits offered through Kentucky Medicaid, educate members about the importance of preventive health care and screenings, and portray a positive image of Passport as a Medicaid MCO. Recognizing that referrals and word-of-mouth are the top factors in choosing a Medicaid MCO, Passport marketing delivers membership growth primarily by building brand awareness and member loyalty. Passport's Community Engagement team is also a key part of our marketing strategy through its efforts to recruit new members and assist/retain current members.

Passport uses messaging, taglines and themes for the statewide population that reflect our brand promise and commitment to service and access to the care that our members need. These marketing initiatives support DMS goals to ensure access to and improve delivery of high quality, cost-effective health care services. We use DMS approved advertising and brand recognition materials designed to help current and prospective members make informed decisions about their coverage and health services. All costs incurred for the development and distribution of materials, including mailings and labor, are the Plan's responsibility.

For cost-efficiency and maximum effectiveness, Passport's internal Kentucky-based communications team develops all advertising and external communications. This team includes talented and dedicated writers, designers and marketing professionals who specialize in health literacy and brand recognition. The team consistently produces award-winning campaigns and communications. A partial listing of awards won in just the last four (4) years is shown in **Exhibit C.15-1**.

Exhibit C.15-1: Highlight of Passport Award-Winning Campaigns and Communications

Aster Awards	National Health Information Awards
2019 Gold Award #FacesOfPassport Social Media Campaign **2018 Gold Award** Children's Resiliency and Activity Book **2018 Silver Award** Educational Video Series **2018 Silver Award** Passport's Instagram Series **2017 Gold Award** Entry Name: Multilingual Advertising Campaign Category: Multilingual Advertising Series **2017 Silver Award** Entry Name: Diabetes Care Book—Just for Teens Category: Patient Education-Single **2015 Gold Award and Best of Category** Entry Name: I Choose Passport Spanish Radio Script Category: Multilingual Advertising—Single Entry **2015 Gold Award** Entry Name: Keys to a Healthy Heart Category: Service Line—Cardiac/Vascular **2015 Silver Award** Entry Name: Weekly Facebook Series Category: Social Media Campaign **2015 Silver Award** Entry Name: 2014 Annual Report Category: Annual Report	**2019 Silver Award** Digital Health Award—New Member Video "Choosing a PCP" **2019 Bronze Award** Digital Health Award—New Member Video "Earn Rewards" **2018 Silver Award** Children's Resiliency Coloring and Activity Book **2018 Silver Award** MyHealthMyLife Issue #1 2018 **2018 Merit Award** Groundbreaking Change: Building Healthier Communities **2017 Merit Award** Entry Name: Together TV Series Class: Consumer Decision Making Category: TV Ad **2017 Merit Award** Entry Name: Diabetes Teen Book Class: Patient Education Information Category: Booklet/Brochure/Pamphlet **2016 Silver Award** Entry Name: Let's Eat Healthy Class: Patient Education Information Category: Booklet/Brochure/Pamphlet **2016 Bronze Award** Entry Name: The New Drink Pyramid Class: Health Promotion/Disease and Injury Prevention Information Category: Video

Aster Awards	National Health Information Awards
	2016 Bronze Award Entry Name: How to Use Nicotine Fading Class: Health Promotion/Disease and Injury Prevention Information Category: Booklet/Brochure/Pamphlet **2016 Merit Award** Entry Name: MyHealthMyLife Issue #3 2015 Class: Patient Education Information Category: Newsletter **2015 Merit Award** Entry Name: Caring for you 365 days a year Class: Health Promotion/Disease and Injury Prevention Information Category: Calendar

A high-level overview of Passport's communications distribution methods is included in **Exhibit C.15-2**. A complete copy of our 2020 Marketing Plan for Kentucky Medicaid is in **Attachment C.15-1_2020 Marketing Plan**.

Exhibit C.15-2: Key Message of Passport Communication Distribution Methods

Advertising Method/Strategy	Key Messages and Objectives
Broadcast Media • Local and cable TV • Local and public radio **Print** • Local, county newspapers • Provider and professional publications • Lifestyle magazines • Flyers and brochures **Outdoor** • Mass transit ads, bus shelters, vehicle wraps • Billboards and mobile billboards • Signage at key Kentucky venues	• Build Passport brand awareness • Ensure member retention and growth • Promote Passport's mission to improve the health and quality of life of our members • Promote and improve access to health benefits
Targeted Events and Sponsorships with representation by Passport Community Engagement team	• Provide in-person access to Community Engagement representatives • Build Passport brand awareness • Collaborate with advocate agencies to ensure access to needed services
Web/Social Media • Facebook • Twitter • Pinterest • Instagram	• Increase education for prevention and disease management • Build Passport brand awareness • Reinforce DMS messages through Facebook posts and retweets

Advertising Method/Strategy	Key Messages and Objectives
• YouTube • Text messaging • Mobile-friendly website • Digital advertising • Search engine marketing	

To ensure our brand recognition messages are effectively received throughout Kentucky, we will use a variety of advertising vehicles and messaging, including the following.

Mass Media: Television/Radio

- Local and cable TV
- Local radio and public radio

Passport purchases media via local Kentucky-based agencies and adjusts its media mix on a continual basis, at minimum quarterly, to maximize the efficiency of our messaging. We have gained significant insight into which mass media channels are the most effective in reaching Kentucky Medicaid members.

As an example, over the last four (4) years, we have shifted a larger portion of our messaging into digital channels. With a targeted investment, we are able to reach multiple audiences through these targeted placements, allowing us to reach members, caregivers, advocates, providers and the business community.

Digital Advertising

- Passport advertises using the following digital methods:
- Search engine marketing
- Search engine optimization
- Display ads
- Facebook and Instagram ads

Print and Outdoor

- Mass transit ads
- Local and county newspapers ads
- Provider and professional publication ads
- Lifestyle magazine publication ads
- Bus shelters and interior cards on mass transit
- Vehicle wraps for mass transit
- Billboards
- Mobile billboards

- Gas station announcements
- Signage at key Kentucky venues

Targeted Events and Sponsorships



As a community-based health plan, Passport partners with local organizations and participates in community events where Kentucky Medicaid members live and work. Our participation is primarily motivated by our desire to facilitate education and awareness of the many programs and resources we make available (and those that are already available throughout the Commonwealth) to our members and the community at large. We also participate in or sponsor various programs that help improve health and access, and reduce medical costs in the community, working collaboratively with our community partners.

In 2018 and 2019, our staff participated in an annual average of seven hundred (700) Kentucky community events.

To encourage member participation, we post information about our upcoming involvement in community events on our website, advertise through flyers and collaborate with community partners to share via word of mouth.

Exhibit C.15-3 shows some of our most recent, impactful community outreach initiatives, which were chosen for their alignment with our goals to improve member health and reduce overall costs to Kentucky Medicaid.

Exhibit C.15-3: Passport Event and Program Sponsorship Examples

Name of Program	Description and Outcome
Back to School Rallies	Held throughout the Commonwealth, Passport has sponsored and participated in multiple rallies, which provide low-income children with free school supplies, resources and information.
Bluegrass Ventures Sponsorship	Passport provided food commodities, outreach and education, and live cooking and food preparations to the community in the downtown/Winburn area of Lexington.

Name of Program	Description and Outcome
Childhood Obesity Prevention Action Team (COPAT)	Passport conducted educational sessions and providing training and educational materials to assist this organization with addressing childhood obesity in schools across all counties in Western Kentucky in 2019.
Community Baby Showers	We participated in baby showers and provided health information to expecting mothers in all 120 counties.
Double Dollars Program	New for 2019, Passport sponsored a special program in Lexington and Louisville that allows Kentuckians receiving Supplemental Nutrition Assistance Program (SNAP) benefits the opportunity to double their dollars on fresh produce boxes at local farmers markets and other local retailers.
Farmacy Program	In collaboration with Mountain Comprehensive Care in Letcher County, Passport sponsored a special community initiative where Eastern Kentucky doctors can now write prescriptions for vegetables to their clients (including many Kentucky Medicaid members) with diet-related health conditions.
Give a Kid a Smile	Passport participated in Give a Kid a Smile, sponsored by Park DuValle Community Health Center and the American Dental Association, which provided free dental screenings for low-income families in west Louisville. In 2019, we began participating in a Free Dental Day with Shawnee Christian Healthcare Center and the American Dental Hygienists Association to provide dental screenings for children and adults.
Healthy Hoops® Kentucky and new program	Healthy Hoops® Kentucky, a basketball-themed asthma awareness program sponsored by Passport, provided education and screenings to children between the ages of seven (7) and fourteen (14) years and their families. The program addressed how to manage asthma through the correct use of medication, managing triggers in the home, healthy eating and exercise. Passport sponsored Healthy Hoops® events in Louisville from 2008 through 2018. We chose to sponsor this program because of the prevalence of asthma in Kentucky for our members, particularly children. The Healthy Hoops Kentucky program approached asthma as a community issue. The program offered education and outreach in a variety of ways: • Participation in local events throughout the year to provide program awareness. • Community event for children ages seven (7) through fourteen (14) years and their parents. The event began with the asthmatic child and parent/guardian directed through a series of clinical stations. Families received lunch and children attended basketball sessions hosted by current and former professional and college basketball players. • Parents and providers received screening information and were encouraged to develop an asthma action plan. Although the program was open to the community, approximately 85% of the children were participating Passport members. Since 2008, over 3,000 children received asthma education and screenings.

Name of Program	Description and Outcome
Operation Bobcat: Innovative Readiness Training (IRT)	From June 15-23, 2018, Passport had the unique opportunity to participate in this initiative where no-cost medical clinics provided over $1 million of free medical services to over 2,600 of our neighbors in four (4) counties in Eastern Kentucky.
Sound the Alarm	In 2018 and 2019, Passport staff volunteered to help the Red Cross install smoke alarms in more than 800 residential homes in three Kentucky cities, which were identified as being in the top 100 counties across the nation to continually see a high volume of residential house fires and deaths.

Web/Social Media

In addition to our website, passporthealthplan.com, Passport maintains a strong social media presence in Kentucky. In 2011, Passport was the first Medicaid MCO in Kentucky to establish a presence on **Facebook** (5,412 followers) and **Twitter** (1,493 followers), and we continue to be the only MCO with a social media presence dedicated exclusively to the needs and interests of Kentucky's Medicaid population. Given the growing importance of social media and each channel's ability to reach unique and distinct audiences, we have subsequently established a presence on **YouTube** (December 2011, 124] subscribers), **LinkedIn** (February 2012, 2,090 followers), **Instagram** (June 2013, 512] followers), and **Pinterest** (December 2014, sixty-three [63] followers).

Passport's social media team actively manages the messaging plan for each channel, tailoring the content for each audience on a weekly basis, and, as a result, Passport's social media following has grown every month for the past five (5) years.

The primary objectives of Passport's social media strategy are to improve access to health care services, promote incentives for healthy behavior through our Passport Member Rewards Program, reinforce messages from DMS, and increase member engagement and retention. Without question, Passport's most engaging social media posts are the true success stories that we share regularly on several of our channels. The member-centric situations described in these stories are often difficult to read; yet, the successful outcomes go a long way toward building the hope and trust that is necessary to engage the Medicaid population.

Several recent examples that illustrate Passport's social media messaging are included in **Exhibit C.15-4.**

Exhibit C.15-4: Passport's Social Media Messaging Examples



In 2018, Passport began using texting services for members to help communicate basic health and benefits information. Passport's Marketing team collaborates with our Clinical and Quality teams to develop educational campaigns and, with permission from DMS, other social media platforms and new technologies specifically to address the health concerns of our members. Members may opt out of this texting service at any time.

As mentioned earlier, Passport's Marketing Plan is updated on an ongoing basis, quarterly at a minimum. We measure and analyze the success of various advertising and brand recognition efforts by conducting primary consumer research, both quantitative (brand trackers) and qualitative (focus groups across Kentucky). Using this combined knowledge, we will alter our advertising and messaging strategies as needed to fit the characteristics, needs and desires of this population in an effort to reach as many members as possible.

Surveys and Focus Groups

Passport regularly conducts statewide surveys and in-person focus groups with Medicaid-eligible Kentuckians from across the Commonwealth to better understand the population's needs and its awareness and impressions of companies like Passport and track the effectiveness of our marketing and branding campaigns.

C.15.a.i. The system of control over the content and form of all marketing materials.

Passport has a dedicated Marketing Controller who resides within the Marketing Department and is responsible for oversight of all Marketing and Community Engagement activities to ensure Passport continuously abides by both the DMS contract and Chapter 42 Code of Federal Regulation (CFR) Section 438.104. The Marketing Controller works with various departments to establish and at all times maintain a system of control over the content, form and method of dissemination of its marketing and information materials.

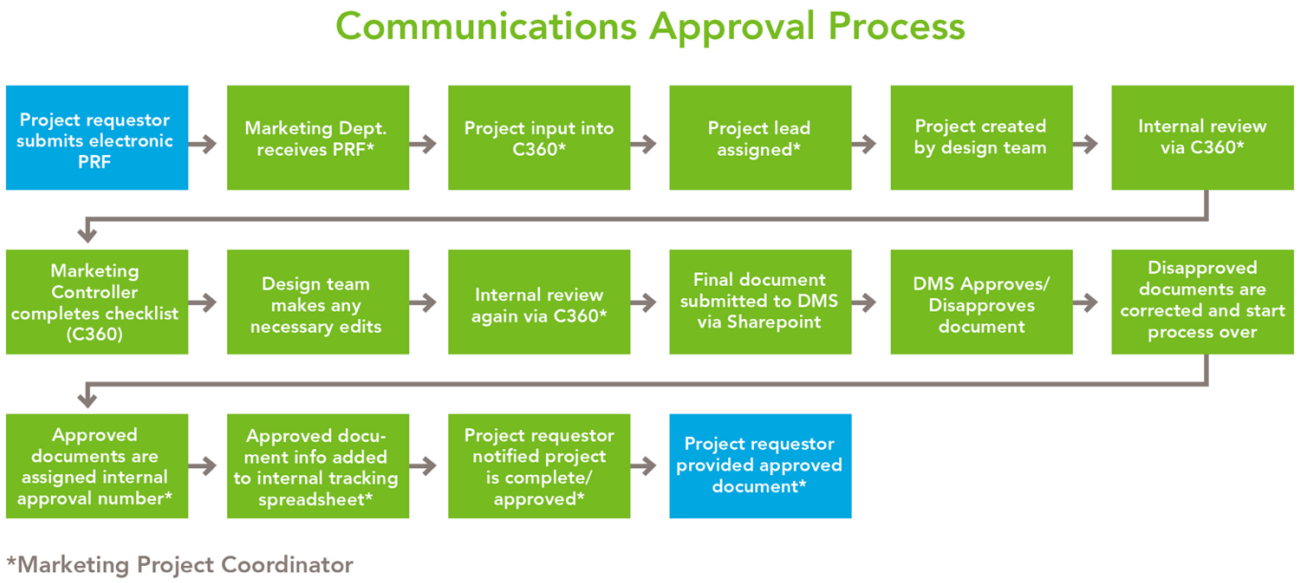
To ensure compliance with all marketing requirements, Passport has a mandatory review process for all mass communications, which includes all communications to and from more than one individual. Anyone who wants to have a communications piece created must submit an electronic project request form to the Marketing Department. All marketing and communication project requests are subsequently vetted through an electronic compliance tracking system by a marketing project coordinator. This electronic system is used from project inception through completion to ensure that all items are properly created, reviewed and internally approved prior to submission to DMS. At a minimum, the Marketing Controller and VP and Chief Compliance Officer review all projects, in addition to various subject matter experts from across the Plan. During the Marketing Controller's review, a six-page document review checklist, located within the electronic tracking system, is run to ensure that all marketing rules are followed. The electronic system allows for a permanent record of the entire internal review process.

Following DMS submission, all projects are recorded on a tracking spreadsheet that is maintained by the Project Coordinator. Upon receipt of DMS approval of a communication, the item is given an internal approval number, and the spreadsheet is updated. The approval number is placed at the bottom of all

approved communications as a visual indicator that it has been approved. No document can be printed or disbursed without a visible approval number. Subcontractors who want to send materials to Passport members on Passport's behalf are required to follow the same process.

Passport's communications approval process is outlined in the flowchart in **Exhibit C.15-5**.

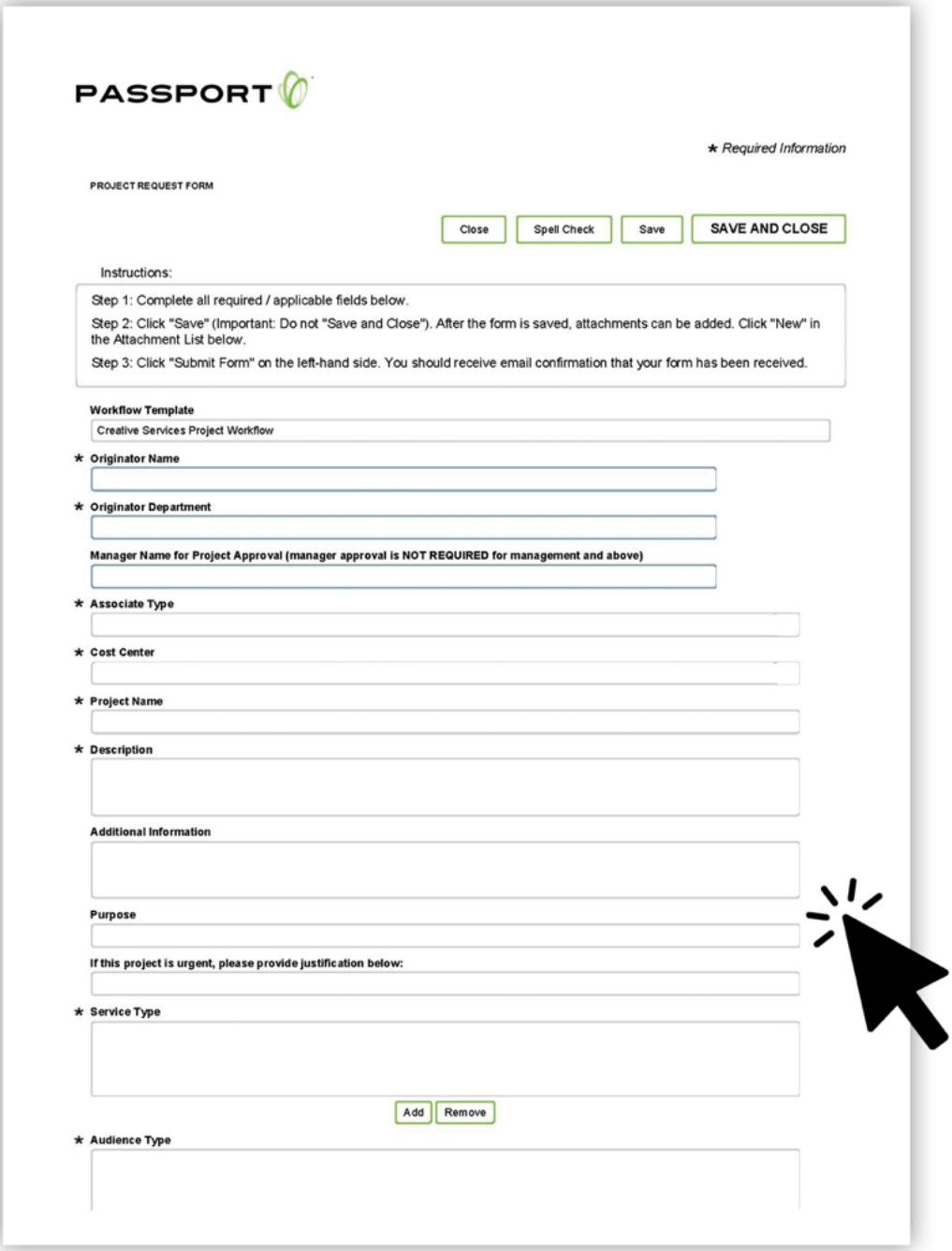
Exhibit: C.15-5: Communications Approval Process



*Marketing Project Coordinator

An example of Passport's Project Request Form is shown in **Exhibit C.15-6**.

Exhibit: C.15-6: Passport Project Request Form



Additionally, the Marketing Department maintains a media placement grid that lists the location of all Passport media items (e.g., billboards, bus shelters, ads), along with the item's internal approval number. The Marketing Controller periodically performs random audits of the grid to ensure its accuracy and verify that all items have been approved by DMS. The Marketing Controller works collaboratively with the compliance team and serves on the compliance committee led by the Chief Compliance Officer.

Passport reports all marketing initiatives to DMS on a quarterly basis.

Passport's Marketing Controller conducts mandatory training sessions for the Marketing and Community Engagement staff. Other applicable staff and providers are routinely trained on DMS marketing guidelines, as well as state and federal guidelines. Our 22 years of experience working with DMS has given us a depth of expertise and knowledge on when to proactively seek advice from DMS on marketing materials that might be questionable and to ensure we are remaining compliant with DMS marketing guidelines. We maintain several policies and communications manuals, and all associates are required to follow these guidelines and policies to ensure that Passport's communications are consistent and compliant.

In addition, Passport tracks all events attended by our Community Engagement representatives. To ensure our activities in the field are compliant, management randomly monitors events and presentation activities.

Passport's Marketing and Community Engagement department does not make any unsolicited outbound calls to potential members.

All incentives for members through our Passport Member Rewards Program are coordinated through the Marketing and Community Engagement department, which seeks the advice of the Marketing Controller and our Compliance department in determining whether proposed promotional items are appropriate. All promotional items are submitted for approval by DMS prior to distribution. All staff are trained and tested annually on rules related to protected health information (PHI) and marketing guidelines by the Marketing Controller. We ensure all member gift cards and value-added benefits meet the requirements of Social Security Act section 1128A, the Contract and all other applicable federal and state laws.

All marketing campaigns are coordinated through the Marketing and Community Engagement department and approved by Compliance and executive leadership prior to distribution. The Marketing Controller and the Compliance department are responsible for monitoring all marketing campaigns to ensure they follow marketing guidelines and use DMS-approved materials.

C.15.a.ii.The methods and procedures to log and resolve marketing Grievances.

Logging and Resolving Marketing Grievances

Passport has not received any marketing grievances since this policy and procedure was implemented five (5) years ago.

Passport has a detailed process in place to log and resolve marketing grievances, which is submitted annually to DMS as part of our annual Marketing Plan. This policy and procedure has been in place for five (5) years, during which no grievances have been reported.

The process is as follows:

1. If a person or organization has a complaint or grievance regarding the marketing practices of Passport, the person or organization can submit the information to the Passport Marketing Controller using the following address, email address or phone number:

   Attn. Marketing Controller
   Passport Health Plan
   5100 Commerce Crossings Drive
   Louisville, Kentucky 40299

   marketingcontroller@passporthealthplan,com
   502.566.7802

   The information submitted should include a description of the suggestion or the facts of the issue. This information may also be submitted to our Member Services department.

2. Upon receipt, the Marketing Controller will acknowledge the suggestion, complaint or grievance within ten (10) calendar days of receipt.

3. The appropriate Passport staff will review the suggestion, complaint or grievance and notify the originator of its comment or determination in writing within thirty (30) calendar days of receipt.

This information can be found on the Passport website at passporthealthplan.com/compliance/ under the Contact Us section.

The Marketing Controller checks the marketing grievance email box daily and maintains a log to track all grievances.

C.15.a.iii. The verification and tracking process to ensure marketing materials and activities have been approved by the Department and adhere as required by Section 25.1 “Marketing Activities” and Section 4.4 “Approval of Department” for the Vendor and its Subcontractors.

Passport has a strong culture of compliance and maintains policies that ensure marketing materials and activities adhere as required to Section 25.1 Marketing Activities, Section 25.2 “Marketing Rules,” and Section 4.4 Approval of Department. Also, as noted in the answer to Section A.1, Passport maintains a

rigorous oversight process to ensure compliance. Please refer to **Exhibit C.15-5** for a flowchart of Passport's step-by-step communications review process.

Passport utilizes a time-tested process of multiple checkpoints to ensure the use and distribution of DMS-approved marketing materials for our marketing/outreach efforts. Our marketing and compliance teams have been working closely with DMS for decades to produce quality marketing materials and activities that comply with marketing requirements, that do not repeat any mistakes previously noted by DMS, and that are updated based on any new policy or regulatory requirements.

Passport's policy is to ensure that key staff within the Marketing and Community Engagement department monitor and adhere to state and federal laws, contractual provisions, and DMS guidance regarding marketing rules and activities. This includes following DMS guidance regarding the submission and distribution of member materials.

Our Marketing Controller:

- Reviews and monitors the DMS/Passport Health Plan Inc. contract, particularly sections specific to the submission and distribution of marketing materials.
- Discusses changes and updates to the DMS marketing guidance during regular meetings of the Advertising, Marketing, and Community Engagement teams.
- Collaborates with the Passport Compliance Officer as needed.
- Works with the advertising agency of record to ensure that the media placement grid accurately reflects all approved marketing materials and current placement.

Our Marketing team is responsible for:

- Ensuring that marketing materials have completed the internal approval process, as outlined in the answer to A.i.
- Ensuring that Passport's chief compliance officer and marketing controller have reviewed and approved marketing materials prior to submission to DMS.
- Submitting all internally approved marketing materials to DMS via the SharePoint site.
- Submitting all internally approved print marketing materials to DMS using the Marketing Matrix format.
- Maintaining an internal DMS Master Grid.
- Ensuring that all DMS-approved marketing materials are assigned an approval number.
- Alerting the agency of record when marketing materials have been approved by DMS.

All previously approved items that undergo significant material changes will be resubmitted to DMS for official approval using the detailed process above, except items that did not require official approval, which will be resubmitted as an informational (i.e., courtesy) filing. In addition, Passport has a 360 feedback process to ensure all changes made by various reviewers in the internal approval process are approved by subject matter experts prior to incorporation.

C.15.b. Describe the Vendor's understanding of the populations in the Commonwealth and define how it will adapt its marketing materials to reach the various populations and audiences.

Member Marketing Material Research and Development

Passport's Communications and Marketing team has decades of experience researching Kentucky's population and devising new and innovative ways to meet the evolving needs of our members. As described below, Passport uses various methods to understand the populations in the Commonwealth and continually adapt our marketing materials to reach Kentucky Medicaid's various populations and audiences.

Collaboration between internal teams: Passport's Community Engagement; Communications and Marketing; Equity, Diversity, and Inclusion (EDI); and Population Health Management teams all work together collaboratively throughout the year to identify, develop and distribute special program materials that are culturally sensitive to the appropriate Kentucky Medicaid populations. They identify the need for specific health-related and clinical information and develop materials for targeted populations based on demographics, diagnosis and claims.

For example, our EDI and Marketing teams work hand-in-hand with our Refugee Care Coordination program to develop and provide translated materials that may assist with **refugees' unique needs** as they adjust to life and navigating health care in the U.S.

Use of local talent and scenery: One of the strategies Passport uses to reach and engage special populations across the Commonwealth is to hire local talent and employ the use of local scenery to help inspire trust and reassure members that we are a local plan committed to helping them improve their health and quality of life.

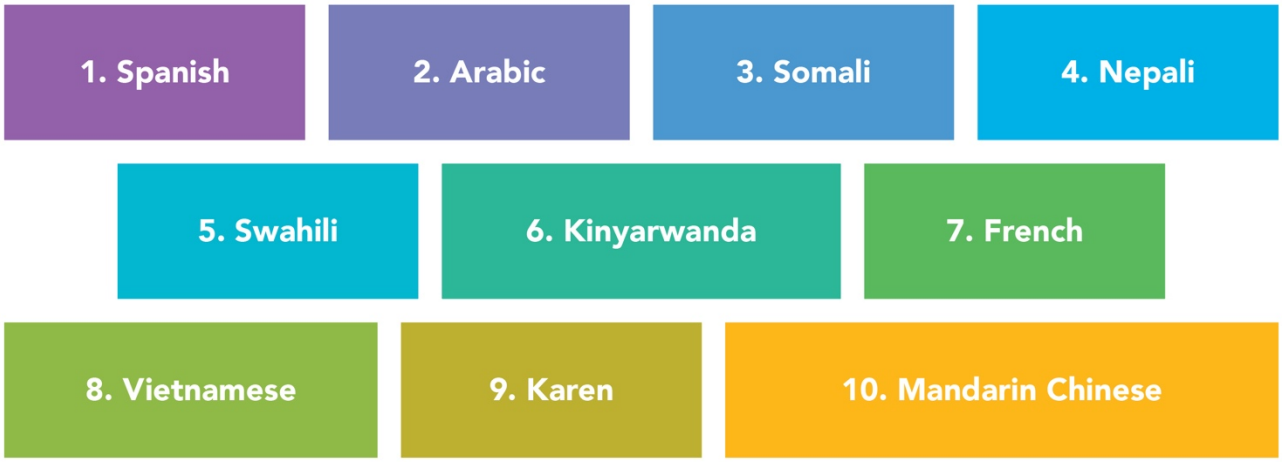
For example, our award-winning **New Member Videos** were created using local actors and were filmed at our headquarters in south Louisville.

Use of local focus groups: Passport holds focus groups in different parts of the Commonwealth to assess different geographies requiring specifically tailored communications. As a result, we provide marketing and communication materials in English, Spanish and each prevalent non-English language.

Using data to meet needs of various Kentucky populations: Our EDI team researches various Kentucky populations and analyzes public demographic and Passport-specific claims data to help the other teams better understand the specific needs of our membership as they are developing materials.

For example, every year this team analyzes reports from Passport's language line, the Kentucky Department of Education, Jefferson County Public Schools (JCPS) and the Kentucky Office of Refugees to determine the top languages Passport should be addressing in our materials. The final decision is an amalgamation of each of these sources to reach the best results for our members. The top ten (10) languages for Passport in 2019 are identified in **Exhibit C.15-7**.

Exhibit C.15-7: Top Ten (10) Languages for Passport members in 2019



Our in-house Kentucky-based Communications and Marketing team reviews all materials and ensures that the appropriate departments and leaders review materials prior to DMS submission. They are constantly analyzing national best practices in the field that might apply to specific materials.

For example, through our experience with national marketing affiliations, we learned that reaching unique populations such as millennials requires more texting and positioning on less traditional social media outlets, such as Instagram and Pinterest.

Individual departments are typically responsible for helping determine the distribution method of their requested materials. However, our creative services team assists in the printing and fulfillment process.

Examples of Successful Marketing Materials for the Kentucky Medicaid Population

Here are several examples of Passport's previous successes in adapting its marketing materials for various populations and audiences.

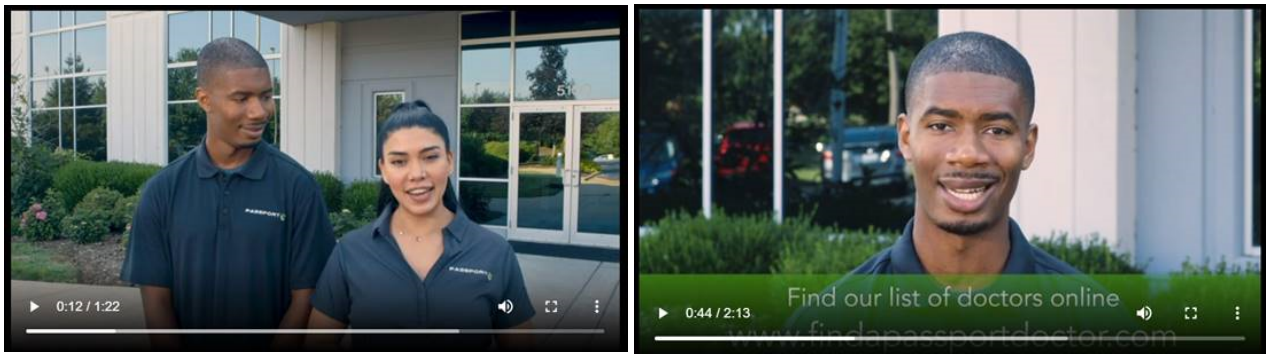
Award-Winning New Member Videos

In 2019, Passport implemented award-winning innovation efforts to meet the unique needs of newly enrolled members via digital and social media. Using local actors and filming in our Louisville headquarters, our in-house Marketing team crafted a series of five (5) **New Member Videos** as part of our new member experience strategy.

Our first video received positive results, with 3,815 views, an above-average click-through rate of 5.52% (the industry average is 1.8%), 286) reactions (likes/comments), and 29) shares. Since the 2019 launch of this series, the videos have received over 6,568 page views, with an average time on the page of one minute and 35 seconds.

In the fall of 2019, the New Member videos were awarded both a silver and bronze Digital Health Award for excellence in crafting high quality digital health media. **Exhibit C.15-8** shows a sample screenshot of one of these videos.

Exhibit C.15-8: Sample Screenshots of Passport New Member Videos



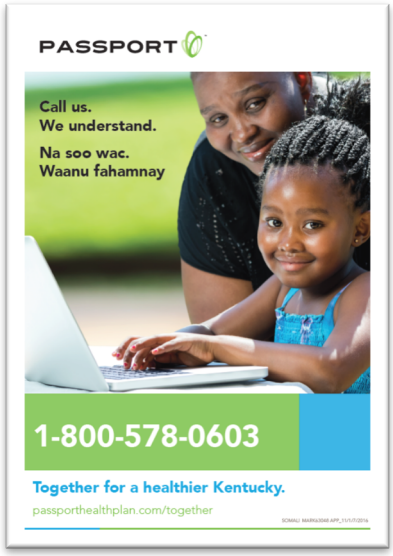
Award-Winning Multicultural Campaign



Passport has been successful in reaching underserved, multicultural populations, like the significant, growing refugee population in the Greater Louisville area. Advertising was developed in 2016 to target key cultural populations in languages not usually seen in the marketplace, like Arabic, Nepali and Swahili. These multicultural ads, shown in **Exhibit C.15-9,** were designed to drive basic awareness of Passport and Medicaid. The ads were strategically placed in locations and neighborhoods known for concentrations of these refugee populations, as identified by Passport's EDI team. The ad campaign, in total, was nationally recognized in 2017 with a Gold Aster Award.

Exhibit C.15-9: Passport Multicultural Advertisements







2013 Statewide Expansion Marketing Campaign

In 2013, when Passport began serving Kentucky Medicaid members on a statewide basis, we made sure all of our billboards and advertisements reflected the various cultures of people from across the Commonwealth. We researched the demographics of the newly eligible Expanded population and developed images, taglines, and other marketing tactics specifically to reach and engage with them. We engaged the Expanded population by advertising in certain publications that cater to their demographics like Leo Weekly magazine and the Louisville Independent Business Administration.

For example, our research into the “young invincible” Expanded population led us to create a unique print advertising campaign designed to catch the eyes of younger working Kentuckians through a comic illustration format. We used real Kentucky talent that reflected the demographics of this population. As a result of targeted marketing efforts like this, Passport now holds a nearly 25% membership share of Kentucky Medicaid members. See **Exhibit C.15-10** for several examples of our advertising developed specifically to address Kentucky Medicaid Expanded populations.

Exhibit C.15-10: Sample 2013 Targeted Expanded Medicaid Membership Advertising







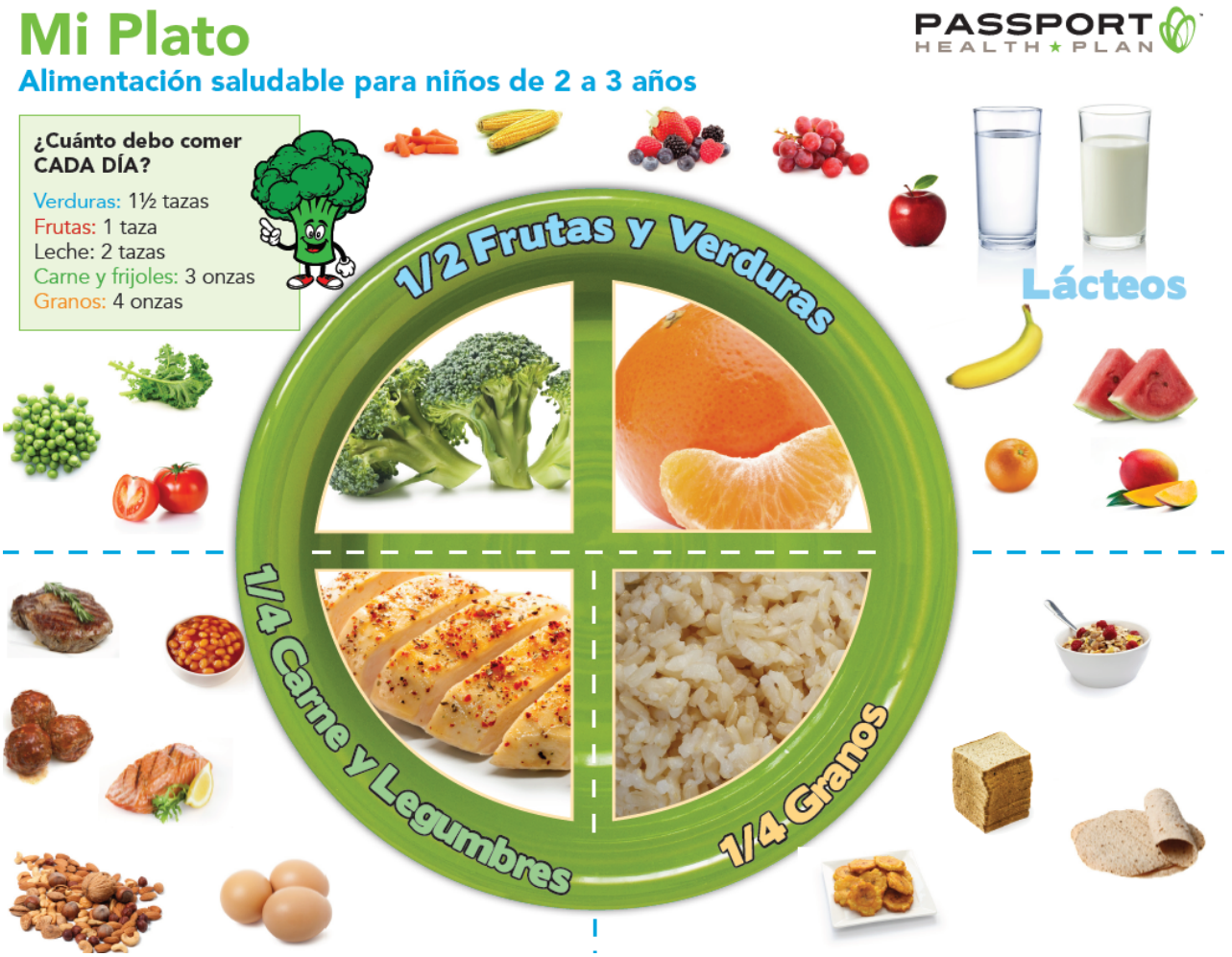




Spanish Food Chart for Children

Our clinical teams recently developed a food chart for children five (5) through eight (8) years of age to encourage healthy eating. To meet the needs of our Hispanic population, we translated this into Spanish and added different pictures of foods that are more frequently eaten by Hispanic families. See **Exhibit C.15-11** to view this food chart.

Exhibit C.15-11: Spanish Food Chart for Hispanic Children



Fotonovela for Pregnant Hispanic Members

In 2013, Passport developed a unique storytelling tool called a Fotonovela to help our Hispanic populations understand how our Mommy Steps high-risk pregnancy program works. A Fotonovela is a small pamphlet (similar to a graphic novel) that uses photographs instead of animations and is popular in Latin American countries and among American Hispanic populations. This innovative format has been used for educational purposes by national health organizations such as the National Diabetes Education Program.

For Passport's Fotonovela, we used actual photographs of our bilingual member service representatives and bilingual Mommy Steps nurse located here in Kentucky. See **Exhibit C.15-12** to view several pages from this Fotonovela.

Exhibit C.15-12: Sample from Fotonovela for Hispanic Pregnant Women







Source: https://www.cdc.gov/diabetes/ndep/pdfs/the_art_of_storytelling_webinar_slides,pdf

Video Addressing the Right to Language Access

In 2018, to disseminate information about Section 1557 of the Affordable Care Act (the Right to Language Access), our EDI and Marketing teams created a video in collaboration with the Center for Accessible Living. We added subtitles so that the deaf community could read and receive this important information on the internet.



Conclusion

Through our traditional and nontraditional marketing efforts, we seek to reinforce the Passport mission to improve the health and quality of life of our members across the Commonwealth. We strive to position Passport as a reliable Medicaid health plan that takes the time to care and is there when you need us. We let our members and providers know that we are better together when we collaborate and strive to find innovative solutions that will improve the health and quality of life of our members and all Kentuckians while reducing health care costs.

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.

C.16 Enrollee Eligibility, Enrollment and Disenrollment



C.16. Enrollee Eligibility, Enrollment and Disenrollment

a. Describe the approach to meeting the Department's expectation and requirements outlined in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

b. Detail any limitations and/or issues with meeting the Department's expectations or requirements and the Vendor's proposed approach to address such limitations and/or issues.

Passport Highlights: Enrollee Eligibility, Enrollment and Disenrollment

How We're Different	Why It Matters	Proof
Special eligibility support team designated to process urgent eligibility requests quickly	• Eligible members never go without service	• Fewer member grievances related to eligibility issues • Member services team has access to the Commonwealth's portal to confirm eligibility on an ad hoc basis for urgent cases
Rigorous data quality management for eligibility file loads	• Ensures accurate and timely eligibility processing	• For 2019, 100% of eligibility/enrollment transactions from the 834 file processed accurately
We own our highly stable platform, which allows us to be nimble	• Ease of customizing to adapt to support new benefit structures and technical requirements	• Identifi℠ Health Plan Application (HPA) uptime of approximately 99.99% during business hours over the last six months • We completed substantial system modifications to meet KY HEALTH enrollment requirements in advance of initial rollout time frames

Introduction

Eligibility, enrollment and disenrollment are critical to achieving our mission. We understand the importance of providing an excellent member experience as individuals transition in and out of the plan while maintaining continuity of care and meeting Department requirements. For 22 years, Passport has supported the Department's requirements for eligibility, enrollment and disenrollment and will continue to support all contractual Department for Medicaid Services (DMS) requirements.

C.16.a. Describe the approach to meeting the Department's expectation and requirements outlined in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

Passport's Approach to Member Eligibility

We prioritize providing an excellent member experience as individuals join or transition out of the plan and will continue to meet the Department's expectations and requirements outlined in the draft contract. 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 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.

Eligibility File Load Overview

When enrollment data regarding member eligibility is received from DMS through the 834 file, 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 C.16-1** for an example of our alerts received during the file-load monitoring process.

Exhibit C.16-1: 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	ALDPRDDBPHKY\ALDERA_SANDBOX	2019-04-16	00:15:00
PH834DAILY	Eligibility Load and Processing	Every Day	0	23	ALDPRDDBPHKY\ALDERA_SANDBOX	2019-04-16	00:30:00
PH834DAILY	Eligibility Load and Processing	Every Day	0	23	ALDPRDDBPHKY\ALDERA_SANDBOX	2019-04-16	00:45:00
PH834DAILY	Eligibility Load and Processing	Every Day	0	23	ALDPRDDBPHKY\ALDERA_SANDBOX	2019-04-16	01:00:00
CCHHS837	837 Daily	Every Day	0	1	ALDPRDDBPHKY\ALDERA_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 the Health Insurance Portability and Accountability Act (HIPAA) 834 transaction file. 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.

See **Attachment C.16-1_Eligibility Data Load Process Flow** for Passport's eligibility data load process flow and **Attachment C.16-2_834 Reject Reconciliation** for our full 834 reject reconciliation process.

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 Identifi 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 a new server farm, enabling access to faster computing, 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 Storage Area Network (SAN), enabling access for larger data storage and faster inbound/outbound (I/O) speeds
- Built a new application quality assurance team (twenty [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 preproduction environments to support more comprehensive testing prior to code deployments by running additional scenarios and load tests
- 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 draft contract Section 26.12. See **Attachment C.16-3_Reinstatement Process Flow** for Passport's reinstatement process flow.

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 (pharmacy), Avesis (dental and vision) and Beacon (behavioral health). 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 receive eligibility files from DMS. We will continue to provide for a continuous open enrollment period throughout the term of the contract for newly eligible members and recognize their right to change plans during the first ninety (90) days after initial enrollment and annually thereafter. 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 Section 26.8, Persons Eligible for Enrollment and Retroactivity, of the draft contract 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 memberships, 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 time frames, 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 starting on

or after the beginning date of enrollment and the associated requirements related to the continuation of medically necessary covered services.

An extract is generated from the core eligibility system based on triggers of new members needing these 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 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 with approachable, welcoming language. When members enroll in Passport, they are sent a New Member Welcome Kit within five (5) business days through a method that will take no longer than three (3) days to reach the member. This New Member Welcome Kit contains a confirmation letter, a provider listing and a copy of the Passport Member Handbook. An electronic copy of the Member Handbook is available on the Passport website. The contents of the Member Handbook are carefully organized to highlight important calls to action, emphasizing how to access care through clear and concise directions on the following matters:

- How a member selects or changes his/her PCP
- The role of the PCP. How to make appointments
- Specialist providers and hospital care
- Mental health services and substance abuse treatment resources
- What to do if the member has an emergency need for medical or mental health services
- How to access care when traveling away from home

The New Member Welcome Kit also contains important information, including the effective date of enrollment, PCP group and contact information, how to obtain referrals, role of Passport, benefits of preventive health care, overview of the Population Health Management (PHM) program and list of covered services.

Member Services Supports New Members to Address Eligibility Issues

Our Member Services team is poised to support and guide new members as well as address inquiries or challenges from all membership, working in close partnership with the eligibility team. Detailed training and talking points leveraged by the Member Services team help support effective responses and clear member instruction when needed—for example, on how to send demographic or address changes to the Commonwealth or Social Security Administration. The Member Services team has access to our core eligibility system, Identifi HPA, and can reference a member's enrollment status and history quickly at a detailed level, including PCP assignment and plan history. In combination with access to KY Health Net, the Member Services team is able to provide real-time eligibility support. See **Exhibit C.16-2** for Passport's process for responding to urgent eligibility issues and **Exhibit C.16-3** for Passport's process for responding to

non-urgent eligibility issues. Both workflows provide step-by-step guidance to call center representatives to address eligibility issues when a member calls and work to find the "source of truth" to validate a member's eligibility to ensure that he/she receives the right care at the right time in the right place.

Exhibit C.16-2: Passport's Process for Responding to Urgent Eligibility Issues

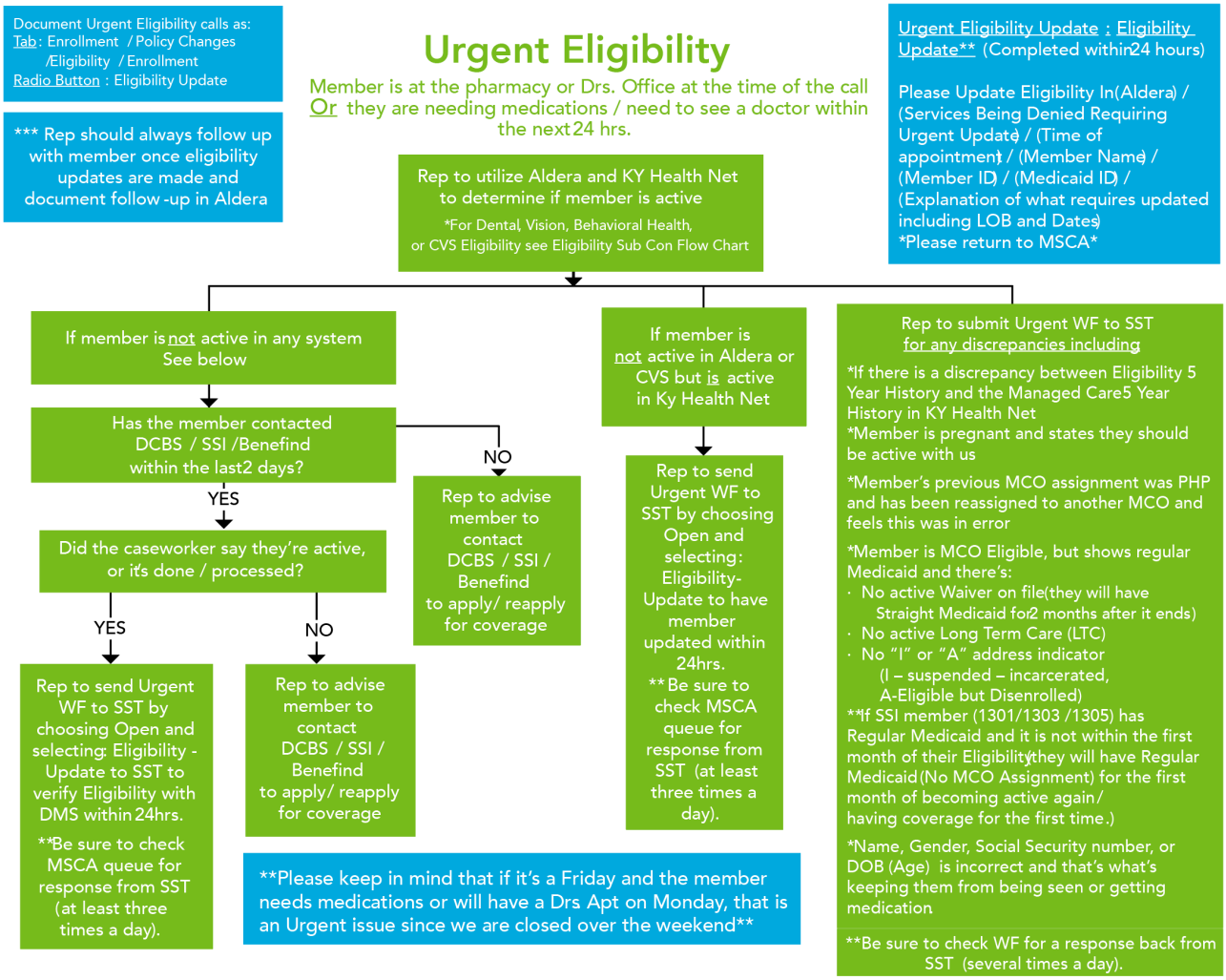
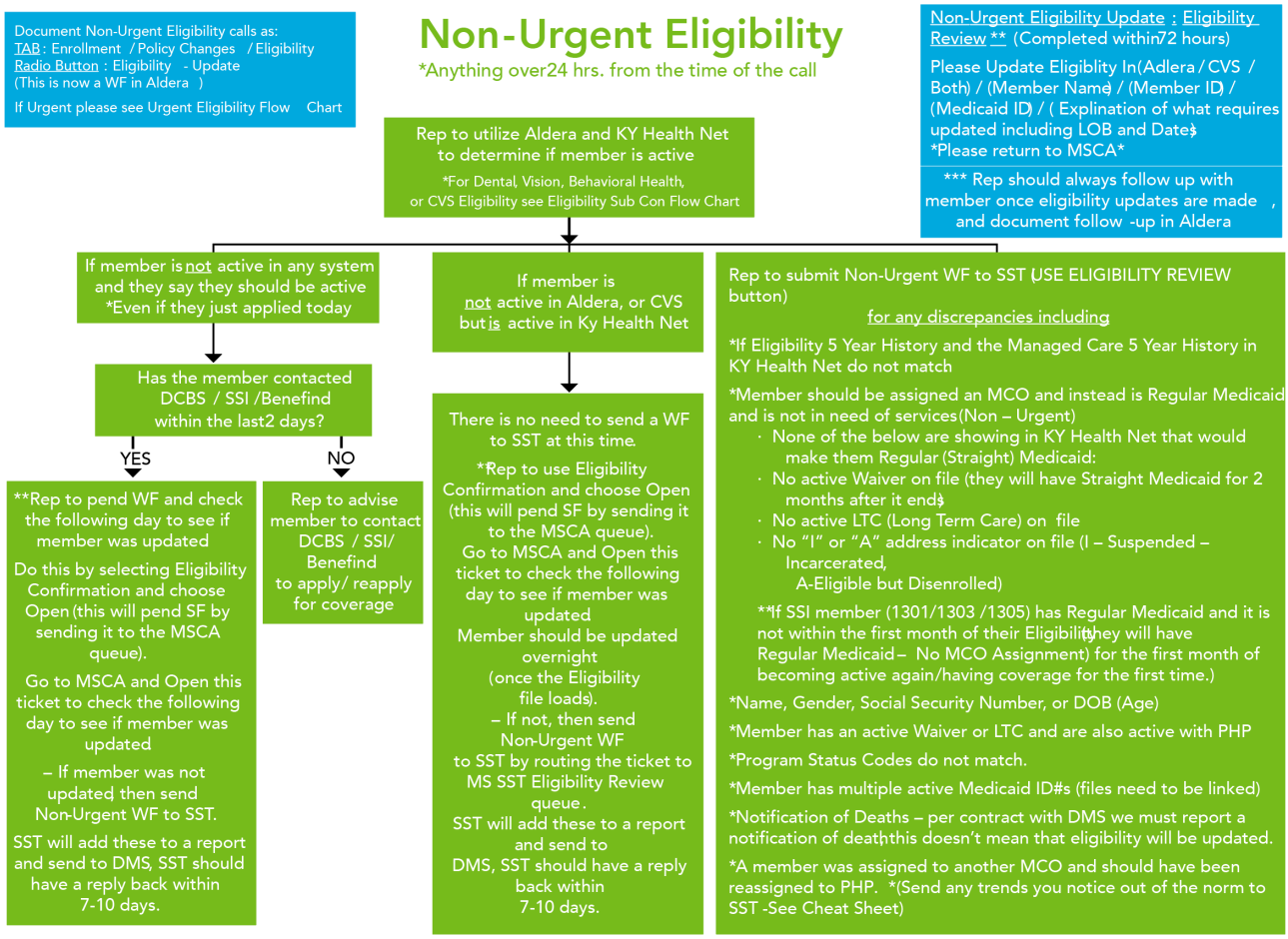


Exhibit C.16-3: Passport's Process for Responding to Non-Urgent Eligibility Issues



Passport's Approach to Disenrollment

Disenrollment-for-cause procedures are coordinated between the compliance team and Member Services and governed by steps to ensure adherence to investigation, documentation and communication requirements with DMS for timely review of the member or plan-initiated request. Our processes adhere to the requirements of draft contract Sections 26.13–26.18 inclusively.

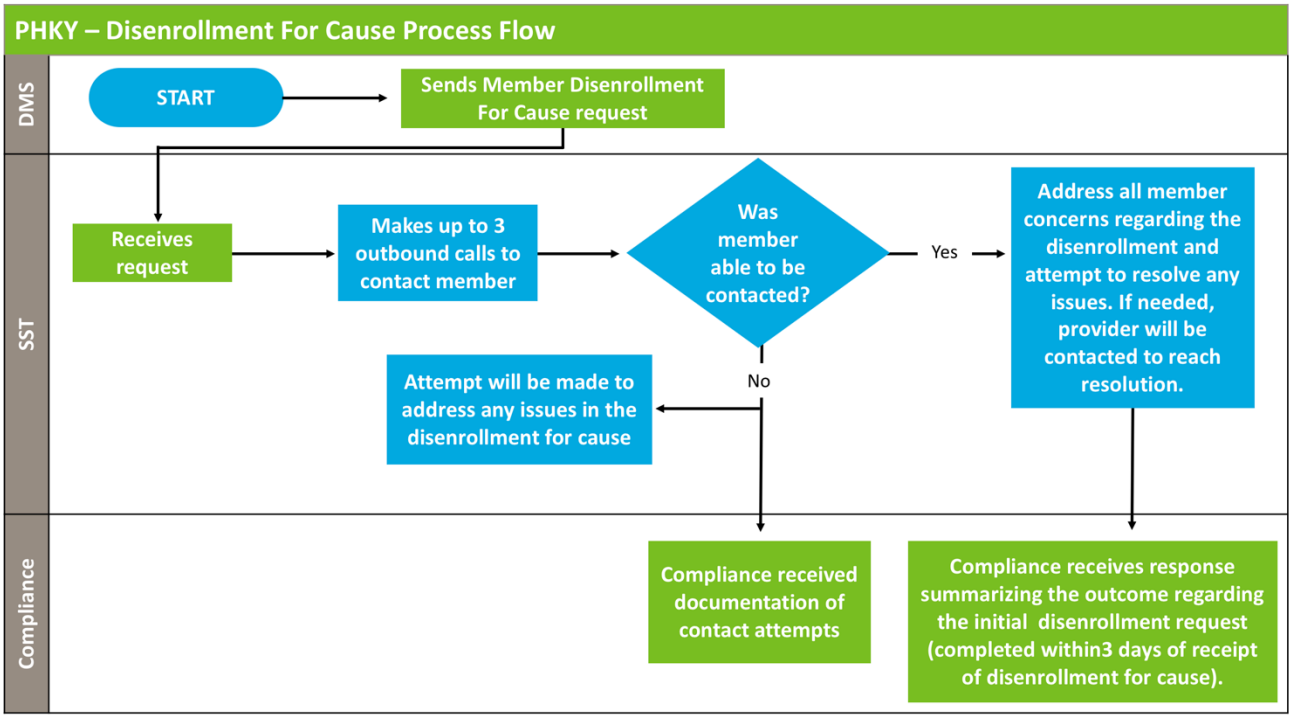
Disenrollment for Cause

This process addresses members who want to change their current managed care organization (MCO) and are not within their ninety (90)-day timeline to make a change or in an open enrollment period. Members contact DMS to start this process or send a request to the plan.

Once DMS receives a disenrollment-for-cause letter, it will forward it to our compliance department with an expected date of resolution (generally within three (3) days of receipt), and compliance will forward the letter to our member support services team (SST) for review. It is the SST's responsibility to complete a full

investigation and document the results in Identifi HPA. SST will reach out to the member and verify the dissatisfaction. SST will attempt to rectify the issue by taking all measures possible. If the issue is access related, before offering additional provider information to the member, SST must confirm that the provider is accepting new Passport members. Once completed, SST will route back to the compliance department, which will forward the results to DMS. See **Exhibit C.16-4** for Passport's disenrollment-for-cause process flow.

Exhibit C.16-4: Passport's Disenrollment-for-Cause Process Flow



Continuity of Care Upon Disenrollment

Passport takes all reasonable and appropriate actions necessary to ensure the continuity of a member's care upon disenrollment. The actions Passport takes include assisting in the selection of a new PCP, cooperating with the new PCP in transitioning the member's care and making the member's medical records available to the new PCP in accordance with applicable state and federal law. Passport follows the transition/coordination of care plan contained in Appendix I "Transition/Coordination of Care Plan" whenever a member is transferred to another MCO.

For inpatient services, if the member is eligible at the time of the inpatient admission and becomes ineligible during the stay, Passport continues the member's benefits until the member is discharged. For outpatient services, Passport ends the authorization at the end of eligibility.

Passport ensures the coordination of the following services for members:

- Between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays—this will include discharge planning with the provider(s), referrals to case management and clinical rounds through the authorization process
- Services members receive from any other MCO or fee-for-service (FFS). The Utilization Management (UM) department will ensure continuity of care to avoid the disruption of treatment previously approved through another MCO or FFS plan
- Services the members receive from community and social support providers

Passport's Eligibility Team

The processes, systems and activities described are governed by a dedicated eligibility team responsible for monitoring, quality assurance and management. Our eligibility team works collaboratively to implement and oversee business processes, deliver and maintain enrollment data, maintain an enrollment database, assist with audits and validate and ensure member coverage. See **Exhibit C.16-5** for a description of the roles and responsibilities of Passport's eligibility team.

Exhibit C.16-5: Passport Eligibility Team Roles and Responsibilities

Role	Responsibilities
Director	Implements, manages and refines business processes required to deliver expected business results. Regularly tracks group/departmental costs, ensuring that they are managed within budget. Employs cost-containment measures while retaining quality and efficient operations and a productive, healthy work environment. Defines roles and accountabilities for staff within the group and in the context of the broader process/operation in support of cross-functional efforts.
Associate Director	Ensures the timely and accurate delivery and maintenance of new and existing enrollment data, including system setup, cross-departmental communication and exception reporting. Ensures that the team has appropriate resources and highlights areas of need to the director for resolution. Monitors the work environment and business operations. Addresses concerns that may affect the morale and/or operational effectiveness of the group.
Manager	Manages supervisors, monitors team performance and monitors operational deliverables for the team. Identifies and implements process improvement opportunities that lead to improved efficiency, accuracy and/or productivity. Provides guidance for the team and supervisors regarding escalations and helps to proactively resolve issues before they occur.
Enrollment Specialist	Maintains an internal member enrollment database. Assists with audit preparation as needed to meet regulatory requirements. Formally investigates, documents and responds to enrollment inquiries daily. Interacts with supervisors, peers, other departments, members, brokers/agents, employer groups and third-party administrators and assists with enrollment submissions, education, issues, updates and projects.

Role	Responsibilities
Coordination of Benefit (COB) Specialist	Responsible for the operational processing of COB functions, including paper COBs, customer service COB verifications, COB-termed workflow, claims department emails, UM COB notifications, cost-avoidance reports, cost of recoveries reports and Commonwealth Third Party Recovery (TPR) reports. Facilitates outbound phone calls to various carriers to validate or verify coverage.
Business Analyst	Defines business requirements and acceptance criteria/test cases related to the Commonwealth's Medicaid Program and Centers for Medicare & Medicaid Services (CMS) programs. Uses a variety of software and platforms for statistical analysis and research concerning data. Performs business analysis of identified process and software gaps or inefficiencies and develops plans to fill those gaps for internal business processes and external clients.

C.16.b. Detail any limitations and/or issues with meeting the Department's expectations or requirements and the Vendor's proposed approach to address such limitations and/or issues.

Passport has supported DMS eligibility and enrollment expectations and requirements for more than twenty (20) years. Our system is flexible and nimble to accommodate changes to the Kentucky Medicaid program in a timely manner. Dedicated leadership and technical teams are actively driving eligibility, enrollment and disenrollment operations, and they are positioned to lead any troubleshooting or modifications that may arise. As demonstrated in the past, if issues are encountered, we have worked closely with DMS to resolve them in a timely manner and with collaboration and transparency, and we have implemented work-arounds in certain cases to meet the needs of DMS. In all cases, collaboration with DMS has been essential to a rapid and successful resolution of each challenge. Some of these past challenges that could persist include the following:

- Unexpected data on 834 files, such as seen with the presence of ineligible incarcerated members. Passport will leverage its fallout and regular daily auditing to identify any unexpected scenarios, as well as review collaboratively with DMS
- Accelerated development timelines for program changes. Looking ahead, we anticipate that the contract-specified, thirty (30)-day turnaround time cited in the draft contract could pose difficulties depending on the complexity of the change and clarity of upfront requirements. We look forward to collaborating further on requirements and timing for any future changes to allow for sufficient development and comprehensive testing for quality and to avoid any disruptions

Conclusion

Passport is confident in its ability to continue to meet the Department's expectations and requirements regarding member eligibility, enrollment and disenrollment. We have especially committed to deep platform and data structure optimizations over the last two (2) years, significantly strengthening the foundation, speed and reliability of eligibility data consumption. Multiple control and audit points look at eligibility data

as a whole to proactively monitor for any outliers or unexpected results that are directly fed to the enrollment team for correction. Our multidisciplinary team of eligibility, engineering and platform leadership is prepared to support eligibility program needs in both its current state and through evolutions. Through those efforts, a history of demonstrated responsiveness, flexibility and collaboration exists. Our Kentucky Health readiness efforts and results spotlight Passport's dedication to working as a partner with the Department to adapt to significant technical and program transformations and bring the focus and technical expertise required to apply intended changes. Furthermore, Passport understands the criticality of these business processes to achieve our mission "to help improve the health and quality of life for our members."

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.

C.17 Provider Services



C.17. Provider Services

a. Summarize the Vendor's overall approach to Provider Services, including initiatives and processes for providing effective services to providers to support the Kentucky Medicaid program. In the response, address the following at a minimum:

   i. A description of how provider representatives engage with providers initially and on an ongoing basis, including level of local presence and onsite visits to provider locations.

   ii. Description of formal committees, workgroups, or other forums, if any, in which Providers can receive updates and instruction from the Vendor and offer input about the overall program and Vendor initiatives.

   iii. Methods and metrics used to collect provider feedback and to measure overall provider satisfaction, including frequency of doing so.

   iv. Methods the Vendor will use to minimize provider complaints and escalations to the Department.

b. Describe the Vendor's proposed Provider Services call center, including an overview of the following at a minimum:

   i. Approach to assuring the call center is fully staffed during required timeframes.

   ii. Location of proposed operations.

   iii. How the Vendor will meet and monitor call center standards, and how the Vendor will use monitoring results to adjust operations, as needed.

c. Provide an overview of the Vendor's proposed provider website, including examples of information that will be provided through the website and any functionality that will be included to communicate with providers. Provide sample screenshots of provider websites currently maintained by the Vendor.

d. Provide a proposed table of contents for the Provider Manual and a brief description of the type of information the Vendor will communicate via the manual.

e. Provide the Vendor's proposed approach to provider orientation and education.

f. Describe the Vendor's support of providers in Medicaid enrollment and credentialing, including the following:

   i. Methods for assisting providers who are not enrolled in Medicaid with the enrollment process.

   ii. Proposed process for conduct of credentialing until such time that a Credentialing Verification Organization (CVO) is contracted by the Department.

   iii. Proposed process for transitioning credentialing activities to and coordinating with the Department's contracted CVO(s) to educate and assist Providers in completing the credentialing process with the CVO(s).

iv. Approach for a timely contracting determination of providers upon receipt of information from a CVO that a provider's credentialing is complete, specifying timeframe for uploading a credentialed and contracted provider into the claims payment system to allow for payment of adjudicated claims. Include copies of the Vendor's proposed credentialing policies and procedures, and procedures for coordination with the CVO(s).

g. Provide the Vendor's proposed approach for processing provider grievances and appeals. Include at a minimum:

i. The overall process to include description of interaction with providers, required correspondence and timeframes for acknowledging and resolving grievances and appeals.

ii. Process for tracking reasons for grievances and appeals to identify trends, and how the Vendor will use this information to improve internal operations, provider relations, and provider satisfaction.

iii. Process for ensuring transparency to DMS of grievance and appeal types, resolutions, and any Vendor actions to decrease such grievances or appeals in the future.

Passport Highlights: Provider Services

How We're Different	Why It Matters	Proof
Passport's provider-driven model, facilitated through the unique structure of our various committees, allows for a breadth of practical experience that positively impacts the broader provider community.	• A provider community that is engaged in an intimate, meaningful way leads to better outcomes for our members.	• Passport employs Provider Relations Representatives to serve all regions of Kentucky and the unique needs within each region. • In 2019, Passport's provider satisfaction score increased by 3.9% to an overall satisfaction score of 71.4%, which is notably above benchmark.
Passport is continuously evolving its engagement model to ensure information is shared with our provider community in a manner that will positively impact outcomes.	• Providers need to receive information impacting their business and their members as quickly as possible, in a manner that suits them.	• In direct response to provider feedback, Passport has implemented multiple innovations within the last year, including, but not limited to, a real-time message center on the Provider Portal as well as enhancements to provider reporting.
Passport takes a highly collaborative, cross-functional approach to evolving our provider servicing capabilities and processes.	• Passport works across domains to ensure those who service our providers have a 360° view into their experience. • Call center staff is trained cross-functionally in claims, authorizations, eligibility and other areas, which greatly decreases the number of instances in which a transfer to another department is needed.	• Passport has organized a provider-focused internal workgroup with representation from all functional areas that impact or are impacted by the provider experience. Here, innovative ideas are shared, new processes are developed and teams are cross-trained. • First-call resolution for the provider call center is 99.2%. In the event that a provider needs to be transferred, the Provider Services team will perform a follow-up call to ensure that the provider was able to reach a successful result to their inquiry.

Introduction



Passport has a twenty (20)-year history of collaborative provider partnerships across the Commonwealth. Our comprehensive statewide provider network includes all major health systems, independent practice associations such as the Kentucky Primary Care Association, Kentucky's children's hospitals, critical access hospitals and teaching hospitals throughout the Commonwealth. Our network also includes health systems in border states, including Cincinnati Children's Hospital.

C.17.a. Summarize the Vendor's overall approach to Provider Services, including initiatives and processes for providing effective services to providers to support the Kentucky Medicaid program. In the response, address the following at a minimum:

Our Approach to Provider Services

As a provider-driven organization, building strong relationships between providers and members is the cornerstone of all our activities. Passport's service model has been founded on the belief that locally based staff, embedded in communities through the Commonwealth with intimate knowledge of provider, community and member issues, is the best way to ensure access, high service standards and an integrated approach to health.

Our Provider Relations Team

Provider Relations is at the core of ensuring that the needs of our provider network are not just met but exceeded. While our Provider Relations Representatives (PRRs) are often the primary conduit for providers into Passport's operations, Passport takes a multifaceted approach to ensuring responsive provider support that extends beyond the Provider Relations Department and encompasses cross-functional departments to timely and effectively respond to provider needs. **The total number of Provider Relations staff servicing Passport's network providers is twenty-six (26),** comprised of Provider Relations Representatives (12) and Other Provider Relations Staff (14).

Provider Relations Representatives (12)

Passport has twelve Provider Relations Representatives (12), including:

- Five (5) PRRs for medical providers
- Three (3) PRRs for behavioral health (BH) providers
- Three (3) PRRs for major health systems
- One (1) PRR for ancillary providers

Other Provider Relations Staff (14)

In addition to the twelve (12) PRRs described above, there are fourteen (14) other Provider Relations staff members:

This deeply experienced department has over 297 combined years of provider relations, claims, and customer service experience.

- Five (5) Provider Relations managers, who are former PRRs and serve as account managers when needed. These managers lead teams organized by major health systems, BH, and Eastern and Western Kentucky regions.
- Three (3) Specialist 1s, who are behind-the-scenes claims subject matter experts. The Specialist 1s research and help resolve issues reported by the PRRs. The Specialist 1 concept is unique because Passport created the concept when we expanded statewide in 2014. With their depth of knowledge, the Specialist 1s are an integral part of the team. Each Specialist 1 is dedicated to a small group of PRRs and assists the PRRs as they personally onboard new providers and resolve issues for providers throughout the Commonwealth.
- Six (6) team members who provide administrative support: a program strategist, business analyst, trainer, communications manager, director and an Administrator. Our Provider Relations leaders ensure that all PRRs follow all contractually-required provider relation functions including, policies, procedures and scope of services.

Our PRRs complete comprehensive training and regular refresher programs to optimize service levels across a wide range of topics. The initial required training takes place over the course of approximately thirty (30) days and includes systems training, as well as job shadowing to gauge level of knowledge. Covered topics include, but are not limited to, the following:

- Claims processing and provider data
- Kentucky Health Information Exchange
- Passport Provider Portal
- Passport Health Plan website
- Department for Medicaid Services (DMS) fee schedules
- Kentucky HealthNet
- Provider contracting
- Value-based contracting
- Passport Provider Manual
- Passport's policies and procedures
- Provider site visits

Additional Local Support

The Passport Provider Relations team is supported by, and supports, a variety of departments within Passport through a formalized cross-functional provider-focused internal workgroup. Participants in this forum include but are not limited to:

Passport's Provider Services Call Center Representatives: Our Provider Call Center representatives are often the first contact for our providers when they reach out with a question or an issue that needs to be addressed. Our local, Kentucky-based Provider Call Center staff focus on first-call resolution. Providers can also call our Provider Claims Service Unit (PCSU) with claims questions, concerns or issues and speak directly

with one of Passport's highly skilled provider-focused customer service agents. The PCSU staff, based in Kentucky, can provide claim status, answer provider questions regarding the claims process, and quickly reprocess and correct claim payment errors in real time with the provider on the phone for single-call resolution. Passport's ability and willingness to reprocess claims real-time is a point of distinction in the market.

Population Health Managers (PHMs): Passport's team of disciplined PHMs engage with providers around clinical solutions and practice transformation for all clinical areas of their practice–including quality and risk management. They meet with providers on-site and telephonically and share regular updates on Passport's various initiatives that might support providers and their patients. The PHMs educate the providers on the data available to them that empowers them to better serve their Passport patients and show them which of our members are stratifying for our care management programs. As part of a cooperative approach, providers help our PHMs prioritize which members we should engage first, based on their interpersonal experiences. We strive to let providers understand they can engage and collaborate with us in a two-way communication and partnership feedback loop about members on an individual level and at a practice level.

- **Care Advisor**: Passport's Care Advisors coordinate and collaborate with providers to work individually with Passport members to help them manage their health conditions. Passport has Care Advisors embedded in hospitals and select provider offices to work with providers and support them in the care of its members.
- **Substance Use Disorder (SUD) Program Manager**: Passport SUD program manager provides consultations to SUD providers across the Commonwealth. Our manager works with providers and community partners to facilitate SUD treatment for our members by identifying gaps in the services available in the community, then collaborates with providers on ways to eliminate those gaps. The manager has worked on projects to bundle payments as a way of decreasing the administrative load for providers and removing barriers to treatment for our members.
- **Claims and Provider Payment**: Under the direction of Shawn Elman, Passport's chief operating officer (COO), the dedicated Kentucky Claims Team includes approximately one hundred (100) staff members in Front End Claims Processing, Funding and Recovery, Root Cause, Provider Claims Rework, Quality Assurance, Pre and Post Payment Auditing, and Provider Claims Services. Dedicated to first-call resolution, the Provider Claims Services Unit leverages their claims expertise to increase payment accuracy and process claims in real time during provider calls, and supports Provider Relations staff during collaborative, on-site provider visits.

Initiatives and Processes for Effective Provider Services

Throughout this response, we describe our Kentucky-based team and the processes they use for onboarding new providers and conducting ongoing educational activities, and the structure and frequency of our many provider committees, workgroups and forums, provider credentialing, and provider grievances and appeals. We describe the resources we use to engage with providers every day, including our provider call center (PCC) and provider portal. We detail initiatives we undertake to deliver high quality service to more than 32,000 Kentucky Medicaid unique providers, in over 21,000 locations.

C.17.a.i. A description of how provider representatives engage with providers initially and on an ongoing basis, including level of local presence and onsite visits to provider locations.

Passport Provider Relations Representative Engagement

Passport has a "no wrong door" policy when servicing our providers. "No wrong door" means that no matter what medium a provider uses to communicate to Passport, the recipient will ensure that the problem is solved without needing to transfer the provider elsewhere. Passport's cross-functional teams are dedicated to enhancing relationships with our more than 32,000 network providers and ensuring positive day-to-day experiences and interactions with Passport. At the center of our Provider Relations team are our PRRs. This team of twelve (12) talented and experienced individuals deliver the functions required in Draft Contract Section 27.1 including:

- Providing assistance and coordination in network participation, credentialing and recredentialing
- Responding to provider requests and inquiries within two (2) Business Days of a request
- Conducting provider performance reviews
- Assisting providers with enrollment status questions, prior authorization and referral procedures, including consulting with a requesting provider on authorization decisions, when appropriate; claims submissions and payments; and coordination of care for child and adult members with complex and/or chronic conditions
- Developing, distributing and maintaining a provider manual
- Developing, conducting and assuring Provider orientation and ongoing education
- Encouraging and coordinating the enrollment of primary care providers in the Department for Public Health and the DMS Vaccines for Children Program
- Providing necessary technical support to providers who experience unique problems with certain members in their provision of services

Pursuant to our "no wrong door" policy, when a PRR is notified by a network provider of a concern, they will be accountable to resolve it no matter the subject. PRRs are also accountable for educating providers on the variety of resources available to them, both internal to Passport and within the community at large. Passport also recognizes that ensuring our providers have awareness of a wide range of resources helps to ensure that their members will as well. In addition, as described earlier in this section, each PRR is assigned to specific provider types and receives specialized training enabling each PRR to offer expert assistance in addressing the unique needs of their assigned provider type.

Initial Engagement

Upon assignment of a newly contracted provider, the PRR reaches out to the provider with a welcome telephone call or e-mail to introduce themselves as their dedicated PRR and to make sure they are aware of the many resources Passport makes available to them. During the welcome call or e-mail communication, the PRR will schedule an initial in-person orientation within thirty (30) days of the provider becoming a participating provider in our network. The PRRs use this time to establish themselves as points of contact for

the provider on any issues that may arise. Passport's approach to orientation and ongoing education are further described in the response to question **C.17.e**.

Ongoing Engagement

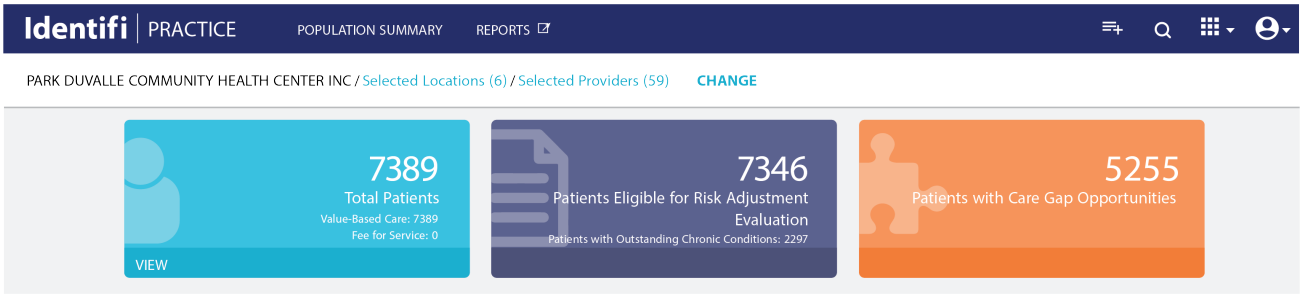
PRRs visit providers at their offices on a regular basis. Depending on the providers' needs, the PRR may schedule monthly on-site visits and be available on an ad hoc basis to visit providers at any time. The PRR stays engaged with the provider via telephone, email or other provider-preferred methods. Upon request, the PRR will return to the provider's office to conduct an in-person orientation refresher course, or to onboard new provider staff at any time.

PRRs document all provider contacts into our database to maintain a record of the visit and ensure all required aspects of the visit type are captured. For example, the Passport Site Visit form prompts the PRR to validate compliance with waiting times, appointment standards and confidentiality of member information, among other site-visit criteria.

Ongoing Technological Engagement

Passport leverages Identifi Practice, illustrated in **Exhibit C.17-1**, an integrated, proprietary technology platform to provide physician practices with workflow and analytics to enable greater engagement in value-based care activities. Identifi Practice allows users to access actionable electronic intelligence at the point of care and provides a physician-centric view of real-time patient insights such as gaps in care and quality measures, care program engagement and current care plan.

Exhibit C.17-1: Identifi Practice



Local Presence

Passport's PRRs work in all regions of Kentucky, which enables them to respond quickly and participate in field-based activities such as provider visits and meetings. PRRs consistently share their experiences and provider perspectives with other Passport Departments.

Onsite visits

Positive relationship building with network providers is the highest priority for Passport's Provider Relations division. Every provider in our network has a Provider Relations Representative assigned to them. PRRs are assigned either through regions where they live, ZIP codes or provider type, such as ancillary. Provider Relations also assigns reps who focus on major health systems, Eastern and Western Kentucky, and BH teams so that education to these providers is highly focused. Providers are then divided into three (3) tiers based on claims and panel volumes, with corresponding cadence of outreach.

- Tier 1: monthly
- Tier 2: quarterly
- Tier 3: semiannually

PRRs travel throughout the Commonwealth to meet personally with providers on a daily basis, logging over 109,000 miles in 2019. They also conduct site visits, represent Passport at provider-sponsored events (seventeen [17] in 2019), such as the Kentucky Health Information Exchange (KHIE) EHealth Summit, Kentucky Pharmacist Association (KPHA) Opioid Summit, and Kentucky Medical Equipment Suppliers Association (KMESA), Kentucky Primary Care Association (KPCA) and KY Public Health Conference. These local community affairs allow PRRs to network with the provider community. Not only do the PRRs conduct numerous personal visits, in 2019 there were approximately four hundred (400) Joint Operating Committee (JOC) meetings and related conference calls, and innumerable e-mails and phone calls with our vast network. Our outreach success is proven by the 2019 highest score on the annual Provider Satisfaction Survey conducted by SPH Analytics, an independent national leader in health care analytics:

Composite Area: Provider Relations

Attribute: Have you had contact with the PRR assigned to your practice?

Score Increase: +7.3%

We achieve this goal with intentional touch points including:

- Initial orientation of new groups within thirty (30) days using the long site visit form. Several items are NCQA- and DMS-required, as noted on the form
- Scheduled, drop-in and "on-demand" personal site visits using the short site visit form
- Conference calls
- E-mails
- Provider events
- Annual workshops and DMS forums

We also monitor network growth to ensure we are engaged with our entire network.

C.17.a.ii. Description of formal committees, workgroups, or other forums, if any, in which Providers can receive updates and instruction from the Vendor and offer input about the overall program and Vendor initiatives.

Committees, Workgroups and Forums

Passport participates in any Medicaid Provider Educational Forums designated by the Department to be held throughout the Commonwealth as enhanced education efforts related to Medicaid Managed Care. We remit our required fee at the start of each fiscal year and have been participating in these forums since Passport's inception. Providers are invited, encouraged and often required, to participate on a significant number of committees that encompass a variety of goals and objectives for our health plan. The contributions of our providers on these committees, workgroups and forums benefit the provider network by maintaining representation and a voice at the table.

Our Governance Structure

Passport's provider-driven governance structure is part of Passport's DNA, cascading through our committee structure and into the daily operations of our health plan. Passport's current and ongoing governance structure reflects a provider governance/ownership philosophy; our provider-owners hold Board seats, and all key strategic and operational governance issues, such as the hiring and firing of the health plan CEO, budgeting, and approval of significant innovations or resource extensions, must be approved jointly by the provider-owner Board members. This is unique among national Medicaid Managed Care companies and ultimately leads to stronger physician loyalty and higher member engagement in their health.

Committees–with Partnership Council Oversight

The Partnership Council, which reports into Passport's Board of Directors, is comprised of thirty-two (32) members representing a broad coalition of local consumers and providers, including physicians, nurses, hospitals, health departments and ancillary providers. In support of our ongoing provider engagement, the Council recommends policy decisions, reviews the results of quality activities, recommending actions and overseeing follow-up. An overview of the Partnership Council's committee structure is shown in **Exhibit C.17-2**.

Exhibit C.17-2: The Partnership Council Structure

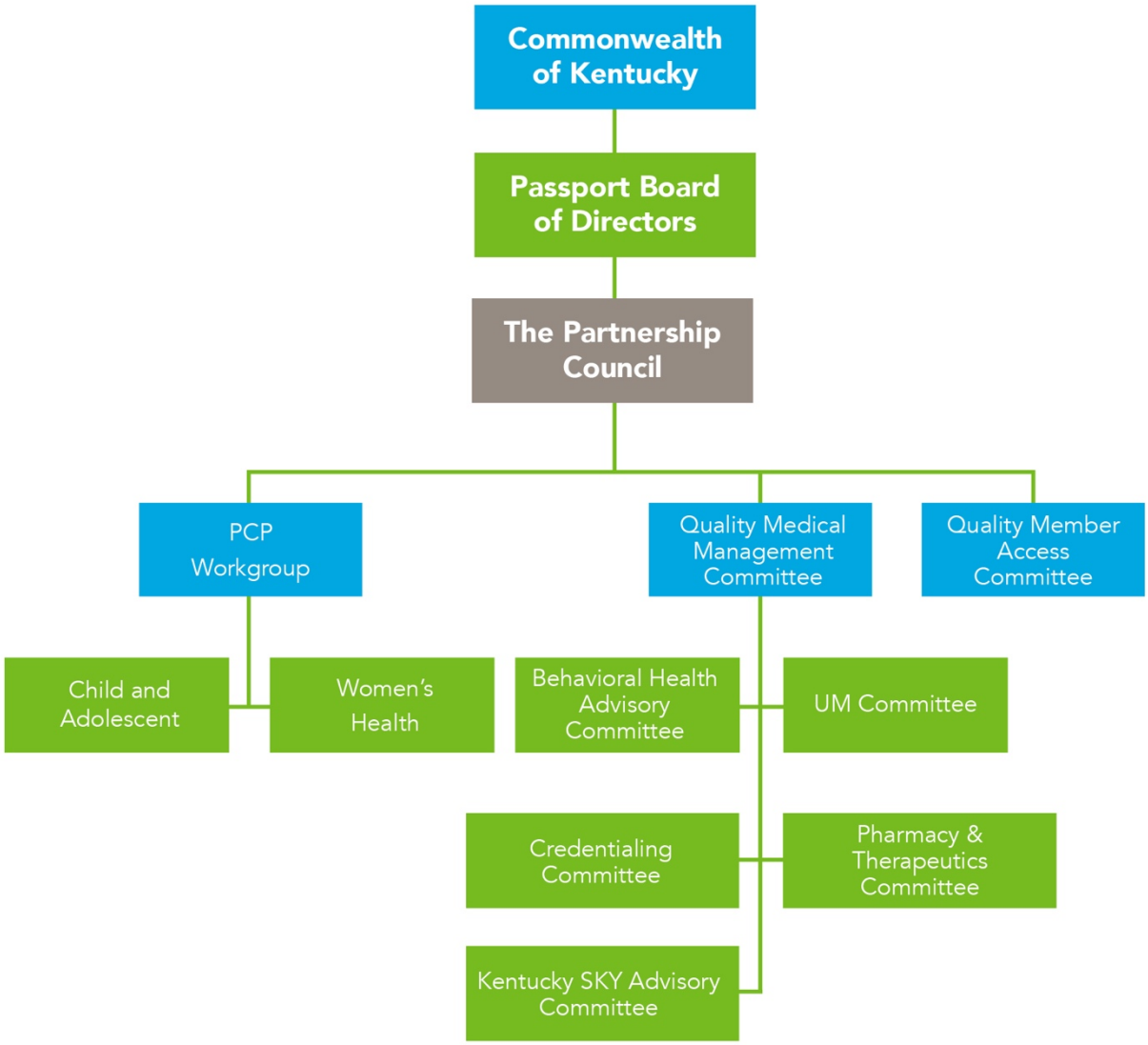


Exhibit C.17-3 reflects the committees in which providers participate, and the purpose or objective of each.

Exhibit C.17-3: Passport Committees and Workgroups with Provider Representation

Passport Committee with Provider Participation	Chair	Purpose of Committee	Frequency
The Partnership Council	CEO of Bridgehaven, an organization servicing the needs of individuals living with severe mental illness (SMI)	The Partnership Council is a committee under the direction of the Passport Board of Directors and is comprised of a full spectrum of providers and consumer representatives working together to govern Passport Health Plan operations.	Every other month
QMMC	Chief Medical Officer	The purpose of the QMMC is to provide direction to, and oversight of, management and subcommittee functions responsible for the provision of clinical care and services. The QMMC is Passport Quality Improvement Committee (QIC).	Every other month
Credentialing Committee	Chief Medical Officer or delegate (another Medical Director)	A subcommittee of the Quality Medical Management Committee (QMMC). The purpose of Passport's Credentialing Committee is to review each provider applicant and vote for acceptance for participation, denial for participation, request additional information, provider corrective action plan and/or a modifying provider's participation status (i.e., a re-credentialing date of less than three [3] years).	Monthly
Quality Member Access Committee (QMAC)	Long-time advocate for the elderly and disabled	The purpose of the QMAC is to facilitate a means for consumers, advocates, and public health representatives to provide input regarding the ability of Passport to provide access to care and services to the Passport membership and identify opportunities for improvement.	Four to six (4-6) times per year (NCQA requires at least four [4] times per year)

Passport Committee with Provider Participation	Chair	Purpose of Committee	Frequency
Child and Adolescent Committee (CAC)	Chief Medical Officer or delegate (another Medical Director)	A subcommittee of the Primary Care Provider (PCP) Workgroup. The purpose of the Child and Adolescent Committee is to provide direction to, and oversight of, the management of care for members under the age of twenty-one (21). This includes EPSDT and EPSDT special services, children with special health care needs, and children in foster care or receiving adoptive services, to name a few.	Ad hoc
Women's Health Committee	Chief Medical Officer or delegate (another Medical Director)	A subcommittee of the PCP Workgroup. The purpose of the Women's Health Committee is to provide direction to, and oversight of, the management of the care given to women throughout their lives, including pregnancy.	Ad hoc
Pharmacy and Therapeutics Committee	CMO of Centerstone Kentucky (Seven Counties Services)	A subcommittee of the QMMC. The purpose of the Pharmacy and Therapeutics Committee is to provide direction to, and oversight of, pharmaceutical issues concerning members, using pharmacological, economic and clinical information.	Monthly
Utilization Management (UM) Committee	Chief Medical Officer or delegate (another Medical Director)	A subcommittee of the QMMC. The purpose of the UM Committee is for overall oversight of Passport's UM Program, to monitor utilization trends and issues, and evaluate and recommend criteria and guidelines to identify opportunities to improve the quality of care and services provided to Passport members.	Monthly

Workgroups

Passport providers are often engaged in the design, development and implementation of Passport programs and initiatives.

PCP Workgroup

The purpose of the PCP Workgroup is to provide a platform for key primary care providers to provide feedback and recommendations to Passport on issues concerning PCPs and their members. Passport's PCP Workgroup meets quarterly and is facilitated by Passport's Chief Medical Officer. Other participants include

a variety of key PCPs in Passport's network, Passport's vice president of health integration, its BH program manager and the Provider Relations leadership team. Topics of discussion include, but are not limited to, DMS rate changes, our value-based payment programs, and the integration of physical and behavioral health.

Behavioral Health Advisory Committee

Passport has partnered with **Beacon Health Options (Beacon)**, the largest independently held BH organization in the country, which serves more than 40 million individuals across fifty (50) states. Beacon maintains full NCQA Managed Behavioral Health Organization accreditation and provides a full spectrum of high quality care for a wide range of partners including regional and specialty health plans; employers and labor organizations; and federal, state and local governments. Beacon's Medicaid programs serve 14 million members and have been instrumental in transforming the way in which BH performance is measured and care is delivered.

To successfully provide seamless, integrated care for our members, Passport created the provider-led Behavioral Health Advisory Committee (BHAC). The BHAC is made up of community providers, advocates and members, who meet quarterly to provide input on policy, clinical practice guideline adoption, proposed models of care inclusive of new innovative approaches, and overall performance. The BHAC is accountable for ensuring that Passport and Beacon work collectively to create a seamless experience for our members with no handoffs. Members of our BHAC include:

- CEO, outpatient BH and housing provider organization
- Rural psychiatric nurse practitioner in independent practice
- Chief clinical officer for a community mental health center
- University-affiliated child and adolescent psychiatrist and faculty member
- Outpatient BH service organization president/CEO
- Licensed psychologist, advocate and Kentucky Mental Health Coalition executive director
- Peer-support specialist for adult members with SMI

The BHAC has made recommendations that have helped shape Passport policy in many ways. For example:

Drug formulary changes: The BHAC provided solid clinical evidence for having stimulants be a non-preferred choice for members, except in children and adolescents with active prescriptions. The Pharmacy and Therapeutics (P&T) Committee adopted the recommendation.

Social Determinants of Health (SDoH) communications: BHAC committee members assisted Passport in designing a new communication to our members about SDoH that emphasized connection to community and opportunities (versus support) to promote member empowerment. Their feedback included perspectives from providers, advocates and members and helped to increase the receptivity to the message of members with SMI.

Support for holistic care for foster care members: The BHAC helped Passport design the accountability processes in implementing the evidence-based model of care, provider interactions and member

experience. This input resulted in the use of more unlicensed staff at a time when care had traditionally been thought of as predominantly clinician-driven.

The BHAC reports directly to the QIC alongside the Credentialing, P&T, and UM Committees. Child and Adolescent and Women's Health committees report up through the PCP Workgroup. The QMMC provides input and oversight for all Quality Improvement (QI) activities throughout the health plan and provider network, and is directly accountable to the Partnership Council, which is responsible for quality and outcomes of the services provided by the network, Passport or any subcontractors. Oversight of the Partnership Council is provided by Passport's Board of Directors. The Board of Directors is our highest internal level of oversight and includes the important provider voice to hold us accountable in the work we do every day.

Our providers are not just advisors; they have true accountability through participation in each level of this governance structure. Several of our BHAC provider members have moved to the QMMC to ensure an integrated approach that improves health and quality of life. Furthermore, the chair of the Partnership Council is a BH provider in the community. Having provider input is critical to ensure that our services are integrated at each rung of the ladder from the bottom to the top. The BHAC reviews and provides feedback on compliance reports, with the option to escalate any concerns through the QMMC up to the board.

Forums

We recognize that a positive provider experience directly impacts the experience of our members. We emphasize regular and active engagement with our providers to ensure an informed provider network, strong relationships, regular feedback and continuous quality improvement. For example, our Provider Relations team has multiple planned, recurring meetings with providers, including in-person JOC meetings, routinely scheduled conference calls and quarterly webinars to ensure the entire network has regular touch points for education and communication. Our PRRs host annual provider educational workshops across the state which are also presented as webinars and posted on the provider website. Our PRRs' attendance at all DMS forums deepens provider engagement.

Passport and its cross-functional teams work to ensure successful and productive meetings with the network. We also share feedback from our Value-Based Provider (VBP) programs and our JOCs and Credentialing Committee meetings with our provider-led PCP Workgroup and Partnership Council as part of our regular program governance. For example, Passport attendance and participation in JOC meetings, care conferences and monthly meetings with our VBP partners offers executive leadership and other key leaders insight into group financial performance and opportunities for top-down interventions. These touch points foster provider engagement; improve provider satisfaction; provide actionable guidance for risk, quality, care management, and medical expense analysis; and improve health outcomes and experience for the members we serve.

C.17.a.iii. Methods and metrics used to collect provider feedback and to measure overall provider satisfaction, including frequency of doing so.

Collecting Provider Feedback

Passport's "No Wrong Door" policy allows providers to share their input, insights and feedback during all interactions with staff supporting Passport. Every provider contact is an opportunity to collect feedback and deepen engagement. Passport strives to engage with providers face-to-face to gain an intimate understanding of their holistic pain points and help solve them through informal consultation and advisory services that often go beyond the business relationship with our plan.

In addition to these regular interactions, we formally collect provider feedback through the methods and metrics described below.

Methods and Metrics Used to Measure Provider Satisfaction

Passport collects provider feedback through our annual Provider Satisfaction Survey, provider service call center trends, provider grievances and complaints, direct feedback received through the PRRs, and via providers themselves.

Annual Provider Satisfaction Survey

Background: Passport recognizes that a highly effective provider network is a critical foundation for a cost-effective and quality-driven delivery system. Passport monitors provider satisfaction levels annually to measure how well we meet our network providers' expectations and needs. Our intended use of the survey results includes the following:

- Determine how satisfied practitioners are on all key drivers and opportunities.
- Benchmark performance against other managed care organizations (MCOs) within Kentucky and nationally.
- Identify actionable information to drive improvements.
- Create a culture of high practitioner satisfaction and member quality of care.

Methodology: SPH Analytics (SPH), an NCQA Certified Vendor, administers the Provider Satisfaction Survey to providers participating in Passport's Medicaid Managed Care program. The survey meets NCQA Standard Q14 (Member Experience) and Q15 (Continuity and Coordination of Medical Care) and targets providers to measure their satisfaction with Passport.

SPH follows a one-wave mail and internet with phone follow-up survey methodology to administer the Provider Satisfaction Survey the fourth quarter of each year on behalf of Passport.

Attributes represent individual questions that relate to specific characteristics of the health plan groups for each composite area. Each composite area generates a summary rate that represents the percentage of respondents who chose the most favorable response option(s).

SPH compares Passport's scoring to the SPH Aggregate Book of Business benchmarks, which contains aggregate data from other plans' respondents in primary care, specialty and BH areas of medicine in the survey year.

Success: 2019 was an outstanding year for provider satisfaction. Satisfied providers are an overall indicator of MCO performance. Meaningful provider engagement and a culture of continuous improvement fulfill a common goal of improving the lives of members we serve. Our top attribute improvements are shown in **Exhibit C.17-4**. Our key strengths, as reflected in the 2019 results of the satisfaction survey, include:

- Eighty-one percent (81%) of providers would recommend Passport to other physician practices.
- Providers are consistently "completely satisfied" or "somewhat satisfied" with Passport, as reflected by an exceptionally high loyalty score; averaging 70% + over the past three (3) years.
- Year over year, Passport receives outstanding feedback from providers regarding our dedicated Kentucky-based call center staff.
- Engrained in our culture, multi-channel interactions with providers are a priority, resulting in a significantly high score compared to the SPH Medicaid and Aggregate Book of Business Benchmarks.
- Annual survey results are critical insights that serve as indicators of our network provider pulse. Survey results are used to establish enterprise-wide coordination for actionable improvements to maintain and build stronger provider relationships.

Exhibit C.17-4: Top Attribute Improvements

Composite Area	Attribute	Score Increase
Provider Relations	Have you had contract with the PRR assigned to your practice?	+7.3%
Claims	Resolution of claims payments or disputes	+6.3%
Call Center	Overall satisfaction with health plan's call center	+6.0%

Passport uses additional methods to evaluate provider satisfaction and provide opportunities for provider feedback including:

Monthly Provider Call Center Report

- Passport's Provider Services Call Center produces a monthly report that captures call reasons and high-call providers. Our PRRs use this information to identify opportunities for provider education, process improvements or needed provider outreach.

Passport's Provider Portal

- We evaluate our Provider Portal on an annual basis using SurveyMonkey capabilities to assess the providers' online experience. The information garnered informs Passport regarding current and future portal-user enhancements and improved functionality.

Provider Payment Inquiries

- Passport's interdepartmental tracking tool, Provider Payment Inquiries (PPI), is utilized to document, research and resolve provider inquires and global issues (issues that impact more than one provider). Any Passport associate who interacts with our providers through our many engagement channels, such as on-site visits, phone calls or e-mails, logs issues in the PPI. The PPI reports are reviewed and triaged within three (3) business days by Passport's Root Cause Team to the appropriate functional area to investigate and resolve. Progress and details are documented until the issues have been fully resolved.

Providers are Loyal to Passport

In 2019, Passport realized very low provider attrition, with a **ninety-six percent (96%) Provider Retention rate**.

This is evidence of our passion and commitment to maintaining strong relationships with our network providers and with the communities we serve.

Provider Grievances and Complaints

- In addition to the methods detailed further in the Provider Grievances and Appeals section of this response, Passport participates in monthly meetings with the Kentucky Hospital Association (KHA) to discuss Passport membership, health plan and industry updates, and issues that the hospitals may be experiencing. The issues are documented, tracked and discussed in the regular cadence of the KHA meetings until resolved.

Frequency of Methods and Metrics

Our frequency of methods and metrics for collecting provider feedback are shown in **Exhibit C.17-5**.

Exhibit C.17-5: Frequency of Methods and Metrics

Method	Frequency
Formal satisfaction survey	Annually
Call Center report	Monthly
Provider Portal surveys	Annually
PPI tracking	Daily
KHA Grievances and Complaints	Monthly

C.17.a.iv. Methods the Vendor will use to minimize provider complaints and escalations to the Department.

Methods Used to Reduce Provider Complaints and Department Escalations

We regularly solicit provider input and feedback from the PCP Workgroup, BHAC and other sources to collaboratively develop policies and procedures that are mutually effective and efficient. Our PRRs regularly

participate in recurring meetings with large provider groups and KHA meetings. These standing sessions with providers open a clear channel to submit questions and concerns as well as get the status of priority working items. Working in partnership with providers also helps enhance provider satisfaction, minimize provider abrasion and mitigate complaints and escalations to DMS.

Passport Medical Director Support and Consultation

Dr. Stephen Houghland, Passport's CMO, and other Medical Directors have established provider relationships, attend various meetings with them, offer direct contact through e-mails and calls, and are exceptionally available to the network for all questions and concerns.

Provider Relations Engagement

Our network providers have access to key local Passport associates at varying levels within our health plan for day-to-day support, as well as assistance when issues arise. On-site visits and provider meetings are scheduled for days and times that are most convenient for the providers. Our cross-functional teams often coordinate to schedule a combined meeting with the provider and will make introductions to other Passport associates to offer provider support, such as our PHMs.

Cross-functional Passport Teams

We are dedicated to timely issue resolution and use specific workflows to support intake and resolution and engage multidisciplinary teams. The PRRs work closely with operational teams including, but not limited to, reimbursement, community engagement, regulatory affairs, program integrity, compliance, marketing, claims, provider data, credentialing, UM, contracting and call center staff to understand drivers, impacts, status and resolution plans.

"As practicing physicians with over 55,000 active patients in the Louisville Kentucky market, it has been a privilege to work with the dedicated physicians, advocates, and staff that have made Passport successful over the last two decades.

Our impression throughout the years of caring for Passport members, has been that Passport remains highly committed to the partnership to improve health outcomes for the Kentucky Medicaid population as demonstrated in our Quality Care conferences at each of our seven practices. This, as well as the ancillary services the Plan provides substantiates the consistent high satisfaction level awarded to them by their members."

- One Pediatrics Board of Directors

Participation in Forums Where the Provider Voice is Heard

Passport's operational and provider network teams regularly attend forums such as the KHA monthly meeting, more than ten (10) Technical Advisory Committee meetings, and stakeholder forums such as the Kentucky Mental Health Coalition and Pediatric Behavioral Health Alliance of Kentucky for a broad view of provider needs and concerns.

C.17.b. Describe the Vendor's proposed Provider Services call center, including an overview of the following at a minimum:

Provider Services Call Center

Passport has more than twenty (20) years of combined experience offering PCC support to Medicaid providers. Our PCC assists providers on over four hundred (400) calls per day.

C.17.b.i. Approach to assuring the call center is fully staffed during required timeframes.

The Passport PCC is a toll-free provider call center that meets standards as determined by the Department. The PCC is available, at a minimum, from 8:00 a.m.-6:00 a.m. Eastern Time, Monday through Friday, including federal holidays.

Our BH provider crisis line that is triaged by a Member Services Representative is available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year, to triage provider requests and handle inquiries about eligibility and treatment/UM planning.

During non-business hours, a caller has the option to leave a voice mail message for a return call within one (1) business day, or the caller may follow interactive voice response (IVR)-prompted functionality that relays a message that the caller should contact 911 in cases of emergency or crisis. Callers may request to be routed to an on-call manager within a department, or check member eligibility through the IVR.

Both during and after business hours, providers are also given the option to use our comprehensive Passport website or the Provider Portal. The website includes the Provider Manual, provider communications and forms information, to name just a few of the available resources. The secure Provider Portal allows providers to verify eligibility, view PCP assignments or claim status, or submit appeals or grievances. Appeals and grievances, along with supporting documentation, are encrypted following federal and state laws.

All messages are returned within one (1) business day.

Passport has policies and procedures for PCC operations that address staffing requirements and ratios, orientation and education of call center staff, hours of operation, performance standards and methods we use to monitor calls and comply with standards. PCC staff use scripts for common questions to provide consistent responses to provider inquiries.

We track and report call management metrics in our Cisco Finesse system. Passport ensures that our PCC meets or exceeds department metrics. In the fourth quarter of 2019:

- Our call abandonment rate was less than 1.5%.

- Ninety percent (90%) of calls were answered by a live voice within thirty (30) seconds, with the remaining 10 percent (10%) answered by a representative within an additional thirty (30) seconds.
- Our blocked call rate, or rate of calls that were not allowed into the system, did not exceed one percent (1%).

In addition, Passport will ensure it provides:

- An accurate response rate to call center phone inquiries by call center representatives of ninety percent (90%) or higher.
- One hundred percent (100%) of call center open inquiries resolved within seventy-two (72) hours.

Passport also maintains that all targets are hit or exceeded for our BH and pharmacy provider lines.

Ensuring Full Staffing During Required Timeframes

Passport ensures we are fully staffed and available to support our providers. Our call center staffing formula uses call volume, call handle times and goals. This allows us the number of staff necessary to focus on first-call resolution and take the time necessary on each call, rather than using a staff to membership ratio, which results in staff being required to handle a minimum number of calls daily.

Passport's call center includes representatives who are cross-trained; for example, member service representatives who can back up the provider service team if available and as needed. Support staff, such as team supervisors, also jump in as needed to ensure calls are handled in a timely manner. Using our dashboard with real-time statistics, we adjust staffing throughout the day to keep wait times to a minimum.

Promoting Quality vs Quantity

Most call centers demand a minimum number of calls be taken by each representative, but our focus is on quality and **first-call resolution with 99.2 % of calls resolved immediately.** For those calls that require additional research, a return call to the provider is always completed to ensure it is resolved to the provider's satisfaction. Supervisors holds daily stand-up meetings with staff that allow staff to collaborate on any trends they may be hearing and quickly act for solutions.

Passport's PCC team uses its Cisco Finesse system reporting for workload-balancing assessments and analyzing call volumes and call patterns throughout the day. Using these processes, the manager of provider service analyzes recommendations for the best allocation of staff based on call trends, anticipated call volumes and the available trained staff.

C.17.b.ii. Location of proposed operations.

Call Center Location

For over two decades, Passport has had one (1) centralized call center based in Louisville. Both our Member and Provider Services call centers operate at this location. Our address is as follows:
5100 Commerce Crossings Dr., Louisville, KY 40229

C.17.b.iii. How the Vendor will meet and monitor call center standards, and how the Vendor will use monitoring results to adjust operations, as needed.

Monitoring and Meeting Call Center Standards

In the fourth quarter of 2019, our call center answered ninety percent (90%) of all calls in less than thirty (30) seconds. Our average speed of answer was thirteen (13) seconds.

Providers reach a live person in these time frames. Cisco Finesse manages our member/provider call centers where incoming calls are routed through an automatic call distributor (ACD) to the first available Provider Services representative and call documentation is logged in Identifi Health Plan Administration (HPA) for tracking/reporting. To expedite routine eligibility-verification calls, we use IVR technology, so providers can verify eligibility by entering the member's identification or social security number when prompted. Once the member's ID is entered, the IVR system provides the member's status as either eligible or not eligible for benefits as well as the member's PCP.

Quality auditors provide scores and feedback on a weekly basis. This information is used by our supervisors to provide one-on-one feedback and education, as well as our training team to identify trends across the team and develop refresher trainings. Refreshers are held quarterly at a minimum and include review of all provider-relations policies, procedures and the general scope of service that must be met. Supervisors perform side-by-sides with staff on a weekly basis to provide immediate feedback and answer any questions staff may have. Our management team frequently listens to live calls and provides feedback to the supervisors and trainers for additional opportunity for improvement.

The PCC supervisor holds stand-up meetings with staff, which allow staff to collaborate on any trends they may be hearing and quickly act for solutions.

Using Monitoring Results to Adjust Operations

When we identify issues through Passport's many channels for provider feedback, we evaluate them and bring them to the appropriate committee, such as our PCP Workgroup or JOC, for problem solving and action planning. As action plans are developed, they are codified into education tools and resources such as the Provider Manual, the Provider Portal and website, and Passport's eNews. We also develop training and job aids to ensure appropriate provider education to address identified updates, issues or new information. This messaging is then incorporated into Passport's ongoing training and education curriculum, and reviewed and updated as appropriate to ensure our providers continually have the knowledge and information needed to best care for our members in the most effective and efficient manner.

Successful Live Call Monitoring

As a result of management listening to live calls, we saw an opportunity to improve our services by offering an extension specifically for claim appeal questions. Providers can now call and speak directly with a claims appeal coordinator or leave a message and receive a return call next business day.

For example, Passport's cross-functional team, including Provider Relations, Clinical, Quality and Population Health Management, to name a few, collectively participate in JOC meetings with providers. During these meetings, Passport and the provider have productive discussions to understand concerns, issues and opportunities for improvements. The Passport representatives listen intently and capture each item discussed in a JOC Provider Interaction Log. The log captures the details of each item discussed, big and small. Passport's cross-functional teams collaborate to assess and formulate a plan to address each item. Progress is logged and updates are discussed with providers. While the issues identified are predominantly remediated in a timely fashion by Passport's cross-functional teams, they are also escalated within Passport's governance structure, up to and including the Board of Directors or the Partnership Council, as needed for full resolution.

C.17.c. Provide an overview of the Vendor's proposed provider website, including examples of information that will be provided through the website and any functionality that will be included to communicate with providers. Provide sample screenshots of provider websites currently maintained by the Vendor.

Passport maintains a **website** available to all providers regardless of their network participation status.

Information Provided

On the providers tab of our website at www.passporthealthplan.com, providers will find links to:

- Contact information
- Important forms
- Claims information
- Searchable Provider Manual and Provider Directory
- Prior authorization requirements, Pharmacy Preferred Drug List (PDL), pharmacy conditions for coverage and utilization limits
- Orientation and training materials
- Current and previously released eNews
- Member rights and responsibilities
- Passport Provider Portal
- Care coordination programs
- Quality improvement/Healthcare Effectiveness Data and Information Set (HEDIS)
- New and pertinent information including, but not limited to, information regarding KHIE
- Other websites, including those of the Department and NCQA.

Participating network providers also have access to the **Passport Provider Portal** via a secure log-in. Providers may register for access at any time, and it is open to all office staff. Within the Provider Portal, providers are able to access eNews, the Provider Manual, important forms, the Provider Directory and important links to Kentucky HealthNet, dental and vision subcontractors, and more, as well as receive real-

time messages regarding important updates or initiatives via the homepage. Providers can also perform various functions within the Provider Portal such as:

- Member eligibility and PCP assignment search.
- Claims detail, along with the ability for providers to file and review status of grievances and appeals.
- Access paid claims listings and other important documents via the document list feature.
- View their current and historic panel rosters.

Provider Communication Functionality

Passport has a thorough process for reviewing content and functionality prior to releasing to the provider via the website or the portal. We use Compliance 360 (C360) for internal content reviews, ensuring approval from all applicable parties prior to sending to DMS for final communication approval. Prior to the rough draft, our communications manager works with informing departments to research and understand all provider-related information that is timely and relevant, and basic, easy-to-understand facts are presented in one (1) page. The content produced is an average of one or two (1-2) notifications weekly. Reviewers are selected based on their expertise and information is then released with an e-mail notification for each to edit and/or approve. Once internal consensus is reached, the communications manager monitors the submission and feedback from DMS, before releasing to the provider network. We use *e*News to target specific provider types, based on their preferences when they initially sign up. In other words, information applicable only to PCPs would not be sent to hospitals. Providers have access to current and previously submitted eNews via the Passport website and the Provider Portal. Passport also uses the *Plan Messages* section of the Provider Portal homepage to relay any important messaging to providers in real time. These messages can include policy changes, billing and reimbursement updates, upcoming events (workshops, webinar, educational opportunities) or information regarding Passport's initiatives (e.g., smoking cessation). **Exhibits C.17-6 and C.17-7** illustrate our provider public web page and Provider Portal page, respectively. Please see **Attachment C.17-1_Provider Web Screenshots** for additional screen shots.

Exhibit C.17-6: Current Provider Website Screenshot

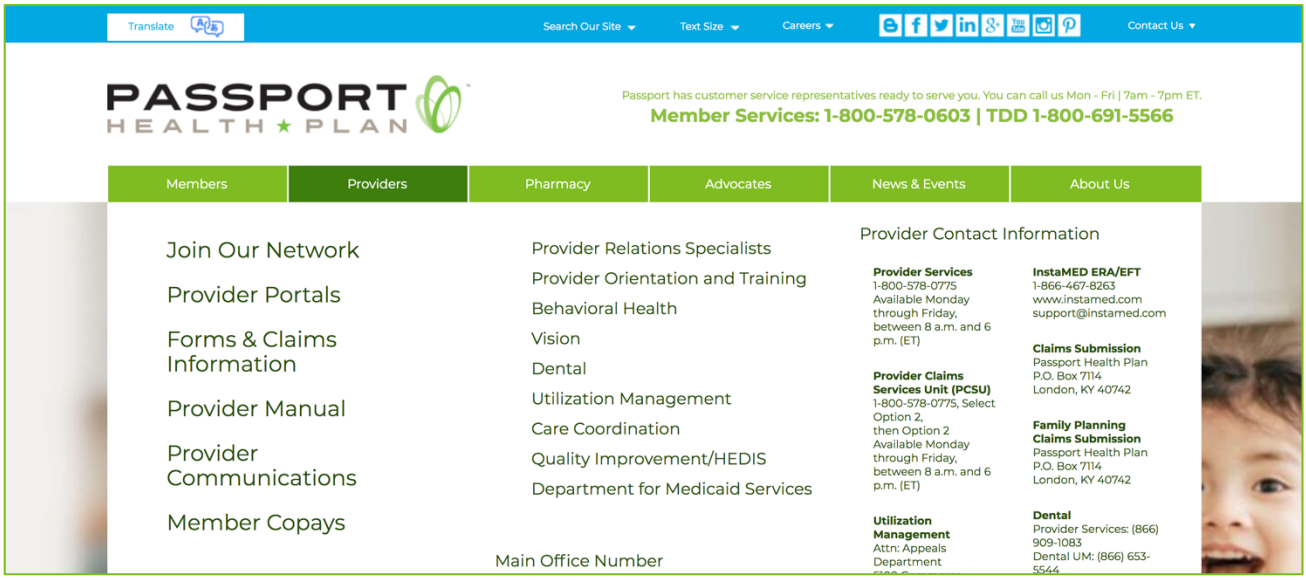
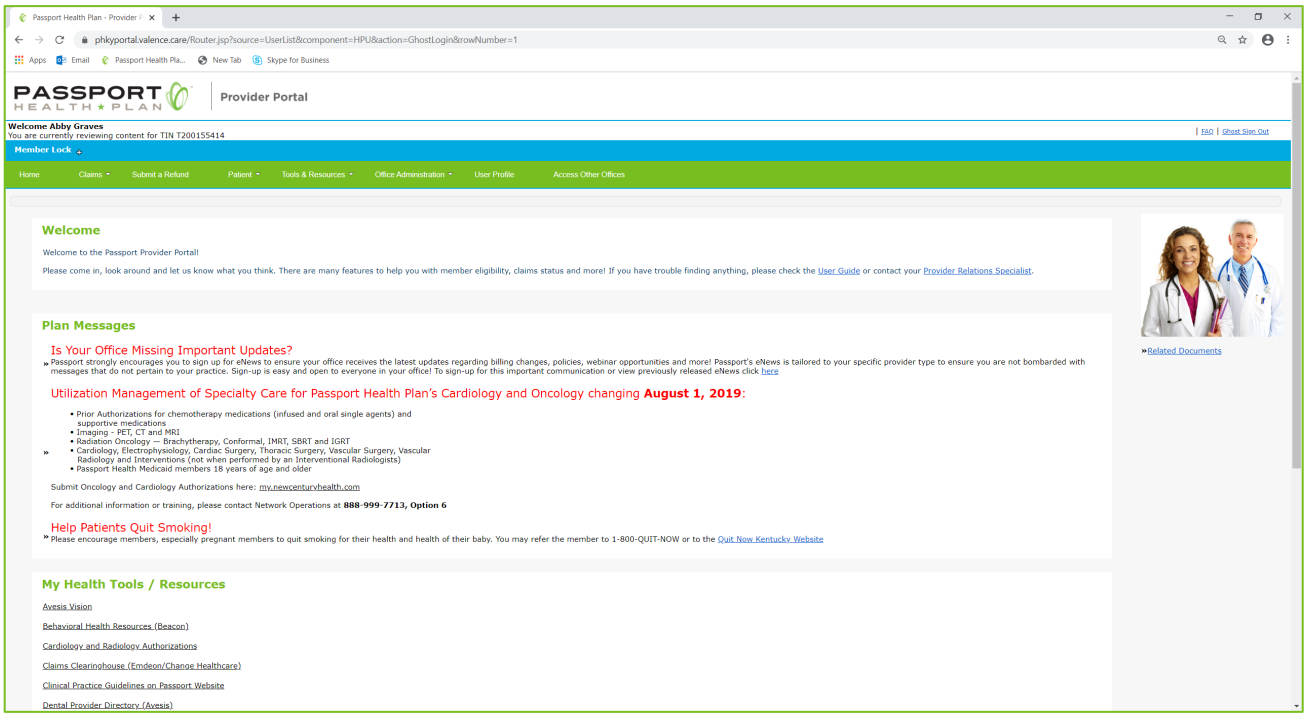


Exhibit C.17-7: Current Provider Portal Screenshot



C.17.d. Provide a proposed table of contents for the Provider Manual and a brief description of the type of information the Vendor will communicate via the manual.

A copy of Passport's Provider Manual is included as **Attachment C.17-2_Passport Provider Manual**.

Provider Manual

Passport prepares and issues a Provider Manual, including any necessary specialty manuals (such as BH, pharmacy, dental and vision) to all network providers. For newly contracted providers, we provide online access to the Provider Manual and any changes or updates to it within five (5) business days from being placed on active status. We make hard copy manuals available to providers upon request.

Passport will submit our Provider Manual and any subcontractor manuals to DMS prior to publication and distribution to providers.

Provider Information

Our Provider Manual has invaluable information about our policies and procedures and DMS requirements to providers upon joining our network. Statutes, regulations, and state and federal requirements are referenced throughout the Provider Manual. As shown in **Exhibit C.17-8**, our Provider Manual meets all DMS information requirements.

Exhibit C.17-8: Passport Meets DMS Provider Manual Information Requirements

DMS Requirements	Passport Health Plan Complies at this Location
Provider rights and responsibilities	Provider Manual Sections 1, 2, 3, 4 ,19
Covered services	Provider Manual Sections 1, 4, 6, 7, 8
Enrollee rights and responsibilities and cost-sharing requirements	Provider Manual Sections 2, 12
Information for PCPs about Advance Medical Directives and their responsibilities for informing Enrollees;	Provider Manual Sections 3, 19
Contractor's policies and procedures	Provider Manual Section 2
Information for accessing the Contractor and program materials through the Contractor's call center(s), toll-free hotlines and website	www.passporthealthplan.com/providers
Provider credentialing and recredentialing	Provider Manual Sections 2, 18, 19
Provider and Enrollee Grievances and Appeals process	Provider Manual Sections 2, 16
Claims submission process and requirements	Provider Manual Sections 8, 15, 18
Provider Program Integrity requirements and reporting suspected Fraud and Abuse;	Provider Manual Sections 1, 2, 3, 9, 10, 15, 19
Utilization Management and Prior Authorization procedures	Provider Manual Sections 1, 5
Medicaid federal and state laws and regulations	Provider Manual Sections 2, 3, 6, 7, 15, 19
Overview of the QAPI program	Provider Manual Sections 9, 16, 18
Overview of value-based payment (VBP) models, when implemented	Provider Manual Sections 3, 9

We update the Provider Manual as changes occur and notify providers at least thirty (30) days prior to implementing changes. The Provider Manual is available online, and it can be distributed in hardcopy upon request. We review the Provider Manual with each provider during orientation, during annual provider workshops, in smaller venue roundtables/trainings, and during routine calls.

Table of Contents

Our Provider Manual contains twenty (20) chapters of information, which are listed in **Exhibit C.17-9.**

Exhibit C.17-9: Passport Health Plan Provider Manual Table of Contents

Passport Provider Manual Chapter Listing
• Section 1: Introduction • Section 2: Administrative Services • Section 3: Provider Roles and Responsibilities • Section 4: Office Standards • Section 5: Utilization Management • Section 6: Referrals • Section 7: Benefits Summary and Exclusions • Section 8: Early and Periodic Screening Diagnosis and Treatment (EPSDT) • Section 9: Quality Improvement • Section 10: Emergency Care/Urgent Care • Section 11: Special Programs • Section 12: Outpatient Pharmacy Services • Section 13: Obstetrical • Section 14: Family Planning • Section 15: Provider Billing Manual • Section 16: Behavioral Health • Section 17: Forms • Section 18: Dental Network • Section 19: Vision • Section 20: Acronyms

C.17.e. Provide the Vendor's proposed approach to provider orientation and education.

Our Approach to Provider Orientation and Education

We have an established onboarding, training, education and support program for our providers that is managed by our local Kentucky-based PRRs. Our program is designed to ensure that all providers receive the training, tools and support needed to deliver the highest quality of care to our members, while remaining compliant with our DMS contract and applicable federal requirements. Passport will comply with the draft Medicaid Managed Care contract provision to submit Passport's provider and orientation plan, including methods, topics and dates for completion of activities to DMS. **Exhibit C.17-10** details the location for providers to find information related to DMS requirements.

Exhibit C.17-10: Passport Meets DMS Orientation and Education Requirements

DMS Requirement	Passport Location
Passport coverage requirements for Medicaid services, prior authorization requirements, EPSDT preventive health screening services, and EPSDT special services	Provider Orientation Kit Provider Manual Sections 5, 8
Passport policies and procedures, administrative clinical practices and updated information when modifications to existing services occur	Provider Orientation Kit Provider Manual Sections 1-4
Medicaid policies and procedures, including state and federal mandates and any new policies and procedures	Provider Manual Section 1 KHIE in Provider Orientation Kit
How to report suspected fraud and abuse, and annually addressing fraud, waste and abuse with providers	Provider Orientation Kit Provider Manual Sections 1-3, 12, 18, 19
Medicaid populations and eligibility	Provider Orientation Kit Provider Manual Sections 1, 2
Standards for preventive health services	Provider Orientation Kit Provider Manual Sections 2, 4, 8, 12, 15, 18
Telehealth services	*To be added by Q3 2020 (Teladoc implementation)*
Special needs of Enrollees in general that affect access to and delivery of services	*Passport* eNews Provider Manual Sections 4, 11, 16, 18
Advance medical directives	Provider Orientation Kit Provider Manual Section 3
Claims submission and payment requirements	Provider Orientation Kit Provider Manual Sections 8, 15, 18, 19
VBP (if implemented)	Included for VBP-participating providers
Special health/care management programs in which Enrollees may enroll	Provider Orientation Kit Provider Manual Section 11
Provider role in population health management program	Provider Orientation Kit Provider Manual Section 4, 11
Cultural sensitivity	Provider Orientation Kit Provider Manual Sections 2, 16
Responding to needs of Enrollees with SUD or behavioral health, developmental, intellectual and physical disabilities	Provider Orientation Kit
Integrated health care, addressing SDoH and population health management initiatives	Provider Manual Section 16
Reporting of communicable disease	Provider Manual Sections 4, 5
Passport's QAPI program, the EQRO, and the provider's role in impacting quality and health care outcomes, including ongoing education about QAPI program findings and interpretation of data when deemed necessary by Passport or the Department	Provider Manual Sections 3, 9
Medical records review	Provider Manual Section 4

Passport will develop and submit its provider orientation and education plan—which includes orientation and education methods, topics and dates for completion of activities, as well as educational workshops or other types of training sessions—to the Department within sixty (60) days of contract execution, when material changes are made, and annually.

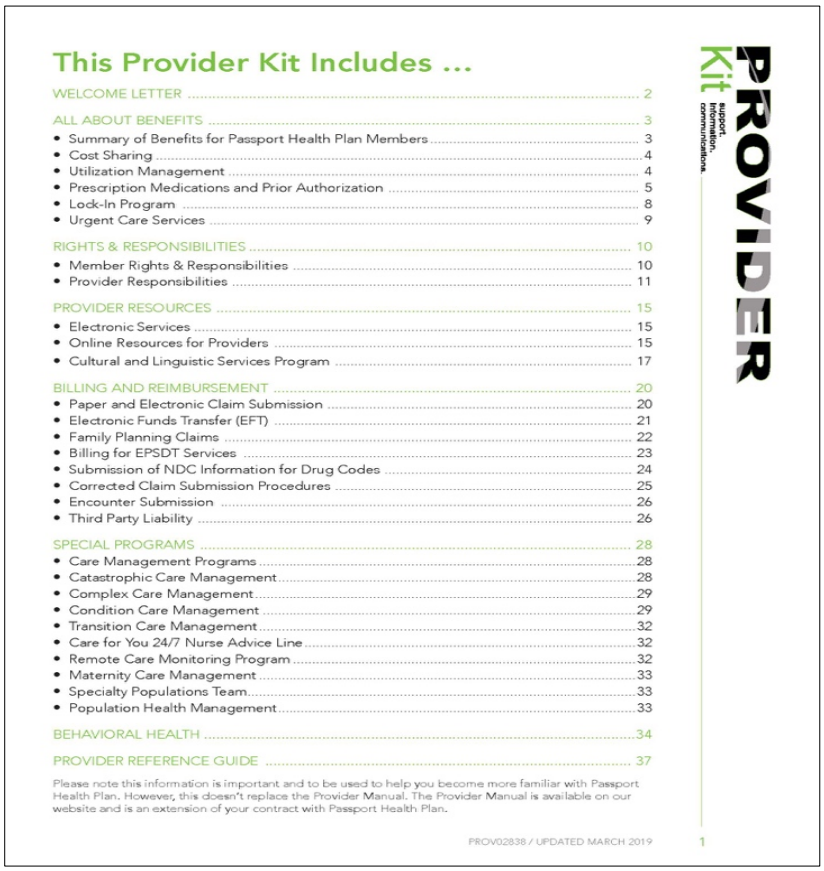
Orientation

Our onsite provider education and training program educates and informs new and existing providers on topics relevant to them within thirty (30) days of their credentialing date. This can include information that may be new to providers, as well updates and changes to existing information. We actively seek input and feedback from our providers to help inform the subjects of the content of our training and education via program surveys. We provide the topics of the education and training through formal training methodologies, as well as with one-on-one support from cross-functional areas within Passport.

Passport recognizes that engaging and communicating with network providers within the first thirty (30) calendar days of active status with our plan is not only required by DMS but is also invaluable in the onboarding process to immediately relieve administrative burdens providers may face. Our orientation activities begin with a letter welcoming the provider to Passport's provider network. The personalized welcome letter includes (i) Passport contact information for help with any onboarding questions providers may have, (ii) contact information specifically for BH providers, and (iii) a link to the Passport Provider Manual, which details all of Passport's plan benefits, policies and administrative procedures.

The welcome letter is followed by an introductory phone call or email from a PRR, who coordinates the onsite orientation training. During this initial touch point, the Passport PRR confirms that the provider has been able to successfully access Passport's provider website, Provider Portal and Kentucky HealthNet, all of which are critical in the provider's relationship with Passport and the Department. We make providers aware of the many tools available to them on the provider website, such as the Provider Orientation Kit (see **Exhibit C.17-11**), and how to access them.

Exhibit C.17-11: Provider Orientation Kit



This Provider Kit Includes ...

WELCOME LETTER 2
ALL ABOUT BENEFITS 3
- Summary of Benefits for Passport Health Plan Members 3
- Cost Sharing 4
- Utilization Management 4
- Prescription Medications and Prior Authorization 5
- Lock-In Program 8
- Urgent Care Services 9

RIGHTS & RESPONSIBILITIES 10
- Member Rights & Responsibilities 10
- Provider Responsibilities 11

PROVIDER RESOURCES 15
- Electronic Services 15
- Online Resources for Providers 15
- Cultural and Linguistic Services Program 17

BILLING AND REIMBURSEMENT 20
- Paper and Electronic Claim Submission 20
- Electronic Funds Transfer (EFT) 21
- Family Planning Claims 22
- Billing for EPSDT Services 23
- Submission of NDC Information for Drug Codes 24
- Corrected Claim Submission Procedures 25
- Encounter Submission 26
- Third Party Liability 26

SPECIAL PROGRAMS 28
- Care Management Programs 28
- Catastrophic Care Management 28
- Complex Care Management 29
- Condition Care Management 29
- Transition Care Management 32
- Care for You 24/7 Nurse Advice Line 32
- Remote Care Monitoring Program 32
- Maternity Care Management 33
- Specialty Populations Team 33
- Population Health Management 33

BEHAVIORAL HEALTH 34
PROVIDER REFERENCE GUIDE 37

Please note this information is important and to be used to help you become more familiar with Passport Health Plan. However, this doesn't replace the Provider Manual. The Provider Manual is available on our website and is an extension of your contract with Passport Health Plan.

PROV02838 / UPDATED MARCH 2019 1

PROVIDER Kit
support. information. communications.

Our PRRs follow up with the provider following the orientation session to answer any questions that the provider and their staff may have.

Please find our Provider Orientation Kit in **Attachment C.17-3_Provider Welcome Kit**.

Ongoing Education

Through our cross-functional teams that are out in the community meeting our providers, our PCC staff and Provider Relations staff, and our committees and workshops with which we engage providers, we gather provider feedback and monitor for education and communication opportunities. Issues that are identified through Passport's many channels for provider feedback are evaluated and brought to committee, such as our PCP Workgroup or JOCs for problem-solving and action-planning. We develop training and job aids to ensure appropriate provider education to address identified updates, issues or new information. This messaging will then be incorporated into Passport's ongoing training and education curriculum, and it is reviewed and updated as appropriate to ensure our providers continually have the knowledge and information needed to best care for our members effectively and efficiently.

Passport's ongoing provider education uses the following communication channels:

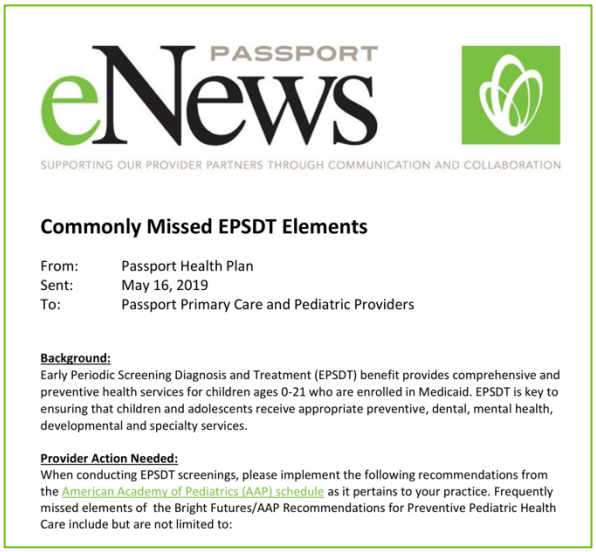
- Provider letters and bulletins
- PDL drug changes and distribution
- Point-of-service (POS) messaging
- Training sessions, webinars, quarterly newsletters and other training activities as requested by the Department
- Billing instructions and claim resolution communication
- Website postings of the PDL
- Prior authorization processes and procedures

As required, these are all provided to pharmacy providers.

Passport maintains enrollment or attendance rosters dated and signed by each attendee or other written or electronic evidence of training for each provider and their staff. We will make evidence of provider training available to DMS upon request.

We regularly conduct outreach to providers with new information and updates to keep our providers informed. Outreach activities include updates through our electronic communication. Passport eNews, represented in **Exhibit C.17-12**, is a key communication method that the Provider Relations team uses to share timely information with participating providers in our network. Timely operational updates, announcements and information are shared with providers in real time via email. The distribution can be tailored to specific provider types for targeted messaging, or sent to all providers with communications that have a broader impact. Passport eNews communications are sent out as needed with a weekly average in 2019 of one (1) or two (2) per week, or approximately eighty-six (86) Passport eNews newsletters in 2019. Certain eNews newsletters that have a higher priority or significant impact may also be sent out through the mail.

Exhibit C.17-12: *Passport eNews*



PASSPORT eNews

SUPPORTING OUR PROVIDER PARTNERS THROUGH COMMUNICATION AND COLLABORATION

Commonly Missed EPSDT Elements

From: Passport Health Plan
Sent: May 16, 2019
To: Passport Primary Care and Pediatric Providers

Background:
Early Periodic Screening Diagnosis and Treatment (EPSDT) benefit provides comprehensive and preventive health services for children ages 0-21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental and specialty services.

Provider Action Needed:
When conducting EPSDT screenings, please implement the following recommendations from the American Academy of Pediatrics (AAP) schedule as it pertains to your practice. Frequently missed elements of the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care include but are not limited to:

Workshops and Webinars

Passport Health Plan offers annual provider workshops and quarterly webinars to educate our provider network on recent or upcoming changes, as well as new initiatives and yearly compliance training. Some recent workshops topics include:

- Intro to Medicaid Quality & Risk Adjustment Programs 2019—CME Eligible
- 2019 Fraud, Waste and Abuse Training
- Risk Adjustment 101 Webinar—CME Eligible
- ED Utilization Presentation
- Medication Assisted Treatment for Opioid Dependency
- Understanding Credentialing and Enrollment
- Understanding Authorizations
- Understanding HEDIS and Quality
- Understanding Women's Health and EPSDT
- Understanding Referrals and Establishing a Medical Home
- Behavioral Health Provider Training: Program Overview and Helpful Information
- Behavioral Health Service Organization (BHSO) Guidelines

C.17.f. Describe the Vendor's support of providers in Medicaid enrollment and credentialing, including the following:

Passport Current Credentialing Process

Our NCQA-certified credentialing approach is a provider-friendly and efficient credentialing/recredentialing process that is in strict compliance with NCQA standards 907 KAR 1:672, KRS 205.560(120) and federal law, and RFP Attachment J in its entirety. We incorporate Centers for Medicare and Medicaid Services (CMS) and EQRO recommendations. Passport also currently delegates credentialing to one provider organization that has passed all NCQA delegation requirements. In the event that a non-Medicaid certified provider contacts our representatives, we will work with them to complete the enrollment and credentialing application for forwarding to the designated CVO or designated organization meeting the requirements of KRS 205.5321)(c)2. Throughout our credentialing process will comply with and take all necessary actions to implement the requirements of 2018 KY Acts Ch. 69 as well, and all other applicable federal and state laws.

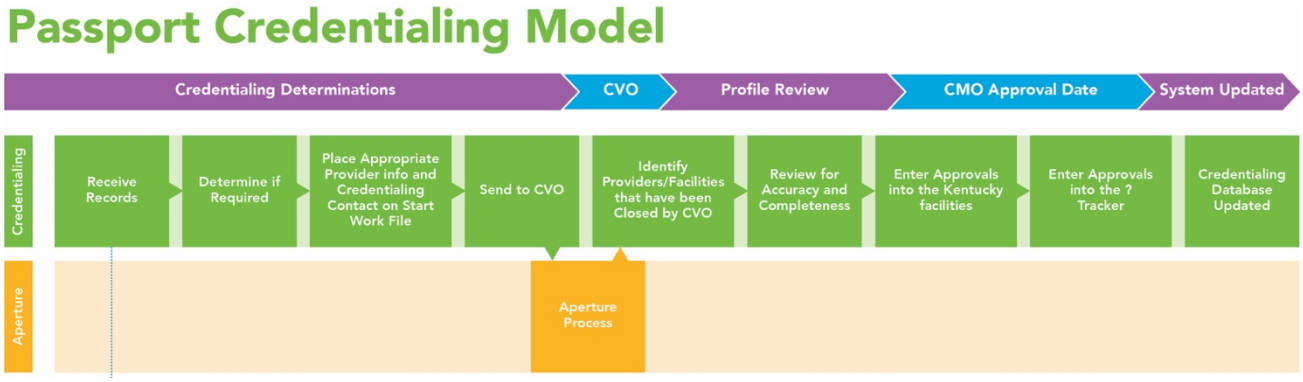
Aperture CVO

Passport uses Aperture for credentialing application review and identification of deficiencies and missing information. Aperture credentials a wide variety of providers and facilities by providing compliance-driven, software and professional service solutions.

Passport completes credentialing or recredentialing of a provider within ninety (90) days of receipt of all required information from the provider, or within forty-five (45) days if the provider is providing SUD services as documented in our established policies and procedures, provided in **Attachment C.17-4_Practitioner Credentialing and Recredentialing**. Our policy describes the credentialing criteria to be verified, the validation source, and a description of the decision-making process to credential provider applicants and to verify the qualifications for recredentialing practitioners and organizational providers. The policy details the consequences if a network provider does not meet the expectations and requirements related to quality and care of services rendered to a Passport member, such as altering the condition of the provider's participation in our network (as necessary), reporting the provider to the appropriate authorities (including DMS), or taking action, up to and including suspension or termination. The policy is reviewed and updated annually and as needed to remain in compliance with the current DMS policies and procedures.

Our credentialing and recredentialing process is illustrated in **Exhibit C.17-13**.

Exhibit C.17-13: Passport Credentialing Model



Our Member Services and Provider Relations teams participate in our credentialing process in support of ongoing monitoring of provider sanctions, complaints and quality issues between recredentialing cycles. Provider Relations and Member Services forward-identified provider sanctions, complaints, and quality issues the director of Provider Network Management (PNM), who investigates prior to forwarding the issue to the Credentialing Committee to take appropriate action.

Provider Application Review

Aperture reviews all credentialing applications in accordance with the most current NCQA standards and guidelines, and they are noted for any deficiencies or missing information. Aperture contacts each applicant, in writing and by phone, for any incomplete or missing information within five (5) business days after receipt. Passport credentialing provides support through additional outreach if Aperture is unable to contact the provider after at least three (3) documented attempts, in writing or by telephone.

Providers can call the Aperture call center to receive real-time status of their application. Aperture can also warm transfer providers to Passport credentialing for additional assistance. Passport credentialing maintains a direct line for this type of inquiry.

Provider Types Requiring Credentialing/Recredentialing

Credentialing of new network providers is performed prior to contracting, and recredentialing is conducted at least every three (3) years. The following provider and facility types must participate in our credentialing process:

- Medical doctors
- Doctors of podiatric medicine
- Doctors of psychology
- Psychiatrists and other physicians
- Doctors of dental science
- Oral surgeons
- Doctors of dental medicine
- Registered dietitians or nutrition professionals

- State certified/licensed doctoral/ master's-level psychologists
- Addiction medicine specialists
- Physician's assistants
- Family nurse practitioners
- Certified nurse midwifes
- Certified registered nurse anesthetists
- Advanced practice registered nurses
- Nationally/state certified/licensed masters-level clinical nurse specialists or psychiatric nurse practitioners
- Medical facilities such as inpatient hospitals, ambulatory surgery centers, home health
- agencies, and skilled nursing facilities
- State certified/licensed doctoral/ master's-level clinical social workers
- Doctors of chiropractic
- Doctors of osteopathic
- Physical therapists
- Occupational therapists
- Qualified speech language pathologists
- Qualified audiologists
- Other BH care specialists who are licensed/certified/registered by the state for independent practice
- BH facilities such as inpatient psychiatric hospitals, inpatient SUD facilities, BHSOs, community mental health centers, psychiatric residential treatment facilities and residential SUD treatment centers

Primary Source Verification

In compliance with DMS Program Integrity Policies and Procedures and NCQA guidelines, we require new applications to include the credentialing artifacts listed in **Exhibit C.17-14**.

Exhibit C.17-14: Validation Sources for Primary Source Verification

Criteria	Validation Source(s)	Credentialing	Recredentialing
Education	Medical or Professional School, American Medical Association (AMA) Physician Masterfile, Educational Commission for Foreign Medical Graduates (ECFMG), American Osteopathic Association (AOA) Physician Profile, or state licensing agency specialty board or registry (if it performs primary source verification [PSV]).	✓	
Training	Confirmation from residency program, AMA Physician Masterfile, AOA or Federation of State Medical Boards for closed residency programs FSMB and Federal Credentials Verification Services (FCVS).	✓	
Professional experience/work history/hospital affiliations	Five (5) years' relevant work history obtained through the application or CV, that includes the beginning and ending month and year for each position of employment experience, unless the practitioner has had continuous employment for five (5) years or more with no gap. Any gaps exceeding six (6) months must be explained in writing. Hospital affiliation as attested to on the application.	✓	✓
Board certification	American Board of Medical Specialties (ABMS) or official ABMS Display Agents, AMA Physician Masterfile, AOA Physician Profile, boards in the United States that are not members of the ABMS or AOA, if the organization documents which specialty boards are accepted and obtains written annual confirmation from the board that it performs PSV of completion of education and training, registry that performs PSV of board status, if the organization obtains annual written confirmation that the registry performs PSV of board certification.	✓	✓
Kentucky and/or Indiana licensure	Letter or printout from state licensing board or certification agency.	✓	✓
Sanctions	Sanctions, restrictions and limitations must cover the most recent five (5) year period for all states in which the provider practiced through the appropriate state agencies, including National Practitioner Data Bank (NPDB), FSMB, State Board of Chiropractic Examiners, Federation of Chiropractic Licensing Board's Chiropractic Information Network—Board Action Databank (CIN-BAD), State Board of Dental Examiners or State Medical Board, State Board of Podiatric Examiners, Federation of Podiatric Medical Boards, state licensure or certification board, or appropriate state agency.	✓	✓
Drug Enforcement Agency (DEA) or Controlled Dangerous Substance (CDS)	DEA or CDS agency, DEA or CDS certificate, documented visual inspection of the DEA or CDS certificate, National Technical Information Service (NTIS) database, AMA Physician Masterfile (DEA only), AOA Physician Profile (DEA only), or state pharmaceutical licensing agency, where applicable.	✓	✓
Malpractice insurance	Proof of current malpractice insurance coverage, including dates and amounts of coverage; a copy of the Certificate of Insurance face sheet and past five (5) years of history of malpractice settlements from the malpractice carrier or the NPDB.	✓	✓

Criteria	Validation Source(s)	Credentialing	Recredentialing
Medicare and Medicaid sanctions or exclusions	Medicare and Medicaid sanction and exclusion status must be verified to note participation/exclusion status through the state Medicaid agency or intermediary, Medicare intermediary, List of Excluded Individuals and Entities (maintained by OIG and available over the internet), Medicare Exclusion Database (MED), Federal Employees Health Benefits Plan (FEHB) published by the Office of Personnel Management, Office of the Inspector General (OIG), AMA Physician Masterfile, FSMB or NPDB.	✓	✓
Health status	Current and signed attestation that addresses reasons for any inability to perform the essential functions of the position, with or without accommodation.	✓	✓
Ability to perform the essential functions of the position, with or without accommodation	Current signed and dated attestation.	✓	✓
Lack of present illegal drug use	Current signed and dated attestation.	✓	✓
History of loss of license and felony convictions	Current signed and dated attestation.	✓	✓
History of loss or limitation of privileges or disciplinary actions	Current signed and dated attestation.	✓	✓
Current malpractice coverage	Current signed and dated attestation.	✓	✓
Current and signed attestation confirming the correctness and completeness of the application	Current signed and dated attestation.	✓	✓
Accreditation/certification	Nationally recognized accrediting body, such as The Joint Commission (TJC), Healthcare Facilities Accreditation Program (HFAP), or DNV GL Healthcare (DNV) for Hospitals; Home Health Agencies, Skilled Nursing Facilities and Ambulatory Surgical Centers; Accreditation Association for Ambulatory Health Care (AAAHC) or American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) for Ambulatory Surgical Centers; AOA for Hospitals and Ambulatory Surgical Centers; Council on Accreditation for Children and Family Services (COA) for Child and Family Services Hospitals; or Accreditation Commission for Health Care Inc. (ACHC).	✓	✓
Transfer policy	Copy of documented procedure for transferring patients with complications or conditions arising as a result of treatment that would constitute the need for additional medical or surgical care.	✓	✓
Monitoring and improving patient safety	Copy of the mechanism used to monitor and improve patient safety within their organization.	✓	✓

Credentialing Decisions

The credentialing team forwards all clean application files to the Credentialing Committee. Passport's Credentialing Committee, which reports directly to the QIC, is comprised of participating network providers of varying specialties who meet monthly. The Credentialing Committee, with its provider representation, is tasked with objectively reviewing and discussing de-identified summary reports to determine whether the applicant meets the criteria for network participation. Committee members cannot vote for network acceptance or denial based on race, ethnic/national identity, gender, age, sexual orientation, types of procedures performed or type of patients. Clean claims submitted during the credentialing process will not require resubmission once credentialing has been completed.

Passport's CMO, designated Medical Director, or the Credentialing Committee makes the final determination regarding the provider's participation in our provider network.

The Credentialing Team notifies providers of Credentialing Committee decisions within ten (10) calendar days of their decision to ensure that no provider's application exceeds one hundred and eighty (180) days from application to becoming a participating provider. If a provider is denied participation, the letter will give the committee's reason for the denial as well as instruction for appeal. Providers accepted into the network are not currently reimbursed (and will not be in the future) for services rendered until they provide their Kentucky Medicaid identification number along with begin and end dates, as assigned by DMS. Passport will fully comply with the new requirements set forth in HB 69 and HB 110, as implemented by DMS.

C.17.f.iii. Proposed process for transitioning credentialing activities to and coordinating with the Department's contracted CVO(s) to educate and assist Providers in completing the credentialing process with the CVO(s).

Proposed CVO Transition Process

Passport will fully support the transitioning of credentialing activities to the CVO when contracted by DMS. We suggest a collaborative relationship between the CVO, Passport and the other MCOs be established for a common process that includes coordinated efforts with the CVO's implementation plan.

Coordinating with the CVO

Passport will work with any identified CVO designated by the Department and will have a documented process that addresses the following at a minimum:

- Refer providers to the CVO to complete credentialing prior to contracting and provide information to network providers about the recredentialing process.
- Detail methods for receiving verified credentialing packets from the CVO.
- Render contracting decisions within thirty (30) days of receipt of the verified credentialing packet from the CVO.
- Enroll and assign active status to accepted providers within ten (10) days of an executed contract.

- Notify the provider if additional time beyond the required ten (10) days is needed to load and configure the provider contract. Configuration of any new provider contract will not exceed an additional fifteen (15) days.
- Work with the CVO as needed for documentation re-evaluation if necessary to maintain participation status.
- Meet with the Department or the CVO about the credentialing process monthly during implementation activities, quarterly during ongoing operations, or at a different frequency as requested by the Department, Contractor or CVO.

Passport will accept provider credentialing and verified information from the Department or the Department's contracted CVO. We will not request that a provider submit additional credentialing information without the Department's written prior approval.

A university hospital, as defined in KRS 205.639, may perform the activities of a CVO for its employed physicians, residents and mid-level practitioners where such activities are delineated in the hospital's Passport participating provider contract. The provisions of KRS 205.532 (3), (4), (5) and (6) with regard to payment and timely action on a credentialing application apply to a credentialing application that has been verified through a university hospital. Passport will work with any providers who are interested in becoming delegated for credentialing.

Educating and Assisting Providers with CVO Credentialing

To prepare Passport providers for the CVO process, Passport will implement key touch points to help new and existing network providers navigate credentialing or recredentialing and enrollment activities. Touch points may include, but are not limited to:

- Provider outreach via mailed letter or email communicating what providers may expect as part of the transition to the new CVO
- Proactively documenting and distributing the new end-to-end credentialing process, from interest in joining Passport's provider network through credentialing approval and achieving status as an active network provider
- Development and distribution of frequently asked questions (FAQ) to providers, key Passport provider support teams, and other cross-functional Passport teams
- Enhanced PCC training to promptly address provider questions or concerns, with appropriate escalation paths in place to mitigate provider abrasion

C.17.f.iv. Approach for a timely contracting determination of providers upon receipt of information from a CVO that a provider's credentialing is complete, specifying timeframe for uploading a credentialed and contracted provider into the claims payment system to allow for payment of adjudicated claims. Include copies of the Vendor's proposed credentialing policies and procedures, and procedures for coordination with the CVO(s).

Time Frame for System Configuration and Timely Claims Payment

Passport currently uses a CVO, Aperture Credentialing Inc., for collection of new provider applications and credentialing/recredentialing of nondelegated providers and facilities. We will leverage our proven process with Aperture for a timely contracting determination of providers upon confirmation from the DMS-designated CVO that a provider's credentialing is complete. As documented in **Attachment C.17-9_Aperture Credentialing LLC Primary Source and Provider Credentialing**, DMS requires uploading of a credentialed and contracted provider into Passport's claims systems within ten (10) days but averages only seven (7) days.

Passport Timely Contracting Determination

Credentialed and contracted provider into Passport's claims systems is completed within an average of **seven days**.

Identifi System Configuration and Provider Onboarding

The Passport network development team issues an email notification to the provider enrollment team when executing a contract for a new provider in the Passport provider network, which includes a contract cover sheet and the provider enrollment forms. This email notification triggers the turnaround time calculation for claims adjudication system loading. The provider enrollment team enters the enrollment applications into the Identifi Tracking System, which uses an Access database with a SharePoint user interface (UI). Each phase of the process—including confirmation of receipt of an application, application is being worked and enrollment has been successfully completed—is documented. The UI triggers a nightly automated data validation process to ensure the quality of data standards prior to loading of the provider to the claims adjudication system. If all data validations are met, provider data is moved to the core claims adjudication claims system. The provider enrollment turnaround time for this process is no more than ten (10) business days after receipt.

Provider data that errors out of the automated data validation standards appears on a daily error report, which identifies the reason code for exception. The provider enrollment team updates the UI so that the data validation process reattempt occurs the next evening. If the issue is so complex that the team will not be able to resolve it within our SLA of ten (10) business days, the provider enrollment team proactively communicates with the provider via email to notify the provider of the need for an extension. All provider data exceptions and system configuration will be complete as soon as possible, but no later than fifteen (15) business days after notification to the provider.

Upon completion of the provider enrollment process, a personalized welcome letter is sent to the provider within seven (7) business days, which serves as formal notification of the provider being active in the

Passport provider network. The welcome letter includes the provider's effective date(s) in the Passport provider network by service location under their employer group.

Credentialing Policies and Procedures

Our established policies and procedures are provided in the following attachments:

- **Attachment C. 17-4_ Practitioner Credentialing and Recredentialing**
- **Attachment C. 17-5_Practitioner Credentialing Rights**
- **Attachment C. 17-6_Organizational Provider Credentialing and Recredentialing**
- **Attachment C. 17-7_Ongoing Monitoring of Sanctions, Complaints and Quality Issues**
- **Attachment C. 17-8_ Practitioner Sanctioning and Reporting**
- **Attachment C. 17-9_Aperture Credentialing LLC Primary Source Verification and Provider Credentialing**
- **Attachment C. 17-10_Responsibilities of Chief Medical Officer, Designated Medical Director, and Credentialing Committee**

Procedures for CVO Coordination

Our policies and procedures for CVO coordination are provided in **Attachment C.17-9_Aperture Credentialing LLC Primary Source Verification and Provider Credentialing**.

C.17.g. Provide the Vendor's proposed approach for processing provider grievances and appeals. Include at a minimum:

Our Approach to Processing Provider Grievances and Appeals

Passport deploys a provider grievance and appeals process, distinct from that offered to members. We use policies and procedures and an operational process and system for identifying, tracking and analyzing provider grievances and appeals, in compliance with all State and federal requirements. Passport will submit a Provider Grievances and Appeals Policy and Procedures document to the Department for review ninety (90) after contract execution. Changes to policy and procedures will be submitted to the Department for review prior to implementing any change. Our grievance process includes use of a standard, Department-provided Provider Grievance Form in order to initiate the grievance process. Providers may submit the form in an encrypted format, which complies with Federal and State law.

C.17.g.i. The overall process to include description of interaction with providers, required correspondence and timeframes for acknowledging and resolving grievances and appeals.

Passport's Provider Grievance and Appeal Process

Passport allows providers the right to file an internal appeal for any of the following:

- A health care service
- Claim for reimbursement
- Provider payment
- Contractual issues

Acknowledgment of the receipt of an appeal or grievance occurs by the next business day. A provider may also have the right to file an appeal on the member's behalf. This would fall under the member appeal process. Our data gathering includes:

- Date filed
- Type of issue
- Identification and contact of the individual filing the grievance or appeal
- Identification of the individual recording the grievance or appeal
- Disposition of the grievance or appeal
- Corrective action required
- Date resolved

Provider Grievance and Appeals Committee

Passport will offer a committee of at least three (3) qualified individuals who were not involved in the original decision to review the provider appeal. A written response to the appeal will be submitted to the provider within thirty (30) calendar days of receiving the request. Providers may request an expedited resolution or support a member's appeal with the understanding that there will be no punitive actions as a result of this action path. We will refer all inquiries outside of Passport's scope to the Department.

The provider may submit any information he/she would like Passport to review during the appeal process. The appeal will be reviewed by a physician of the same or similar specialty who was not involved in the original decision. All correspondence with the provider concerning the appeal will be directed to the designee filing the appeal. Passport or the provider may request a fourteen (14) day extension. Upon completion of the internal appeal process, Passport will send the provider a written determination letter.

The provider has the right to request an external third-party review after Passport has rendered our internal decision. Upon receiving a denial from the third-party review, the provider has the right to appeal a final decision to the Cabinet for Health and Family Services Division of Administrative Hearings for a hearing in accordance with applicable state laws and regulation. If the provider prevails, in whole or in part, then Passport will comply with any final order within sixty (60) days unless the final order designates a different time frame.

A provider has the right to file a grievance, including complaint or dispute to Passport, which may not require remedial action. Passport will render a decision and respond in writing within thirty (30) calendar days.

Passport will not retaliate or discriminate against a provider for filing an appeal or grievance.

Interaction with Providers

Passport offers providers the opportunity to contact our Provider Services Call Center to check the status of or discuss their claims appeal. Passport established a separate phone queue managed by a claims appeal coordinator to help make it easier for providers to obtain answers to their questions and understand their appeals. These interactions are completed either at the time of the call or by next business day if additional time is needed by the claims appeal coordinator to review the request. A voice-mail is available for providers to leave a message with their request outside of our normal business hours of 8 a.m. to 6 p.m. Monday through Friday; the claims appeals coordinator returns provider calls by the next business day.

C.17.g.ii. Process for tracking reasons for grievances and appeals to identify trends, and how the Vendor will use this information to improve internal operations, provider relations, and provider satisfaction.

Improving Operations Through Grievances and Appeals Analysis

Sophisticated technology enables Passport to provide high levels of service for grievances and appeals as well as in identifying areas for improvement across our operations. Passport uses its Identifi G&A module, a proprietary system that tracks, investigates and communicates all grievances and appeals. This system stores and maintains all documentation used in the internal and external appeal or grievance review.

Passport maintains all grievance and appeal files in a secure and designated area that is accessible to the Department, its designee or CMS upon request for review. Passport retains all grievance and appeal files for ten (10) years following our final decision, HSD, an administrative law judge, judicial appeal or closure of a file, whichever occurs later.

Passport has procedures for assuring that files contain sufficient information, as outlined at 42 C.F.R. 438.416: (i) identify the grievance or appeal, (ii) the date it was received, (iii) the nature of the grievance or appeal, (iv) notice to the member of receipt of the grievance or appeal, (v) all correspondence between Passport and the member, (vi) the date the grievance or appeal is resolved, (vii) the resolution, (viii) the notices of final decision to the member, and (iv) all other pertinent information. Passport ensures that documentation regarding the grievance is made available to the member if requested.

Using Identifi, grievances are reported via both monthly and quarterly reports. The Identifi system is fully customizable, and all entered fields are reportable to assist in root-cause analysis, assessment of barriers and development of opportunities for improvement. Grievances and appeals leadership analyzes the data on a monthly and quarterly basis with reports going to both QMAC and QMMC at a minimum. Passport also reports grievance data quarterly to DMS via statutory reports. These reports include the number of

grievances, the nature of the grievances, their resolutions and the time frame for resolution of each grievance. We also report any QAPI initiatives or other changes made as a result of an analysis of grievances to DMS through the quarterly Quality Improvement Work Plan.

Appeals staff work closely with Passport medical directors and the Provider Network team, as well as any other departments when any trends are identified with appeals and grievances. We analyze our results, looking for root causes with any trends, large or small, when they are identified or at a minimum monthly and quarterly. Ongoing collaboration occurs for appeals that are overturned when the complete clinical information is submitted with the appeal request. Incomplete or missing clinical information is a large driver for UM adverse benefit determinations. The appeals team works closely with the Provider Network team to educate providers, and the Provider Network team will work with offices, as well as UM when necessary, to understand the needed information for submission of UM requests, working with them to prevent the initial denial of services.

Passport uses the results of the analysis of G&A trending in formulating business decisions and improving operations. These decisions can include, for example, possible changes to internal processes, prior authorization requirements or simply provider education on Passport's medical management processes.

Using Grievance and Appeal Trends for Improving Operations

Grievance and appeal system data is integral to our ongoing efforts to improve service to members and providers.

The director of UM appeals reports complaints, grievances and appeals on the Quality Work Plan, which is reviewed by the QIC on a quarterly basis. This information is used to direct quality improvements that can benefit members and providers, such as process improvements and changes to pre-authorization requirements. The Quality Work Plan outlines goals, timetables and individual accountability per task and status. The QIC also tracks provider audit data and develops corrective action plans to address deficiencies that are likely leading to complaints and grievances. As appropriate, an annual quality improvement evaluation details studies, methodologies, results, improvement actions and overall impact. Reports are also provided on a monthly and quarterly basis to QMMC, QMAC and DMS.

C.17.g.iii. Process for ensuring transparency to DMS of grievance and appeal types, resolutions, and any Vendor actions to decrease such grievances or appeals in the future.

Ensuring Transparency to DMS

As noted above, Passport uses its proprietary Identifi G&A module to track, investigate and communicate all grievances and appeals. This system stores and maintains all documentation used in the internal and external appeal or grievance review. From Identifi G&A, Passport develops both monthly and quarterly reports. Grievances and appeals leadership analyzes the data from these reports on a monthly and quarterly basis with reports going to both QMAC and QMMC at a minimum to ensure transparency among leadership and to identify opportunities for improvement.

To ensure transparency to DMS, Passport submits a quarterly report to DMS that includes number received, type, provider type, average days to resolution, number upheld and overturned. We also report any QAPI initiatives or other changes made as a result of an analysis of grievances to DMS through the quarterly Quality Improvement Work Plan. Passport maintains all grievance and appeal files in a secure and designated area that is accessible to the Department, its designee or CMS upon request for review.

Passport Actions to Decrease Grievances or Appeals in the Future

Overall, Passport receives very few provider grievances or appeals outside of claims disputes. This is a testament to how we listen to providers and work with them to address any issues in a timely, coordinated way so that issues do not require formal escalation. Still, Passport has taken a number of actions – especially around claims – to prevent future grievances and appeals from providers:

- **Dedicated Phone Queue for Claims Appeals:** Passport dedicated a phone queue within our Provider Services Call Center to enable providers to call in and speak directly to a claim appeals coordinator about their claims appeal. This ensures that providers speak with a knowledgeable staff member who can discuss the status of the appeal and the associated outcome, ensuring that providers understand our justification, which helps to prevent future appeals. Because the phone queue connects directly to the claim appeals coordinator, it also helps to decrease the amount of time providers spend on the phone waiting to be routed to have their questions answered.
- **Elimination of Required Referral Forms**: Passport received feedback from providers that completing a form for referrals was administratively burdensome. Requiring this form resulted in a great number of appeals; if providers did not complete a referral form when required, the claim would be denied. As a result, Passport eliminated the referral form as a requirement and integrated the referral information into the claims payment process, which reduced the number of denials and made it more seamless for providers to refer their patients and obtain timely payment.
- **Ongoing Process for Quality Improvements:** The director of UM appeals reports provider complaints, grievances and appeals on the Quality Work Plan, which is reviewed by the QIC on a quarterly basis. This information is used to direct quality improvements that can benefit members and providers, such as process improvements and changes to pre-authorization requirements. The Quality Work Plan outlines goals, timetables and individual accountability per task and status. The QIC also tracks provider audit data and develops corrective action plans to address deficiencies that are likely leading to complaints and grievances.

Conclusion

Throughout this response, we have shown how Passport is meeting and exceeding DMS requirements for provider service excellence, comprehensive dedication to anticipating and resolving provider issues, and ensuring full compliance with state and federal requirements. Our tenure providing Medicaid services on behalf of the Commonwealth and our experienced Kentucky-based Provider Services team will positively impact Passport's deep provider relationships and foster increased provider satisfaction. In support of our continuous quality improvement culture, we use the information we learn from our people, our systems, and our more than 32,000 participating Kentucky providers to remain a provider-recommended health plan for Kentucky's Medicaid Managed Care Services program.

Excellence in provider services is of the utmost importance to Passport, to our Board of Directors, and to the Partnership Council, which consists of both providers and members of the community.

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.

C.18 Provider Network



C.18. Provider Network

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

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

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

   i. A Microsoft Excel workbook by provider type listing every provider that has signed a contract or Letter of Intent, including the provider's name, specialty(ies), address and county(ies), Medicaid Region(s) served, whether the provider is accepting new patients, accessibility status for individuals with disabilities, language spoken, and the provider's Medicaid Identification Number(s).

   ii. A summary Microsoft Excel worksheet with total provider counts by provider type by Medicaid region and county.

   iii. A statewide Geographic Access report of all providers with LOIs and/or existing contract color coded by provider type by Service Region.

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

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

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

   i. Notification to the Department and Enrollees.

   ii. Transition activities and methods to ensure continuity of care.

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

Passport Highlights: Provider Network

How We're Different	Why it Matters	Proof
Our history as a provider-led organization puts providers at the center of everything we do. Providers participate in plan governance, clinical policy setting and driving innovation for members. Our focus is on relieving the administrative burden for providers, providing complementary clinical support and developing value-based reimbursement programs to reward health outcomes.	• Mutual trust and confidence between Passport and our providers promote successful development and launch of clinical and administrative innovations. • Alignment with providers builds trust and promotes collaborative efforts to address member and community health.	• Passport has a 96% voluntary provider retention rate, and 81% of network providers would recommend Passport to other physicians' practices. • More than 100 providers volunteer to participate in Passport committees that address clinical, administrative and member innovations. • Strong alignment drives better results. • Our providers engage high risk members at a rate 30% higher than the industry standard.
Our Provider DNA has enabled us to rapidly evolve with our providers and the industry shift toward payment for quality and value.	• As the health care landscape moves toward paying providers for quality and value, health plans must be prepared to help providers evolve and succeed.	• Evolent value-based programs generated $6.7M in shared savings in 2018. • Passport proposes aggregating smaller provider groups into functional collaboratives, similar to a clinically integrated network or IPA, where providers could be linked for purposes of VBP program participation.
Passport continuously monitors access, time, distance, travel patterns and member needs to ensure service delivery and brings innovation and personal service to mitigate challenges.	• Members with complex health issues need multi-dimensional avenues for support. Based on feedback from members, we have worked to ensure strong provider coverage as well as the integration of community-based organizations, health coaches, care managers, and others to support member needs.	• Since 2014, we have grown our Behavioral Health network from 1,296 providers at 551 locations to 3,778 providers at 2,803 locations. • Passport will offer Teladoc services 24/7 statewide in 2020 to ensure primary care access and reduce emergency department (ED) dependence. • Whenever needed, cross-organizational staff ensure members obtain quality care out- of-network or from bordering states, where we hold 677 provider contracts.

Introduction

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

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

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

Passport: Kentucky's Leader in Provider Network Development

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

Development and Maintenance of a High Quality Network

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

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

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

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

Innovative Approaches to Recruiting for Value and Quality

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

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

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

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

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

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

- **Patient-Centered Medical Home (PCMH) PassportPlus**–Passport has worked with providers to structure this value-based program to offer meaningful reward for meaningful effort to providers at the beginning of the quality-value continuum. We have learned that static value rewards and inflexible offerings do not meet the needs of the Kentucky provider community. PCMH PassportPlus was developed as an early stage approach to introduce providers to the concepts of value and quality and not necessarily to truly drive outcomes for primary care.

  PCMH PassportPlus currently rewards dozens of existing provider groups to incentivize the core tenets of PCMH behavior in their practices. The per-member-per-month (PMPM) payment incentive is paid monthly with a goal of moving these smaller practices closer to risk-readiness and moving them along the quality and value continuum at a comfortable pace without the resource jeopardy that risk often signals to small practices.
- **Care Management (CM) PassportPlus**–In working with our existing providers, we learned that some need additional practice investment for infrastructure enhancements to participate in HealthPlus. This program extends compensation to providers for their resourcing of appropriate care management services to ensure we are meeting Passport members' health needs. The PMPM payment incentive is paid on a semi-annual basis to participating providers who can then plan their resources accordingly. Providers in CM PassportPlus also gain experience in using risk adjustment, risk stratification and predictive modeling tools, as well as new member engagement techniques, which help them move along the quality-value continuum.
- **HealthPlus**–This upside-only gain-share program rewards providers for improved cost and quality outcomes after a quality gate has been achieved. The program provides three opportunities for gain-share reward:

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

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

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

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

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

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

Traditional Network Development Approaches for Recruitment and Retention

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

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

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

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

Recruiting and Maintaining Our Provider Network Through Direct, Personal Support

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

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

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

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

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



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

Passport's Approach for Provider Network Adequacy Monitoring and Response

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

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

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

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

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

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

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

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

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

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

Our recruitment strategies focus on:

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

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

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

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

Recruiting Traditional and Safety Net Providers

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

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

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

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

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

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

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

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

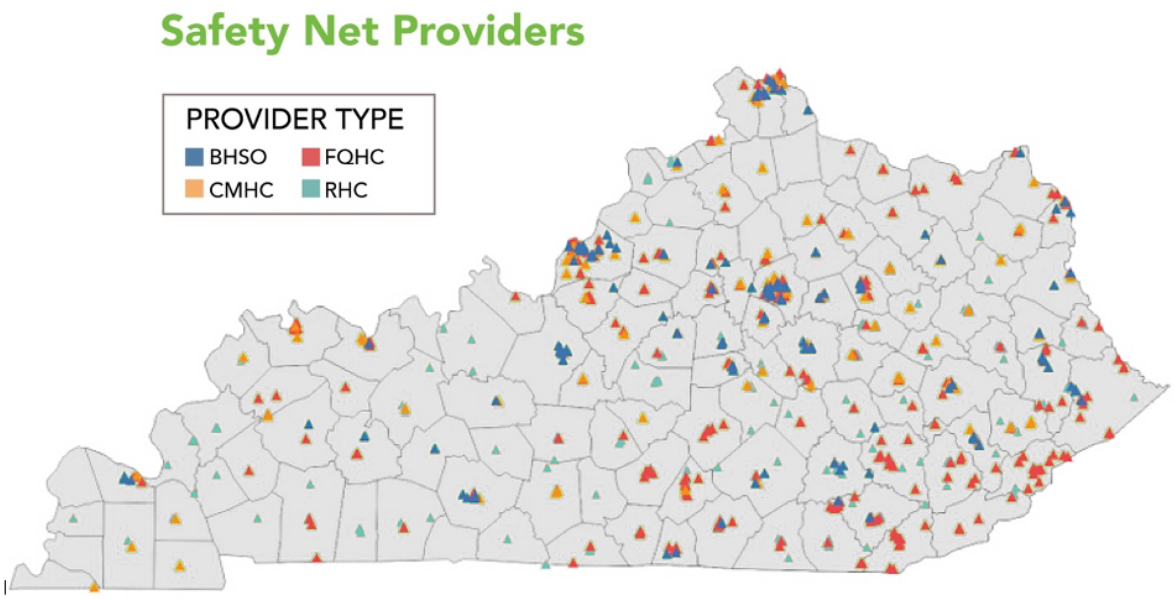
In support of the Commonwealth's goal of improving the health of Kentuckians, Passport holds a provider contract that provides members access to all one hundred twenty (120) local health departments throughout Kentucky. This helps provide our members with convenient access to providers for preventive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

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

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

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

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



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

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

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

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

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

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

Critical Access Hospitals in Kentucky by Location	
• The Medical Center at Scottsville, Scottsville, KY	• Ephraim McDowell Fort Logan Hospital, Stanford, KY
• Breckinridge Memorial Hospital, Hardinsburg, KY	• Livingston Hospital and Healthcare, Salem, KY
• Caldwell County Hospital, Princeton, KY	• Saint Joseph Berea, Berea, KY
• Carroll County Hospital, Carrollton, KY	• Marshall County Hospital, Benton, KY
• Casey County Hospital, Liberty, KY	• The James B. Haggin Memorial Hospital, Harrodsburg, KY
• Cumberland Country Hospital, Burkesville, KY	
• Marcum and Wallace Memorial Hospital, Irvine, KY	• Morgan County ARH, West Liberty, KY
• McDowell Appalachian Regional Health Care (ARH) Hospital, McDowell, KY	• Ohio County Hospital, Hartford, KY
	• New Horizons Medical Center, Owenton, KY
• Saint Joseph Martin, Martin, KY	• Russell County Hospital, Russell Springs, KY
• St. Elizabeth Medical Center Grant County, Williamsburg, KY	• The Medical Center at Franklin, Franklin, KY
	• Trigg County Hospital, Cadiz, KY
• Jane Todd Crawford Hospital, Greensburg, KY	• Methodist Hospital Union County, Morganfield, KY
• Caverna Memorial Hospital, Horse Cave, KY	• Wayne County Hospital, Monticello, KY
• Knox County Hospital, Barbourville, KY	• Bluegrass Community Hospital, Versailles, KY
• Mary Breckinridge Hospital, Hyden, KY	

Strategies for Recruitment of Rural Providers

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

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

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

Accessibility Challenges

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

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

Strategies for Recruitment by Member Health Needs

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

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

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

How Passport Addresses Workforce Shortages and Network Gaps

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

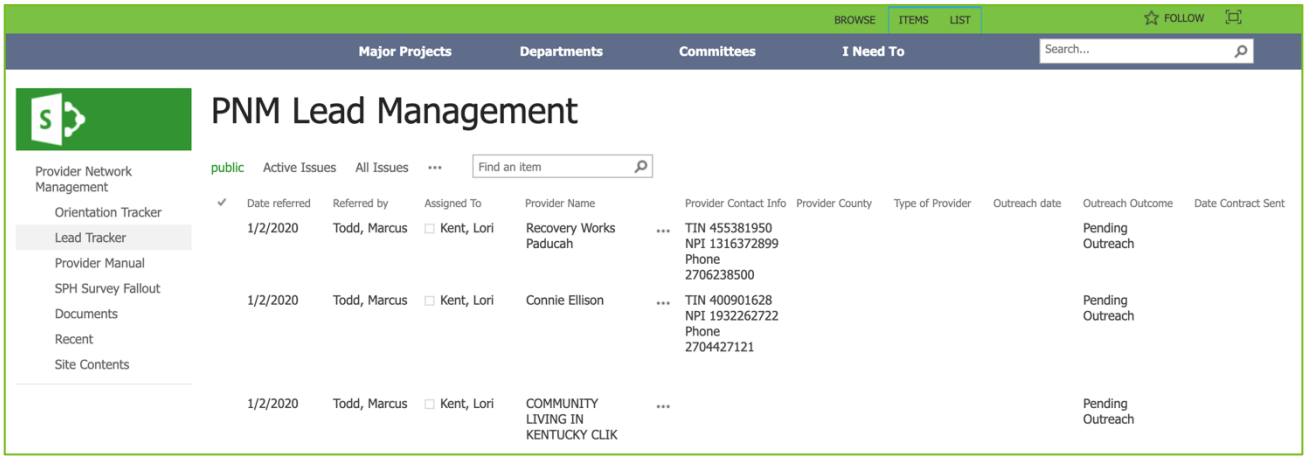
Passport Success Story: Personalized Outreach to Fill Network Gaps

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

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

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

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



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

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

Innovative Solutions to Address Areas with a Workforce Shortage

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

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

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

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

Collaborating with DMS and Other Contracted MCOs

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

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

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

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

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

Supporting Member Access with Bordering State Providers

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

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

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

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

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

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

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

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

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

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

Lessons Learned

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

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

Passport's Approach to Out-of-Network Care

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

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

For providers, we work to:

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

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

Process for Providing Out-of-Network Care

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

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

Step	Action
1	The member contacts Passport Member Services for help accessing a provider (go to Step 2). OR The member goes directly to an OON provider for care (go to Step 4). See the heading **"Access to Out-of-Network Providers"** below this table.
2	Member Services contacts relevant providers who are within traveling distance of the member to schedule an appointment. If no providers are available or have appointments within the required timeframe, we refer this information to our Provider Relations department for review. C.18.g explains how Passport monitors appointment availability and wait times.
3	For emergent needs, we ask the member to call 911. If the required care or service is not available within a timely basis, Member Services will offer the member the following options: • **To receive care through a local OON provider:** Member Services tells the member to go to the nearest provider and we communicate with Passport's Utilization Management (UM) department for authorization of OON care. We will assist the member with finding a nearby provider and scheduling an appointment. If the member is under CM, Member Services will alert the member's assigned Care Manager to assure continuity of care. • **To be transported to an in-network provider through non-emergency medical transportation,** requires a referral from the member's PCP, which Member Services will work to obtain. We also evaluate the logistical impact of this option to the member, considering impacts to work and school schedules, parent-child relationships, and whether the member's health condition and functional abilities allow such transport. Finally, Member Services will help coordinate transportation scheduling with the regional transportation broker. • **To access telehealth services through Teladoc.** Typically, this will only be appropriate for ambulatory care sensitive conditions. In these cases, we will also encourage the member to establish an ongoing medical relationship with a PCP of his or her choice and will help him or her find a PCP if needed.
4	Member Services will answer any questions for the member to help put them at ease and ensure the member understands exactly what he or she must do next. Member Services will ensure the member knows: • The provider is OON but must still follow Kentucky Medicaid rules. • Passport will pay for covered benefits and the provider is not permitted to balance bill the member for covered benefits. • A Care Manager or other individual from Passport may contact the member and work with him or her and the provider to coordinate care with other providers and to preserve continuity of care. • Preserving continuity of care may involve either having the member use the OON provider for a predetermined length of time (including indefinitely) or transferring the member's care to an in-network provider.

Step	Action
5	Passport will take several subsequent actions to complete the loop for the OON service for the member. Those include: • Educating the provider regarding Medicaid covered benefits and answering any questions regarding claims submission processes, prior authorization and Passport and Kentucky Medicaid policies. See the heading **"Educating Out-of-Network Providers"** below this table. • Arranging, where needed, a single-case agreement to cover the member's care. See the heading **"Using Single-Case Agreements"** below this table. • Establishing a prior authorization in the system to ensure payment for the OON provider. See the heading **"Establishing Prior Authorizations for Out-of-Network Providers"** below this table. • **Providing care coordination to ensure integration of out-of-network care with the members' care plan to ensure continuity**: This will be done by the assigned Care Manager. If the member has not been under CM, but the services accessed through OON care indicate the member may have increasing needs, Passport will assign a Care Manager and begin the assessment and evaluation processes. See the heading **"Coordinating Care with Out-of-Network Providers"** below this table. • Working to develop a relationship with the OON provider to encourage them to join the Passport network. See the heading **"Encouraging Out-of-Network Providers to Join Our Network"** below this table.

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

Access to Out-of-Network Providers

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

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

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

Educating Out-of-Network Providers

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

Using Single-Case Agreements

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

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

Establishing Prior Authorization for Out-of-Network Providers

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

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

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

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

Coordinating Care with Out-of-Network Providers

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

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

Encouraging Out-of-Network Providers to Join our Network

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

Supporting Members in Accessing Out-of-Network Care

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

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

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

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

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

Ensuring Access for Members with Disabilities

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

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

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

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

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

Initial and Ongoing Monitoring for Accessibility

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

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

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

Our evaluation includes but is not limited to:

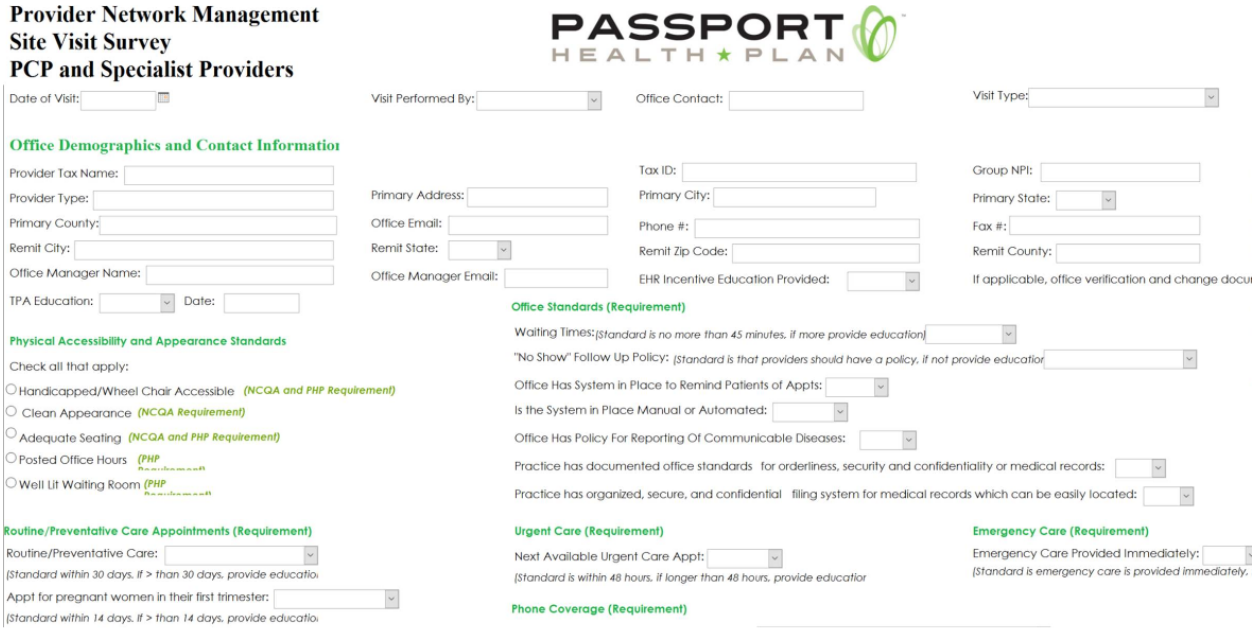
- ADA Standards
- Handicap/wheelchair accessibility
- Handicap parking
- Bathroom handrails
- Public transportation within walking distance of office
- Well-lit waiting room
- Adequate seating

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

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

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

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


Provider Network Management
Site Visit Survey
PCP and Specialist Providers

PASSPORT HEALTH PLAN

Date of Visit: Visit Performed By: Office Contact: Visit Type:

Office Demographics and Contact Information

Provider Tax Name: Tax ID: Group NPI:
Provider Type: Primary Address: Primary City: Primary State:
Primary County: Office Email: Phone #: Fax #:
Remit City: Remit State: Remit Zip Code: Remit County:
Office Manager Name: Office Manager Email: EHR Incentive Education Provided: If applicable, office verification and change docu
TPA Education: Date:

Physical Accessibility and Appearance Standards

Check all that apply:

- Handicapped/Wheel Chair Accessible (NCQA and PHP Requirement)
- Clean Appearance (NCQA Requirement)
- Adequate Seating (NCQA and PHP Requirement)
- Posted Office Hours (PHP
- Well Lit Waiting Room (PHP

Office Standards (Requirement)

Waiting Times: (Standard is no more than 45 minutes. If more provide education)
"No Show" Follow Up Policy: (Standard is that providers should have a policy. If not provide educatior
Office Has System in Place to Remind Patients of Appts:
Is the System in Place Manual or Automated:
Office Has Policy For Reporting Of Communicable Diseases:
Practice has documented office standards for orderliness, security and confidentiality or medical records:
Practice has organized, secure, and confidential filing system for medical records which can be easily located:

Routine/Preventative Care Appointments (Requirement)

Routine/Preventative Care:
(Standard within 30 days. If > than 30 days, provide educatio
Appt for pregnant women in their first trimester:
(Standard within 14 days. If > than 14 days, provide educatio

Urgent Care (Requirement)

Next Available Urgent Care Appt:
(Standard is within 48 hours. If longer than 48 hours, provide educatior

Emergency Care (Requirement)

Emergency Care Provided Immediately:
(Standard is emergency care is provided immediately.

Phone Coverage (Requirement)

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

Ensuring Delivery of Culturally Appropriate Services

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

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

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

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

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

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

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

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

Recruiting and Supporting a Culturally Sensitive and Culturally Diverse Network

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

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

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

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

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

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

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

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

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

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

Educating our Providers for Culturally Competent Service to all Populations

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

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

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

Offering Members Professional, HIPAA-Compliant Linguistic Services

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

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

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

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

Serving All Member Linguistic Needs at Every Member Touch Point

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

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

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

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

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

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

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

Ensuring Every Passport Communication is Accessible in Every Language

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

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

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

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

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

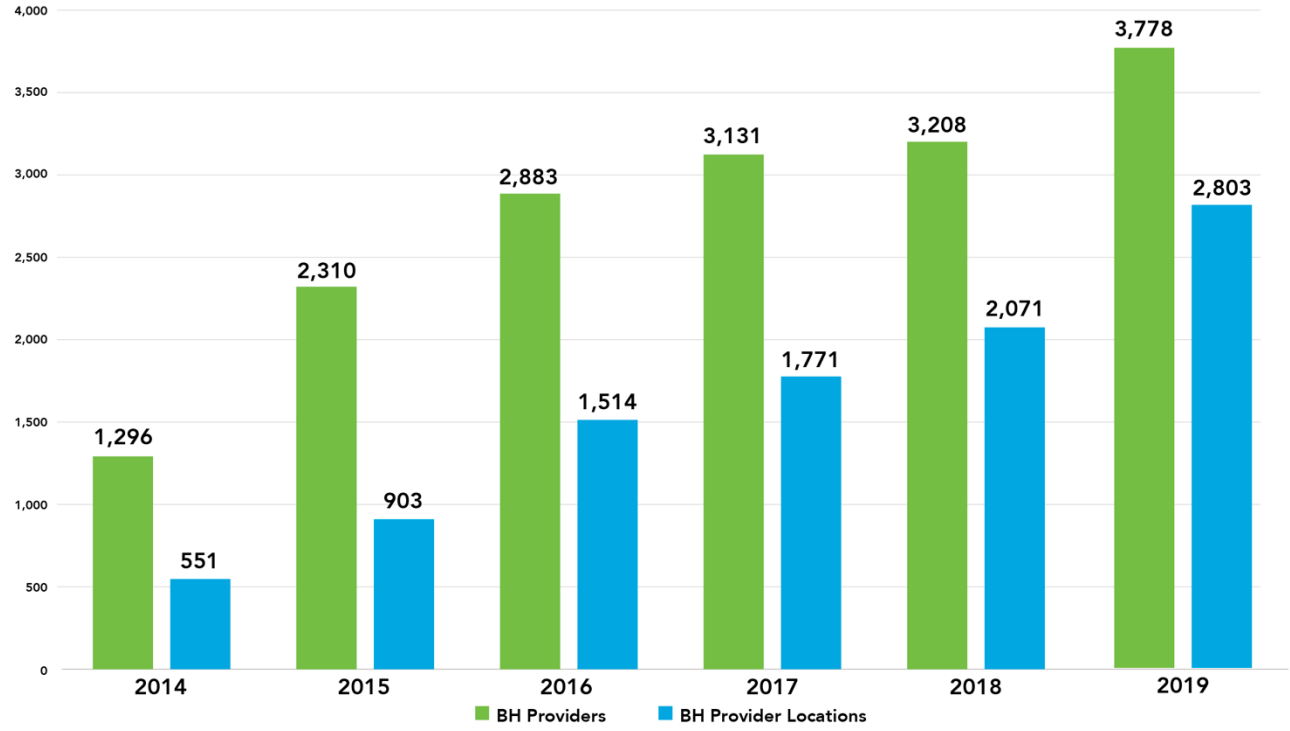
Since 1997, Passport has provided full-risk managed care services for Medicaid recipients in Kentucky. In 2013, Passport expanded from sixteen (16) counties to all one hundred and twenty (120) Kentucky counties. During this expansion, Passport met state adequacy standards within ninety (90) days. Passport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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Passport's Approach to Collaboration and Monitoring of Network Subcontractors

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

Collaborative Contracting

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

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

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

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

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

Integrating Subcontractors into Quality Oversight

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

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

Through its oversight of quality for the entire Passport organization, the QMMC facilitates our focus on whole-person care across the full spectrum of needs and services, regardless of whether these services are delivered directly by Passport or via a subcontracted arrangement. The Passport Partnership Council is an approving body for the QMMC.

The QMMC is responsible for:

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

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

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

Passport's Subcontractors and our Delegation Oversight Committee

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

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

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

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

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

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

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

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

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

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

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

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

Approach to Telehealth Service Delivery

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

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

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

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

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

Telehealth to Expand Access: Teladoc

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

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

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

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

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

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

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

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

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

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

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

Informing Providers and Members About Teladoc

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

Informing Providers About Teladoc and Collaboration Opportunities

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

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

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

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

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

Informing Members About Teladoc

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

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

Informing and Advising Providers About Other Telehealth Opportunities

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

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

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

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

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

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

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

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

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

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

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

Through these recent attempts, we have learned the following:

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

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

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

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

Passport's Provider Contracting Strategies

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

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

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

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

Passport's Organizational Structure Supports Contracting for Quality

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

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

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

Passport's Approach to Physician Incentive Plans During Contracting

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

In reviewing opportunities, we also

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

Post-Contracting Processes

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

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

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

Local Provider Relations Representatives as a Contracting Tool

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

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

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

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

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

Assuring Contractual Compliance and Processes for Corrective Actions

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

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

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

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

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

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

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

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

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

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

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

i. A Microsoft Excel workbook by provider type listing every provider that has signed a contract or Letter of Intent, including the provider's name, specialty(ies), address and county(ies), Medicaid Region(s) served, whether the provider is accepting new patients, accessibility status for individuals with disabilities, language spoken, and the provider's Medicaid Identification Number(s).

ii. A summary Microsoft Excel worksheet with total provider counts by provider type by Medicaid region and county.

iii. A statewide Geographic Access report of all providers with LOIs color coded by provider type by Service Region.

Proof of Passport's Network Capabilities

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

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

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

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

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

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

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

Passport's Network Adequacy Standards

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

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

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

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

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

Network Development and Monitoring

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

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

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

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

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

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

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

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

Exhibit C.18-13: Proximity Standards Report Sample

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

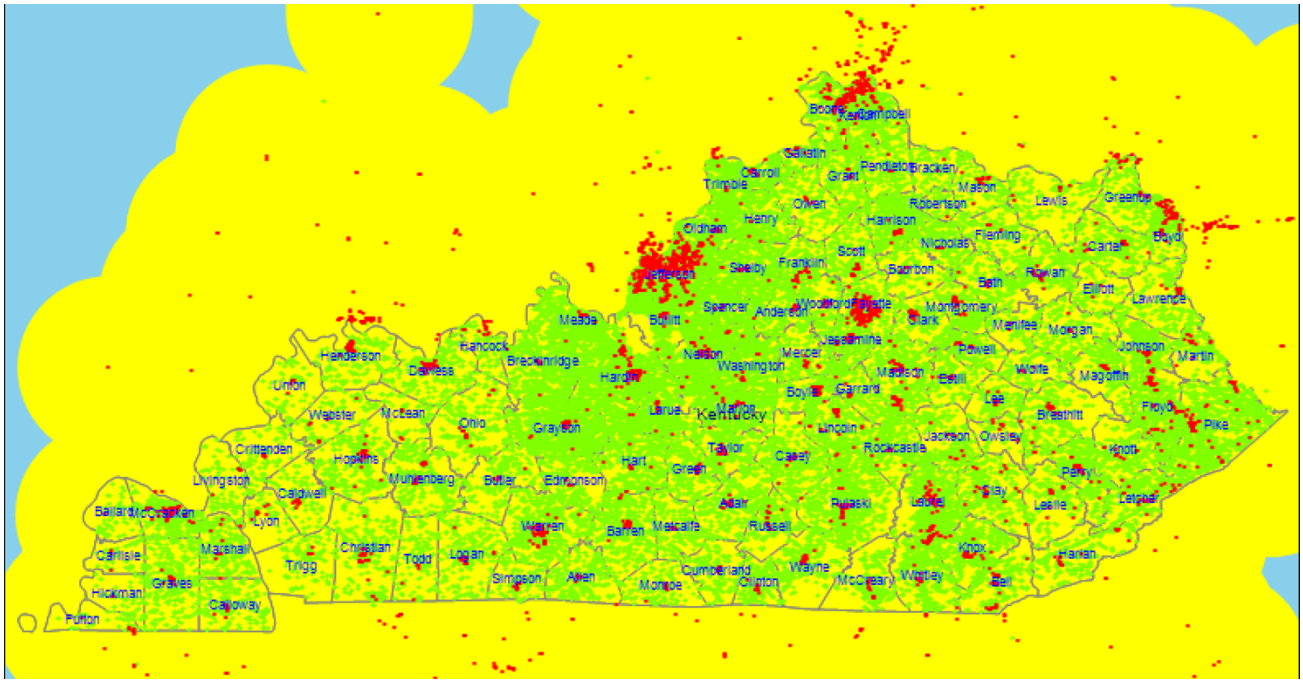
We also generate predictive and prospective access reports. Predictive reports assist in recruiting so we can determine the impact on network adequacy of adding a particular providers, or a group. Prospective access reports allow for assessment of potential impact in the event of pending voluntary provider loss or termination of a provider. Results of the analysis are then used to develop recruiting strategies and maintain network balance and compliance. **Exhibit C.18-14** gives a sample of these reports.

Exhibit C.18-14: Predictive/Prospective Access Reports Sample

Daviess, KY	2,047	DMS Network w PCP Rural - Access	With	2,047	100.0	1.6	1.9	1.9
		1 in 45 miles	W/o	0	0.0	--	--	--
		DMS Network wo PCP Rural - Access	With	0	0.0	--	--	--
		1 in 45 miles	W/o	2,047	100.0	--	--	--
		DMS Network w PCP Urban - Access	With	2,047	100.0	1.6	1.9	1.9
		1 in 30 miles	W/o	0	0.0	--	--	--
		DMS Network wo PCP Urban - Access	With	0	0.0	--	--	--
		1 in 30 miles	W/o	2,047	100.0	160.9	174.3	174.3
Edmonson, KY	558	DMS Network w PCP Rural - Access	With	558	100.0	5.1	6.0	6.2
		1 in 45 miles	W/o	0	0.0	--	--	--
		DMS Network wo PCP Rural - Access	With	0	0.0	--	--	--
		1 in 45 miles	W/o	558	100.0	--	--	--
		DMS Network w PCP Urban - Access	With	558	100.0	5.1	6.0	6.2
		1 in 30 miles	W/o	0	0.0	--	--	--
		DMS Network wo PCP Urban - Access	With	0	0.0	--	--	--
		1 in 30 miles	W/o	558	100.0	152.4	165.4	165.4

Passport also uses visualization and geomapping as an additional method of quickly assessing network coverage. We develop geomaps as an accurate visual representation of the network, plus geomaps against predictive and prospective access reports. A geomap can highlight potential geographic gaps if providers in a specific region are no longer participating with Passport. **Exhibit C.18-15** is a sample of this tool.

Exhibit C.18-15: Geomap Report Sample



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Step 4: Conduct outreach until gaps are closed.

Transparency and Cooperation

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

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

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

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

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

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

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

Passport's Notification System

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

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

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

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

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

Member Notification

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

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

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

Providers with Retroactive Termination Dates

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

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

Ensuring Continuity of Care

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

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

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

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

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

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

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

Closing the Professional Relationship

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

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

Meeting Network Adequacy After Termination of a Large Provider Group

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

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

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

Conclusion

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

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

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

C.19 Provider Payment Provisions



C.19. Provider Payment Provisions

a. Describe the Vendor's claims adjudication process and capabilities in maintaining high standards in claims processing.

b. Provide information about the Vendor and any entity proposed to process and pay claims. As part of the response, address the following:

   i. Policies and procedures to meet performance standards and prompt pay requirements for all provider types

   ii. Market-specific strategies for addressing potential provider payment issues, including underpayments, overpayments, pre- and post-claims editing policies and provider billing education

   iii. Proposed average days to payment from claims submission for the Vendor's proposed claims platform for medical and pharmacy claims. Provide the Vendor's last calendar year's report on the "average number of days to pay providers"

c. Describe the Vendor's methodology for ensuring claims payment accuracy standards will be monitored and improved through audit. At a minimum, address the sampling methodology, the process for auditing the sample, documenting of results, and activities conducted to implement changes or required corrective actions.

Passport Highlights: Provider Payment Provisions

How We're Different	Why It Matters	Proof
Established, local claims team that works with providers to expedite payment and reduce their administrative burden	• Our local claims team supports our Provider Network team during collaborative, on-site provider visits • Claims staff leverages their expertise during provider calls to increase payment accuracy	• Offer in-person and telephonic guidance to providers needing support in reading remittance advice documents, applying balances, correcting claims submissions and answering general processing-related questions • 81% of providers would recommend Passport to other physician practices (Survey: 2017-2019)
Exceed Department for Medicaid Services (DMS) expectations for claims processing	• Fast and reliable claims processing enables providers to focus on care • Providers see improved cash flow with a significant impact on smaller practices • Providers' staff saves time in reduced administrative follow-up	• 99.8% of all claims processed within ninety (90) days (CY 2019) • 97.5% of clean claims processed within thirty (30) days (CY 2019) • Both exceed the DMS standard of processing ninety percent (90%) of all claims within thirty (30) days and our internal standard of processing ninety-five percent (95%) of all claims within thirty (30) days
Deliver a multidimensional provider support model	• We reprocess claims in real-time while on the phone with providers, as needed • We proactively resolve payment and processing-related errors	• Our Provider Claims Service Unit offers single-call resolution • In 2019, more than ninety-two percent (92%) of calls had first-call resolution; less than two percent (2%) required more than the next business day to resolve • 99.3% financial accuracy (CY 2019) and 98.8% procedural accuracy (CY 2019)

Introduction

As a provider-driven health plan, Passport understands the impact that accurate and timely payments have on provider practice operations, practice finances and overall provider satisfaction.

Our Local Claims Team

Passport's commitment to the community it serves is also reflected in the skilled and local claims processing team located throughout the Commonwealth of Kentucky, with concentrations in Louisville and Prestonsburg. Under the direction of Shawn Elman, Passport's chief operating officer (COO), more than 130 staff members support Passport's dedicated Kentucky claims team in front-end claims processing, funding and recovery, root cause, provider claims rework, quality assurance and post-payment auditing.

Our Provider Relations Representatives (PRRs) leverage the expertise of our local claims team to increase payment accuracy, process claims in real-time during provider calls and educate provider office staff during collaborative, on-site provider visits.

Our Technology

We use a customizable, scalable, proprietary claims processing system, and a nationally recognized edit validation system to ensure accurate and timely provider claims payment.

Identifi

Identifi℠ Health Plan Administration (Identifi HPA) adjudicates almost six (6) million Medicaid claims for Passport each year. Through the use of Identifi HPA, **Passport has consistently exceeded the DMS requirement to pay or deny ninety percent (90%) of all claims within thirty (30) days** and methodically improved claims processing and key performance indicators (KPIs) related to timely payment, accuracy and auto-adjudication.

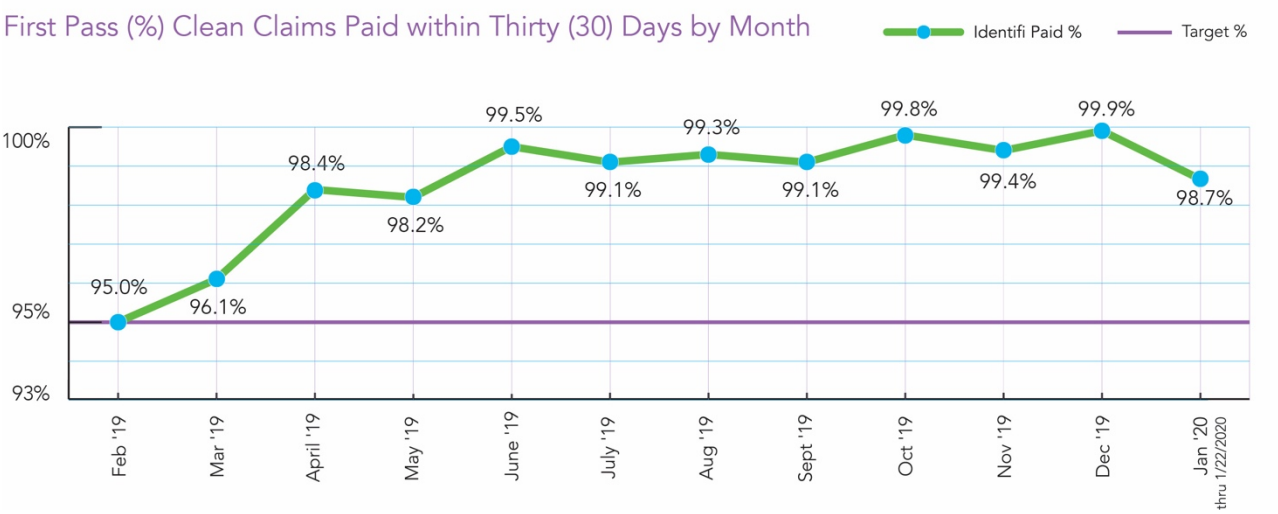
Edifecs

Edifecs is an upfront edit validation system that streamlines the exchange of Electronic Data Interchange (EDI) data and enforces claims-based data requirements. It integrates into our existing EDI data flow and provides a central hub for our X12 inbound and outbound transactions.

Meeting High Standards - Results

Passport holds itself to a higher standard of ninety-five percent (95%) or more for claims paid or denied within thirty (30) days, which it routinely exceeds. See **Exhibit C.19-1**.

Exhibit C.19-1: Claims Timeliness Performance



C.19.a. Describe the Vendor's claims adjudication process and capabilities in maintaining high standards in claims processing.

Our comprehensive claims payment process begins with the receipt of claims from providers and follows through claims adjudication to provider payment using the Identifi HPA platform.

Identifi Overview

Identifi is an extremely flexible platform that enables us to administer highly-customized requirements specific to the Kentucky Medicaid contract including benefits, eligibility, fee schedules, and provider service location configuration. During the various stages of the adjudication process, this integrated MIS interacts with membership eligibility, third-party liability data, product benefit parameters, provider pricing agreements, medical management requirements, and clinical editing information to provide accurate and highly automated adjudication of claims. Claims processing validates diagnosis codes and procedure codes to connect service-based rules, and includes parameters for handling benefit limitations, copays, and coordination of benefits (COB). This powerful software engine:

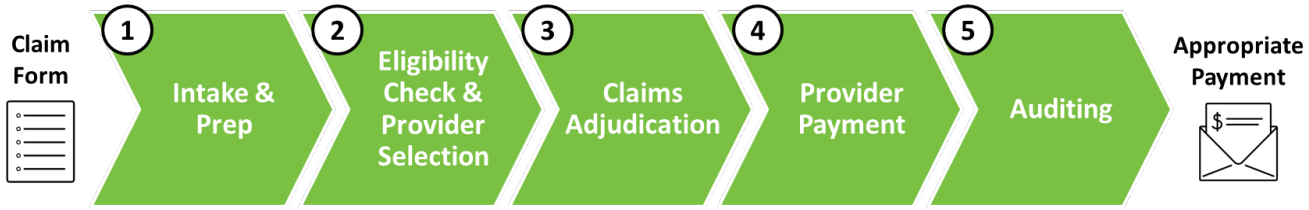
- Adapts to rapidly changing business and regulatory environments
- Automates business processes
- Enhances efficiency
- Provides the flexibility to administer diverse plan designs
- Integrates with third party solutions

Identifi℠ HPA accommodates and administers all major payment methodologies including but not limited to Fee-for-Service, Capitation, Case Rates, Per Diems, DRG, Percentage of Billed Charges, UCR, percentage of UCR, RBRVS with GPCI, Bundling, Tiered Per Diems, Lesser of Billed Charges, Calculated Rates, and Treatment Case.

Passport Claims Adjudication Process & Capabilities

An overview of the end-to-end steps in the claims adjudication process follows, including the mechanisms by which quality and accuracy are supported, to ensure that providers receive appropriate payment. This process is demonstrated in **Exhibit C.19-2**.

Exhibit C.19-2: Passport Claims Process Flow



1) Intake & Prep

Providers may submit either electronic claims or paper claims using the DMS-approved uniform claims form We encourage our participating providers to submit claims through Electronic Data Interchange (EDI) powered by the claims clearinghouse Change Health, which allows faster, more efficient and cost-effective claims submission for providers. Approximately ninety-five percent (95%) of our claims are submitted electronically. Paper claims submitted by providers (by mail or by fax) are accepted, inventoried, scanned and compiled into an electronic file (known as an x12 837 file) for processing alongside electronically submitted claims. This allows for all claims, whether submitted electronically or on paper, to pass through the same edits and adjudication processes for consistency. Identifi HPA date and time stamps each claim and assigns a unique claims identifier enabling claims staff to track its progress from initial entry into the Passport systems to final adjudication and ultimate storage. This automatic stamp also allows us to systematically track timeliness of claims process.

Edifecs

All medical claims submitted by providers run through our Edifecs EDI Gateway front-end validation, performing claims rule checks prior to accepting a claim for processing in our Identifi claims system. This smart clearinghouse capability introduced in August 2019 ensures that claims that do not pass initial edits are rejected back to the provider for remediation and that the provider is given a clear and actionable explanation why the claims were rejected.

Through this innovative solution, 1200 edits were installed to improve claims quality with a positive impact on claims payment accuracy and timeliness. Notable categories implemented through EDI Gateway in addition to syntactical and data presence requirements were enhancing claims editing to SNIP Level 4, instituting ORP provider edits and additional Provider NPI/Taxonomy edits to align with DMS encounter data reporting requirements. Accepted claims are then adjudicated in our Identifi HPA claims system.

2) Eligibility Check & Provider Selection

Our Identifi℠ HPA processing system stores member and provider data to allow for a seamless and accurate matching process, including:

- **Eligibility check.** Our Enrollment Operations team validates and manages the daily eligibility files received from KYMMIS. The team loads these files into the system to ensure that we confirm current member eligibility. Once a claim enters the Identifi HPA processing system, it is systematically matched to the correct member through verification of eligibility for each date of service.
- **Provider selection.** Our Provider Data Management team oversees the load and verification of provider data attributes against the National Plan and Provider Enumeration System (NPPES) to prevent erroneous claim finalization. The provider information submitted on the claim is then systematically matched against Passport's provider network through the validation of multiple provider attributes such as DMS enrollment, to ensure selection of the correct provider and servicing location and effective dates against the service date.

3) Claims Adjudication

Validation and Pricing

Identifi applies benefit data and authorization rules to the claim based on the member's benefit structure. The benefit logic is also where copays, if applicable, are assigned. If the service requires an authorization, the system automatically searches for a match. If there is no authorization on file and one is required, the claim then moves to a queue for manual review. The benefit validation and authorization check is a critical step supported by sophisticated rule based logic within the Identifi system to ensure consistent and accurate processing. Identifi is very flexible and allows for changes to be made for new programs or changes, including limits to covered benefits. Changes are first tested in a test environment and upon successful results, moved to the live environment.

Once the member's benefit and authorization rules have been cleared, the system then applies the payment methodology and contract information needed based on the provider selection. This automated process is made possible because the providers, their contracts, fee schedules and payment rules are loaded and maintained by a separate team made up of provider network management experts. Additionally enhanced clinical and National Correct Coding Initiatives edits are applied to each claim. These enhanced edits check for global codes subject to unbundling or medically unlikely edits for multiple codes on a claim that may be incompatible. Additional adjudication edits include:

- Valid dates of service
- Contract and payment methodology selection
- Fraud and abuse detection
- Coordination of benefits (COB)/Third party liability ITPL)

During claims pricing, the system automatically checks each claim for a variety of possible submission errors. If the system finds an error, it routes the claim for manual review or denies it for the identified error reason, depending on which is appropriate. Once benefits, authorizations and pricing are confirmed, the system determines if applicable COB or TPL information is present. If COB or TPL is found, the system then routes

the claim for auto-adjudication or manual review. This ensures claims are processed accurately while maximizing Medicaid Program cost savings.

Manual Claims Review Process

While the majority of claims are auto-adjudicated, claims that cannot go through the auto-adjudication process enter a manual workflow queue. Our local Front-End Claims team manually reviews each claim to ensure accuracy. Manually reviewed claims include, but are not limited to, the following:

- High dollar submitted charge claims
- Coordination of benefits situations that cannot be processed automatically
- Transplant claims
- Grace period claims
- Newborn claims when submitted with mother's member identification
- Complex eligibility with date spans and gaps in coverage
- Corrected and late billings

We stratify our front-end claims adjudicators by skill levels and work types that correspond to the complexity of the claims they are assigned to review. The process is supported by referenceable policy and procedure documents to ensure consistent claims processing, which allows individuals on the team to focus on their areas of expertise to ensure that claims are finalized in a timely manner and in accordance with their corresponding service-level targets. We set our targets at a higher standard than those established by DMS to ensure that we consistently meet and exceed DMS standards. The Claims Management team monitors workflow queues for patterns and trends to ensure that claims are being worked on in a first-in, first-out basis. Teams continuously assess claims inventory to identify potential system updates and enhancements to improve the auto-adjudication rate.

Non-Participating Provider Adjudication Process

The claims adjudication process for non-participating providers is identical to the process for participating providers, with the exception of prior authorization requirements. Our processing rules for claims from non-participating providers are as follows:

- If there is an authorization on file matching the provider and services, the claim will autoadjudicate
- Or, if the claim is for emergency department services, the system overrides the requirement for an authorization and autoadjudicates the claim normally
- Or, if the class of service requires an authorization and there is none on file, the claim pends for manual review by a claims adjudicator

4) Provider Payment

Identifi is highly configurable and has the ability for scheduled check runs, by day and time, and as frequently as on a daily cadence. Our team performs quality checks of claims adjudication and the claims payment file prior to initiating the check issuance process. The system can issue live checks or electronic fund transfers, depending on the provider's preference. Additionally, the system is able to intercept specific

claims scenarios, such as high-dollar claims, claims for select providers, special handling requirements, etc., for management approval before funds are released. The system also maintains check registries and ledgers related to claims payment for financial control, bank reconciliation and accounting activities.

Providers receive notification through a remittance advice if a claim is denied or approved for an amount, duration or scope that is less than requested. The provider's remittance advice cites the reason for denial or partial authorization and the contact information for our Provider Claims Service Unit, should the provider have any questions.

HIPAA Compliant Communications

Provider and DMS communications related to claims processed electronically use Health Insurance Portability and Accountability Act (HIPAA) compliant standards for information exchangeincluding HIPAA Accredited Standards Committee (ASC) X12 version 5010 transaction 837 and National Council for Prescription Drug Programs (NCPDP) version 5.1 to NCPDP version 2.2. file formats.

5) Auditing

All auto-processed and manually processed claims are randomly sampled for financial and processing accuracy. Results are shared with all levels of the organization and are reported monthly in an executive dashboard. Prior to releasing funds for payment, additional audits are conducted to ensure correct payees, identify anomalies, and provide a final comprehensive view of the adjudicated claims ready for payment:

- Concurrent Audits are performed pre-claim adjudication based on specific criteria
- Retrospective Audits are performed on a percentage of claims per adjudicator for continuous performance monitoring with continual feedback for training opportunities

The Audit team works closely with the Claims Proccessing and Training teams to provide timely feedback on audit results. Performance is closely monitored and progressively managed by the Claims team and remedial training is provided based on audit results. Our progressive management approach includes employee actions if expected improvements after additional training and coaching are not achieved. Actions may include an adjustment of claims audits assigned to the employee, an employee performance review, re-assignment to another department within Passport more suited to the employee's skills, or even possible employment termination.

C.19.b. Provide information about the Vendor and any entity proposed to process and pay claims. As part of the response, address the following:

About Passport

Since our founding as the Commonwealth's first partner in Medicaid managed care, we have worked to develop a strong, consistent claims payment process that provides accurate and timely claims adjudication. We have been committed to meeting the DMS mission to improve the health of all Medicaid members in a

cost efficient and effective manner. This long, successful history of technical innovation and overcoming challenges gives us a unique view into the Kentucky Medicaid Program that benefits the Commonwealth.

We are headquartered in Louisville, Kentucky, with an Executive Leadership Team that is focused on Kentucky Medicaid. The Executive Leadership Team provides oversight of all partners. Passport is fully responsible for subcontractor performance and has carefully selected subcontractors that have proven records of providing high quality services. Passport integrates subcontractors into its delivery model to maximize better access, care, outcomes and financial results. Passport's current subcontract relationships have met all DMS requirements, including but not limited to DMS approval of underlying subcontracts.

Our subcontractors are carefully vetted and due diligence is performed in alignment with our provider- and community-driven governance structure. As part of due diligence, a procurement team works with the appropriate Passport business owner to identify the scope of the need to be subcontracted. Possible vendors are identified and assessed with a specific focus on the vendors' outcomes, quality measures and experience, including facilities assessments to ensure IT security and Protected Health Information (PHI) security are properly addressed. We also review the cost proposal to ensure that we are leveraging the best value for the health plan, the Commonwealth and our members. Furthermore, we contact references and fully consider any past regulatory, compliance or legal issues that a potential subcontractor may have encountered. Once contracted, our subcontractors are managed through ongoing performance measurement and oversight.

About Our Subcontractors

Medical and Behavioral Health Claims: Evolent Health

Evolent is delegated for medical and behavioral health claims processing. To support full alignment between Passport and Evolent as both a strategic partner and subcontractor for core services, an organizational structure has been developed to formalize accountability, reporting relationships and aligned service-level agreement (SLA) achievement and KPIs. This hierarchy of aligned reporting and goals, from executive level through functional ownership, permeates throughout as Evolent delivers services. Our COO, Shawn Elman, is at the center of this model, responsible for operational performance and aligned directly with an Evolent counterpart in service delivery. This matrixed approach creates accountability for performance alignment, promotes participation in goal setting, performance reviews and SLAs, and locks in alignment with the subcontractor contributing to that performance. The matrixed approach also creates direct visibility to potential needs for performance improvement or corrective action planning and creates inherent subcontractor integration with coordinated operations, aligned performance goals and measurements.

Pharmacy Claims: CVS/Caremark

CVS/Caremark is the largest pharmacy benefits manager (PBM) in the nation, serving 21 million members in thirty (30) managed Medicaid markets. CVS/Caremark processed 5.2 million Passport pharmacy claims in 2019 with an average turnaround of less than ten (9.64) days.

Dental, Vision and Hearing: Avesis

Avesis has provided essential vision, dental, and hearing care programs for millions of members for more than thirty-five (35) years and is recognized today as one (1) of the fastest growing managed ancillary health administrators in the nation. Over the past three (3) years, Avesis has processed an average of 26,000 dental and eye care claims each month with an average turnaround time of four (4) days.

We conduct monthly ongoing monitoring, auditing and oversight for all activities conducted by subcontractors in accordance with applicable state and federal laws, regulations and guidelines. Our Compliance, Quality and Claims department representatives conduct functional area-level monitoring of delegated subcontractors to ensure that they fulfill their compliance and contractual requirements.

C.19.b.i. Policies and procedures to meet performance standards and prompt pay requirements for all provider types.

Meeting Performance Standards

Passport's claims processing operations are focused on the early identification of potential deficiencies and risks to meeting service levels so that they can be addressed in a timely manner before anyone sees an impact on performance metrics. We manage claims inventory and ensure timely processing by using multiple tools and reports available within our claims processing platform and other dashboard and data sources. Data and business analysts in the claims organization create inventory reports that separate the claims into date range categories. Claims management monitors these reports several times each day. This allows the managers to identify claims that are trending toward the beginning, middle and end of the agreed-upon service levels and prioritize them for follow-up action. Daily, the system generates reports on open claims that list all open claims pending adjudication. Passport's Claims Management team monitors these reports to ensure that all claims are processed in a timely manner and in accordance with turnaround requirements. Our process for identifying deficiencies and variance from claims processing standards includes review of:

- Daily inventory reporting, including claims received, unfinalized and targeted claims reporting
- Ad hoc reporting by analysts within the claims team for targeted data analysis
- General claim summary reports, created as needed, that indicate all claims received and their adjudication status (paid, denied and pending)
- Daily EDI files, which allow us to verify that the claims submitted through the clearinghouse have been loaded into the claim system

Meeting Payment Requirements

Passport pays provider claims in accordance with state and federal claims and provider payment requirements set forth in 42 CFR 447.45 and 447.46 and KRS 304.17A-700-730. Claims that are incorrectly paid or denied in error are reprocessed in compliance with KRS 304.17A.17A-708, and no claim is denied for timely filing when submitted timely.

We reimburse out-of-network providers in accordance with the provisions of the Medicaid Managed Care Contract, Section 29.1, Claims Payment at no more than one hundred percent (100%) of the Medicaid fee schedule with the exception of early and periodic screening, diagnostic and treatment (EPSDT) services.

We pay the following claim types in compliance with Kentucky statutes and administrative regulations and in accordance with the provisions of the Medicaid Managed Care Contract, as applicable:

- Payment to providers for serving dual-eligible members
- Payment of federally qualified health centers and rural health centers
- Office for children with special health care needs
- Payment of teaching hospitals
- Intensity operating allowance
- Payment for urban trauma centers
- Critical access hospitals

Passport recognizes DMS' desire to provide reimbursements through directed and supplemental payments to preserve essential services for Kentuckians. We make these directed and supplemental payments in accordance with 42 C.F.R.438.6(d) and provide claims-level cost data to DMS for payment verification purposes upon request.

Any overdue payment of a claim pays interest at a rate of twelve percent (12%) per year for claims paid between one (1) and thirty (30) days from the date payment was due, eighteen percent (18%) per year for claims paid between thirty-one (31) and sixty (60) days from the date payment was due, and twenty-one percent (21%) per year for any claims paid more than sixty (60) days from the date payment was due.

In the unforeseen event that a clean claim remains unpaid in violation of KRS 304.17A-700 to 304.17A-730, a claim remains unpaid for forty-five (45) or more days after the date it is received, or exceeds an aggregate of $2,500, Passport will meet with the provider in person, at the provider's request.

Passport and Evolent Policies and Procedures

Passport's claims processing activities are governed by policies and procedures which are adhered to by all engaged to support the provider payment provisions. Passport's policies and procedures for claims processing have been reviewed and approved by DMS and are fully implemented today. These are as follows:

- Policy PQA.001.E.KY: Quality Auditing of Claims (**Attachment C.19-1_Policy PQA.001.E.KY Quality Auditing of Claims**)

- Policy PRW.002.E.KY: Confidentiality & Privacy Guidelines – Provider Claims (**Attachment C.19-2_Policy PRW.002.E.KY Confidentiality & Provider Claims**)
- Policy PRW.003.E.KY: Processing Projects (**Attachment C.19-3_PRW.003.E.KY Processing Projects**)
- Policy PRW.004.E.KY: Provider Claims Statutory Reporting (**Attachment C.19-3_PRW.004.E.KY Provider Claims Statutory Reporting**)
- Policy PRW.005.E.KY: Timeliness of Claims Payment & Paying Interest (**Attachment C.19-5_Policy PRW.005.E.KY Timeliness of Claims Payment & Paying Interest**)
- Policy PRW.006.E.KY: Processing PLP Claims (**Attachment C.19-6_Policy PRW.006.E.KY Processing PLP Claims**)
- Policy PFR.001.E.KY: Recovery of Overpayments (**Attachment C.19-7_Policy PFR.001.E.KY Recovery of Overpayments**)
- Policy PFR.002.E.KY: High Dollar Claims Review (**Attachment C.19-8_Policy PFR.002.E.KY High Dollar Claims Review**)
- Policy PFE.001.E.KY: Claims Adjudication Process (**Attachment C.19-9_Policy PFE.001.E.KY Claims Adjudication Process**)
- Policy UHG.GEN.33: Delegated Entity Oversight (**Attachment C.19-10_Policy UHG.GEN.33 Delegated Entity Oversight**)

Oversight of Subcontractor Claims Payment

Passport provides rigorous oversight of the claims payment process through review of reports, real-time dashboards and issue identification and corrective actions. Through oversight and constant evaluation of performance and provider satisfaction, we implement changes to ensure subcontracted services meet Passport's high standards for service.

We conduct appropriate ongoing monitoring, auditing and oversight for all activities conducted by subcontractors in accordance with applicable state and federal laws, regulations and guidelines. Our Compliance, Quality and Claims department representatives conduct functional area-level monitoring of delegated subcontractors to ensure that they fulfill their compliance and contractual requirements.

We use the following reports to monitor claims:

- **Pended Claims**, weekly report to monitor appropriateness of claims being held
- **Denied Claims**, weekly report to monitor appropriateness of denial and whether the adjustment reason codes properly reflect member or provider liability
- **Claims Awaiting Check Run**, weekly report showing claims that have been processed and are scheduled for payment in the next check run
- **All Paid Claims**, monthly report to monitor all aspects of correct claim payments including, but not limited to, timeliness, interest payment if appropriate, benefit configuration and benefit changes
- **Adjusted Claims**, monthly report to identify trends and benefits that were misconfigured, and to confirm that adjustment was done correctly
- **Focus Audit**, process performed to confirm changes to plan benefits has been done correctly

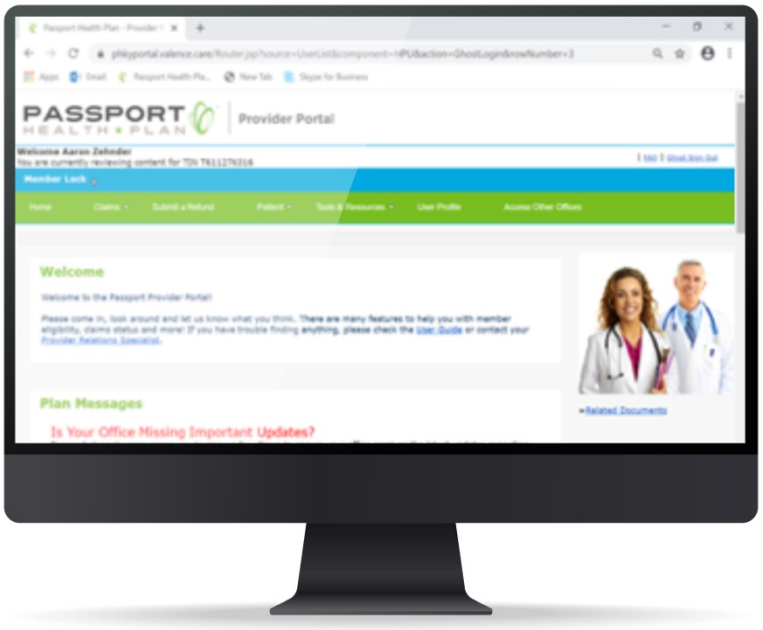
In addition to monitoring these reports, Passport conducts biweekly meetings with subcontracted claims teams to assure appropriate processing and timelines. They also meet monthly with the benefit coding team to ensure that benefit change requests and any code editing changes are being updated and tested in a timely manner.

C.19.b.ii. Market specific strategies for addressing potential provider payment issues, including underpayments, overpayments, pre- and post-claims editing policies and provider billing education.

Strategies for Addressing Provider Payment Issues

Passport has established mechanisms to provide readily available provider claims payment information in real time. Our commitment to this is demonstrated by the personalized support we offer through our our web-based provider resources and Provider Claims Service Unit (PCSU).

Web-Based Provider Resources



Providers can access claims status information in real time through our provider portal. Claims status reporting shows providers information about their submitted and closed claims as well as claims source (paper vs. electronic), claims volume, billed amounts and paid amounts. Providers can also access information about open claims (claims pending adjudication) and claims awaiting check run.

Provider Claims Service Unit

Providers can call our PCSU, based in Kentucky, and speak directly with one of Passport's highly skilled, provider-focused customer service agents. PCSU can provide claim status, answer provider questions regarding the claims process and/or quickly reprocess and correct claim payment errors in real time with the provider on the phone for single-call resolution. The PCSU management team logs errors based on trends in our provider payment inquiry system. Our Root Cause team determines the cause of the errors, analyzes them to identify the number of providers affected and looks for opportunities for system enhancements or process updates. The Root Cause team then coordinates with our:

- Reimbursement team to resolve the error through coding updates
- Provider Enrollment and Contracting teams for contractual corrections

- Provider Claims Rework team for claim reprocessing
- Provider Network team for provider education and outreach regarding system enhancements

Addressing Deficiencies and Variance From Standards

The Claims Management team closely monitors performance and service levels. This team has access to scheduled, pushed, on-demand and ad hoc reporting to monitor system performance, inventory, inbound and outbound file transfers, turnaround-time, auto-adjudication rates, etc. They investigate any activity that is outside of our expected parameters and escalates for remediation and root cause analysis. Examples of root causes include incomplete or incorrect system configuration, missing or invalid provider data, and claims that require manual intervention or concurrent audit.

Provider Network Team



Our statewide Provider Network team provides ongoing support to answer questions and resolve issues, including any payment issues, for all provider types. PRRs visit providers at their offices on a regular basis. Dependent on provider needs, a PRR may schedule monthly onsite visits or be available on an ad hoc basis to visit providers at any time. The PRR remains engaged with the provider through telephone, email or other provider-preferred methods. PRRs work closely with our claims team for help in reprocessing claims by phone, investigating and reasearching provider claim issues, and coordinating to schedule joint provider meetings for education and provider training.

Under- and Over-Payments

As described above, when one provider reports an over- or underpayment, our Root Cause team investigates the reason for the error. The team then works with various departments, depending on the issue:

- System coding to correct errors
- Provider contracting and enrollment for contract updates
- Provider Network team to provide education to affected providers

If the team finds that the errors were related to manual processing, we review the policies and procedures and complete refresher training for the claims staff.

When we implement changes as the result of claims audits or provider inquiries, our Provider Claims Rework team initiates a claim project to identify and reprocess impacted claims for correct payment or denial. The team runs impact reports to identify all the claims and other providers that are affected by the changes. With these steps, we ensure that the provider receives the correct reimbursement whether that includes additional payment or recoupment of overpayments. For the recoupments, we notify the provider of the overpayment and request a refund of the overpaid amount; otherwise, we will offset the amount against future claims. After completing the analysis and adjusting claims, we run another impact report to verify that all identified claims have been corrected.

Pre- and Post-Claim Editing Policies

Identifi HPA uses a comprehensive set of coding edits developed by the Centers for Medicare and Medicaid Services, DMS and the American Medical Association instead of proprietary edits. During claims editing, the system reviews CPT coding instructions, modifier appropriateness, medical necessity guidelines based on local and national coverage determinations, coding errors, omissions and questionable billing. Coding errors that the system identifies may, for example, include unbundling and frequency limits, which in turn supports the detection and prevention of fraud, waste and abuse. Our claims system also integrates editing software to apply historical editing. With this software, the system can identify related claims that were previously submitted within the member history and apply logic that may result in adjustments or denials. Clean claims that have no errors or edit issues will auto-adjudicate and finalize. If the system identifies issues through the edits, these are either forwarded to the manual claims review process or denied to the provider for correction and resubmission. Through this process, Passport is realizing an upward trend of the claims volume adjudicated automatically through the Identifi HPA system.

Provider Billing Education

Providers play an important role in helping to ensure that claims are processed timely and accurately. The provider must follow the proper billing and coding requirements for this to occur. To provide support, we share claims-related data with providers, familiarize them with the claims process and educate them on what steps they can take to help ensure efficient and accurate claims payment. In addition to provider-specific claims information and reports, we regularly report claims payment system performance data to our entire provider network. We report common billing errors and payment or processing updates through our electronic provider newsletter and Passport *eNews.* Finally, we highlight updates on claims payment performance on our provider website.

Education on the claims process is a key component of our provider orientation and ongoing communications and training. We share information about the claims process and system performance with providers during monthly provider trainings held during the first year of the contract. During these sessions, our local PRR discusses common claims errors and how to avoid them. The Passport provider manual reinforces the training with comprehensive claims submission information. Our exceptional PCSU has been responding to providers' calls regarding claims-specific questions and issues for nearly twenty (20) years. Claims payment education and transparency pays off, by:

- Helping to maintain and improve provider satisfaction
- Minimizing issues including underpayments and overpayments
- Identifying suggested process improvements or policy updates, which may originate from our network providers and their office staff

C.19.b.iii. Proposed average days to payment from claims submission for the Vendor's proposed claims platform for medical and pharmacy claims. Provide the Vendor's last calendar year's report on the "average number of days to pay providers."

Payment Timeframes for Medical and Pharmacy Claims

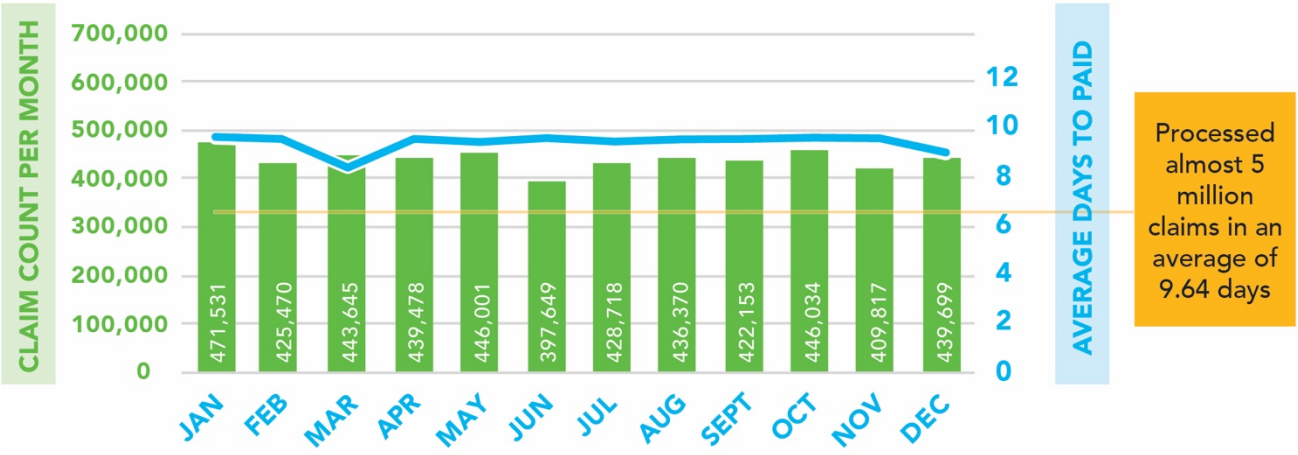
Passport completes claims payment in full accordance with requirements set forth in 42 CFR 447.45 and 447.46 and KRS 304.17A-700-730. For any claims that are incorrectly paid or denied in error, we reprocess them in compliance with KRS 304.17A.17A-708. No reprocessed claim is denied for timely filing when the original claim was submitted timely.

In 2019, Passport's medical claims were processed in an average of 6.5 days and pharmacy claims in 9.6 days.

2019 Average Number of Days to Pay Providers

As a result of continuous improvements in auto-adjudication and inventory reduction, Passport and its medical claims subcontractor, Evolent, **processed almost 6 million claims in an average of 6.5 days in 2019**. **Exhibit C.19-3** provides 2019 claims payment volume and average days to payment by month.

Exhibit C.19-3: 2019 Claims Payment Statistics



Proposed Number of Days to Payment

Passport has a long history of exceeding the Department's requirements to pay ninety percent (90%) of claims within thirty (30) days and ninety-nine percent (99%) within ninety (90) days. **Exhibit C.19-4** demonstrates that we have consistently exceeded DMS requirements, in addition to the higher standards set internally. We recommend the proposed average days to payment for medical and pharmacy claims be seven (7) days as an annualized average.

Exhibit C.19-4: Passport Timeliness History of All Medical Claims

Processed Claims				
Year	1-30 Days	31-60	61-90	>90 Days
2013	99.60%	0.40%	0.00%	0.00%
2014	99 .70%	0.30%	0.00%	0.00%
2015	98.60%	1.30%	0.10%	0.00%
2016	99.90%	0.10%	0.00%	0.00%
2017	99.50%	0.50%	0.00%	0.00%
2018	96.80%	2.70%	0.30%	0.20%
2019	99.20%	0.50%	0.10%	0.20%

C.19.c. Describe the Vendor's methodology for ensuring claims payment accuracy standards will be monitored and improved through audit. At a minimum, address the sampling methodology, the process for auditing the sample, documenting of results and activities conducted to implement changes or required corrective actions.

Auditing to Ensure Claims Payment Accuracy

In addition to tracking the speed of our claims processing system, Passport employs a comprehensive, two (2)-level claims auditing approach to evaluate the performance of our claims payment processes and payment accuracy.

Pre-and Post-Payment Audits

A team of Pre-and Post-Payment auditors (PPAs) review claims that are awaiting a scheduled check run and claims for which payment has been issued. These audits are both random and targeted; the audits help detect possible error trends to minimize impact to our providers. The PPA team leverages data from a review of claims processed through coding guideline algorithms during claim pricing. The audit algorithms follow documented claims policies and procedures to make certain of claims payment accuracy, integrity and compliance with the provisions of the Medicaid Managed Care Contract with the Commonwealth. Pre-payment audits help limit payment anomalies (under/overpayments) prior to the release of funds. We also flag claims that meet certain criteria; these claims have additional pre- and post-payment review by PPAs. The criteria include:

- Member plan types
- Void charges
- Corrected claims and the corresponding original
- Interim bills
- Claims paying more than the submitted charges
- COB
- Medicare crossover

- High dollar review
- Check run validation
- Post-pay chart review for DRG reassignment
- Data mining for anomalies related to NCCI edits, duplicates, readmissions, transfers, max limits, etc.
- Validating COB/TPL primacy, including
- subrogation cases
- Claims with refund checks applied

Quality Assurance Audits

A team of quality assurance (QA) specialists conduct a spectrum of audits to ensure the quality and improvement of claims processing. Each specialist reviews the claim to ensure compliance with DMS and Passport policies and directives. The subgroups within QA do the following:

Group 1. Six (6) QA specialists perform concurrent and retrospective audits of the claims handled by Front-End and Provider Claims Rework adjudicators:

- Concurrent audits are performed after the adjudication process, with a percentage of claims per adjudicator for continuous performance monitoring and continual feedback for training opportunities
- Retrospective audits are performed once the remit payment has been issued to ensure correct payment methodologies are being followed and to identify potential provider billing anomalies

Group 2. QA specialists review and audit the phone calls handled by the PCSU.

Group 3. QA Specialists review and audit the claims adjudicated by the PCSU. In addition, these QA specialists perform an important “audit the auditor” function by auditing the work of the QA specialists in

Sampling Methodology

We select adjudicated, pre-payment claims for audit through a proprietary, internally developed randomizer tool that selects five percent (5%) random audits per claims adjudicator. The randomizer also selects ten percent (10%) of claims per claims adjudicator for new hires, new policy updates and claims adjudicators in performance improvement plans.

In 2019, Passport completed 167,373 claims system audits.

Audit Process

All processed claims are randomly sampled for auditing to confirm financial and processing accuracy. We share the results with all levels of the organization and report them monthly in an executive dashboard. Prior to releasing funds for payment, we conduct additional audits of high dollar claims to ensure correct payees, identify anomalies and provide a final comprehensive view of the adjudicated claims ready for payment.

We distribute selected claims evenly to a team of dedicated quality specialists who review the claims within twenty-four (24) hours for procedural and financial accuracy. Topics audited include:

- Determine if claim is a paper or electronic submission
- Verify form type (UB-04 vs. CMS-1500)
- Verify information submitted on claim matches what is applied in the system
- Verify member eligibility for the date of service
- Review the member's plan type (determine if an authorization/referral is needed)
- Verify that the provider information submitted matches that applied in system
- Determine whether the provider is participating or nonparticipating
- Verify the payment assignment on claim to confirm that it is for the provider, not the member
- Review COB/TPL requirements and corresponding submitted information
- Review and verify receive date to determine if claim is processing and whether any interest due is applying appropriately
- Review and verify member history for possible duplicate submissions
- Review the place of service (POS)/rev code/modifier/proc code/condition code/DX codes/billed units/NDC affects requirements for authorizations/overrides; confirm that all are billed correctly together
- Determine if systematic or manual edits were processed appropriately according to DTPs. Examples include, but are not limited to, the following:
  - Confirm type of bill/frequency code (correction or void submission)
  - Primary care physician requirements
  - Authorization requirements
  - Confirm any special processing instructions/exceptions based on notations on the claim
- View any additional documentation attached to the claim
- Review and verify any additional clinical edits and claim payment methodology
- Confirm if claim is correctly "staged" (held from or pushed out on check run) and why
- Confirm if claim is correctly "locked" to prevent future reprocessing
- Review recent check information to determine if audit is pre- or post-payment

To consistently report our ability to demonstrate excellence, we measure claim accuracy in the following categories:

- **Procedural accuracy**. Measures compliance with established Passport policies, procedures and processing rules. Assesses procedural errors at a claim level. Calculates procedural accuracy by subtracting the number of claims with procedural errors from the total claims reviewed and dividing the difference by the total claims reviewed.

  Procedural noncompliance may include, but is not limited to, the following:

  - Improper claim routing
  - Incomplete or inaccurate claim documentation
  - Incorrect or omitted remark, reject, status or comment codes
  - Failure to investigate per established procedure
  - Incorrect provider selection

- **Financial accuracy**. Measures compliance with benefit, plan and provider calculations and is calculated at a claim level. Calculations are made for the individual claim. To calculate financial accuracy, subtract the payment error dollar amount from the correct dollars payable and divide the difference by the correct dollars payable.

Exhibit C.19-5 demonstrates that we have consistently exceeded the financial and procedural accuracy requirements for claims processing.

Exhibit C.19-5: Passport Claims Financial and Procedural Accuracy for 2019

Month	Total Number of Audits 2019	Financial Accuracy Passport Requirement: 98%	Procedural Accuracy Passport Requirement: 97%
January	19,856	99.69%	99.39%
February	15,310	99.62%	98.58%
March	12,562	99.30%	99.30%
April	11,744	99.57%	99.54%
May	12,099	99.37%	98.36%
June	10,286	99.29%	98.98%
July	13,203	98.86%	98.88%
August	13,490	99.31%	99.28%
September	11,982	99.61%	99.07%
October	13,052	98.56%	97.45%
November	16,536	99.01%	97.92%
December	17,253	99.39%	98.89%

Documenting Results and Implementing Corrective Actions

We log audit results and distribute them to the Claims Management team. Passport's claims team closely monitors and progressively manages performance and provides remedial training based on these audit results.

To provide timely feedback on audit results, the audit team works closely with the claims processing and training leaders in weekly Processing Review Committee (PRC) meetings. Areas discussed include needed staff training, improvements for claims processing desktop procedures and system enhancements or possible "breaks" in the system that must be corrected.

As a result of auditing, processes prone to error have been refined, such as enhanced authorization matching, automated COB/TPL processing, and low-complexity member and provider matching where we can script manual steps to prevent human error.

Conclusion

Throughout this response, we have shown how we are meeting and exceeding DMS requirements for claims processing excellence, timely claims payment, comprehensive dedication to anticipating and resolving provider payment issues, and ensuring full compliance with state and federal requirements through our end-to-end audit processes. Our tenure providing Medicaid services on behalf of the Commonwealth and our experienced Kentucky-based claims team will positively impact Passport's claims processing and provider payment abilities as well as foster increased provider satisfaction. In support of our continuous quality improvement culture, we use the information we learn from our people, our systems and our more than 32,000+ participating Kentucky providers to remain a provider-recommended health plan for Kentucky's Medicaid Managed Care Services Program.

Excellence in claims adjudication and processing is of the upmost importance to Passport, our Board of Directors and our Partnership Council, which consists of both providers and members of the community. We are committed to meeting and exceeding DMS requirements for claims processing excellence and timely claims payment. We are dedicated to anticipating and resolving provider payment issues and ensuring full compliance with all DMS and federal standards.

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.

C.20 Covered Services



C.20. Covered Services

a. Provide a detailed description of how the Vendor's operational structure and practices will support integrated delivery of services (i.e., staff, contractors, systems, calls centers, etc.). In addition, the Vendor's response should address:

   i. Innovative approaches to ensure Enrollees experience whole-person care that integrates their medical and behavioral health benefits and addresses social determinants of health.

   ii. Approach for coordination with carved-out services (e.g., transportation and transitions to long term supports and services).

   iii. A description of any value-added services the Vendor proposes to provide to Enrollees.

b. Provide the Contractor's approach to assisting Enrollees to access direct access services and second opinions, and referrals for services not covered by the Contractor.

c. Describe the Vendor's proposed approach to the following:

   i. Interfacing with the Department and Department for Behavioral Health, Developmental, and Intellectual Disabilities.

   ii. Coordinating with the Department to establish collaborative agreements with state operated or state contracted psychiatric hospitals and other Department facilities that individuals with co-occurring behavioral health and developmental and intellectual disabilities (DID) use. Describe potential challenges and methods to address such challenges.

   iii. Complying with the Mental Health Parity and Addiction Equity Act.

d. Describe initiatives the Contractor will implement to identify trends in provider-preventable conditions and to educate providers who are identified as possibly needing support in better addressing those conditions.

Passport Highlights: Covered Services

How We're Different	Why It Matters	Proof
We are Kentuckians making decisions for Kentuckians	• Local health plan dedicated to Kentuckians • Better quality of care and health outcomes for our members • Positive member and provider satisfaction	• 22-year history with the Commonwealth. • A local team of 600 dedicated employees supporting Passport, with 89% living locally. • All Behavioral Health leaders are local and licensed Kentucky psychologists. • 81% of our providers would recommend Passport to another provider practice. • Overall member satisfaction scores were 4.5 out of 5 in 2019.
Closely collaborate with community and government agencies to provide member-centric and integrated care to our members, given deep roots cultivated over two decades	• Mitigates barriers to care • Addresses members' medical, behavioral and social needs	• Connecting with approximately 650 community organizations to close the loop on members' medical, behavioral health and Social Determinants of Health (SDoH) needs
Engaging with our provider owners, Partnership Council and provider partners to proactively address members' needs	• Providers are central to guiding policy around our members' care • Identifying opportunities for innovation from engaged providers • Providers are empowered in decisions and solutions	• Over 30 providers participate in our Partnership Council • Partners in Wellness Program reduced medical costs by 63% for members with behavioral health conditions

Introduction

Passport is unique from its competitors in that it has an experienced team dedicated solely to serving Kentucky Medicaid members. With a strong leadership and governance organization structure, we can be agile and adaptable in our operations and expedite decisions to best serve our constituents. We use repeatable and effective processes to provide covered services and value-added services in a member-centric way, whether it is medical and behavioral health or Social Determinant of Health (SDoH) issues.

Throughout our 22-year history, we have partnered with local community agencies and our provider partners to gain their expertise and insights into our membership. We also collaborate with DMS and other governmental agencies to ensure that our members and those with special needs receive the services they need to achieve optimal health.

C.20.a. Provide a detailed description of how the Vendor's operational structure and practices will support integrated delivery of services (i.e., staff, contractors, systems, calls centers, etc.). In addition, the Vendor's response should address:

Passport's Organizational Structure and Corporate Governance Ensures Delivery of Member-Centric Care

Passport's organizational structure and corporate governance are aligned and integrated to support the holistic and seamless delivery of covered services to our members. Passport was founded in 1997 by a group of Kentuckians dedicated to serving Kentuckians. Now, we are the only health plan that is exclusively dedicated to serving Kentucky Medicaid members, with our health plan headquartered in Louisville.

The operations of our organization provide unambiguous accountability and leader ownership for all practices and functions. Our organization structure also provides for clear lines of communication to ensure integrated and coordinated services while exploring and implementing innovative solutions.

At the highest level of the organization is our Board of Directors, which has fiduciary responsibility for the health plan and broad oversight of the health plan's strategic direction and performance. The Board od Directors includes providers and community leaders who have a clear understanding of the impact and importance of the services we are trusted to administer to our members on behalf of DMS.

Next, our executive leadership team (ELT) operates in an agile company work environment. These talented, knowledgeable and experienced executives are totally accountable for the organization's success. As a result, they are able to quickly make decisions and take actions that are in the best interest of our members, providers, and the Commonwealth.

Passport's President and Chief Executive Officer, Scott Bowers, reports to the Board of Directors. While Mr. Bowers has ultimate accountability for Passport's performance and fully meeting the requirements of the Medicaid Managed Care Contract, his executive team is responsible for all health plan functions and practices that ensure the integrated and coordinated delivery of services to Passport's members. Reporting to Scott are the members of the ELT, which include: Chief Operating Officer: Shawn Beth Elman; Vice President and Chief Financial Officer: Scott Worthington, Vice President and Chief Medical Officer: Stephen Houghland, M.D., Vice President and Chief Compliance Officer: David Henley and Vice President and Chief Marketing and Communications Officer: Jill Bell.

Our ELT has a strong balance between local Kentucky experience and national experience in Medicaid. This team is able to make informed decisions in support of our community-based operating model through firsthand engagement and involvement in our Kentucky communities.

Our committee structure also enables us to holistically address integrated delivery of care throughout our organization, channeling DMS' goals through the Board of Directors and down to our Quality Medical Management Committee (QMMC), and through every department in our organization. These committee structures and organizational processes represent hundreds of providers, staff, volunteers, and community leaders investing their time, energy, and extensive and diverse experience to ensure that Passport's fully-integrated and coordinated services to our members are realizing tangible improvements in their overall health and quality of life.

Supporting our ELT is the entire Passport team of approximately 600 team members. Eighty-nine percent (89%) of employees supporting Passport are local. Our team is unique and distinctive in that many of them have over 15 years of experience and are long-tenured. The team members have adopted Passport's company culture of being dedicated to our mission and treating our members with compassion and empathy.

By putting the member first in everything we do, we have developed trust and confidence with our members, and our results reflect it. For example, our member engagement scores for high-risk members consistently range from forty-five to fifty-nine percent (45–59%) versus the industry standard of thirty percent (30%). Additionally, our Consumer Assessment of Healthcare Providers and Systems (CAHPS®) score for overall member satisfaction was 4.5 out of 5 in 2019.

Passport designed and is operating our organizational structure and practices to be internally aligned to coordinating integrated delivery of services.

For a more detailed description of Passport's organizational structure and staffing, please refer to Passport's response for Section B.3: Staffing.

Call Center Operations Support Integrated Delivery of Care

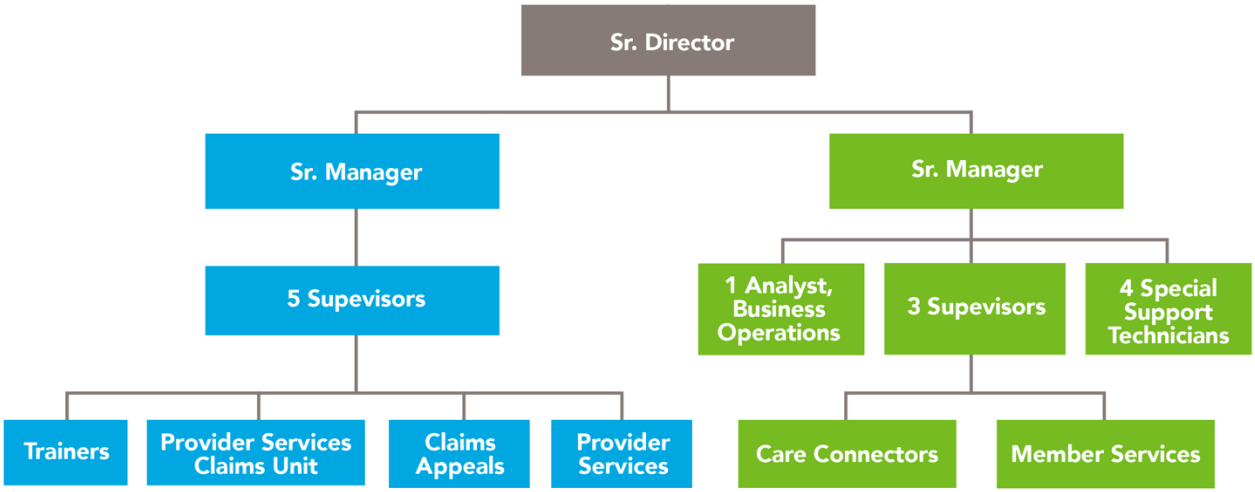
Passport's call center is based in Louisville to best serve both members and providers. All of our call center representatives are local to the area and understand the unique aspects of our members, including their language preferences. In addition, the call center team has a deep understanding of our communities and the unique differences that exist in Kentucky's urban and rural communities. They undergo an extensive training program to be able to inform members of their rights and responsibilities and answer questions regarding Plan benefits. The call center representatives are also responsible for monitoring the selection and assignment of primary care providers (PCPs), facilitating access to providers, informing members of their rights, assisting members in completing health risk assessments (HRAs), aiding with medical transportation services, and handling grievances and appeals. This is all done in an effort to streamline our coordination of covered services.

Our Member and Provider Services team has a vast amount of experience and expertise in call center operations. For example, our Member Services director has twenty (20) years of experience at Passport, and

our two (2) Member Services senior managers have eighteen (18) years and ten (10) years of experience at Passport. Our Member and Provider Services team has grown from less than a dozen (12) Member Services representatives in 1997 to over one hundred (100) today. Passport's is regularly applauded by our members for the service they provide.

Our team is shown below in **Exhibit 20.1.**

Exhibit 20.1 Member Services and Call Center Operations Team Organizational Chart



We measure member satisfaction through an annual satisfaction survey, monitoring member complaint and appeal reports and reviewing average speed of answer and abandonment reports for Member Services areas. Passport's call center consistently handles a large volume of calls in a quality manner to best meet the needs of our members and providers. For example, in the fourth quarter of 2019, Passport Member Services representatives responded to 336,432 inbound calls with a call abandonment rate that is consistently less than 5 percent and an average speed of answer of less than 30 seconds.

Additionally, we monitor our calls for consistency, quality and accuracy. We audit a minimum of 16 calls per month per member service representative (MSR) to provide feedback as well as develop refresher trainings based on trends. Auditors review recorded calls, Supervisors spend time on the floor daily and complete side-by-side reviews, and Managers listen to both live and recorded calls. Supervisors spend time with each individual MSR reviewing their audit results, answering MSR's questions, and providing feedback. The average score for our MSR's for 4th quarter 2019 was 93%. MSRs must score 90% or higher to pass. If MSRs fail to pass for two consecutive months, they are placed on a 30-day performance plan where they are provided additional coaching/training. The MSR must be passing audits by the end of this period. In order to ensure our MSRs provides the most consistent and up to date information available, we have created an innovative, interactive tool which allows our MSRs to search via key words and respond to members confidently and accurately.

We look forward to continuing to enhance our services to continue this legacy of excellent customer service tailored to the need of Kentucky Medicaid members in the future.

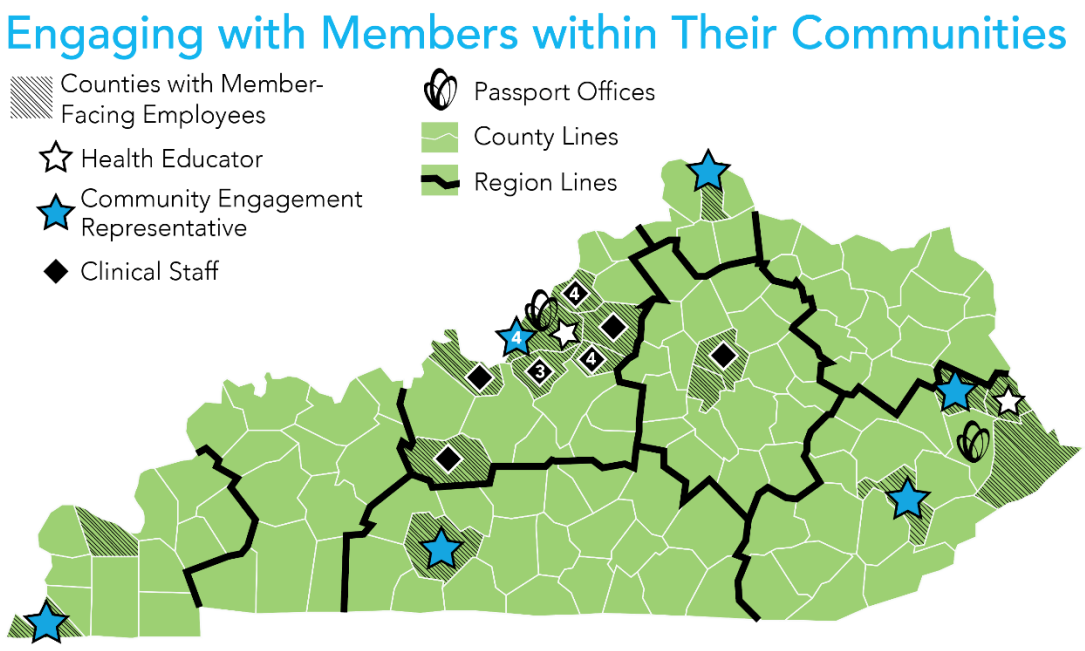
For a full description on Passport's Member/Provider Call Center, please refer to the Enrollee Services Section: C.12.

Ensuring Sustainable Impact Through Community Engagement Efforts

One of Passport's unique differentiators is our unsurpassed level of community engagement. We recognize that although we are local, we cannot achieve sustainable positive clinical results and outcomes in a silo. Instead, we need the specialized expertise and assistance of local community agencies and our provider partners to help us address the member's medical and behavioral health needs as well as SDoH needs.

Our Community Engagement Department drives our in-person education and outreach efforts. Passport has Community Engagement Representatives who are embedded throughout the Commonwealth which allows for regional representation to be locally accessible to members in their communities. **Exhibit C.20-2** shows our current Community Engagement Representatives in blue stars with additional supporting member-facing team members.

Exhibit C.20-2: Community Engagement Representatives by Region



Passport uses a multi-faceted approach in educating and engaging members on topics pertinent to improving their health and quality of life. This involves a vast array of personalized in-person, telephonic and written outreach tactics. We use these tactics in a broad and inclusive manner in all counties throughout the Commonwealth. In 2019, we participated in attending more than 650 community meetings including multiple councils, interagency meetings, associations, coalitions, boards and subcommittees on a statewide basis. This collaboration with community stakeholders includes but is not limited to faith-based

organizations and community ministries, Family Resource and Youth Services Centers, homeless coalitions, housing coalitions, food banks, community action agencies, service provider organizations, extension offices, social service agencies and local Chambers of Commerce. In addition to involvement at the stakeholder levels, we logged over 5,000 outreach activities that had a potential exposure to an estimated 249,000 Kentuckians.

Our Community Engagement team is the force driving our education and outreach efforts at the community level and act as a bridge to our health plan as well as local community resources. We firmly believe that it is imperative to have local member-facing team members who reside in the areas they serve, know and are part of their communities. With this model, we are accessible to the needs of our members and through our outreach efforts, are able to provide our members with the right care at the right time.

Our team also focuses outreach on special populations, such as those experiencing homelessness, the formerly incarcerated, domestic violence victims, and those with limited English proficiency. For example, we partner with targeted local community organizations for special populations, such as the Salvation Army Advisory Board, Phoenix Family Health Center, Family Scholar House, and the Volunteers of America (VOA). This outreach allows us to engage in-person with members and offer personalized assistance with their health issues, access to care, and barriers related to SDoH. These efforts support overall health and quality of life improvements and positively impact the total cost of care.

For a full description of Passport's community engagement efforts, please refer to the Enrollee Services Section: C.12.

Practices Used to Support Integrated Delivery of Care



Passport was founded as a provider-led health plan. Since our inception, providers have been in our DNA. Passport's organizational structure and engagement with providers is differentiated from other national health plans because we collaborate with providers to develop unique innovative solutions and assist in the design, development and oversight of our clinical programs. This distinctive structure allows us to have clinical depth and practical experience that is unsurpassed in the Kentucky area.

For example, as part of Passport's Partners in Wellness Program, we collaborated with behavioral health provider Centerstone Kentucky (Seven Counties Services) to provide hands-on complex care management as part of their value-based agreement to deliver the service. As a result of this unique collaborative program, we created an integrated program that would bring medical case management into the relationship of trust with the behavioral health provider

Specifically, our providers participate in our governance structure and offer ongoing guidance into our clinical programs. This extensive level of engagement enables us to achieve greater member engagement results and clinical outcomes. Our providers are an essential component of our Partnership Council, a committee reporting to our Board of Directors, which has oversight authority for Passport programs,

including Quality, Utilization Management (UM), Care Management, Pharmacy, etc. In addition, the Committee holistically addresses quality throughout our organization, channeling DMS' goals through the Board of Directors and down to our QMMC, our quality improvement committee, through to every department in our organization. The Partnership Council is an approving body for the QMMC. Passport's Partnership Council is comprised of more than 30 individuals representing multiple provider sectors, consumers and community interests (advocates).

Additionally, our provider governance and participation allow Passport to gain practical clinical learnings and insights. Our leaders engage with our providers to gain an understanding of the challenges they face from an operational or clinical perspective and to offer viable solutions. Together, we have collaborated to reduce administrative burdens by streamlining our prior authorizations and pre-certification process, expediting claims payments by reprocessing claims in real time with providers on the phone, and having our Provider Relations representatives conduct face-to-face visits with providers to help resolve issues.

Repeatable Processes to Achieve Integrated Member-Centric Care

Passport has detailed and repeatable end-to-end processes for all key operational functions that clearly identify touch point interdependencies among the functions. For example, our trainers conduct consistency reviews every month to test our MSRs knowledge on core competencies. If any trends in a lack of MSR comprehension are identified, our trainer will rewrite and redistribute policies and processes. This ensures that our teams deliver consistent services and programs to our members. Policies and desktop operating procedures provide context for functions so that individuals can apply thoughtful judgement in the execution of their job duties and the impact their performance ultimately has on each member's whole-person experience.

Every leader within the organization is responsible for keeping his/her functional area's process and procedure documentation up to date. This allows us to make certain that the Passport teams clearly understand what is necessary to deliver covered services in a timely and expedited manner. Our Compliance Department is accountable for regularly reviewing the processes documents with each of our leaders. Once approved, the documents are uploaded and stored into a central electronic repository for employees to reference.

We also require all our vendors and subcontractors to have and maintain up-to-date policies and procedures for an integrated delivery of care model. Our Delegation Oversight Manager serves as the liaison with our vendors to obtain the policies and procedures and works with our Compliance Department and ELT for strict oversight and governance.

Population Health and Care Management Processes for Optimal Delivery of Care

Passport uses an integrated, member-centric population health management (PHM) model by considering all facets of the member – physical well-being, behavioral health and SDoH needs. Passport's PHM program – the first of its kind to receive NCQA PHM accreditation – begins with proactive identification of members. Our predictive modeling and risk stratification algorithms identify members with rising risk, outreaching and intervening before significant adverse health events occur. In this way, our identification of members is

proactive rather than reactive and is able to accurately predict the right members at the right time over 80% of the time (c-statistic = 0.82).

Another differentiating factor is our definition of engagement. While other plans may consider a member to be engaged after one interaction of any type (such as completion of an HRA), we do not. We consider a member engaged after they have agreed to enroll in the program and we have completed a comprehensive needs assessment. We cannot create a meaningful care plan with a member without understanding all the member's needs. The results of this needs assessment is a member-centric care plan that is developed in close collaboration with the member, caregiver and providers. We meet the member where they are using evidence-based practices to support self-management, involving them, their physician and care team throughout the care management and coordination process. The member's providers are central to the development, approval and administration of a successful care plan for each member to ensure 100% alignment across the entire care team. Throughout, Passport measures our results by monitoring and evaluating the impact of clinical programs. To do this, we employ a range of quality measures, such as key performance indicators, outcomes measurement and reporting, trend analysis, utilization management and continuous improvement efforts, to monitor and improve our programs for the benefit of our members. We also conduct rigorous evaluations and controlled studies to understand what programs are effective and *what* makes them effective so we can better direct our staff and care team members to the highest impact activities.

Success Story

During a face-to-face visit in the hospital, Passport Health Educator Victoria met Passport member Emma* and her family. Emma is a 4 year old girl who was recently diagnosed with leukemia. Victoria met with Emma and her family and learned about her history and set up a time to call Emma's mom, Jenna*, after discharge. During their initial call the day after Emma's discharge from the hospital, Victoria completed a comprehensive medication reconciliation and learned that Emma's medication regimen was one of the most difficult parts of her day. Emma felt so poorly from chemotherapy, she was unable to swallow pills and her daily steroid dose was in pill form. Victoria referred Emma to the Clinical Pharmacist, who was able to speak to Jenna the same day and learn more about Emma's daily medication routine. Victoria and the pharmacist worked together to contact Emma's oncologist, who substituted a liquid steroid for the pill. Jenna expressed such a relief, stating that getting Emma to take her needed medications was a huge anxiety source for her and this was going to make their day to day life much easier! Victoria continued to work with Emma and Jenna for 30 days to ensure she was handling the new liquid well and to address any concerns during that time. By consulting with the Clinical Pharmacist, Emma's needs were handled quickly and efficiently and Jenna was able to rest easy, knowing her daughter was more comfortable and less agitated during their medication routine.

**Members names changed for privacy.*

In addition, we collaborate with our subcontractors to provide a seamless member experience. Care team members have access to view claims and encounter information for these subcontractors, which allows us to identify possible care gaps for members (including dental and eye examinations). When a member has questions or needs assistance accessing dental or vision care, the member's Care Advisor works directly with our subcontractor to resolve the issue. Likewise, Passport's Pharmacy team works with our Pharmacy Benefit Manager to resolve any issues with accessing needed medications. This means that members enrolled in one of our care coordination programs have multiple points of contact at Passport, including their Care Management team member, who can help them remove barriers encountered at each point of care. If a member is not engaged in a care management program and needs this type of assistance, the Care Connectors team within Member Services can provide this same service for the member.

Passport has an end-to-end care management process that offers member identification, outreach and program enrollment, assessment and care planning, referrals and coordination until members successfully reach their goals upon program completion, as illustrated in **Exhibit C.20-3.**

Exhibit C.20-3: Our End-to-End Process for Care Management and Care Coordination



Using Technology and Data for A Closed-Loop SDoH Model

Passport's population health management platform, Identifi, combines SDoH data and models into a unique, easily understandable index that quantifies a member's SDoH risk level. Sophisticated value-based care analytics incorporate community information into the risk stratification and predictive models to identify risk factors for SDoH needs. Because of the importance of psychosocial and socio-economic issues on health outcomes, we leverage a variety of assessment data as well as publicly available data sources to understand a member's needs and close the loop on SDoH issues.



While many other health care organizations make referrals to community-based organizations, very few track those referrals to ensure a successful outcome, let alone attempt to understand the downstream impact on the member's health or social wellbeing. Through Passport's partnership with the Metro United Way, we supported the launch of **United Community** – a community-wide initiative to deploy an innovative, shared technology platform to initiate and close referrals across many organizations, agencies, and services. Passport represents the health plan perspective on the United Community Governing Team, along with the Louisville Metro Health Department for the health provider perspective, Evolve502 for the educational perspective, and Metro United Way for the social services perspective. The United Community's goal to be the first shared community social services record in the country to include the local school system is on its way to reality. The platform was launched in April 2019. Passport has taken the data from our work with connecting members to social service providers and helped to ensure that the providers our members work with most are included in the United Community. We are currently helping to design the analytics tools to evaluate the impact of the partnership and platform; this evaluation will not only assess whether it is improving health outcomes, but also whether it helps to prevent other adverse social outcomes, such as unemployment and incarceration.

To address the needs of those members outside of Louisville metro area, Passport uses an online directory of curated social resources called Healthify. It provides an online questionnaire for members to gain insights into their personal situation. Using the results of the questionnaire, the care team searches for the most appropriate community resources and social services to fit our members' needs. We provide this information to members, teaching them to become engaged in their health care and take charge of making the resource arrangements. We can also proactively make the appropriate appointments on behalf of our members, if they prefer, so that they can obtain the resources they need with convenience.

The tool offers referral information for behavioral health, education, emergency, family and youth, financial support, food, health, housing, legal, social support, transportation and employment services. It also enables us to better serve the most vulnerable populations in an expedited manner.

Our team tracks all referrals and activities in our integrated system for proper care coordination. In a sample of 2000 members that we screened for SDoH using our closed-loop referral application, preliminary results show that PMPM costs dropped by ~22% (or $390 PMPM) in the six months after a member acted upon the referral. Specifically, we observed a 30% reduction in inpatient expense and a 19% reduction in emergency department expense. The most significant drivers of this impact were connecting our members with financial assistance and housing support.

C.20.a.i. Innovative approaches to ensure Enrollees experience whole-person care that integrates their medical and behavioral health benefits and addresses social determinants of health.

Success Story

Passport's Community Health Worker (CHW) Rhonda met Passport member Ronald* while "embedded" or on-site at a provider's office. Ronald was placed on respite care to recover from an appendectomy. During their initial meeting, Rhonda discovered that Ronald, his wife, and his young daughter were all staying at a homeless shelter, where Ronald would return after his recovery from surgery. They were on the waiting list for permanent supportive housing, and Ronald and his wife were both in recovery from substance abuse and struggling with mental health issues.

Rhonda worked with a local provider to continue Behavioral Health services for both Ronald and his wife. Ronald's family was approved for permanent supportive housing and moved into a new apartment, which was completely empty with no furnishings, dishes, or cookware. Rhonda coordinated with a local community partner to obtain a furniture voucher and found a local church who offered to provide cookware and dishes for the family. She also worked with another community agency obtain a toddler bed for their daughter and referred the family to WIC for education and support in introducing more nutritional food in their daughter's diet. Rhonda also helped Ronald and Sarah apply for dental assistance through Dental Lifeline.

Ronald and his wife are now receiving WIC, have applied for SNAP, are receiving dental care, and are working with their Behavioral Health provider to find the best treatment options. Though many barriers were presented, Rhonda helped guide this couple through the process. They are now addressing their needs and maintaining their sobriety, while building a home for their family.

*Member name changed for privacy.

Innovative Approaches to Integrated Care

To Passport, integrated care means caring for our members in a way that simultaneously elevates their physical, psychological and social wellness. This whole-person perspective to health care requires quality research, collaboration and partnerships in the community. We continuously innovate to deliver our members the quality of care they deserve and expect from our organization.

Our most innovative approaches to integrated care include:

- Dedicated Health Integration team
- Partnerships for health transformation
- Next-generation risk assessment tools
- Streamlined referral processes for SDoH

Dedicated Health Integration Team

Passport's integrated model of care is advised by the Health Integration team, which consists of highly experienced and professionally licensed clinicians, doctorate-level psychologists, a substance use disorder (SUD) specialist, and postgraduate-level social work professionals. The team's extensive background,

expertise and credentials are a differentiator for Passport. We have a dedicated group of individuals, known as our Health Integration team, which began expanding in 2014 to increase Passport's opportunities for an integrated whole-person approach, where members can receive collaborative care within their provider relationship of trust. For example, since the expansion, members who are established with a behavioral health provider can get medical services from that provider or their PCP.

Our solutions-focused Health Integration team includes seasoned Kentucky behavioral health providers who partner with Medicaid providers statewide to offer support, reduce barriers, and increase whole person care. The team's objectives are to: identify gaps or opportunities to enhance care, while researching the various components of the gap/opportunity; review the literature to identify and evaluate evidence-based solutions that have worked in other settings; engage providers to build viable solutions, based on the evidence and knowledge of our communities and members; seek feedback from the Behavioral Health Advisory Group, Primary Care Workgroup, and Women's Health Committee, including providers, advocates, and members. Additional team objectives are to build models identifying the risks, benefits, measurement strategies, and expected outcomes; implement new initiatives and measure progress that could include fidelity to any previous models and clinical and financial outcomes; work with Passport internal teams to find reimbursement and contracting solutions; problem-solve barriers to the effective and efficient delivery of care; assist in connecting to other resources across the Commonwealth to provide training, support and aid in addressing SDoH needs.

More on the Health Integration Team Experience

Our Health Integration team members have diverse backgrounds and experiences that enhance the function and perspective of Passport's Model of Integrated Care. Our Health Integration team members with behavioral health experience include:



- **Vice President, Health Integration**: Dr. Liz McKune is a licensed Kentucky Psychologist and the current Chair of the Kentucky Board of Examiners of Psychology. She provides leadership to the Health Integration team to create opportunities for whole-person care for our members by partnering with providers to address gaps in care, building collaborative models for health and wellbeing, and measuring the impact of integrated health efforts on long-term outcomes. Her former professional experiences include:
  - Director of Mental Health for the Kentucky Department of Corrections
  - Director of Professional Affairs for the Kentucky Psychological Association
  - Director of Psychology, Neuropsychology, and Brain Injury Services for Jewish Hospital and St. Mary's Healthcare
  - Clinical Associate Professor and Director of the Health Psychology Emphasis Area at Spalding University School of Professional Psychology (In this role, she trained psychologists to work in integrated care settings.)

- Health psychologist with experience delivering integrated care in a chronic pain clinic and OB-GYN practice

- **Behavioral Health Program Manager**: Dr. David Hanna is a licensed Kentucky Psychologist and a member of the Kentucky Psychological Association Hall of Fame. He works with behavioral health providers to identify barriers to the delivery of behavioral health services (including problem-solving coding and billing issues, assisting providers in applying the regulations governing the delivery and Medicaid payment for services, and designing programs to address gaps in care). His former professional experiences include:



  - Retired Chief Executive Officer of Community Mental Health Center Bluegrass.org
  - Kentucky Psychological Association President
  - Clinical child psychologist with experience with applied behavioral analysis (ABA) services

- **Behavioral Health Program Manager:** Dr. Jessica Beal is a licensed Kentucky Psychologist. She works with PCPs, specialty medicine providers, and behavioral health providers to assist in creating screenings, workflow, and models of care designed to improve whole-patient care through collaboration and integration of medical care, behavioral health care, and SDoH. Dr. Beal also helps providers navigate billing and coding issues, select outcome measures, apply the regulations governing the delivery and Medicaid payment for integrated health services, and work with our internal teams to provide data to support the practice-specific model of care. Her former professional experiences include:



  - Director of Behavioral Health for the Division of Hematology, Oncology, and Blood and Marrow Transplant for the University of Louisville School of Medicine Department of Pediatrics
  - Assistant Clinical Professor
  - Pediatric Psychologist with experience delivering integrated primary care services

- **Substance Use Disorder Program Manager** - Dr. Cheryl Hall is a licensed Kentucky Psychologist. She works with substance use disorder providers to identify barriers to the delivery of substance use disorder services, including problem solving, coding and billing issues, assisting providers in applying the regulations governing the delivery and Medicaid payment for services, and designing programs to address gaps in care. Her former professional experiences include:



  - Licensed Psychologist Program Administrator for the KY Department of Corrections
  - Clinical psychologist with experience in treating substance use disorders and aging issues



- **Behavioral Health Operations Manager** - Dr. Eric Russ is a licensed KY Psychologist and the current President of the Kentucky Psychological Association. He collaborates with our internal partners, including Beacon Health Options, to monitor operational performance related to the execution of the behavioral health benefit, including regulatory compliance, implementation of system updates, Healthcare Effectiveness Data and Information Set (HEDIS) tracking, and trending of utilization, outcomes, and performance. His former professional experiences include:
  - Lexington Veterans Administration Post-Traumatic Stress Disorder Clinical Team Manager
  - University of Louisville Assistant Clinical Professor/Clinical Psychologist

The team has had significant successes in implementing our integrated Model of Care to improve network adequacy and access for our members. **Exhibit C.20-4** provides some insights and details regarding some of these successes.

Exhibit C.20-4: Results of a Selection of Health Integration Team Solutions:

Challenge	Provider Collaboration to Create Network Adequacy and Access
ABA Providers were not joining network or delivering services. *The codes needed to bill for the service were not part of the approved codes for Medicaid.*	**We took the following actions:** • Partnered with providers to understand issue • Researched codes that ABA providers used nationally and worked with Kentucky providers to generate a list • Shared with DMS so they could evaluate and determine use **Outcome**: Codes were added, providers joined network, and members gained access to service needed
Members were in and out of the hospital due to behaviors rooted in trauma history. *Members were sometimes sent out of state due to inability to get needed trauma treatment in-state. Members needed a longer length of stay in an acute environment to address their trauma through the evidence-based trauma-focused cognitive behavioral therapy (TF-CBT). Some licensure issues needed clarification.*	**We took the following actions:** • Partnered with providers to better understand the issue. • Worked with providers to identify evidence-based solutions for trauma, and jointly determined that TF-CBT seemed appropriate. • Accompanied providers to discuss member needs and perceived licensure barriers with the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID). • Obtained DMS permission to provide the needed service in an extended care unit (ECU) setting. • Developed an authorization process and rate to support participation. **Outcomes:** • To date, 78 children have had the opportunity to participate since established in 2013. • 75% reduction in out-of-home, hospital, and residential placements following participation in the program.

Challenge	Provider Collaboration to Create Network Adequacy and Access
Foster members were disrupting their foster care placements *due to their behavioral health needs.*	• Launched our Foster Care pilot program, which achieved both program goals of improved BH functioning and increased stability in placements while reducing total cost of care. **Outcomes:** • Observed a 150% increase in children living with natural and adoptive family members compared with six months pre-intervention for the 59 participants. • Behavioral health functioning improves as measured by the Child and Adolescent Functional Assessment Scale (CAFAS). • Total Cost of Care was reduced by $161 per member per month (PMPM) for participants.
Nationally, ***Medicaid recipients with severe mental illness (SMI) were found to die 25 years sooner*** *due to their untreated, co-morbid physical health needs.*	• Launched the Partners in Wellness Program, an integrated behavioral and medical care management model with 24-hour access to nursing that reduced medical expenses by 63% for members with behavioral health conditions
Kentucky has an opioid crisis. ***DMS and DBHDID asked MCOs to implement Screening, Brief Intervention and Referral to Treatment (SBIRT) in primary care settings in a preventive effort to identify members with SUDs*** *earlier in the process* ***and connect them with care****.* *Passport participated in a learning collaborative with other health plans around the implementation of SBIRT. Passport then obtained a grant from the Center for Health Care Strategies to increase the number of adolescents screened.*	Post-implementation, providers reported in our Primary Care Workgroup that they were stopping delivery of SBIRT because the coding rules would not allow them to bill for the services when the total time for the intervention was less than fifteen (15) minutes. **We took the following actions:** • Worked with providers to understand the issue by reviewing claims and speaking with billing staff. • Researched nationally how other parts of the country had solved the issue with use of other codes. • Checked with providers to see if identified code appeared to work in Kentucky. • Shared the code with DMS for evaluation and eventual implementation. **Outcomes:** • PCPs can now screen for SUDs and get paid, and Passport can better track which members have received the SBIRT service. • As part of the SBIRT grant, part of our quality improvement process included review of utilization. When SBIRT use was low, we engaged providers again directly and through the PCP workgroup to determine additional barriers to implementation and billing. Additional education and training was provided about the new code and adoption of SBIRT.

Challenge	Provider Collaboration to Create Network Adequacy and Access
Members with SUDs that developed cardiomyopathy were unable to participate in SUD treatment while receiving their IV antibiotic treatment. ***Members were being inappropriately placed in long-term acute care (LTAC) facilities for care so they could get their IV medication.***	**We took the following actions:** • Contacted residential and intensive outpatient program (IOP) SUD providers to understand barriers to having members receive IV treatment. • Worked with providers to review licensure regulations and resources needed to accommodate member needs. • Contracted with providers to create an enhanced residential and IOP service to support the additional medical staff, supplies, and transportation needs to support members with IV medications participation in SUD treatment. • Updated UM process to support this enhanced benefit. • Contracted with providers to deliver service. • Supplied resources to providers needed to deliver service. • Provided members access to the care needed to address their medical and SUD treatment needs at the same time in an appropriate setting.
Miscellaneous Interventions	• Implemented home-based care following hospitalizations to reduce readmissions • Incentivized outpatient providers to increase quality focus in delivery of services • Recently created Select Program to shift the Utilization Management focus with inpatient providers to quality-based metrics for population of members served and reduce pre-authorization administrative burden for individual members by providers

For the future, the Health Integration team plans to expand our innovation efforts to meet the needs of our members and providers. Some key examples include:

- Develop an expedited authorization process for providers to ensure that our members receive timely services to address their needs.
- Implement dental home and initiatives to include clinical pharmacy interventions.
  - Increase telehealth capabilities by contracting with Teledoc. These expanded capabilities will allow members to receive services in an expedited and cost-effective manner without causing abrasion with our network providers.
  - Create processes and methods for members to complete HRAs in a timelier manner; allowing us to quickly gather their data for predictive modeling and risk stratification and thereby enroll them into the right programs at the right time.

A Look at Our Integrated Health Pilots

Our Health Integration team is assertive about seeking out, investigating and implementing new pilot programs with the potential to improve how we deliver services. The Centerstone Kentucky (Seven Counties Services) SMI pilot provided enhanced targeted care management (TCM) to members with a SMI and co-morbid complex or chronic physical health condition. Using its data analytics tools, Passport identified members who met criteria and waived the prior authorization process for Centerstone Kentucky (Seven

Counties Services) to provide TCM. Many of these members had not been previously engaged with behavioral health services. Centerstone Kentucky (Seven Counties Services) provided case managers with training in relevant medical issues and access to a nurse consultant. Over nine (9) months, members had forty-five percent (45%) fewer hospital days post-intervention compared with the pre-intervention period. They also experienced a twenty-seven percent (27%) reduction in emergency department (ED) use and a sixty-nine percent (69%) reduction in number of hospital admissions. Total spend per members served decreased by forty-four percent (44%), with modest increases in behavioral health cost associated with large reductions in medical and pharmacy expense.

Partnerships for Health Transformation

The next innovative approach Passport takes to ensure members receive whole-person care is through our cross-departmental efforts to collectively identify and address the needs of members with support from the community. Our Care Connectors assist members with obtaining resources for eyeglasses, housing, food, financial assistance, utility assistance, and more needs related to SDoH. They also assist with arranging transportation assistance through three-way calls with members and transportation brokers to ensure completion.

In 2018, we implemented a new program enhancement where our community health workers (CHWs) conduct face-to-face visits in the members' homes, provider offices and in community service organizations. The CHWs serve as advocates, helping members schedule doctor appointments, obtain the necessary resources to resolve SDoH needs and assess for any literacy and interpretation services needed.

For the homeless population, we have a social worker available at the Phoenix Family Health Center (a local homeless clinic) at least one (1) day per week to aid homeless members and refer them to nearby services. The same social worker spends one (1) day per week at University of Louisville's 550 Clinic, where she assists members who are HIV+ and have needs surrounding fair housing and other issues. Our case managers also visit two (2) Louisville area homeless shelters for member education and outreach. Passport's Community Engagement team also visits residents of homeless shelters in Louisville and Lexington.

Examples of Specialized Partnerships

We have other, specialized partnerships that transform the delivery of care to our communities to as these solid relationships build is one tool to create more integrated services. These partnerships focus on early childhood development and readiness, food security, asthma awareness and management, diabetes awareness and prevention, and workforce development.

Early Childhood Development and Readiness

In 2016, the Passport Health Equity Program (now called Equity, Diversity and Inclusion Program) became involved with a Metro United Way initiative to improve Kindergarten readiness for all children in Jefferson County, from ages 0 through 4 years. Research shows that children who have an unsuccessful experience in kindergarten are less likely to catch up and do better in later grades, and more likely to drop out of school. In fact, children who receive pre-kindergarten education earn higher wages, have fewer needs for

government assistance and have fewer rates of drug crime involvement over the long term[1]. This information created a compelling case for creating an initiative to collaborate with early childhood councils across the Commonwealth.

Since January of 2017, Community Engagement representatives have increased and targeted outreach in early learning programs in their areas. The Community Engagement team distributed throughout the Commonwealth over 75,000 kindergarten readiness informational cards in the five (5) developmental areas identified by the Governor's Office of Early Childhood. These cards are also available in four (4) other languages found in immigrant populations in Louisville, Lexington and Bowling Green. Also, in 2017, Community Engagement representatives participated, created and partnered with local agencies to hold an early learning event for children ages five (5) years and under in their communities. During these events, children participated in developmental learning activities and received information on the importance of healthy eating and exercise. To date, Community Engagement representatives participate in area Early Childhood Councils, attend kindergarten kickoff events and continue to distribute kindergarten readiness cards.

Food Security and Improving Access

Food access is a SDoH that is a major concern across Kentucky, where an estimated one (1) in six (6) people are food insecure. When communities lack consistent access to healthy, nutritious foods, they often resort to more affordable and accessible food options that may be detrimental to their health. Food insecurity can contribute to chronic health issues, including obesity, heart disease and diabetes.

Passport is actively evaluating the use of a food program for members who have had recent hospitalizations for diabetes or heart disease. Prior to this initiative, in early 2018, Passport partnered with the American Heart Association, Louisville Urban League, Jewish Community Center, Cooperative Extension Service, and Food in Neighborhoods Community Coalition to produce a Dinners & Dialogue Series to discuss the state of food access with local organizations. The four-part series was attended by local executives, chefs, the local food bank, university officials, community organizers and even politicians. Over dinner, participants learned more about food access in Kentucky and were encouraged to design partnerships to improve food access on-site.

The dinner series was followed up by a day-long community conference on food access in the community, titled "The Future of Food Security in Louisville." Dr. Wayne Tuckson, past president of the Greater Louisville Medical Society and respected colorectal surgeon, delivered the keynote address for the event. Other presenters included the Center for Health Equity, the Hunger Innovation Fellow, Jefferson County Public

[1] The Urban Child Institute. Pre-K matters: Exploring the impact of pre-kindergarten on children and their communities infographic. Link: http://www.urbanchildinstitute.org/sites/all/files/UCI_Infographic_Pre-K_Matters.pdf

Schools and several nonprofits. Passport employees served the heart-healthy vegetarian lunch in partnership with the American Heart Association and local produce vendors.

In early 2019, Passport Population Health Manager Ryan Burt was awarded the prestigious Unsung Hero award by the University of Kentucky School of Social Work for her leadership in organizing these events.

Passport is engaged with a vendor to begin providing post-discharge meals for adult members following hospitalization for diabetes or congestive heart failure. Research shows home-delivered meals support outpatient recovery after hospitalization, reduce readmissions, and help patients manage chronic conditions, avoid hospitalizations and preserve health (Bipartisan Policy Center, 2016). We are currently in the development phase of designing the length of the intervention for each condition. Our plan is to evaluate the effectiveness of a "meals as medicine" program to determine expansion for other conditions.

Healthy Hoops Kentucky for Heart and Lung Health and Awareness

For the past 11 years, Passport has spearheaded a coalition to host an annual asthma screening event targeting children ages 7-14 years who have asthma or breathing issues. The clinical stations are staffed by volunteers from the medical community and nursing and respiratory therapy programs. Participants go through a variety of stations, including vital signs and body mass index (BMI), asthma control test, spirometry screening, asthma quality of life questionnaire, asthma action plan, peak flow meter and spacer training, nutrition counseling, asthma triggers and a medical review. Each participant and his/her family meet with an asthma doctor or nurse practitioner to review the results of the screening and make recommendations based on whether the participant's asthma is controlled. The information from the screening is sent to the participant's PCP or asthma specialist for continued follow-up. After the asthma screening, the children participate in a basketball clinic run by University of Louisville's Darrell Griffith and other local coaches and players. For over a decade, Healthy Hoops Kentucky has been raising awareness and spreading hope for Kentucky families affected by asthma. Looking ahead, we have some exciting changes on the horizon. In 2019, we are developing a new program to replace the current Healthy Hoops Kentucky program, which is administered by AmeriHealth Caritas. In 2020, we hope to launch a newly rebranded program under a different name that will address both asthma and cardiovascular (heart) health in our community.

Eastern Kentucky Partnership for Diabetes Awareness and Prevention

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

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

Next-Generation Risk Assessment Tools

An additional innovative method employed by Passport is its use of external data to detect any SDoH risk factors affecting our members to provide better comprehensive care management services.

Our trusted SDoH data sources include:

- U.S. Census Bureau's American Community Survey (ACS), which tracks more than one hundred (100) data elements regarding education, poverty and housing status by specific neighborhoods
- U.S. Department of Transportation, encapsulating its affordability index, walkability index, food access and supermarket availability by location
- Environmental Protection Agency's Smart Location Database, supplementing our existing social economic and environmental information
- U.S. Department of Agriculture records on food scarcity and deserts
- Data.gov information, which has over 230,000 datasets on demographics, education, community and safety
- Department of Housing and Urban Development, which reports on housing needs by geography
- Google technology (e.g., the technology that allows users to locate amenities in Google Maps) to calculate distances to the nearest pharmacy, grocery store, physician's office and hospital, which may identify potential gaps in the community's access to health care
- Consumer data sources that include household and/or member-level information on key SDoH domains, health behaviors and attitudes

Our system integrates dispersed SDoH data sources at different levels (e.g., individual, census block, census track) across five (5) main domains (housing instability, transportation barriers, food insecurity, financial stress and health literacy). The platform creates a single Social Needs Index, with five (5) levels, that indicates members' risks that could impact their health outcomes. The advantage of having a single index that indicates how an individual's social needs place health outcomes at risk is the ability not only to prioritize members but also to simplify the workflow for Care Advisors to integrate social support into clinical care management. We use the index to direct efforts and resources to the most at-risk members and pinpoint their individual needs. Our provider partners (e.g., Centerstone Kentucky) have also used this tool to better identify member needs as part of our Partners in Wellness Project.

As mentioned earlier, Passport also leverages an Opioid Risk Index to identify members who are overusing or misusing opioids. Our methods are based on the Centers for Medicare & Medicaid Services (CMS) clinical evidence guidelines and the oral morphine milligram equivalent (MME) criteria, which detects an issue if members intake 120mg MME or more of the pain medication across three (3) months. We believe our use of these innovative next-generation assessment tools helps us locate the resources necessary for our members to thrive.

Streamlined Referral Resources for SDoH

As part of Closed-loop SDoH approach, we streamlined our referral resources to address SDoH. This allows members' needs to be quickly addressed to help them be successful in achieving better health and a higher quality of life. Passport's CHWs and social workers use multiple cloud-based resource solutions tools to assist members with SDoH. They first conduct an online questionnaire with members to gain insights into their personal situation. Using the results of the questionnaire, the team then searches for the most appropriate community resources and social services. This information is then shared with our members to encourage them to become engaged in their health care and take charge of making further arrangements. We can also proactively make the appropriate appointments on behalf of our members, if preferred, so that they can obtain the needed resources more conveniently.

Passport's team tracks all referrals and activities in an integrated system for proper care coordination. We are always innovating because we know that technology enables us to better serve our most vulnerable population in an expedited manner.

C.20.a.ii. Approach for coordination with carved-out services (e.g. transportation and transitions to long term supports and services).

Passport's Coordination with Carved-Out Services

Passport's innovative and collaborative culture embraces the perspective that there is no "one size fits all" and "no wrong door" approach to integrated care. Rather, members have the opportunity to reach out for assistance through several options – there is no wrong door. They may call Member Services, Passport's main line or any other number such as Provider Services. The member will then be soft transferred to a Member Services representative (MSR) for assistance. Members may also email us through the website or contact us through the online 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 our team members 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 place of worship

Passport offers a comprehensive array of care management programs for members with acute complex and chronic conditions. We recognize that some members require additional specialized care to address their specific health needs. For transitioning to a skilled nursing facility, Passport's Care Management team assesses the member's needs and discuss options with the member and

Their family. If the member was already in the hospital, which happens frequently, this would be handled by the Transitions team. The Care Advisor or Health Educator would coordinate with the hospital discharge staff around receiving SNF location and transportation to that location. If there were any issues around coverage, the Care Advisor or Health Educator would coordinate with Utilization Management and other departments to resolve the issue. The Health Educator or Care Advisor would help explain to the member and family the process of Medicaid taking over once they have been transferred to the SNF and help to answer any questions. The Transitions Care Team would stay involved in the case, ensuring transfer to SNF went as planned and to serve as a "point person" for any needs that might arise during the process.

When a carved-out service is provided in conjunction with a medical benefit (e.g., transportation request, long-term support services), Passport will coordinate the benefits between carved-out and carved-in services. The UM Department may receive these requests directly from the subcontractor, the Member Services Department and/or from the requesting provider.

If a provider were to call in for a carved-out service for a member, the UM RN Care Advisor will verify that the member is in a Care Management program. If the member is not in a Care Management program, then the UM RN Care Advisor will also make a referral to Care Management if needed to assist in obtaining the service. The UM RN Care Advisor will also follow the referral in Identifi to ensure that the member receives the services they need.

For an excluded service, the UM RN Care Advisor will refer the requesting provider to community resources that can assist.

We also leverage innovative pilots and programming to support our members with special, long term and/or advanced needs and as a result are more likely to access carved-out services. These specialized integrated health programs include:

- Individuals with Special Health Care Needs (ISHCN) Program
- Guardianship Program
- Mommy Steps Program for preconception care, high-risk pregnancy mothers and neonatal care
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program for children under age 21
- Pharmacy Care Management Program
- Prescription "Lock-In" Program aimed at members to properly use prescription medications and medical services for health safety and cost avoidance
- Community Transition Program for incarcerated members to return to society and reduce recidivism
- Transition of Care Programs for adults and newborns to move safely and effectively from an in-patient setting to their home

Individuals with Special Health Care Needs

Passport identifies and addresses the education, support and enhanced care coordination for Individuals with Special Health Care Needs (ISHCN), which provides enhanced care coordination, education and support

to this vulnerable population. Our Care Advisors give additional care to these members due to their personal situation and knowing that they are at an increased risk for chronic physical, developmental, behavioral or emotional conditions. All our efforts go to ensuring our special needs members receive timely and appropriate services, equipment and resources to support them in achieving improved health.

Members with special health care needs may face physical, behavioral or environmental challenges daily, which place both their health and ability to fully function in society at risk. Our approach delivers holistic care management that attends to their medical and behavioral health conditions as well as any SDoH that may hinder their ability to live a quality life.

With this approach, we extend health care services for individuals with special needs who meet certain criteria, such as children in/or receiving foster care or adoption assistance; blind/disabled children under age nineteen (19) and related populations eligible for Supplemental Security Income (SSI), including adults over the age of sixty-five (65); homeless (upon identification) individuals with chronic physical illnesses; children receiving EPSDT special services; children receiving services in a pediatric prescribed extended care facility or unit; and adult guardianship.

Passport's ISHCN service is comprehensive in providing the needed resources and services to our members. We take a sensitive and caring approach to ensuring that they receive highly coordinated care, and we strive to engage members' primary care and specialty providers to support the treatment plan. Our Care Advisors take the time to properly educate members about their health conditions, risks and symptom management, and we offer health coaching as an additional service.

We place emphasis on members receiving high quality care, especially as they transition to the home setting. Our care team facilitates and coordinates all the necessary arrangements, ensuring that members have the needed equipment, resources and services in a timely manner, including special transportation services. In the home environments, our team evaluates whether members and their caregivers have the adequate support and resources for care, including access to PCPs and any specialists. If it is determined that additional support is required, our care team proactively arranges for the services and makes appointments on members' behalf.

The member's care plan is an instrumental component of the program. Our Care Advisors are conscious of the member's condition and carefully review their current medication regimen to prevent adverse effects or interactions, while promoting medication adherence and identifying and addressing any barriers to their care plan. We want to increase quality of care and avoid any hospital readmissions by educating the member and caregiver while also coordinating access to care in the right setting and at the right time.

Identifying Individuals with Special Health Care Needs for Tailored Care Management Services

Passport's philosophy is that it is critically important to rapidly identify special needs members and enroll them in the proper care management program. Members are identified in multiple ways, including medical and pharmacy claims, laboratory results, health risk assessments, electronic medical record data, UM authorizations, hospital admission, discharge and transfer feeds, our Care for You free 24-hour nurse advice

line, state eligibility feeds and referrals from members themselves, caregivers, family members, providers and community agencies.

Once member data is received, Passport utilizes our system to stratify members into three risk levels. Using an evidence-based-medicine process and the latest medical guidelines, Passport offers special needs members the appropriate level of care in a timely manner. The risk levels for our ISHCN members are based on functional, emotional and intellectual abilities as well as on specific diagnoses.

Upon enrollment in the program, our Care Advisors complete an assessment with the member to determine the most appropriate care plan for his/her situation. In particular, Care Advisors assess if the member is experiencing any ongoing conditions warranting a specialized treatment or level of care management. Care Advisors also evaluate the member's living situation, level of caregiver support, health barriers or any other SDoH that may impede progress in the program.

After the assessment is complete, Care Advisors develop an individualized care plan or action plan tailored to the member's needs. A care plan, designed for high-risk members, includes any member-specific preferences or barriers to care, prioritized program goals, self-management activities, referrals to specialists or community-based services, a schedule for follow-up interactions and a program assessment. For lower-risk members or those with less complex special needs, the care team creates an action plan focusing on the member's goals, personal preferences and care coordination needs.

Medication reviews are a critical component of the care planning process. Passport has discovered that a lack of communication regarding medication therapy to the member, caregivers and transition health care facilities links to poor member outcome and creates potential medication errors. Medication errors are also linked to members' lack of understanding regarding their pharmacy treatment regimen. Some of the steps we take to reduce medication errors include having our Care Advisors perform an initial medication review with the member and at each clinical session. The member's comprehensive medication list is also available in our secure system for our care team's review, and our care team can adjust the pharmacy regimen to fit to the member's current or changing health status.

During the program, the care team closely monitors and evaluates members to determine their level of progress and any barriers in achieving their goals. In cases where the member is having difficulties in adhering to the treatment plan, the care team identifies the root cause of the health barrier. Many times, health barriers can be attributed to members' physical or mental disabilities, financial, language, hearing, motivation, culture or confidence issues and SDoH issues. Our Care Advisors work diligently to offers viable solutions to get the member back to advancing in his/her care plan goals.

Engaging Members and Providers through Education and Extensive Outreach Efforts

Our Community Engagement Team is assigned to regional areas across the Commonwealth to provide health and wellness education and health screenings. Community Engagement representatives hold events at local schools and civic and community centers to foster the early detection and testing medical conditions

affecting children in Kentucky. For example, in Floyd County, Kentucky, Passport participated in a "Backpack to School" event that provided free sports physicals, A1C testing, dental services and cholesterol screenings to members. Passport presented 800 free backpacks filled with much needed school supplies to the children at the event.

To encourage our members, between the ages of nine and 13 years old, to have preventative health screenings, Passport offers gift cards to use at retail stores, drug stores or a restaurant of their choice.

Rewards for Young Members

Young members, through the Passport Member Rewards Program, can receive the following gift card incentives for:

- Visits to a PCP for a well-child examination (Eligible from 0-21 years old)
- Annual flu shots each year, with children under the age of two years receiving two flu shot doses to be eligible to receive the reward
- Immunizations:
  - **Meningococcal** – The immunization must be administered between the child's 11th and 13th birthday.
  - **Tdap** – Children must have the immunization between their 10th and 13th birthday.
  - **HPV** – Young members must have three immunization shots between their ninth and 13th birthday
- One annual dental visit. Children aged two to 20 can earn an additional gift card incentive for visiting a dentist two times a year.

Community Transition Program

It can be difficult for incarcerated members to transition from a correctional facility back into the community. Many times, members suffer from behavioral health and/or SUDs and lack the necessary life-skills to adjust to society. To help our members, we provide member-centric care for physical and behavioral health services and address any SDoH issues they may have (i.e., literacy challenges, lack of education or job skill training) and needs they may experience in the future (i.e., employment, housing, transportation needs). We believe that it is important to begin the care management planning process early to allow time for the members to receive the needed resources and support to learn successful physical and behavioral health self-management skills. Our goal is to teach them to become healthy, productive, law-abiding citizens to reduce recidivism.

Passport participates in the National Governors Association's Re-entry Pilot Program, which is currently underway with DMS and the Department of Corrections. The program begins once we are notified of the member's anticipated release date from a correctional facility. Our care management team contacts the member to develop a pre-release care plan, which includes assessing needs and health condition, assessing medically frail status, creating program goals and determining necessary interventions. This member-centric care plan specifically addresses the following:

- Primary health

- Behavioral health
- Oral health care
- SDoH issues
- Identified needs that are not covered (i.e., medications, durable medical equipment, incontinence supplies, supplemental nutrition, phone access)
- Prescription assistance

Passport provides supportive care, outreach efforts and access to a network of community-based and psychosocial services. Our Care Advisors also assist with pre-authorizations for health care treatments that members will need during and after their transition into the community. Post-release, our Care Advisors outreach weekly to the members to evaluate their targeted care plan, review their utilization patterns and measure their program progress.

At this time, Passport has been notified of relatively few incarceration cases but has provided care management services to one hundred percent (100%) of those members. We will continue our care management services for members reported to be released from a correctional facility to help in their recovery and rehabilitation. On a monthly basis, we send reports about the National Governors Association's Re-entry Pilot Program to DMS and participate in calls with other managed care companies, DMS and the Department of Corrections. Passport fully supports this initiative and DMS/Department of Corrections goals in helping members live healthy lives and reduce recidivism.

Transition Care Program for Adult Members

Passport provides a Transition Care Program to help members safely and seamlessly transition back to their home from an inpatient setting and to stay healthy at home. Our care team develops and coordinates a member-centric transition of care plan to help our members remain in their home environment and have a lower risk for hospital or ED readmissions.

Passport's Transition Care Program is designed with specific goals to improve member health:

- Providing high-quality member care and reducing avoidable readmissions
- Improving adherence to the hospital discharge care plan
- Educating members and their caregivers about medical and behavioral diagnoses and self-management activities
- Improving care coordination for members across care settings
- Assisting members and their caregivers in identifying questions or concerns they have about their diagnoses or treatment plan and preparing them for an informed discussion with their provider
- Improving medication adherence
- Increasing member satisfaction rates and health outcomes

The Transition Care Program initiates prior to a member's discharge from the hospital. Our Care Advisors and Health Educators work closely with the hospital discharge planning team to effectively coordinate and

implement the discharge plan. Collectively, they provide proper continuity of care as members transition and achieve stabilized health.

After receiving the discharge notification, our Care Advisors and Health Educators contact the member within 24- 48 hours to begin the enrollment process for our Transition Care program and schedule a telephonic or home visit. Every effort is made to make members and caregivers feel respected, comfortable and at ease. Care Advisors first take the time to carefully listen and answer the member's questions. We then perform an assessment to identify any special needs the member may have, determine any health risks, reconcile medications for adherence and ensure that proper support resources are available. The assessment information is essential in developing the individualized care plan with the member, our team, caregiver and provider.

The care plan details the member's health status and goals, equipment required in the home, current medications and adherence plan, caregiver support needs, needed referrals to community resources, member education and health progress measures. Serving as a member advocate, the Care Team arranges for any post-discharge outpatient provider appointments and coordinates services for any special accommodations (i.e., caregiver support, durable medical equipment, medications and referrals to community resources). A key component of the transition care program is member education. The Care Advisor/Health Educator thoroughly reviews the educational materials with our members, so they fully understand the information and can begin to successfully self-manage their condition.

During the process, the Care Advisor or Health Educator shares information with the member's providers to fully engage them in the development of the care plan, seek their input for treatment and convey all information discovered through the care management outreach efforts. The team works to confirm the member is receiving the necessary care and services for health stabilization.

We are passionate about our members' success in their transition. Members are continuously monitored and evaluated through weekly outreach efforts until the end of the program. At that time, our Care Team determines whether the member has achieved the following program milestones and goals and can graduate from the program based on our defined criteria. If our members require further care and would benefit from additional care management, the team makes all the necessary referrals.

Passport assesses the impact of the Transition Care Program on an annual basis for quality assurance. We are dedicated to ensuring that the program meets both member needs and our goals for higher quality outcomes. Our Quality Management team collects data on program processes and medical outcomes to measure the results against established performance goals specific to each condition and the overall program. The specific measures that Passports uses for its analysis include avoidable inpatient hospitalizations, avoidable ED visits and other data points (i.e., ED visits/1,000, urgent care visits/1,000, ED observations/1,000 and specialist visits/1,000).

Member satisfaction is always a fundamental element of our quality assurance process. Passport wants to ensure that our members receive quality care from our team and are satisfied with the services we provide. Passport's Member Services team surveys callers to determine if they are satisfied with our services. Since we initiated this survey, we have received feedback from 40 percent of the callers who were invited to

participate. On a scale of 1-10 with 10 being the most satisfied, we received an average rating of 9.43 for questions asking how members would rate the knowledge of the MSR, if they were treated with dignity and respect, if the call was handled to their satisfaction, and how they would rate their overall experience with Passport. The survey results are shared with departmental managers and quarterly with ELT. We plan to continue these surveys and continually improve our services based on feedback from our members.

C.20.a.iii. A description of any value-added services the Vendor proposes to provide to Enrollees.

Value-Added Services to Promote Healthy Behaviors and Disease Prevention

Health Incentives

As also stated in Section C.9, to improve health outcomes, Passport continuously looks for opportunities to encourage members to get screenings and address other social determinants of care. Passport's Member Rewards Program emphasizes to members the value of preventive health care and community engagement. It provides vouchers or gift cards from retail stores, drug stores, or restaurants for completing appropriate wellness activities. We revise this program annually based on Passport's Population Assessment, HEDIS® performance, and other inputs, to align with Passport's quality improvement activities**. Attachment C.9-1_2021 Proposed Member Rewards** summarizes our proposed 2021 program, including which members are eligible, what incentives are available, and what screenings or tests must be completed to earn the incentive. The attachment also shows how the incentives align with the 2019 DMS quality strategy goals.

In 2019, member's use of health incentives was lower than expected. We evaluated potential barriers and have made it a focus in 2020 to increase awareness and make it easier for members to earn these rewards. Our community engagement team is positioned through events, social media, and targeted texting campaigns to bring broader awareness of the health incentives. To make it easier for members we partnered with a new vendor in 2019 to administer the incentives.

Even with low participation counts in 2019, health incentives offered through the Member Rewards Program have contributed to a three-percentage point improvement in the Childhood Immunization Status (CIS) Combo 2 measure rate in 2019. One hundred forty members took advantage of the rewards program, and CIS improved from 37% to 40%.

Over the past five years, the Member Rewards Program has contributed to a:

- 35% decrease in "low" birth weight deliveries
- 37% decrease in "very low" birth weight deliveries
- 39% decrease in preterm deliveries (less than 37 weeks)
- 46% improvement in Adolescent Immunization, Combo 1 (Meningococcal, Tdap/Td) achieving and maintaining above the Medicaid Quality Compass 90th percentile

SafeLink Phones

We also offer members free SafeLink Phones with no-charge monthly cellphone calling and data plans with unlimited text messages. Members can also sign up for the plan using their personal cell phone depending on their preference. The program allows members to place free calls to Passport for assistance and delivers targeted text messages with health tips and reminders.

Texting Initiative to Engage Members

In 2018, Passport began using texting services for members to help communicate basic health and benefit information. Passport's Marketing team in collaboration with our Clinical and Quality teams work to develop educational campaigns, and with permission from DMS, other social media platforms and new technologies specifically to address the health concerns of our members.

C.20.b. Provide the Contractor's approach to assisting Enrollees to access direct access services and second opinions, and referrals for services not covered by the Contractor.

Supporting Member Access to Direct Access Services, Second Opinions, and Referrals for Services Not Covered by Medicaid

Direct Access

We know that time is of the essence for some members' situations; so we work diligently to accommodate their needs and schedules. First, Passport educates members on the direct access services via our call center, member handbook, new member welcome call, member newsletter, Passport's website and their providers. We also ensure that members, guardians and providers know what direct access services are. Our team also maintains a large quality network to meet the needs of members wherever they are. We also monitor the utilization of these services as well as any member or provider complaints that might indicate confusion or access problems. Our Care Connectors help support members as needed with transportation services and other SDoH needs.

Passport's **Direct Access Services** is the ability of the member to make an appointment with a participating provider without a PCP referral, prescription or health plan authorization in most instances. There are a number of direct access provider types and services in which Passport members can make appointments without a referral or prescription from their PCP. These include:

Access to Preventive Health Services

- Adult and pediatric immunizations
- Screening and evaluation for sexually transmitted diseases
- Screening and evaluation for tuberculosis
- Women's health services specifically cervical cancer screening and breast cancer screening
- Voluntary family planning services

Access to Specialty Care

- Routine outpatient behavioral health services including substance use disorder treatment
- Routine vision care services, including diabetic retinal exams and the fitting of eyeglasses provided by ophthalmologists, optometrist, and opticians
- Routine dental services and oral surgery services and evaluations by orthodontists and prosthodontists
- Maternity care
- Chiropractic
- Orthopedic care
- Treatment for sexually transmitted diseases
- Treatment for tuberculosis
- Treatment for HIV-related conditions and other communicable diseases

Access for Individuals with Special Health Needs

- Members with special health care needs determined through an assessment to need a course of treatment or regular care monitoring as appropriate for the member's condition and identified needs
- Services provided by the Commission for Children with Special Health Care Needs or the University of Louisville WINGS Clinic

Second Opinions

Despite existing patient-physician relationships, we understand that there are situations where the health information communicated to a member (parent/guardian) may not be understood and/or is worth double-checking. Members may benefit from a second opinion; particularly in instances where they may be attempting to confirm a diagnosis or are dealing with persistent symptoms or complex situations with multiple providers.

At the member's request, Passport allows a second opinion related to a surgical procedure or diagnosis and treatment of complex and/or chronic conditions, either within Passport's provider network or outside the network, without cost to the member. Passport informs the member about the right to request a second opinion at the time of enrollment and during member phone calls when appropriate.

Second opinions assist the member to:

- Increase knowledge of condition and healthcare options
- Confirm the diagnosis is appropriate
- Ensure that they will receive the most appropriate and optimal treatment plan

In the event a member requests to schedule a second opinion with a non-participating provider outside of the Passport network, Passport will:

- Determine if a participating provider is available through the UM authorization process and establish medical necessity for the non-participating provider
- Contact the provider to evaluate if they are interested in joining the Passport network
- Provide expense reimbursement associated with travel for the second opinion providing the visit was authorized and it is for a covered service.

Passport's call center and Care Connectors can assist the member in locating a qualified physician for a second opinion. If a member/parent/guardian is uncomfortable with clinical recommendations, there is a high likelihood that the member will refuse to take any action and delay important treatment. To make this decision-making process easier for our members and expedite the decision process toward obtaining needed care, Passport's Member Services team and Care Advisors are trained to compassionately help members understand their right to a second medical opinion. After evaluating the member's level of comfort and understanding, they may also recommend obtaining a second opinion when it makes sense. We also educate our provider network on the utilization of second opinions to reinforce our philosophy of "member-centered care."

Referrals for Services Not Covered

Kentucky has a comprehensive Medicaid health benefit package, therefore the number of requests made for non-covered services are infrequent. When we do receive a request, Passport first verifies the accuracy of the request, by contacting the requesting provider and member to assure that the information is correct. Once the request is confirmed, Passport works with the member and the provider to identify services from other sources. Some examples of non-covered services include eyeglasses for adults or assistance with food, housing, and the payment of bills. When a non-covered service is truly needed, we employ efforts to meet the member's needs using our resource guides to assist members to obtain necessary non covered services. Using the example of eyeglasses for adults, we connect the member with community resources to provide the glasses at no cost. This is often performed in conjunction with our Care Connectors team; however, members, caregivers, and/or providers can make the referral.

The process is different for children who qualify for EPSDST special services which does allow for the coverage of medically necessary services that are not part of the Medicaid state plan. If the request is for an eligible child, the request is reviewed for medical necessity. If determined to be medically necessary, then the service is approved. Urgent requests are completed within 24 hours and non-urgent requests are completed within two days.

If the identified provider is not a member of our provider network, an out-of-network review would take place as well as a review for medical necessity.

A last option for non-covered medical services is to collaborate with DMS to determine if there is a compelling reason to allow for provision of the service on an exception basis. In this circumstance, the Passport Medical Director would be actively involved to support that no other options are available to meet the medically necessary need.

C.20.c. Describe the Vendor's proposed approach to the following:

C.20.c.i. Interfacing with the Department and Department for Behavioral Health, Developmental, and Intellectual Disabilities.

Interfacing with DMS and DBHDID

Passport values our two-decade history of collaborative relationships with both DMS and the Department for Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID), who each have a key role in supporting the health of our members. Our Behavioral Health and Health Integration teams work diligently to maintain compliance with specific contract requirements and find great value in the quarterly meetings with DBHDID and regular Behavioral Health Director meetings with DMS.

In addition to these required meetings, Passport has an extensive history of additional collaboration with the DMS and DBHDID. Several examples are outlined below.

Passport's Participation in Interim Settlement Agreement Improves Access to Quality Housing

Passport participates in workgroups designed to address the implementation of the Interim Settlement Agreement, which will facilitate discharge of those who desire a personal care home to community living.

Collaboration on Passport's Foster Care Pilot Lays Foundation for Statewide Implementation

We worked closely with DBHDID, DMS and DCBS on our Foster Care Pilot, which laid the foundation for enabling DBHDID to bring High Fidelity Wraparound (HiFi) training and implementation to Kentucky. This group's input was critical for designing a program that was evidence-based and had the necessary supports to provide the training and supervision necessary for the intervention implementation. Regular meetings occurred with DBHDID during the program design process to obtain input from the DBHDID team. Once Passport had selected working with the High-Fidelity Wraparound Model, representatives from DBHDID were able to write and secure a national grant to bring in national trainers to establish a "train the trainer" model from Kentucky. Passport's Senior Director of Clinical Operations, Stephanie Stone, recently gave a presentation about this unique collaboration between an MCO with state agency partners in order to implement this intervention with representatives from DCBS and DBHDID at the Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health in Tampa, Florida.

Data Sharing with DMS/DHBDID Improves Quality of Service for Members with Severe Mental Illnesses (SMI)

Collection and analysis of behavioral health data is part of our ongoing quality assurance efforts. When a potential practice improvement opportunity was identified through this process, Passport approached both DMS and DBHDID with an initiative to flag trends observed in care delivery for our members to ask they have

noticed similar trends in their data to better understand the needs of our member population. DBHDID encouraged the sharing of any additional analyses we have done outside of mandatory reporting in order to collaborate and identify challenges or barriers to care.

One example of this collaboration is assessing the causes and formulating a response to the variability in both delivery of the Therapeutic Rehab Program Service and levels of utilization of the service. Passport prepared a summary of claims data about the service utilization and conducted site visits to understand what happened during service delivery and then shared our analysis with DBHDID and DMS. In parallel, DMS evaluated updating the billing codes for the delivery of the service as they had also noticed a significant spike in utilization. DBHDID shared how critical access to this service is for members with severe mental illness. Since we have a team member who is a retired community mental health center executive that is the DBHDID safety net group of providers, we had the last 30-year historical knowledge of the implementation and development of the service.

We shared our plan to address the variability in quality of the service with DMS and DBHDID to ensure that our efforts to address poor performance did not put the service at risk. Our plan included returning to an authorization process for the delivery of the service in the community mental health center setting as this is where the most variability was observed. By adding authorization, we could ensure that treatment goals were appropriate and that members were getting the service they need. We returned to the authorization requirement that had been turned off for community mental health centers in 2013 in the Fall of 2019 to better address the variability we observed in the quality of the service across the Commonwealth and lack of connection to overall treatment goals. Having the input of DMS and DBHDID and their experience with the service, along with our team's experience, helped us arrive at a decision for moving forward for better ensuring the quality of the service.

SBIRT Model Collaboration Reduces Barriers to Innovative Services

The collaboration and partnership Passport have shared with DBHDID has been extremely helpful in reducing barriers to initiating innovative services to meet the needs of Kentuckians. Passport participated in three different national learning collaboratives during our implementation of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model. DBHDID and DMS sought to implement this evidence-based practice as an effort to prevent or promote early identification of substance use disorder in Kentucky. Passport participated in an SBIRT collaborative sponsored by the Association of Community Affiliated Plans (ACAP) in 2014 in Dallas, Texas. DBHDID was able to send their substance use disorder program director to participate in the ACAP kick-off along with the Passport Behavioral Director. This was an opportunity for Passport and the Commonwealth to participate together in a learning collaborative that included shared lessons learned with other states. Having DBHDID participate in the organization meeting with other plans and state agencies was helpful in identifying barriers and how we might address these as we helped bring SBIRT to Kentucky.

C.20.c.ii. Coordinating with the Department to establish collaborative agreements with state operated or state contracted psychiatric hospitals and other Department facilities that individuals with co-occurring behavioral health and developmental and intellectual disabilities (DID) use. Describe potential challenges and methods to address such challenges.

Collaborating to Ensure Access to Services for Persons with Co-Occurring Behavioral and Developmental Disabilities

Passport is contracted with all state operated or state contracted psychiatric hospitals and has been for several years. We also partner to coordinate care with other Department facilities that serve individuals with co-occurring behavioral health and developmental and intellectual disabilities (DID).

Collaborating with DMS to Alter Allowed Payments for Adult Members in State Hospitals

Until recently, Kentucky Medicaid MCOs were prohibited from paying for services provided at state hospitals for adult members. Passport worked closely with DMS in the implementation of providing payment for services delivered by "Institutions for Mental Disease" (IMD) for up to 15 days per month for each member that is hospitalized there. By allowing MCOs to pay for services at an IMD, DMS has created the opportunity for Passport and other MCOs to improve access to care for all Kentucky Medicaid members in this challenging situation. We will continue to seek similar collaborative methods in the future to address other potential challenges that could arise related to payment structures.

Passport Has Experts Dedicated to Addressing Potential Challenges

Passport has dedicated Behavioral Health (BH) Care Advisors and Guardianship Specialists who are experts at collaborating with state-led facilities to ensure the needs of members with co-occurring behavioral health and DID needs are met. With their years of experience, they have developed strong business relationships which helps to break through barriers. They employ specific interventions to help members with co-occurring behavioral health and developmental and intellectual disabilities ensure they get the care they need. These interventions include (but are not limited to):

- Providing in-person discharge planning support to ensure the successful transition of care and reduce the risk of readmission.
- Participating as active members of the state facility treatment team meetings.
- Making repeated attempts to reach each member discharging from state psychiatric facilities.
- Assisting members in completing Health Risk Assessments (HRA) to identify any opportunities to involve nurse care management.
- If SDoH needs are identified during the HRA, completing an additional screen through Healthify to aid in connecting members to community resources.
- Building relationships to better understand the needs outside of the screening process.

- To facilitate these transition services, Passport covers ABA services for adult members with IDD.
- Working in collaboration with the specific staff at community mental health facilities (CMHCs) funded by DBHDID for the development and implementation of crisis plans
- Connecting adults with IDD and mental health concerns with appropriate evidence-based treatment for dual diagnosis.

This team of experts will continue to work closely with facilities in developing continually innovative methods to address unique future challenges.

Helping Members Return to Communities of Origin

Passport understands the importance of helping individuals served by these state-led facilities to have opportunities to live in their community outside of a facility. Facilities must have a strong system of community supports to transition members into for care.

To improve this situation, we have worked closely with the facilities and DBHDID as they have endeavored to implement the Interim Settlement Agreement to assist individuals in returning to their communities of origin. We understand the particular challenges for these transitions such as the development of independence readiness skills. In the future, we will continue to work closely with providers to ensure community supports are in place to help our members navigate living more independently.

Collaborating with National Associations to Improve Clinical Practice Guidelines

As the behavioral health field continues to evolve, one of the potential challenges for this population is staying abreast of national best practices. In the future Passport will continue to seek expertise and collaborate with national organizations to bring improved clinical standards to our Kentucky Medicaid members. In fact, we have already begun addressing this concern for Individuals with Developmental and Intellectual Disabilities (DID). We are currently participating through the Kentucky Psychological Association with the American Psychological Association to create a new Clinical Practice Guideline for working with individuals with DID. The increased attention and focus on DID should help better articulate challenges and learn about the best practices around the country for working with individuals who have DID. The document should provide a gold standard for care when completed. Passport will share the final CPG once it is completed with our BHAC, DBHDID, and the DMS Behavioral Health Directors group for review and possible implementation.

Using Data and Working with Providers to Address Frequent Readmissions and Prolonged Residence

Passport will address potential challenges for this population through the use of data to identify problems, and by working with our provider partners to determine satisfactory resolutions that may benefit both the members and providers. For example, our Health Integration team recognizes that a particular concern for some members who have SMI or co-occurring behavioral health and IDD needs is that they have frequent hospital readmissions and may reside in Personal Care Homes for many years. We recently had identified through our data that there was a small group of members in Western Kentucky who had reduced their

readmissions to Western State Hospital. The team reached out to a provider who provided services in that part of the Commonwealth to see what might be impacting this change. The provider stated that Western State Hospital had called the Personal Care Home where he had a contract to work with members and asked the same question. The provider talked about how he was using licensed staff to deliver a Therapeutic Recreation Program and had several insights into helping members worked toward preventing readmissions and increasing movement of members toward independence. He is currently summarizing information about his experience and how we might expand this different approach in other parts of the Commonwealth. Passport has arranged for him to present his finding to the DBHDID Commissioner.

Providing Unique Solutions to Address Trauma Symptoms for Adults with IDD

Trauma symptoms and difficulty with regulation of emotions are relatively common among adults with IDD. There are specific adaptations of dialectical behavioral therapy for adults with IDD which we encourage providers to use. We have contracted with agencies that historically serve individuals with IDD and provided consultation around meeting the needs of non-waiver individuals in the state Medicaid plan. To address these types of challenges in the future, we will continue to seek innovative methods and best practices, and work with our provider partners to offer quality care which will address the unique needs of adult members with IDD.

Improving Communication with Providers

Effective communication between providers and MCOs for the unique needs of this population requires continual effort and improvement. Passport suggests the following to help address this challenge:

- Responsive and effective care management strategies, such as transition supports, rely significantly on timely identification of admission and discharges in both hospitals and emergency departments. Collectively, we would like to establish a better process for the identification of admissions and discharges in a timely manner at the state led facilities with the MCOs to occur.
- We recommend reconvening a group that met at the direction of the DBHDID Commissioner including the state-led facilities, the CMHCs, and the MCOs to return to the discussion of improving transition of care by region around the Commonwealth. Additional services have been added to the continuum and with experience now by some of the CMHCs with value based contracting it seems appropriate to reconvene and look at solutions to support the facility to community transitions collectively.
- Encourage use of Kentucky Health Information Exchange (KHIE) by state-led facilities and MCOs to share information.

We look forward to the opportunity to collaborate closely with these facilities and providers in the future to address additional challenges as they arise, in an effort to improve the health and quality of life of our members.

C.20.c.iii. Complying with the Mental Health Parity and Addiction Equity.

Compliance with Mental Health Parity and Addiction Equity

Passport has achieved and remains in compliance with the Mental Health Parity and Addiction Equity Act of 2008 and 42 C.F.R. 438 Subpart K. As required by DMS, Passport conducted a mental health parity analysis to ensure access to mental health and SUD is treated equally with medical health services. We have gathered BH/SUD benefit design, policies and procedures (including UM policies) and claims payment information and compared to this to the medical program. Parity was examined in the areas of medical necessity criteria development, prior authorization, concurrent review, prior notification, retrospective review, outlier management, experimental/investigational determinations, medical appropriateness reviews, practice guideline selection/criteria and blanket exclusions for court ordered or involuntary treatment that is medically necessary. Our analysis was shared with DMS and we were considered in compliance with the Mental Health parity and Addiction Equity Act expectations. Regular reviews to ensure components are up to date and meet the spirit of parity will be conducted.

The importance of parity is that it:

- Reduces the stigma of mental health by treating these conditions comparably with physical health conditions
- Promotes overall wellness among the membership
- Decreases barriers to the access of mental health and SUD treatment

Ongoing parity compliance is continually demonstrated by reviewing and comparing the physical and behavioral health benefit management, including pharmacy, upon contract implementation and any time a change is made to the benefit structure. During this review the following items will be assessed:

- Quantitative treatment limits
- Non-quantitative treatment limitations
  - Preauthorization and pre-service notification requirements
  - Fail-first protocol
  - Geographical limitations
- Financial requirements
  - Deductible
  - Out-of-pocket maximum
  - Copayments and coinsurance

As part of ongoing efforts to maintain parity compliance, the items above are monitored using the DMS-created parity tool. Our ongoing, multidisciplinary workgroup will remain focused on parity compliance.

C.20.d. Describe initiatives the Contractor will implement to identify trends in provider-preventable conditions to educate providers who are identified as possibly needing support in better addressing those conditions.

Monitoring, Interventions and Education to Curb Provider Preventable Conditions

As a local health plan embedded in the community for more than 20 years, our collaborative relationships with providers are a strength. Many of our team members are Kentucky-licensed professionals who have worked their entire career in Kentucky side by side with our providers. The Health Integration team alone has five team members and collectively they have 100 years of experience delivering care in Kentucky to Kentuckians. We understand how important and challenging it is to look at trends in provider-preventable conditions with providers to identify barriers and opportunities for education and support to improve health outcomes. These provider relationships are critical for addressing performance improvement opportunities related to quality of care, including provider preventable conditions (PPC). Passport monitors for Category I and II PPCs as defined by the Centers for Medicare & Medicaid Services (CMS) as well as the Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (PQI). We also prospectively monitor for potential concerns. The PQIs identify issues of access to outpatient care, including appropriate follow-up care after hospital discharge. This allows for identification of admissions and readmissions that might have been avoided through high-quality outpatient care. Time is spent sharing any concerns from the analysis of preventable conditions with providers including education about their performance compared to other like-sized provider groups to better understand the trends we see. We then partner with providers who perform at a lower level for preventing conditions to develop targeted action plans for improvement including addressing barriers and connecting to education and resources to help them better manage provider-preventable conditions.

Passport uses the latest tools, research and methods to support the identification and deterrence of provider-preventable conditions. Specifically, Passport tracks and assesses trends of:

- Claims and utilization data especially readmissions
- Provider complaints
- Member complaints
- Sentinel events

Our teams work diligently to proactively identify potential gaps of care and resolve them before the member experiences a preventable complication. Through our Identifi system, we monitor claims information to track trends in PPCs at the provider and facility level. We also monitor member and other provider complaints that suggest a potential PPC. Passport is able track 42 measures to identify potential gaps of care, and the system generates insights into the specific issues and creates a roster of “Patients with Care Gap Opportunities.” In addition, our clinical and Quality teams are trained to identify indicators that might alert us to a potential PPC. The team regularly incorporates sentinel events and referrals into the Passport

patient safety program. Issues, concerns and events are taken to the appropriate committee for review and decision-making. Provider education is provided by a Medical Director or the Chief Medical Officer supported by other health plan members.

The Population Health team serves as a primary resource for best practices, training, and questions when working through care gaps in Identifi. In addition, the CMO and Medical Directors actively participate with the interdepartmental team and providers to identify opportunities for improvement and corrective action plans (CAPs). These CAPs are monitored by our Quality Department to assure that the interventions occur and progress toward issue resolution. Updates and final findings are presented to the QMMC.

Case Study

Passport is currently working with an inpatient behavioral health facility that appeared to have one physician provider with a much higher readmission rate during our routine review of our readmissions data. Passport has met with the facility and provider to learn more about this provider and the impacted members. We conducted a chart review as part of the process. During the chart review, it appeared that the impacted members served by this provider also had regular use of restraints during their stay. We are now working closely with both the facility and provider to ensure the safety of our members, but also to learn more about the model of care and how restraint is used. The facility had already obtained a grant to increase the knowledge and practice of trauma informed care.

While it is not a HEDIS metric or information available in claims data, both Passport and the provider agree that reducing use of unnecessary restraints is in the best interests of the members. Passport has been asked to partner with the hospital's clinical leadership to help learn more about the restraint prevalence as we have a couple of clinical team members with experience in reducing use of restraints in a psychiatric facility. We have jointly established quality goals with the facility of reducing use of restraint and readmissions of members. Our next step is to determine if this provider is an outlier in restraint-use compared to other providers, through additional review of other provider charts. This collaboration could not be possible without the strong partnership and trust we have with the facility as this information is not available in claims data; the transparency being provided comes from a shared desire for members to receive the best care possible. We are working with our provider partner to help reduce use of unnecessary restraints and readmissions by providing support, sharing data, learning together with the provider, and sharing the clinical expertise of our team members to improve the quality of care provided to our members.

With the implementation of KHIE, Passport will be able to enhance connectivity and efficiency in several areas. Real time information about admissions, readmissions and transitions will provide Passport the opportunity to quickly and effectively respond to identified issues. We will be less reliant on lagging claims data or self-reported information. This access will also allow us the ability to decrease the burden of providers recreating connections to our systems, thus decreasing time, cost and frustration.

Beyond CAPs when a PPC does occur, Passport also has a payment policy that excludes payment for PPCs and hospital acquired conditions. Our Provider Network Management team has a provider-oriented webinar

that specifically address PPCs. In additional we will provide in office training on the policy via our Provider Network Management team.

Conclusion

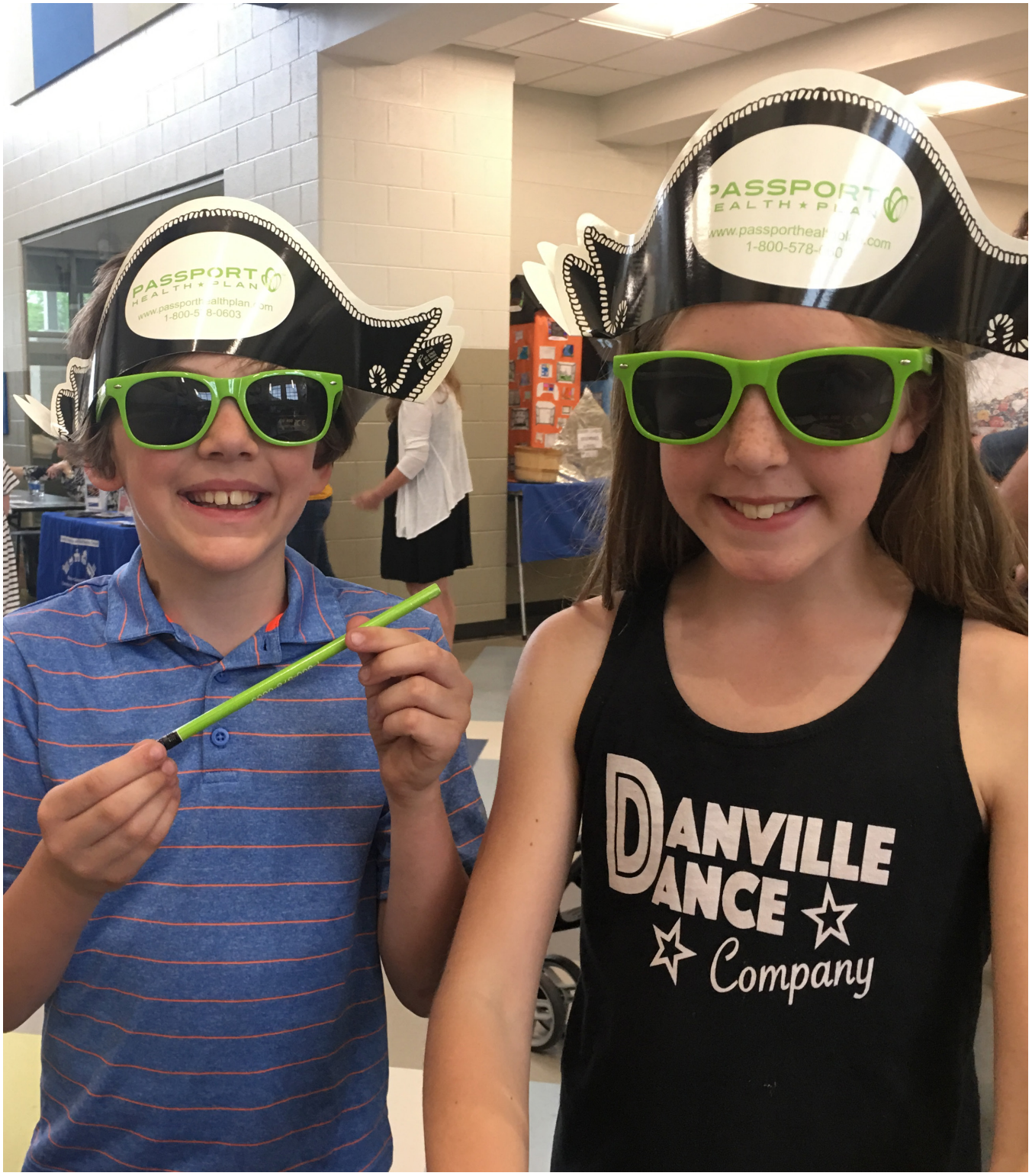
Passport has a dedicated and experienced team of Kentucky providers that knows the marketplace and the needs of our members. We use repeatable and effective processes to provide covered services to ensure that our members receive a person-centered care plan that address their medical and behavioral health service needs, as well as consider how SDoH contribute positively or negatively in achieving their goals for wellness.

We have been a part of the Kentucky health care system more than two decades and as such have established strong relationships with local community agencies and our provider partners to gain their expertise and insights into the needs of our members. Passport also collaborates with DMS and other governmental agencies to ensure that our special needs members receive the care management services they need to achieve optimal health. These relationships have led to beneficial collaborations for our members. For example, Passport identifies provider-preventable trends through data or interaction with providers and members. We then share these trends with our provider partners to better understand the trends and help improve the care delivered to our members. We work in tandem, provider to provider, to educate and ensure they have access to the information needed to change these provider-preventable trends. Our clinical team members are open to sharing the experiences they have in the delivery of care, connecting providers to other clinical resources, and learning how we can work together to increase the quality of care.

Our organization is committed to developing innovative programs to further enhance our capabilities. We leverage technology solutions to continuously improve our current programs and gain insight into new offerings. Passport is committed to leveraging our leaders, team members, systems, providers, community, and resources toward serving our Medicaid populations. We are prepared to deliver the covered services mentioned in the contract and within this response.

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.

C.21 Pharmacy Benefits



C.21. Pharmacy Benefits

a. Describe the Contractor's proposed approach to administration of pharmacy benefits and related pharmacy services, including the following in its response:
   i. If using a Pharmacy Benefit Manager (PBM), provide a copy of the Subcontract, approach to integration with other services, as well as assuring transparency in pricing and reporting.
   ii. Methods to ensure access to covered drugs and adherence to the preferred drug list.
   iii. Responsibilities and composition of the P&T Committee.
   iv. Proposed DUR Program, including approaches to collaborate with the Department on pharmacy initiatives.
   v. Proposed Maximum Allowable Cost (MAC) program.
   vi. Approach to operation of a pharmacy call center.

b. Describe the Contractor's pharmacy claims payment administration, including an overview of the Point of Sale (POS) system and processes for complying with dispensing fee requirements.

c. Describe the Contractor's processes and procedures to provide timely, accurate and complete data to support the Department's rebate claiming process and ensure the Department maintains current rebates levels.

d. Describe the Contractor's processes and procedures to provide data and support Department-based efforts and initiatives for 340B transactions.

e. Describe the Contractor's pharmacy Prior Authorization process, including the following as part of the response:
   i. Transparency in communicating the conditions for coverage to providers.
   ii. Required credentials for staff reviewing, approving and denying prior authorization requests.
   iii. Use of pharmacy and/or medical claims history to adjudicate prior authorization requests.

Passport Highlights: Pharmacy Benefits

How We're Different	Why It Matters	Proof
Passport brings a long-standing history of Kentucky-specific benefit management services to the Commonwealth's members and providers.	Significant history of engagement with the provider and member community; Kentucky-based, provider-driven and managed health plan with a vested interest in providing friends and neighbors with the best possible health care	Continuously contracted for years to provide compliant pharmacy services in partnership with DMS.
Passport clinical outreach pharmacists are Kentuckians serving Kentuckians—Kentucky residents and licensed pharmacists with significant program tenure.	• Long standing members of the health care community with deep understanding of the issues facing our members including substance use disorders • In depth Kentucky-specific knowledge of member and provider challenges and opportunities	• Passport pioneered significant controlled substance safety edits in 2016. Since then, these edits have been refined and coordinated with DMS fee-for-service edits implemented in 2018. • Passport efforts to monitor and manage opioid use resulted in a 22% reduction in members receiving opioids in the past 18 months.
Passport's PBM uses an integrated prescriber access point to deliver real-time benefit treatment options and integrated electronic prior authorizations (ePA).	• Presents alternative products that may be lower cost, available without PA, or may otherwise improve member success and medication compliance • Identifies products that do not require immediate or ongoing PA	As demonstrated in **Exhibit C.21-4**, prescribers are presented multiple drug product options as payer-suggested alternatives showing relative cost.
Exceptional adherence to the PDL ensuring the health and safety of our members.	Ensures cost-effective and clinically appropriate treatment is available to members through Passport's active PDL management in conjunction with the P&T Committee	From 2016-2019 Passport's PDL adherence rate was 99%.
Passport's encounter submission first-pass acceptance rate is greater than 99%.	Higher first-pass acceptance results in reduced re-work for DMS and its rebate vendor, delivers rebate-eligible claims for inclusion in a more timely manner, and results in faster recoupment of manufacturer payments	Passport's commitment to our partnership with DMS is demonstrated through the value we place on clean and accurate encounter claim processing. Our success is demonstrated in **Exhibit C.21-9**.

Introduction

The Passport pharmacy benefit team has provided active, integrated, and effective program management of the member pharmacy benefit to the Kentucky Department for Medicaid Services (DMS) for more than 22 years. This includes working closely with our partner health systems and provider associations to constantly evaluate and improve access to needed pharmacy services. Integrating with the provider community in support of our local Pharmacy and Therapeutics (P&T) Committee, Behavioral Health Committee, Quality Medical Management Committee (QMMC), and Partnership Council in the oversight and management of the pharmacy benefit delivers an unparalleled model that integrates evidence- and outcome-based improvements and provider specialist–influenced program design.

Passport's Pharmacy program leverages evolving technologies to improve prescriber and pharmacy provider access to medications. One way that Passport delivers effective clinical and fiscal management of the pharmacy benefit in support of DMS initiatives is through the notification of both members and pharmacies of appropriate therapeutically equivalent options in real time at the POS. This ensures access to appropriate treatment with lower program and member costs. In addition, Passport provides integrated solutions that reduce the administrative burden for prescribers by identifying preferred products and providing benefit rules and design details at the point of prescribing. Passport's unique program ownership and partnership with local providers delivers the essential model for advancing member health through focused engagement and active education of providers, member outcome improvement, and responsible program financial and operational management.

While Passport is ultimately accountable and remains committed to compliance with all contract provisions for the oversight, activities and reporting of our Pharmacy program, we have engaged with Evolent Health (Evolent) since 2016 for their expertise in functions that include pharmacy plan design, Preferred Drug List (PDL) development, non-preferred product exceptions, prior authorization (PA) and utilization management (UM) criteria, formulary exception reviews and program audits. As a result of the recent acquisition, Evolent and the provider owners will jointly own and operate Passport. Evolent's ownership in Passport means that a significant layer of management and oversight redundancy is eliminated, which results in greater efficiency, faster issue resolution, effective root cause analysis and business process optimization.

C.21.a.i. If using a Pharmacy Benefit Manager (PBM), provide a copy of the Subcontract, approach to integration with other services, as well as assuring transparency in pricing and reporting.

Passport contracts with CVS/Caremark as our PBM. As the largest PBM in the nation, CVS/Caremark serves twenty-one (21) million members in thirty (30) managed Medicaid markets and is one of the largest national PBMs for Medicaid members. On behalf of Passport, CVS/Caremark contracts and manages Passport's network of more than 1,200 pharmacies in Kentucky, and is responsible for credentialing and pharmacy provider management, processing pharmacy claims at the POS, administrative and encounter reporting, and

managing supplemental rebate agreements. The subcontract with CVS/Caremark is included with this response as **Attachment C.21-1_2016 Delegation Agreement (09-01-16).**

Effective Oversight of PBM Responsibilities and Integration of Services

CVS/Caremark, under the direction and oversight of Passport, supports multiple integration points that enhance pharmacy services to our members, including the following:

- Claims data sharing to integrate pharmacy utilization data in care management systems.
- Integration of medical claims into the pharmacy claims processing system to electronically address UM criteria through smart PA.
- Direct connection points between our PBM and other plan services and units, such as encounters, compliance, enrollment and eligibility updates, and program integrity. PBM representatives directly support and assist all pertinent plan areas.

To ensure all PBM-delegated services remain in compliance with Passport's contract with DMS, issues impacting members are resolved, required reports are generated and distributed, and DMS inquiries are responded to within DMS-designated time frames. The Passport pharmacy team meets at least twice weekly with the CVS/Caremark account team to address these topics. In addition to these twice-weekly meetings, CVS/Caremark is held to established service-level agreements (SLAs) across several key performance metrics, including claims processing accuracy and availability, member services and encounter accuracy and timeliness. We also require CVS/Caremark to provide attestations that all Senate Bill 5 (SB5) reporting requirements are submitted completely and within defined SLAs. CVS/Caremark has a record of 100% on-time submission for all recurring SB5 reporting requirements on behalf of Passport.

Ensuring Transparency in Pricing and Reporting

As of January 1, 2020, our contractual agreement with CVS/Caremark changed to a pass-through pricing model for claims processing. Our PBM is required to provide the necessary reporting to demonstrate contract compliance with pricing transparency. This reporting will ensure appropriate reimbursement of claims to Kentucky pharmacy providers. Compliance with pass-through pricing requirements is monitored via claims-level detail reporting from our PBM. Passport's contract with CVS/Caremark requires CVS/Caremark to comply with all DMS pharmacy network requirements including prohibition of direct or indirect remuneration, membership fees and retrospective renumeration models.

C.21.a.ii. Methods to ensure access to covered drugs and adherence to the preferred drug list.

Ensuring Access to Covered Drugs and Adherence to the PDL

Passport is dedicated to maintaining quality care for our members while controlling rising costs for the Kentucky Medicaid program. Our Kentucky-based pharmacy director and clinical pharmacists, along with our Pharmacy Department, work in collaboration with our PBM, CVS/Caremark, to develop and maintain Passport's outpatient PDL. The goal of our PDL is to provide a complete list of safe and clinically effective drug products that provide high quality of care to members in a cost-effective manner.

Passport's significant experience serving Kentuckians has shown that a broad formulary that includes prescription and non-prescription drugs available over-the-counter (OTC) is essential to member health and well-being. Passport's pharmacy benefit provides the most robust coverage of OTC drugs, acknowledging that many efficacious and cost-effective drug options are available without a prescription. When reviewing the PDL and the OTC list (both available through Passport's website) it is evident that Passport places great value on appropriate access to OTC products. We review OTC drugs as we do prescription drugs, selecting products that meet safety and efficacy standards for coverage and formulary placement under the pharmacy benefit. By managing the OTC benefit through the PDL, members can obtain OTC products directly from their local pharmacy and are not restricted to access through certain online/catalog channels. Passport improves member access to necessary and appropriate medications through coverage of many cough and cold medications available as OTC products for symptomatic relief and as a deterrent to the inappropriate use of antibiotics.

As described in **Attachment C.21-2_Policy RX.059.E.KY Preferred Drug List,** a stringent process is followed for developing and implementing the PDL, including any necessary restrictions. The policy also describes the types and categories of drugs included in the PDL, explains the process used to make changes (additions and deletions) to the list, and describes how these changes are communicated to members and providers, as well as the process used for posting and distribution of the PDL to members and providers.

Our pharmacy team's expertise in developing a formulary of covered outpatient drugs is also applied in the development and maintenance of a list of covered physician-administered drugs. As many specialty pharmaceuticals have a dual-distribution model whereby medications may be available to members through both medical and pharmacy channels, it is important to have a clear method for how these drugs may be accessed, while preventing possible double-billing under both the pharmacy and medical benefit. Our UM team regularly reviews physician-administered drugs and denotes under which benefit each drug should be placed. For physician-administered or medically billed drugs, there is a clear POS message at the pharmacy to indicate how these medications should be billed so this information is clearly communicated to the providers. The pharmacy team also works with the Passport medical UM team to ensure access to these drugs, advise on reimbursement rates and comply with required claim requirements for both pharmacy and physician billed claims.

Promoting Member and Provider Adherence to the PDL

Adherence to the PDL is of the utmost importance for the health and safety of our members as well as for managing an effective and efficient pharmacy benefit design. Having a PDL that is presented in a manner that is easy to understand and navigate by members and providers is critical to PDL adherence. Our searchable online PDL **(Exhibit C.21-1a)** and its hardcopy version **(Exhibit C.21-1b)**, clearly define common pharmaceutical terms, delineate brand names and generic drugs, indicate any limits or PA requirements for each prescription drug, and indicate what to do if a specific drug is not listed on the PDL. The online printable version and web-based searchable formulary are both available 24/7, allowing members and

providers to search for specific drugs, generic and therapeutic equivalents, and other formulary requirement information specific to Passport. If members do not have access to the web, they may request that a hardcopy version of the formulary be mailed to them simply by calling Member Services.

Exhibit C.21-1.a: Online Searchable PDL

You may search the Passport Health Plan drug formulary in several ways:

- Use the alphabetical list to search by the first letter of your medication.
- Type part of the generic or brand name, click Search.
- Select the Therapeutic Class of the medication you are looking for, and then select a subclass to view your results.

What if my drug is not on the formulary?

Remember, not all drugs are listed on the formulary. If Passport does not cover your drug, you have 3 options:

1. Work with your pharmacy or provider to find the preferred drug.
2. You can call Member Services at 1-800-578-0603 and ask for a list of similar drugs that are on Passport's Preferred Drug List.
3. If a drug is not covered by Passport or is not listed on our Preferred Drug List, your doctor can request an approval for it.

Can the formulary change?

Yes. Passport may add or remove drugs from the formulary during the year. To get updated information about covered drugs, please visit our website at www.passporthealthplan.com or call Member Services at 1-800-578-0603.

Therapeutic Class Search: anti-infective agents/hcv polymerase inhibitor antivirals
6 drug(s) found
To view other medications in a therapeutic class, click any class hyperlink in your search results.

Results

Brand Name *Generic Name*	Therapeutic Class *Sub-Class*	Dose/Strength	Status	Notes & Restrictions
EPCLUSA ORAL TABLET 400-100 MG	ANTI-INFECTIVE AGENTS *HCV POLYMERASE INHIBITOR ANTIVIRALS*	TABLET 400-100 MG	NP Non-Preferred	QL Quantity Limit more info PA Prior Auth more info SP Specialty Product
HARVONI ORAL TABLET 90-400 MG	ANTI-INFECTIVE AGENTS *HCV POLYMERASE INHIBITOR ANTIVIRALS*	TABLET 90-400 MG	NP Non-Preferred	QL Quantity Limit more info PA Prior Auth more info SP Specialty Product
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	ANTI-INFECTIVE AGENTS *HCV POLYMERASE INHIBITOR ANTIVIRALS*	TABLET 400-100 MG	G Generic	QL Quantity Limit more info PA Prior Auth more info SP Specialty Product
SOVALDI ORAL TABLET 400 MG	ANTI-INFECTIVE AGENTS *HCV POLYMERASE INHIBITOR ANTIVIRALS*	TABLET 400 MG	NP Non-Preferred	QL Quantity Limit more info PA Prior Auth more info SP Specialty Product
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 &250 MG	ANTI-INFECTIVE AGENTS *HCV POLYMERASE INHIBITOR ANTIVIRALS*	TABLET THERAPY PACK 12.5-75-50 &250 MG	NP Non-Preferred	QL Quantity Limit more info PA Prior Auth more info SP Specialty Product
VOSEVI ORAL TABLET 400-100-100 MG	ANTI-INFECTIVE AGENTS *HCV POLYMERASE INHIBITOR ANTIVIRALS*	TABLET 400-100-100 MG	NP Non-Preferred	QL Quantity Limit more info PA Prior Auth more info SP Specialty Product

Exhibit C.21-1.b: Print-Version PDL

ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
XOLAIR INJ 75/0.5	2	QL (6 syringes / 28 days), PA
XOLAIR INJ 150MG/ML	2	QL (6 syringes / 28 days), PA
XOLAIR SOL 150MG	2	QL (6 syringes / 28 days), PA
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	2	
INCRUSE ELPT INH 62.5MCG	2	
ipratropium bromide inhal soln 0.02%	1	
LONHALA MAGN SOL 25MCG	3	PA
SPIRIVA AER 1.25MCG	3	QL (1 inhaler / 30 days), PA; PA applies to 18 years of age and older
SPIRIVA CAP HANDIHLR	3	QL (1 box / 30 days), ST
SPIRIVA SPR 2.5MCG	3	QL (1 inhaler / 30 days), PA; PA applies to 18 years of age and older
TUDORZA PRES AER 400/ACT	3	ST
YUPELRI SOL	3	QL (30 vials / 30 days), PA
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	1	QL (30 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **OTC** - Over the counter 28

Ensuring timely communication of any PDL changes is also a critical component of PDL adherence. Upon approval of any PDL additions, deletions or changes to criteria such as restrictions or limitations that apply to the use of certain pharmaceuticals, controlled substance safety edits or quantity limit updates, the changes are programmed in the PBM's claims processing system and uploaded into Passport's online searchable formulary in the format specified in 42 C.F.R. 438.10. Removals from the PDL are not implemented until members and providers have received at least a thirty (30) day advance notice of the change. Members affected by a formulary change are often "grandfathered" for a period to allow additional time to work with the provider to find a preferred formulary alternative or to submit a PA to continue to receive the medication. Members may also be grandfathered indefinitely.

Passport notifies prescribers, pharmacies and members of PDL changes via the following methods:

- **Pharmacy News bulletins** to pharmacies and prescribers, detailing all PDL changes, process and procedure updates, and other operational information, as illustrated in **Exhibit C.21-2**. The newsletter is posted to the Passport website, delivered to providers electronically via Passport's eNews delivery, and can be faxed or mailed upon request. An abbreviated version is faxed to the pharmacy network via CVS/Caremark. In addition, printed copies are hand-delivered and reviewed with providers and pharmacies by Passport's clinical outreach pharmacists. Both the content included in our newsletters and the methods for delivery are unique to Passport.

Exhibit C.21-2: Passport Pharmacy Newsletter



PHARMACY NEWS

PASSPORT HEALTH PLAN

SUPPORTING OUR PROVIDER PARTNERS THROUGH COMMUNICATION AND COLLABORATION.

DATE DECEMBER 2019
ISSUE 4

HELPFUL NUMBERS FOR PROVIDERS
CVS: 1-888-512-8935
Primary: 004336
Secondary Commercial: 013089
Secondary Part D: 012114
Passport Pharmacy Services: 1-844-380-8831

Passport Advantage
BIN: 004336
PCN: MEDDAVDV

HELPFUL NUMBERS FOR MEMBERS
Passport Health Plan
1-800-578-0603

WEBSITE
www.passporthealthplan.com

NEW IN THIS ISSUE
- Inhaler Updates
- Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Update
- New Prior Authorization or Step Additions
- Prior Authorization or Step Removals
- Formulary Changes
- P&T Committee Review
- New Generics
- Line Extension Products
- Thank you!

© 2019 PASSPORT HEALTH PLAN

Inhaler Updates

Effective **December 2019**; both the generic Advair Diskus products and Trelegy Ellipta will move to a preferred status and no longer require a prior authorization. In addition, all generic albuterol HFA inhalers will no longer require a prior authorization (Proair Respiclick will not be affected by this change). Both changes were reviewed and approved by the Pharmacy and Therapeutics Committee following the November 2019 meeting.

Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Update

Effective **February 3, 2020**; Januvia (sitagliptin), Janumet (sitagliptin/metformin), and Janumet XR will become non-preferred. Current utilizers who are adherent to therapy within the last 60 days will not be affected by this change at this time. All new utilizers will need to have a prior authorization submitted for any of the DPP-4 inhibitors. The prior authorization criteria will require a diagnosis of type 2 diabetes, a previous trial and failure of metformin, as well as a trial and failure of a SGLT2 (Steglatro) with certain exceptions. DPP-4 inhibitors have not demonstrated the same efficacy as other oral diabetes medications. These medications also are not known to demonstrate the same positive side effects such as weight loss and cardiovascular benefits as other oral diabetes medications. Formulary updates are intended to align with the most recent diabetes guidelines published in January 2019 by the American Diabetes Association. These changes were reviewed and approved by the Pharmacy and Therapeutics Committee following the November 2019 meeting.

The above message was provided by the Kentucky Department for Medicaid Services.

Prenatal Products Update

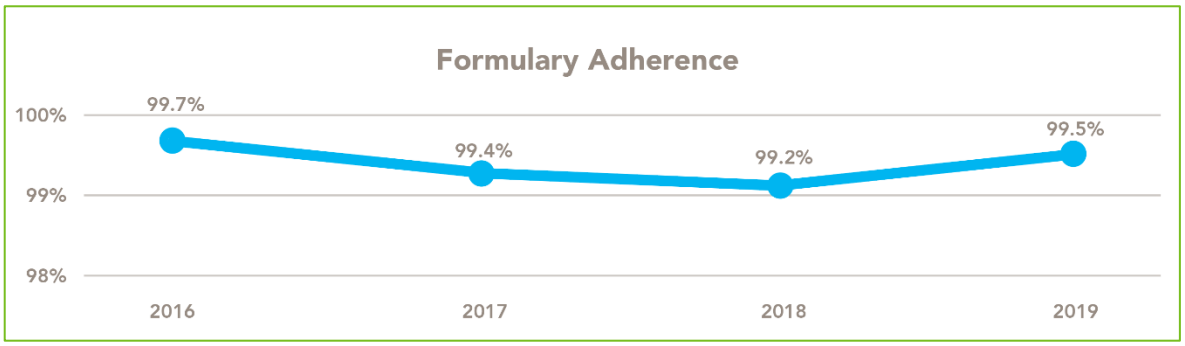
Effective **October 15, 2019**, various prenatal vitamin products will be moving to a non-formulary status. Those members utilizing these products will continue to have coverage for the remainder of their pregnancy or a minimum of nine months from the effective date. A variety of prenatal vitamin products will remain on tier 1 and 2 as preferred products, see table below for medications remaining on formulary. This change was reviewed and approved by the Pharmacy and Therapeutics Committee following the August 2019 meeting.

- **POS system messaging** to prescribers and pharmacists is used for PDL changes and ongoing education. Not only is the type of UM messaged (PA, Quantity Limits (QL), etc.), but formulary alternatives and requirements for step therapy are often included. Exact quantity limitations are populated so that this can be clearly communicated to the member and prescriber. In addition, notification of upcoming PDL changes can be communicated through soft messaging, prior to a hard-edit implementation.
- **A personalized letter** to affected members for any formulary changes to a drug's coverage status is mailed at least thirty (30) days prior to the change. These letters include what action is needed to continue taking the medication. This allows members to work with their provider to either submit a PA or move to one of the listed formulary alternatives. A protected health information (PHI)-redacted copy of this letter is also posted to Passport's website so that members and providers can easily view recent PDL changes and specifics around each change. This redacted letter is found in the Preferred Drug List section of the website under "Preferred Drug List Notifications."

- **Our web-based searchable formulary** is updated in near real time and can be accessed by visiting passporthealthplan.com. An online printable formulary that is updated quarterly is also available on the website. Members may request that a hard copy by mailed to them by calling Member Services.
- **All pharmacists and technicians on the Pharmacy Services team** are educated on any PDL changes following each P&T Committee meeting. The Passport pharmacy team offers direct access for members and providers to ensure that any pharmacy-related questions or concerns are immediately addressed and resolved in a timely manner by our Kentucky-based staff. There is a Passport-specific email address and phone number for contacting a Passport-designated team of pharmacy technicians and pharmacists.

As demonstrated in **Exhibit C.21-3**, Passport's continued formulary adherence success for the past four (4) years has been nearly 100%. Our success in consistently achieving a high rate of PDL adherence is the outcome of our collective Pharmacy program. Members, providers and pharmacies are well-informed of PDL drugs through communications, claims processing, self-service tools and engagement. The Passport pharmacy team monitors PDL utilization monthly and analyzes trends to continually maintain and improve PDL adherence in consultation with local providers.

Exhibit C.21-3: Annual Formulary Adherence Rate Trend



Enhanced Pharmacy Benefit Access for Prescribers

Passport wants members to have convenient access to affordable medications. Through our partnership with CVS/Caremark, providers have enhanced visibility into our member's Passport prescription benefit via CVS/Caremark's real-time benefit check (RTBC) across all key points of care. Real-time benefits further build on connections with electronic health records (EHR) by means of desktop Electronic Medical Records (EMR), bringing the CVS/Caremark POS system closer to true, seamless interoperability.

At the Point of Prescribing

With RTBC, the provider will have member-specific information available at their fingertips prior to writing a prescription, including the following:

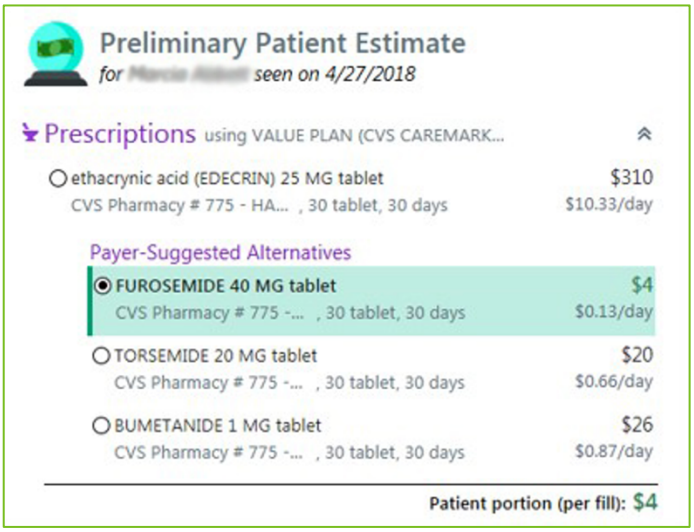
- The cost of a selected drug based on the Passport's Medicaid prescription drug benefit structure

- Up to five (5) clinically appropriate therapeutic alternatives, which may also be lower cost to the member and the plan, generated from CVS/Caremark's database of drug classes, mapped for clinical substitution and specific to the Passport's PDL
- Restrictions on the selected drug, such as PA, step therapy requirements or quantity limits
- Pharmacy network enrollment status

This integration into the prescribing workflow improves timely member access to medications by removing the typical prescribe–process–deny–request PA–dispense cycle that can often cause access issues. Increasing connectivity through interoperability, eliminating blind spots, and providing transparent access to information at critical decision points will help our members get the medications they need faster, more easily, and more affordably, enabling them to be more engaged in their own care and benefits.

CVS/Caremark, using their proprietary technology and data-sharing capabilities, can connect providers with real-time information through integration with e-prescribing software with Passport's PDL file and member benefit structure to promote more informed decision-making and coordinated care. This creates an opportunity for lower drug costs for the member and a better overall member experience. With the RTBC solution, all available information is integrated into the e-prescribing workflow as seen in **Exhibit C.21-4**, enabling prescribers to see formulary options and be more informed about member benefits. If the selected drug has any restrictions, prescribers may submit an electronic PA request through the Passport Pharmacy Portal. This technology will improve timely member access to medications by avoiding potential barriers in the dispensing process.

Exhibit C.21-4: Example Preliminary Patient Estimate



At the Pharmacy

This integrated technology includes the RxSavings Finder, which enables the pharmacist to see the same list of clinically appropriate formulary alternatives at the POS, allowing them to engage members and inform

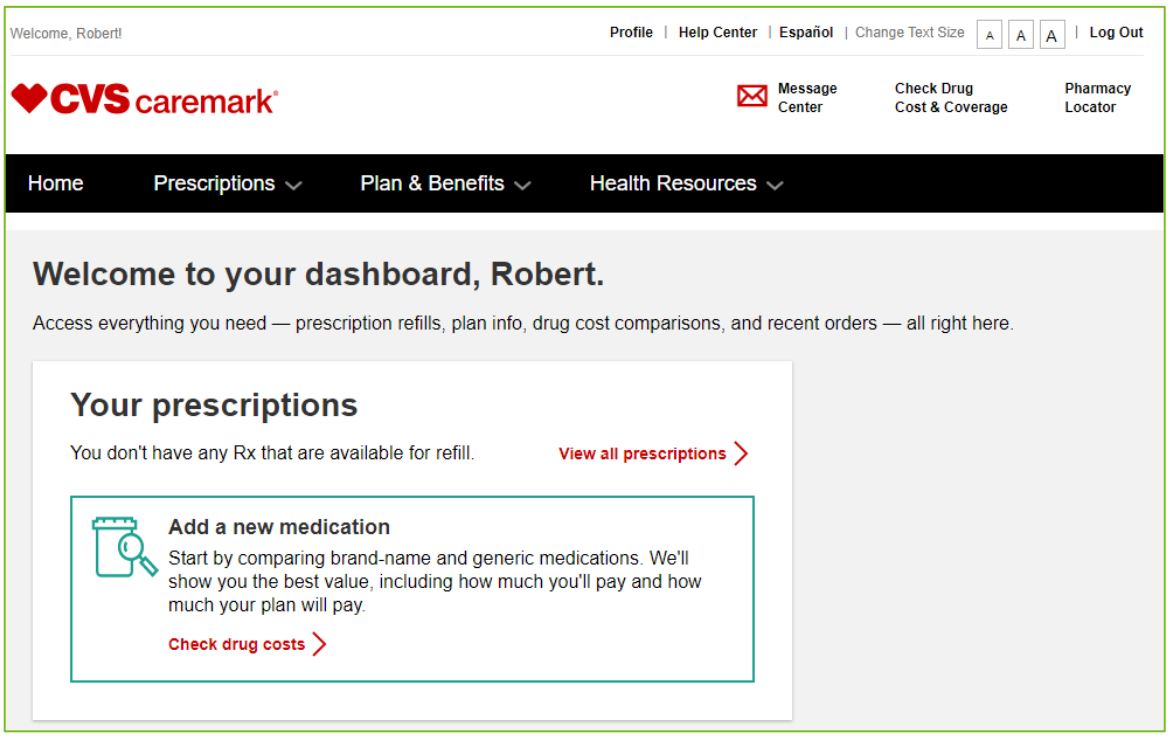
them about potentially lower-cost alternatives, based on formulary coverage. If the member's prescribed drug is not on the formulary, the pharmacist will be able to request a prescription change from the provider at the click of a button.

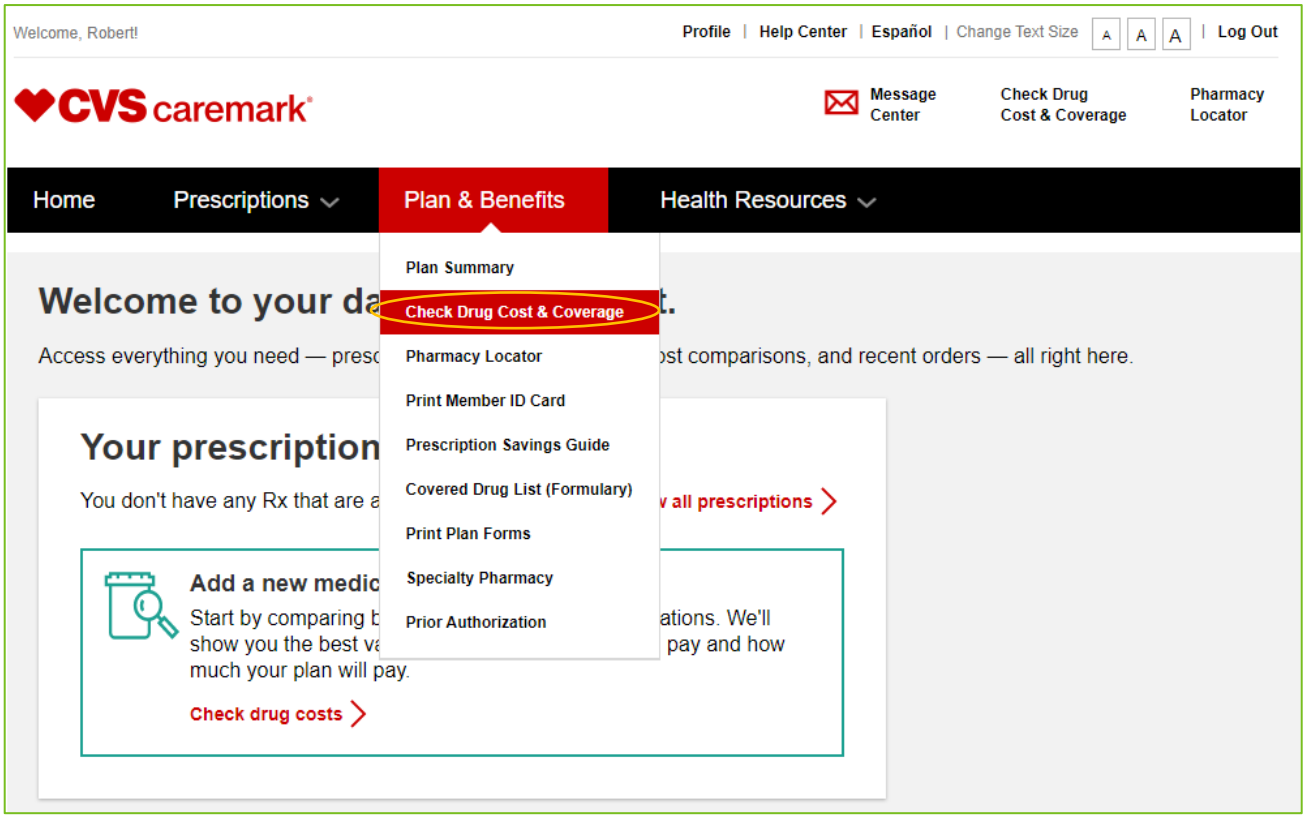
Empowering Passport Members

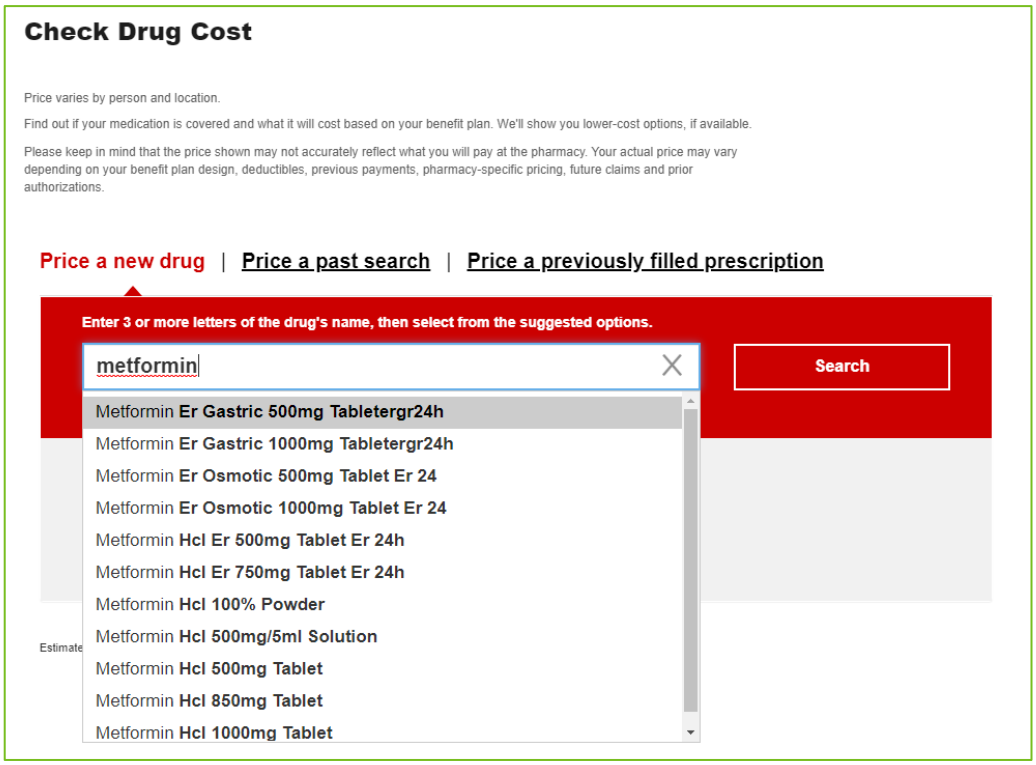
Providing transparent access to members regarding their drug coverage is our top priority. Passport recognizes that access to medications, understanding a medication regime and medication adherence are key to a healthy member population. We provide tools and outreach to members through multiple modalities. For example, the updated PDL is available on the plan website in both a searchable and a printable format. The PDL will indicate the current formulary tier and any UM requirements, including age and quantity limitations. In addition, through the Check Drug Cost tool on Caremark.com and the Caremark app (see **Exhibit C.21-5**), members can access Passport plan-specific information such as the following:

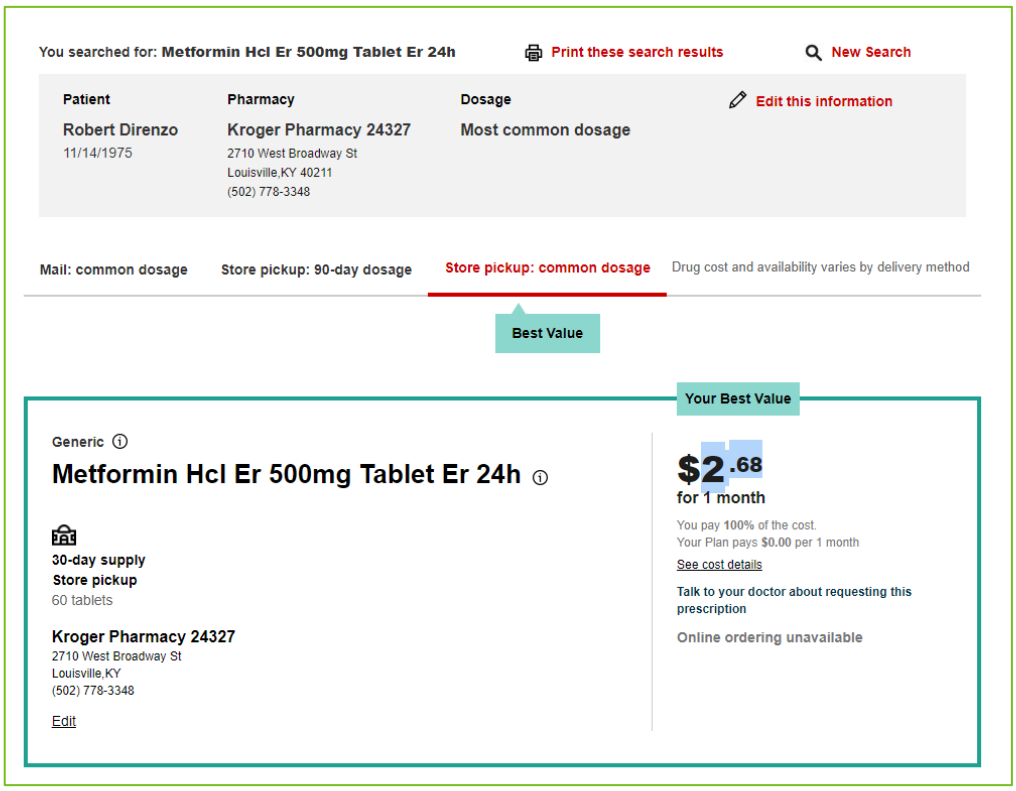
- Whether a medication is covered by Passport
- Whether any out-of-pocket costs apply, and fill options for up to five (5) clinically appropriate, therapeutic alternatives, if available
- Coverage restrictions, such as PA or quantity limits
- Comparison of savings based on filling options, such as ninety (90) day supplies and mail service

Exhibit C.21-5: Check Drug Cost Tool




Welcome, Robert!
Profile | Help Center | Español | Change Text Size A A A | Log Out
CVS caremark
Message Center
Check Drug Cost & Coverage
Pharmacy Locator
Home
Prescriptions
Plan & Benefits
Health Resources
Plan Summary
Check Drug Cost & Coverage
Pharmacy Locator
Print Member ID Card
Prescription Savings Guide
Covered Drug List (Formulary)
Print Plan Forms
Specialty Pharmacy
Prior Authorization
Welcome to your da
Access everything you need — presc
ost comparisons, and recent orders — all right here.
Your prescription
You don't have any Rx that are a
all prescriptions
Add a new medic
Start by comparing b
ations. We'll
show you the best va
pay and how
much your plan will pay.
Check drug costs


Check Drug Cost
Price varies by person and location.
Find out if your medication is covered and what it will cost based on your benefit plan. We'll show you lower-cost options, if available.
Please keep in mind that the price shown may not accurately reflect what you will pay at the pharmacy. Your actual price may vary depending on your benefit plan design, deductibles, previous payments, pharmacy-specific pricing, future claims and prior authorizations.
Price a new drug | Price a past search | Price a previously filled prescription
Enter 3 or more letters of the drug's name, then select from the suggested options.
metformin
Search
Metformin Er Gastric 500mg Tabletergr24h
Metformin Er Gastric 1000mg Tabletergr24h
Metformin Er Osmotic 500mg Tablet Er 24
Metformin Er Osmotic 1000mg Tablet Er 24
Metformin Hcl Er 500mg Tablet Er 24h
Metformin Hcl Er 750mg Tablet Er 24h
Metformin Hcl 100% Powder
Metformin Hcl 500mg/5ml Solution
Metformin Hcl 500mg Tablet
Metformin Hcl 850mg Tablet
Metformin Hcl 1000mg Tablet



Members can use this information to request a different medication or have a conversation about their prescription options with their prescriber or pharmacist. Member-specific benefit information is securely integrated within the tool, and the Passport Pharmacy Services team can assist members with cost and coverage questions. The Passport Pharmacy Services team is available through a direct phone number for members, providers and internal Passport departments (e.g., Member Services, Care Coordination) to resolve questions or issues related to the pharmacy benefit. This includes, but is not limited to, overrides, PDL changes and drug coverage inquiries.

Our clinical pharmacy program includes member outreach through automated calls, mailings and live calls from the Passport team. We engage members, as well as their entire care team, to improve member adherence to new and existing medication therapy. Examples of interventions include the following:

- Counseling members on how to overcome adherence barriers, such as transportation, low health literacy and proper medication administration
- Contacting the dispensing pharmacy to synchronize fills of chronic medications, initiate auto-refill enrollments and provide med-minder pill boxes
- Optimizing dosing and reducing complexity of medication regimen, collaborating with other health care providers as necessary

Through this outreach, members are more educated on disease management, have a better understanding of formulary medications and feel empowered to adhere to their medication therapy.

Interdisciplinary Care Team Approach to Addressing Safety and Improving Outcomes

Kailyn* was stratified into Passport's Complex Care program with type 2 diabetes, high cholesterol, and high blood pressure. Upon completion of a comprehensive needs assessment, our RN Care Advisor referred Kailyn to our clinical pharmacy team for review of her medications. Our clinical pharmacist identified numerous issues with her medication regimen, including two high-risk medications, non-adherence to pravastatin for high cholesterol and metformin for type 2 diabetes, potential duplication of therapy used to treat high blood pressure, and potential barriers for Kailyn due to high copays.

In coordination with the Care Advisor, our clinical pharmacist outreached the prescribing provider to discuss her concerns and to address the cost barriers for Kailyn that will inevitably lead to low adherence. As a result of the conversation, the provider changed the high-risk medications, discontinued one of the duplicate high blood pressure medications, and switched two medications to alternatives with lower member cost share. The Care Advisor and clinical pharmacist worked together to educate Kailyn on her new regimen. As a result, Kailyn was able to pay for and manage her medications and with support from her care team, she successfully graduated from the program.
*Member name changed for privacy

Improving Member Access Through Integration of our Clinical Pharmacy Team and Care Coordination

The clinical pharmacy team identifies members who are at risk for medication non-adherence and provides subsequent outreach. Our dynamic adherence modeling incorporates several key variables, including timing and cadence of pharmacy claims, utilization patterns, adherence calculations and member attributes. Results of the modeling include a prioritized list of potentially non-adherent members receiving medications to treat diabetes, hypertension, cholesterol, asthma, depression and other behavioral health disorders. The stratification criteria changes throughout the year to target members who are most impactful and to allow for data-driven recommendations.

The clinical pharmacy program allows pharmacists to directly interact with care management nurses (Care Advisors) to assist with pharmacy-related issues and subsequently reach out to the member and provider to provide education and recommendations, as needed. Through our proprietary, comprehensive care management platform, Identifi℠, both pharmacists and nurses have access to both pharmacy and medical claims to identify and address non-adherence, gaps in care through the review of diagnoses, opportunities to move to a preferred drug on the PDL, etc. Pharmacists and nurses may make referrals to each other, as necessary, when interacting with members and providers, to ensure members are receiving the best, most appropriate care possible (**see callout box above**).

Our clinical pharmacists address medication adherence by supporting members engaged in care management or transition care programs. During medication reviews, pharmacists conduct

Kentuckians Serving Kentuckians

medication reconciliation, assess clinical appropriateness of therapy, identify opportunities to improve medication cost-effectiveness, review potential drug safety issues, and support members through education and self-management tools. Pharmacists also support members' access to care when a member is at risk for non-adherence to a critical medication. Using pharmaceutical manufacturer and other published patient assistance program information, our pharmacists refer members to qualifying patient assistance programs that may provide coverage of additional medication therapies not covered under the Commonwealth Medicaid benefit.

Our Rx Clinical Outreach program, previously called CHOICES, which began in 2004, provides direct clinical and educational support for providers and pharmacies across the Commonwealth. Our field-based team consists of two experienced, Kentucky-licensed pharmacists who have over sixty-seven (67) years' combined pharmacy experience and 19 years of experience at Passport. Our clinical outreach pharmacists have previously managed and operated a family-owned independent pharmacy, managed multiple pharmacy locations as district managers, and have over fifteen (15) years of experience with Durable Medical Equipment (DME), specialty, and infusion billing and coding. Their expertise has proven to be valuable to providers, pharmacies, Passport and DMS through their efforts to provide the following services covering all Medicaid regions throughout the Commonwealth:

- Provide pharmacy benefit education, such as on formulary changes, ahead of implementing changes to provide clinical solutions and minimize member and provider disruption
- Educate and train provider staff on the PA process to alleviate administrative burden
- Support clinical pharmacy initiatives by discussing member-specific care gaps, adherence barriers and other quality concerns in person with the prescribing provider and/or primary care physician
- Educate providers on the appropriate use of opioids and other controlled substances
- Outreach to specialists to solicit feedback and expertise on potential formulary changes to help develop recommendations for coverage and drug policies
- Collaborate with pharmacies to determine accuracy in manufacturer/wholesaler shortages, expediting resolution to limit barriers to accessing needed medication
- Assist with fraud, waste and abuse (FWA) issues
- Facilitate connections between providers and other plan representatives, such as population health managers, care managers, behavioral health managers and provider representatives
- Assist with escalated claim resolution to resolve medication access issues
- Serve as a direct pharmacy point-of-contact for providers and pharmacies

Our clinical outreach pharmacists use data analytics to identify pharmacies and providers requiring education and outreach based on many factors, including utilization of controlled substances, volume of members with multiple chronic conditions, prescribing habits and outliers, and providers who will be impacted by upcoming formulary changes. In addition, the clinical outreach pharmacists will regularly visit

provider offices and pharmacies with an overall high volume of members or by request from the provider or pharmacist. Key performance measures of our Clinical Outreach program are shown in **Exhibit C.21-6**.

Exhibit C.21-6: 2019 Clinical Outreach Program Metrics

2019 Rx Clinical Outreach Program	# Outreach Visits
Provider Visits	3,728
Pharmacy Provider Visits	693
Total Outreach Visits	4,421
# Members Who Received at Least One Prescription from a Visited Provider	112,769
# Visits by Discussion Topic ***(Not all-inclusive list of topics discussed)***	
Quality Measures	73
FWA and/or Controlled Substances	185
Diabetic Medications	224

Ensuring Access to Medications for a Foster Care Member

When a foster care member was abruptly relocated to Florida to live with grandparents, her medications were left behind. The member was unable to obtain refills locally, as there were no Kentucky Medicaid pharmacy providers nearby. Our clinical outreach pharmacist, in collaboration with the Passport foster care specialist, immediately engaged with an independent pharmacy in Kentucky to facilitate refills of the needed medications. The pharmacy contacted the provider for the prescriptions, filled the prescriptions and shipped the medications overnight to the member, resulting in no interruption in care.

C.21.a.iii. Responsibilities and composition of the P&T Committee.

P&T Committee—Pharmacy Program Oversight

The mission of the P&T Committee is to advise on the establishment and maintenance of the PDL, including restrictions and preferences, which promotes clinically appropriate, cost-effective drug therapy and drug monitoring programs as documented in **Attachment C. 21-3_Policy RXOPS.051.E.KY Pharmacy and Therapeutics Advisory Committee.** The P&T Advisory Committee is a subcommittee of the QMMC, which is the functional Quality Improvement Committee (QIC) at Passport. The P&T committee and QMMC both report up to the Partnership Council and the Board of Directors.

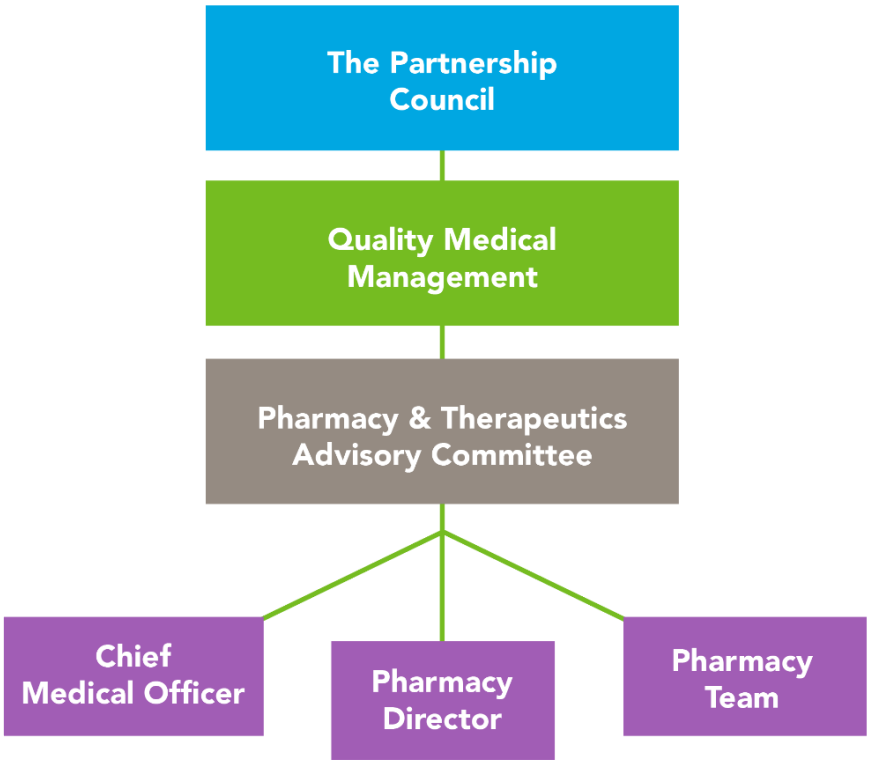
All current physician and pharmacist P&T committee members are Kentucky-based, and all are Kentucky-licensed providers who provide services to Passport members on a daily basis. The committee composition includes a primary care physician, pediatrician, psychiatrist, asthma and respiratory specialist, and oncologist. In addition, on an ad hoc basis, leveraging our close relationships with the provider community, the pharmacy team will engage other specialists throughout the Commonwealth to assist with formulary development. This may involve review of medications to treat conditions such as HIV/AIDS, Hepatitis C, infectious disease, substance use disorder and diabetes.

This inclusive and diverse committee provides direct member care in facilities such as family health centers and pediatric medical homes, treating some of our most vulnerable members such as those in foster care and those with multiple chronic medical conditions. For formulary changes related to behavioral health medications, all proposed recommendations are vetted and discussed with our Behavioral Health Advisory Committee in addition to the P&T committee.

Passport Pharmacy Program Governance

Full governance of our Pharmacy program, represented in **Exhibit C.21-7**, is structured to develop and promote strategies that enhance member and population health outcomes, while optimizing cost-effective drug therapies**.** Collectively, the talented and experienced individuals who comprise the governance of Passport's Pharmacy program help support the physical, behavioral and social needs of our members. The Partnership Council is the ultimate governing body that oversees the Pharmacy program, including the P&T Advisory Committee.

Exhibit C.21-7: Passport Pharmacy Program Governance



- **The P&T Advisory Committee** advises on the PDL, clinical guidelines for pharmaceutical treatment, and drug monitoring programs in accordance with Kentucky Administrative Regulations (KAR) Title 907. Recommendations from the Behavioral Health Advisory Committee are also reviewed. Once approved by the P&T Committee, all recommendations are submitted to the QMMC for review.
  - The P&T Committee is chaired by a Kentucky-licensed physician and is composed of actively practicing Kentucky-licensed pharmacists, physicians and other health care professionals from various practice areas including, but not limited to the following:
    - Pharmacy
    - Family Practice
    - Internal Medicine
    - Pediatrics
    - Behavioral Health
    - Member Advocacy
    - Gastroenterology (ad hoc)
    - Cardiology (ad hoc)
    - Allergy/Immunology
    - Oncology

- **The QMMC** provides direction to and oversight of those management and subcommittee functions responsible for the provision of clinical care and services. The QMMC reviews recommendations made by the P&T Committee and approves recommendations to be forwarded to the Partnership Council for final approval. Recommendations not accepted and other concerns from QMMC are sent back to the P&T Committee for further review and discussion.
- **The Partnership Council** is a nonprofit organization established to broadly represent Medicaid providers and health plan client members to ensure constituencies have a voice in determining the policies and procedures of the Kentucky Managed Care program. The Partnership Council provides final approval of recommendations submitted by the P&T Committee. Recommendations not accepted and other concerns are sent back to the P&T Committee for further review and discussion.

Supporting the activities of the P&T Committee is one of the roles of members of the pharmacy team, pharmacy director and chief medical officer. These valuable resources are responsible for the operational and administrative management of the Pharmacy program and serve as a liaison to pharmacies, members and our PBM.

Passport's Kentucky-based clinical outreach pharmacists are also responsible for providing direct contact and education to providers, pharmacies and members. Not only does their work with the pharmacy team, care coordinators and community providers throughout the Commonwealth improve health literacy and compliance rates in Kentucky, but they also serve as part of a feedback loop with the provider community. Through the feedback our pharmacists obtain, we can report on practice trends, educate on new evidence-based therapies, and address medication-related access issues.

Clinical Outreach Pharmacists and endocrinologist collaborate on treating members with diabetes

Clinical Outreach Pharmacist outreached to an endocrinologist in rural KY to gather feedback about treating members with diabetes. This feedback was used in constructing formulary and drug policy updates for antidiabetic medications and approved at the following P&T meeting.

Responsibilities of the P&T Committee

The P&T Advisory Committee meets at least quarterly and provides recommendations to the QMMC and the Partnership Council for final approval on the development and implementation of policies related to pharmaceutical management. The committee reviews and advises on which medications should be included on the PDL. In addition, the committee serves in an advisory capacity to the Partnership Council on matters pertaining to treatment protocols and guidelines for drug utilization, prescribing, dispensing and administration of drugs, and the use of accepted and investigational drugs and medication-related supplies for member care and treatment. The committee reviews clinical safety edits to ensure the safe and appropriate use of medications such as controlled substances and products with significant Food and Drug

Administration (FDA) warnings. Final decisions made by the P&T Committee are posted on our website at: passporthealthplan.com/pharmacy/pharmacy-news/.

Activities related to formulary management are outlined in the Preferred Drug List Decision Making Process (Policy RX.059). This policy encompasses the following as relates to the management of Passport's PDL:

- New-to-market drugs for coverage and PDL placement
- Addition of new generics entities to the Passport PDL
- Generic substitution of drug products
- Coverage for OTC products
- Self-injectable medications covered under the pharmacy benefit
- Design and implementation of step-therapy drug protocols
- Design and implementation of drug therapeutic protocols
- PA of pharmaceuticals
- Class I, class II and voluntary drug withdrawal notification
- Process for communicating pharmacy procedures and changes to providers
- Requirements for dispensing emergency supplies of pharmaceuticals

C.21.a.iv. Proposed DUR Program, including approaches to collaborate with the Department on pharmacy initiatives.

Maintaining a Compliant and Effective Drug Utilization Review Program

Passport's multifaceted Drug Utilization Review (DUR) program ensures that prescriptions are appropriate, medically necessary and unlikely to result in adverse health outcomes. Through prospective and retrospective DUR, our programs provide the control necessary to achieve optimal UM and enhanced financial control. Passport's DUR program supports appropriate prescribing practices by facilitating the following:

- Promoting member safety, including reviews for mental health/substance use, narcotic drugs and morphine equivalent dose (MED) limits
- Proactively addressing medication interactions
- Ensuring adherence to approved treatment protocols
- Managing spend by shifting utilization to more cost-effective clinically appropriate drugs
- Retrospectively reviewing member utilization and prescribing practices

Integrated, Collaborative and Compliant DUR Program

There are specific policies for all DUR edits, ensuring UM pharmacists and physicians appropriately and uniformly review PA requests for possible exceptions to these edits. While most DUR edits use pharmacy claims data, many Passport DUR edits incorporate medical claims data to identify specific diagnoses (e.g.,

cancer) that may exclude certain predefined drug products from specific edits. Our PBM's pharmacy claims system reviews drug and medical claims data to identify specific historical drug products and/or medical conditions that may warrant an exception to an edit (e.g., oncology medications).

Passport pioneered many significant controlled substance safety edits in 2016. Since then, these edits have been refined and coordinated with DMS fee-for-service edits implemented in 2018. Passport extended these edits to address both acute and chronic opioid use and limit daily MED and prescription-days supply. These edits reflect Kentucky Board of Medical Licensure guidance with respect to promoting safety and curbing abuse potential associated with acute opioid prescribing. In the last eighteen (18) months, we have seen a reduction of approximately twenty-two percent (22%) in total opioid users.

Fighting the Opioid Crisis

Passport efforts to monitor and manage opioid use resulted in a 22% reduction in members receiving opioids in the past 18 months.

Passport also implemented novel proton pump inhibitor (PPI) safety edits to limit the duration of use for these medications, aligning with the American College of Gastroenterology guidelines.

Custom compound edits are also in place to combat potential fraud, waste and abuse that has been identified in this area. The maximum dollar threshold for compounds prepared for adults is $50, while the maximum dollar threshold for compounds prepared for pediatric members is $100. Clinically appropriate, medically necessary compounds that exceed these limits may be approved through a PA request to allow access to therapy, while monitoring the utilization of compounds, specifically topical.

The Passport pharmacy director regularly attends the monthly Kentucky Pharmacy Workgroup meetings to collaborate with DMS and the other managed care organizations (MCOs) to resolve issues of concern such as opioid stewardship, psychotropic medication use in the pediatric population, Pharmacy Lock-In Program redesign and antibiotic stewardship. Passport looks forward to continuing to work together with DMS to solve pharmacy-related health care issues that affect the Commonwealth.

Our DUR program complies with the requirements described in Section 1927(g) of the Social Security Act and 42 C.F.R. Part 456, Subpart K.

Prospective Drug Utilization Review (Pro-DUR)

Pro-DUR employs an automatic, system-driven DUR performed on all prescriptions. The program, implemented through CVS/Caremark's single-platform POS information system, can perform up to five hundred (500) edits on every prescription to help ensure each meets administrative, plan design and member safety criteria. The POS system screens for indicators such as therapeutic duplicates, potential drug-to-drug and drug-to-allergy interactions, plan design compliance and

Approval of DUR Custom Edits

All Passport DUR custom edits are evaluated and approved through the Passport P&T Committee.

evidence of over-utilization—for example, early refill requests or an unusual delay between the prescription date and the date CVS/Caremark received it. **Exhibit C.21-8**, provides additional detail on the goal of some of the more frequently used edits.

Exhibit C.21-8: Passport Sample Pro-DUR Edits and Goals

Pro-DUR Edit	Goal of Edit
Step Therapy: Prerequisite	Prevents a medication from processing if a predetermined therapy has **not** been used prior to the object medication prescribed.
Step Therapy: Preclusive	Prevents a medication from processing if a contraindicated medication is present in the member's claims history.
Possible Drug Misuse	Indicates a pattern of drug use by a member in a manner that is significantly different than that prescribed.
Drug-to-Drug Interaction	Prevents a medication from processing if an interaction between two or more medications in the member profile is identified.
Duplicate Drug Therapy	Prevents a medication from processing by completing a comparison of new prescriptions against duplicate or similar pharmacological action medications in the member profile.
Too-Early Refill or Overutilization	Prevents improper frequency of refilling a prescription.
Insufficient and Inadequate Dosage	Prevents processing of a medication when strength and dose requests are inconsistent with predetermined standard parameters.
Excessive Utilization	Prevents processing of a medication when strength and dose requests exceed predetermined standard parameters.
Drug to Age	Analyzes the prescription appropriateness for age (elderly or pediatric).
Controlled Substance Edits	Limits chronic opioid users (those who have been on therapy for ninety [90] days or more) to a daily MED of eighty (80) and limits new opioid users to a daily MED of fifty (50) and no more than a seven (7) days' supply. In addition, claims for an extended-release opioid formulation require a history of therapy with an immediate-release opioid product.
PPI Safety Edits	Limits PPI therapy to a cumulative duration of twelve (12) weeks of therapy per year for members age three (3) and older.
Apparent Drug Misuse	Messages the pharmacist when four (4) or more claims for the same controlled substance are prescribed within ninety (90) days.
Excessive Controlled Substances	Returns a soft reject requiring the pharmacist to enter an override if one of the following occurs: (1) Concurrent use of five (5) or more unique controlled substances within a class of drugs (same GPI 2) within the previous thirty (30) days, or (2) Prescriptions for eight (8) or more claims for the same controlled substance (GPI 10) within the previous thirty (30) days.
Cumulative Acetaminophen Check	Returns a soft reject when the cumulative acetaminophen dose across all prescriptions exceeds 4,000 mg per day.

Pro-DUR Edit	Goal of Edit
Dose Check Multiplier	Identifies doses of medications that greatly exceed (5 times) the FDA-approved maximum dose.
Multiple Pharmacies	Returns a soft reject requiring the pharmacist to enter an override if there are multiple prescriptions within the same drug class (GPI 2) filled at four (4) or more pharmacies.
Buprenorphine with Opioid	Identifies opioid use after the patient has begun opioid use disorder treatment with a buprenorphine product and returns a soft reject. After reviewing the patient's medication history, the pharmacist will have the option of: (1) filling the Rx as written based on his/her professional judgment or (2) contacting the prescriber to determine a further course of action.
Duplicate Long-Acting Opioids	Returns a soft reject when prescribed drugs have the same therapeutic effect as medication(s) the patient is currently taking.
Opioid-Benzodiazepine Drug Interaction	Returns a soft reject requiring the pharmacist to enter an override when interacting drug combinations are identified.
90-Day Limit for Short-Acting Opioids	Prevents short-acting opioid use beyond ninety (90) days. Returns a hard reject for a prescription that exceeds ninety (90) days of a short-acting opioid within a rolling consecutive 180-day period.
Opioid-Carisoprodol Drug Interaction	Returns a hard reject requiring a PA when interacting drug combinations are identified.
Short-Acting Stimulants	Prevents concurrent use of two (2) or more short-acting stimulants. Returns a hard reject requiring PA when concurrent use is identified.
Compound Edits	Prevents use of ingredients commonly used for topical pain compounds, such as ketamine, baclofen and gabapentin. Prevents compounds prepared for adults from exceeding $50 and compounds prepared for pediatric members from exceeding $100. Returns a hard reject if this edit hits, which requires a PA.
Antipsychotics Under 6 Years of Age	Returns a hard reject requiring PA when an antipsychotic medication is filled for a member under the age of six (6) years.
Attention Deficit Hyperactivity Disorder (ADHD) Medications Under 4 Years of Age	Returns a hard reject requiring PA when an ADHD medication is filled for a member under the age of four (4) years.

Each time a prescription is entered into the POS system, it is reviewed against the member's integrated prescription history for potential interactions with medications previously dispensed at any retail network pharmacy, via mail order, or any out-of-network pharmacy when the member has submitted a paper claim for reimbursement. For certain appropriate edits, medical claims history is reviewed to determine if the

member has a specific ICD-10 diagnosis code that will meet the edit requirements. Based on the results of the DUR process, safety alerts are automatically triggered that immediately notify the pharmacist of any issues or concerns through claim response messaging. Alert messaging is customized to meet specific Passport requirements and to supplement National Council for Prescription Drug Programs Inc. (NCPDP) standardized messaging. These supplemental messages may include "ICD-10 required" messages for atypical antipsychotics, information for the dispensing pharmacist to review concerning interaction details, preferred drug options and many others. With timely DUR results that include actionable information, adverse medication reactions can be mitigated, and pharmacists can appropriately provide counsel to Passport members to help improve member care and health outcomes, while also helping contain overall health care costs.

Any utilization management issue detected in the POS system during adjudication is documented and logged in the system. Pharmacists also have the option to manually override select DUR edits if deemed clinically appropriate or following consultation with the prescriber, thereby ensuring our members access to necessary medications and allowing physicians and pharmacists to apply their clinical judgment and knowledge when prescribing and dispensing medications. For drugs with step therapy, the POS system offers the ability to look back for previous therapies. If the required prerequisite product is present, the system will allow a claim to process if history supports an adequate trial of a preferred therapy. This integrated electronic review decreases the need for PAs by evaluating known historical data and ensures member access to medications in a more timely manner.

The CVS/Caremark Safety Review solution acts as a safety net for serious drug interactions by further reviewing retail mail-order prescriptions (mail at retail dispensing) within 72 hours after the claim adjudicates. Claims are evaluated for potential safety issues not addressed at the point of dispensing. If a potential DUR event is discovered, prescribers receive actionable member-specific communications identifying the clinical issue and providing suggestions for improving medication therapy. This early retrospective intervention may allow for a change in the prescription before the member picks up the identified prescription, resulting in increased member safety, less member disruption and earlier savings capture.

Mitigating Possible Drug-to-Drug Interactions

Over the course of 1 year (October 2018 to September 2019) providers received nearly 5,600 communications for more than 3,500 unique Passport members.

Retrospective Drug Utilization Review

Safety and Monitoring Solutions, part of CVS/Caremark's real-time surveillance and dynamic trend management capabilities, helps identify potential FWA among members, physicians and prescribers, which in turn supports improved member safety and cost savings. Claims are reviewed through an automated series of edits, benchmarks and algorithms. Passport members with high-cost drug use patterns that may suggest potential abuse or misuse are identified. A clinical pharmacist then conducts an analysis of the generated profiles, which are stratified by risk score using CVS/Caremark's proprietary, evidence-based medication standards. If a potential case of fraud or misuse is identified, in addition to referring cases to

CVS/Caremark's fraud investigation unit for further monitoring and intervention of at-risk cases, a letter is sent to the appropriate prescriber(s), alerting them to the issue and describing that follow-up activities will conducted for up to nine (9) months.

The following criteria is employed to help identify at-risk members:

- Controlled substance claims, which identifies the total number of continuous and concurrent (two [2] or more at the same time) targeted drugs
- Prescribers, which identifies an unusually high number of concurrent controlled substance prescribers
- Pharmacies, which identifies the total number of distinct pharmacies that have filled targeted drugs
- Excessive utilization, which identifies members who exceed the recommended utilization for targeted drug classes
- High cumulative daily dosage, which evaluates acetaminophen and morphine equivalent
- Geographic distribution of prescribers and pharmacies, which identifies patterns that indicate a member could be doctor- or pharmacy-shopping to avoid detection
- High total claim cost, which identifies potential misuse or abuse based on targeted drug costs

Collaborating with DMS on Controlled Substance DUR Initiatives

In serving our mission, we work collaboratively with DMS on pharmacy-related initiatives. One example is the multiple discussions we have had with DMS regarding the Pharmacy Lock-In Program over the last several years. We commit to working with DMS on enhancing this program to ensure the safety of our members. As it stands today, Passport's Pharmacy Lock-In Program continues to follow 907 KAR 1:677 and is designed for members to receive necessary medical and pharmacy benefits at the appropriate time through a structured delivery model.

Inappropriate use or abuse of pharmacy and/or medical benefits may include:

- Multiple prescriptions from different prescribers and/or pharmacies
- Reports of fraud, abuse or misuse from law enforcement agencies, practitioners, Office of the Inspector General, pharmacies and Passport staff

Under the Pharmacy Lock-In Program, a member's medical and pharmacy claims history and diagnoses are reviewed for possible overutilization. Members who meet the established criteria are locked into a designated single controlled substance prescriber and pharmacy for twelve (12) months. We work with the member's designated providers (i.e., primary care providers, controlled substance prescribers and pharmacies) and provide written notice of lock-in status. Our dedicated coordinators educate members on the appropriate use of plan benefits and connect them with our Care Advisors for condition management. As part of the program, Passport regularly reviews members' medical and pharmacy claims records to determine if they are adhering to plan benefits or if they should maintain lock-in status for another twelve (12)-month period. Should they retain lock-in status, Passport's Care Advisors continue the

care management program to help members improve their health and learn to comply with established plan guidelines. The Pharmacy Services team may modify a provider designation when:

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

Passport continually seeks ways to collaborate with DMS on DUR initiatives. We worked with CVS/Caremark to further enhance and customize opioid edits in its POS system to more accurately reflect Kentucky Board of Medical Licensure guidance with respect to promoting safety and curbing the abuse potential in acute opioid prescribing. As a result, Passport implemented the following controlled substance smart claim edits:

- A maximum MED of 80 MED per day
- New opioid users (those without a history of an opioid in pharmacy claims) are limited to a maximum of seven (7) days of therapy with a maximum MED of fifty (50) MED per day
- Claims for an extended release opioid formulation require a history of therapy with an immediate release opioid product
- Pharmacy and medical claims history are used to determine if a member has had a claim for an oncology drug or an oncology or palliative care ICD-10 code, respectively, and if claims history shows either of these, the member is not subject to the controlled substance edits, and the claim will adjudicate
- If the claim does not meet the automatic smart edit criteria, then the drug(s) will reject for PA, allowing for a manual review to still be performed

Promoting Member Safety

In 2019, Passport enrolled 625 members in the Pharmacy Lock-In Program, bringing total lock-in enrollment to 1,431.

As a result, Passport helps more members improve their health, lower pharmacy costs and decrease unnecessary utilization.

The above edit enhancements were introduced in the same timeframe that DMS introduced a similar controlled substance safety edit for the fee-for-service program. This created an opportunity for both DMS and Passport to implement a DUR edit that was aligned in both the type of edits and timing of implementation.

Passport complies with all DUR reporting requirements as defined by federal and state regulations as demonstrated in the annual report recently submitted to DMS.

C.21.a.v. Proposed Maximum Allowable Cost (MAC) program

Administering the Maximum Allowable Cost Program

The Commonwealth has a key advantage in choosing Passport to continue its current role because it provides a fully compliant MAC solution within the program. Passport's MAC program is administered by its

PBM, CVS/Caremark. The analytical process to establish a MAC occurs at a product level for generics and multisource brand products. This process involves a review of marketplace dynamics, including new generic launches, generic exclusivity status, the number of available generic vendors, product availability and different pricing sources. Pricing sources may include Medi-Span (or any other similar nationally recognized reference), wholesalers, MAC lists published by the Centers for Medicare & Medicaid Services (CMS) and retail pharmacies via invoices, if provided. These factors are all taken into consideration when establishing a MAC price.

Typically, products with limited competition due to exclusivity, supply issues, etc., will have less competitive MAC price points than products with an abundance of generic vendors available. MAC prices are subject to change as often as weekly, based on marketplace trends and dynamics and to meet Passport's commitments. New, bioequivalent (i.e., A-rated) generic products will be added to the MAC list for the CVS/Caremark generic pricing program applicable to Passport not more than thirty (30) days after they are readily available from more than two (2) generic vendors. As a measure of completeness and accuracy in the program, during 2019, eighty-six percent (86%) of Passport pharmacy claims were paid using MAC reimbursement rates.

CVS/Caremark pharmacy providers may access the pharmacy portal to obtain MAC prices and submit MAC appeals. The MAC program complies with all applicable federal and state requirements related to pharmacy claim pricing. In 2019, ninety-nine percent (99%) of all MAC appeals were reviewed within the required ten (10) days of an appeal being filed.

CVS/Caremark has a Kentucky-specific policy and procedure in place to comply with all aspects of Kentucky government code KRS 304.17A-162. This policy includes all requirements specific to the code and has been approved by the Kentucky Department of Insurance. More recently, Passport and CVS/Caremark worked closely with DMS and contracted consultants to develop a mutually agreeable process to comply with the Senate Bill 5 (SB5) requirement to request approval from DMS in advance of any proposed change of over five percent (5%) for a given product's reimbursement to a pharmacy provider licensed in the Commonwealth.

C.21.a.vi. Approach to operation of a pharmacy call center.

Managing Passports Pharmacy Call Center Operations

Passport's Pharmacy Services Call Center (PSCC) is already in place and meets or exceeds the requirements of this RFP. Our call center is readily available to respond to phone, email and fax inquiries from providers, pharmacies, members, Passport Member Services and the CVS/Caremark Customer Care team accurately, appropriately and in full compliance with state and federal law. Our PSCC is available Monday to Friday, 8 a.m. to 7 p.m. EST at 844-380-8831. For calls that come in outside of normal business hours, a prerecorded message that is available in both English and Spanish, providing the caller with the option to leave a

voicemail or to be routed to the CVS/Caremark Customer Care Service Center, which operates twenty-four (24) hours a day, seven (7) days per week. All email requests receive an initial receipt confirmation. Non-urgent email requests are received, reviewed, researched and followed up on by a lead pharmacy coordinator in an average of two (2) hours or less.

Caller inquiries are authenticated prior to the release of any PHI. All calls are recorded, tracked and documented in a HIPAA-compliant manner.

Both Passport's PSCC representatives and CVS/Caremark's help desk staff assist callers with inquiries pertaining to:

- Retail pharmacy claim inquiries
- PA status
- Drug coverage inquiries
- Plan design education
- Coinsurance questions
- Plan benefit overrides
- Escalated member requests
- UM process (authorizations), including initiating the exceptions process
- Ordering a refill for an existing, unexpired, mail-order prescription
- Finding the location of an in-network pharmacy and conducting a pharmacy proximity search based on zip code
- Determining potential drug-drug interactions
- Determining a drug's common side effects
- Formulary, including determining the availability of generic substitutes
- Claims submission, processing and payment, including:
  - Stage in the process
  - Amount approved
  - Amount paid
  - Member cost
  - Date paid, if applicable
- Formulary transition process
- How to access the grievance, coverage determination (including exceptions) and appeals processes

Passport's PSCC representatives clearly and comprehensively document all communication with callers under each member's unique profile in its proprietary Identifi system.

Assisting Members with Special Communication Needs

We ensure members with special communication needs have access to the exceptional service and information provided by our PSCC at no cost. Services for non-English speaking members are provided through our designated translation service vendor, Language Services Associates. Our PSCC utilizes TTY/TDD for members who may be hard of hearing or deaf.

Passport Pharmacy Services Call Center Training and Monitoring

Our PSCC is designed to be flexible in its staffing model to be staffed with the appropriate number of pharmacy technicians for effective servicing with acceptable response times. The model is structured based on historical call volumes and from forecasting the potential needs of our Passport members, providers and pharmacies. The staffing model is reviewed and updated annually.

Delivering an Exceptional Provider Experience

In 2019, Passport's Pharmacy Services Call Center quality monitoring score exceeded an average of ninety-nine percent (99%).

The Passport Pharmacy Services team receives comprehensive new hire and ongoing training to support our members, providers and prescribers compliantly and in a timely fashion. Upon hire and annually thereafter, all Pharmacy Services staff complete online training that covers topics such as:

- Essentials of Ethics and Compliance
- Compliance–PHI, HIPAA and Compliance
- Compliance–FWA
- Insider Trading

Newly hired PSCC representatives are trained for six (6) to eight (8) weeks. Typically, our initial new hire PSCC representative training occurs on-site at our offices in Louisville, Kentucky. Representatives are provided with the tools and systems training needed to be successful in their roles and must complete activities that demonstrate proficiencies under the direct observation and guidance of their direct supervisor prior to working on their own. Training activities include:

- Problem-based learning to ensure that each trainee can explain the benefit plans, resolve issues and answer questions from providers, medical staff, pharmacies and Passport members
- Role-playing customer service calls so that each trainee understands and appreciates the experience of both sides of the calls that come into the Passport PSCC
- Orientation and training for the following systems:
  - Coverage determinations using MHK (Medical House of Knowledge, formerly known as MedHok®)
  - Call tracking database using Identifi, a proprietary management information system

- Claims processing system using RxClaim
- Commercial plans and benefits using BARI (Benefits and Rate Information), a proprietary Pharmacy Services tool
- Medicare plans and benefits using BARI

Annual and ongoing training includes role-specific professional development and annual benefit training in addition to regular coaching and feedback.

Call Monitoring Quality Assurance

We have established high expectations for our PSCC representatives because they can directly impact a member or provider's experience and satisfaction with our plan. The Pharmacy Training and Quality Manager and the Pharmacy Coordinator Manager regularly monitor and evaluate PSCC performance on an ongoing basis. They utilize a standard evaluation form that is based on a set of call quality monitoring guidelines. These guidelines provide a detailed explanation of each competency that is measured as well as specific examples and explanations for the call center representative to understand why each competency is important. Examples of the competencies measured include correct member verification, voice presentation and caller advocacy (e.g., acknowledgment of issue, desire to help, empathy communicated, first-call resolution, professionalism and call documentation according to procedure).

We also review call center performance through call monitoring and monthly performance metrics to identify trends and opportunities for process or training improvements.

C.21.b. Describe the Contractor's pharmacy claims payment administration, including an overview of the Point of Sale (POS) system and processes for complying with dispensing fee requirements.

Passport's Claims Payment Administration Process and Oversight

Passport maintains compliance with all prompt pay statutes, regulations and the Patient Protection and Affordable Care Act (PPACA) rebate requirements. The established requirements include provisions to pursue payments from third parties first so that Medicaid is always the payor of last resort.

We have clearly defined and executed processes in place with CVS/Caremark to ensure compliance with both federal and state regulations with regards to claims payment, accounts receivable and federal rebates so that:

- Claims, including adjustments, are processed completely and accurately
- Pharmacy and member reimbursement payments are requested, received and distributed completely, accurately and in a timely manner
- Rebates are processed and invoiced completely and accurately

Proven Interface with DMS systems

Passport has successfully interfaced with DMS, subcontractors and providers for many years to exchange data needed to administer our program. Data exchanges with DMS, providers and subcontractors occur through dedicated point-to-point connectivity or via secure virtual private online networks. Passport receives electronically transmitted member eligibility data and prescriber files from DMS, which allows the POS system to:

- Process claims for eligible members within DMS-required timeframes
- Appropriately assign copays, as applicable
- Validate that prescribers have active Kentucky Medicaid IDs
- Validate that pharmacies have active Kentucky Medicaid IDs

High-Volume, Flexible and Customizable POS

CVS/Caremark's POS system has processed millions of claims and can adjudicate a claim in less than one (1) second, including mail-order claims and batch electronic claim files. The historical reliability and system up time are excellent as well. The POS system is available twenty-four (24) hours a day, seven (7) days a week, with an average availability for pharmacy providers to submit and process claims of 99.9%. **Exhibit C.21-9** illustrates the Passport pharmacy transactions completed during the first quarter of 2019.

Exhibit C.21-9: Volume of POS Transactions Completed by Passport

Passport Health Plan Name		Oct-2019	Nov-2019	Dec-2019	Average per Month	Rolling 13-Month Total
Rx Statistics: All Regions	NEW RXS	277,206	254,264	266,817	260,785	3,390,206
	REFILL RXS	162,960	150,823	158,756	160,441	2,085,736
	TOTAL NON PDL RXS	11,328	8,506	7,442	7,015	91,196
	% NON PDL RXS	2.57%	2.10%	1.75%	1.66%	1.67%
	PSYCH RXS	95,442	85,543	88,922	89,758	1,166,849
	% PSYCH RXS	21.68%	21.12%	20.89%	21.31%	21.31%
	NON PDL PSYCH RXS	1,508	1,356	1,412	823	10,700
	% NON PDL PSYCH RXS	0.34%	0.33%	0.33%	0.20%	0.20%
	# PSYCH UTILIZERS	44,681	42,324	42,621	43,052	559,675
	% PSYCH UTILIZERS	15.04%	14.31%	14.66%	14.33%	14.32%
	% PSYCH UTILIZERS/RX UTILIZERS	40.22%	39.13%	38.65%	39.70%	39.68%
	# PSYCH RXS/MEMBER	0.32	0.29	0.31	0.30	0.30
	# PSYCH RXS/PSYCH UTILIZER	2.14	2.02	2.09	2.09	2.08
	# RXS/MEMBER LESS PSYCHS	1.16	1.08	1.16	1.10	1.10
	% MEMBERS ON MEDS LESS PSYCHS	22.36%	22.26%	23.27%	21.77%	21.77%
	PSYCH COST/PSYCH UTILIZER	$91.38	$81.95	$82.35	93.70	$93.82
	# PROVIDER PRESCRIBED OTCS	56,213	51,218	53,172	51,919	674,948
	# CONTROLLED RXS	48,221	43,402	44,988	45,156	587,027
	# BRAND RXs*	42,207	36,221	36,439	40,475	526,170
	% BRAND	9.59%	8.94%	8.56%	9.61%	9.61%
	# GENERIC RXs*	397,959	368,866	389,134	380,752	4,949,772
	% GENERIC	90.41%	91.06%	91.44%	90.39%	90.39%

The POS system has the flexibility for modifications to customize parameters for Passport, including eligibility, PDL logic and benefit design that support best practices and regulatory mandates. This includes:

- ICD-10 requirements for select drugs to facilitate appropriate use
- Use of ICD-10 codes, medical data and pharmacy claims history to reduce prescriber burden and process claims using smart PA edits
- Programming to restrict certain prescription classes to designated prescribers (in an effort to maintain member access to pharmaceuticals while containing costs)

- Assigning members in our lock-in program to one controlled substance prescriber (in compliance with state regulatory requirements)

Complying with Claims Payments and Accounts Receivable

CVS/Caremark's state-of-the-art POS claims processing system performs eligibility verification, claim adjudication, provider validation, duplicate claims edits and concurrent DUR edits online, in real time, for all prescriptions. As each claim is processed, CVS/Caremark's POS system assigns an internal control number (ICN) to each claim and its supporting documentation. This unique number is used to cross reference the ICN for tracking claims, research, reconciliation or audit purposes while safeguarding HIPAA information in the most stringent manner to protect the confidentiality of our members' PHI. All claims determinations, such as paid, rejected or reversed, are tracked to provide a full claims transaction history.

Claims Payment Is a Passport Priority

On average, claims are paid within eleven (11) calendar days.

One hundred percent (100%) of all claims are paid within twenty-one (21) calendar days of receipt.

Passport pharmacy claims are adjudicated and paid in accordance with prompt pay statutes and regulations, including 42 CFR 447.45, KRS 304.17A-700 to 304.17A-730 and KRS 205.593, 304.14-13542 C.F.R. 447.46, 42 C.F.R. 447.45, KRS 304.17A-700-730, KRS 205.593, KRS 304.14-135, and KRS 304.99-123. Under these regulations, all clean pharmacy claims, paper or electronic, are to be paid within thirty (30) days. CVS/Caremark's claims processing system performs eligibility verification, claim adjudication, provider validation, duplicate claims edits and concurrent DUR edits online, in real time. System edits, applied at the POS, act as an automated management tool to monitor and help ensure compliance with program parameters before a prescription is dispensed. Few other vendors can provide as stringent a set of online electronic claims verification and authorization edits combined with extensive pharmacy desk audit and field audit capabilities.

CVS/Caremark enters paper claims into its adjudication system within ten (10) business days of receipt. The claims adjudication system then automatically performs a series of edits against specific plan design parameters on each claim processed. The system rejects ineligible or duplicate claims automatically and prevents overrides based on access code levels. Claims containing invalid provider numbers are rejected with appropriate messaging to the provider as to the reason for the rejection. The claims adjudication process passes the claim through the system to a separate business function to generate the paper claim reconciliation statement and reimbursement check. Claim transactions for pharmacy services are in the NCPDP B1/B2 format.

CVS/Caremark electronically adjudicates 100% of all claims received, including paper claims. Algorithms that capture performance objectives, guidelines and measurement mechanisms in overseeing the claims process are maintained to track both turnaround times and the volume of claims processed and suspended. With

complete and accurate information, CVS/Caremark commits to processing all claims submitted in accordance with DMS requirements.

Adjustments, recoupments, manual payments and other required identifying accounts receivable and claim information is also captured and acted upon, as appropriate. Claim records, including all adjustments and reversals from overpayments, are reported to DMS at the conclusion of each financial cycle with the status as of the closing date of the financial period.

Streamlined Claims Adjudication Process for Pharmacies

Our pharmacy claims adjudication process has been streamlined to ease administrative duties for pharmacies and get needed medications to members faster and more accurately. We use best practices and follow NCPDP standards and guidelines. Pharmacies submit POS claims using the HIPAA-compliant industry standard format. Batch claims as well as post adjudication claims reporting also use the prevailing NCPDP standards. Passport member ID cards display a Medicaid-specific BIN/PCN and group number to properly inform pharmacy providers where to submit a Medicaid claim to Passport.

Upon receipt of a prescription claim, the POS system automatically checks against a series of edits. These include, but are not limited to, the following:

- Validation of required and complete claim elements
- Confirmation of member eligibility
- Validation of the pharmacy National Provider Identifier and pharmacy network status
- Verification of the prescriber National Provider Identifier and provider network status
- Confirmation that the claim complies with the benefit plan parameters, including plan formulary
- Determination of member copay, if any
- Defined claims adjustments

As POS and batch claims are processed, CVS/Caremark's POS system assigns an ICN to each claim and to its supporting documentation within twenty-four (24) hours. This unique number is used to cross-reference the ICN for tracking claims, research, reconciliation or audit purposes while safeguarding HIPAA information in the most stringent manner to protect the confidentiality of our members' PHI. Claims that are rejected for payment include specific NCPDP D.0 reject messages to inform the provider of the reason for the claim reject. The Passport PSCC and CVS/Caremark help desk staff are available to resolve any claim rejects with the pharmacy provider.

CVS/Caremark maintains an electronic back-up of all POS and batch claims as well.

The CVS/Caremark POS system has the capability to add, change or remove claim adjudication processing rules to accommodate required state and federal changes within thirty (30) days for standard requests. Expedited requests are deployed with reduced turnaround times. A recent example of complying with this requirement involved the implementation of new dispensing fee requirements on July 1, 2018 that paid pharmacies an additional two-dollar ($2) dispensing fee on paid claims.

CVS/Caremark uses sophisticated algorithms and real-time claims surveillance to automatically identify and notify account teams of potential issues during claims adjudication, allowing for more timely resolution of potential issues.

CVS/Caremark developed a series of rule-based and machine-learning algorithms to detect potential issues with benefit or plan set-ups during claims adjudication. These algorithms are run multiple times a day to identify potential issues. We test for outliers against benchmarks specific to each plan or group set-up, including formulary mismatches such as

- Copay changes/differentials
- PA requirements
- Network changes
- High dollar claims
- Variations in reject rates by reject type
- Other outliers based on plan type, with similar rules developed for other clients

Automated triggers (alerts) are sent to account teams for claims requiring specific review. CVS/Caremark also has developed same-day reporting tools that lets account teams review claims transaction patterns for paid and rejected claims, including comparisons against benchmarks and prior history, to review suspect claims and drill into claim line detail.

In the event that the claims processing system experiences downtime or there is an unexpected upward trend in denied claim rates, the CVS/Caremark account team is immediately notified and in turn notifies the Passport Pharmacy Services team of the service disruption. Upon notification, Passport and CVS/Caremark identify the current and potential level of member disruption resulting from the claims processing issue and prepare to notify DMS within twenty-four (24) hours if the potential impact is greater than one hundred (100) member claims.

C.21.c. Describe the Contractor's processes and procedures to provide timely, accurate and complete data to support the Department's rebate claiming process and ensure the Department maintains current rebates levels

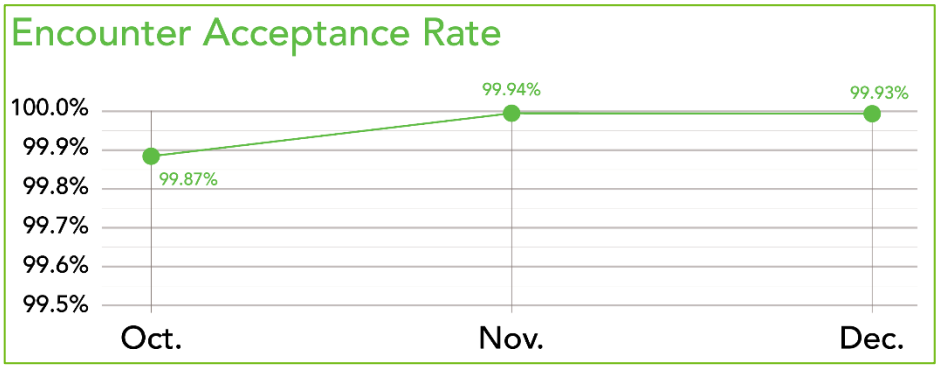
Passport Support for the Department's Rebate Operations

Passport has a long history of working with DMS to provide rebate data, resolve disputes and ensure that the Department rebate realization is maintained. Passport is committed to continued compliance with the Affordable Care Act and 42 C.F.R. 438.3(s), which require states to collect CMS-level rebates on all Medicaid MCO utilization. In support of this requirement, Passport's PBM enforces POS edits that ensure manufacturer rebate-eligible, covered outpatient drugs are paid as covered products. Other product utilization, including insulin, diabetic testing supplies and eligible medical pharmacy claims such as biologicals or provider-administered product claims, will contain valid national drug codes (NDCs) and any required HCPCS codes (e.g., J-Code, Q-Code, etc.), units dispensed or administered, strength, date of service,

paid date and amount paid by Passport. By enforcing data collection and validation during claim adjudication, Passport delivers clean encounter data to DMS for use in drug rebate administration.

To facilitate DMS' access to rebates, Passport provides DMS with encounter data in accordance with Section 1927(b)(1)(A) of the Social Security Act in compliance with the Department's Medicaid Managed Care Contract. This commitment includes oversight and review of PBM-submitted data that is compliant with required state drug utilization data and adheres to NDC-specific unit of measure guidance and CMS-suggested claim level data fields. Passport's PBM submits program encounters directly to DMS on a weekly basis, and all encounters are submitted within thirty (30) days of successful claim adjudication. Passport has a long history of providing prescription and medical drug data to DMS, delivering an encounter acceptance rate of 99+% on the first submission, as shown in **Exhibit C.21-10**. This high first-pass compliance rate reduces rework and corrections, provides timely claim level drug utilization for aggregation and invoicing activities, and allows DMS to invoice manufacturers in the earliest possible quarterly billing cycle.

Exhibit C.21-10: Encounter Acceptance Rate



Encounter record content provides utilization data that includes the total number of units of each dosage form, strength and package size by NDC, claim date of service, claim paid date and total amount paid for each covered outpatient drug dispensed to Passport members. Passport also reports any other data DMS deems necessary for rebate collection. Claim detail and supporting data is submitted for outpatient prescribed drugs, including diabetic testing supplies and insulin. All reports are provided within required timeframes in the DMS-prescribed formats and timeframe.

Passport is aware that disputes are a tactic deployed by manufacturers to reduce or delay payment to the Commonwealth. We are committed to helping DMS to resolve Medicaid Drug Rebate Program disputes using established efficient processes and in accordance with Commonwealth and federal guidelines. Passport works in close partnership with PBM and DMS resources to address all manufacturer disputes.

As we become aware of rebate disputes from the Commonwealth, we immediately engage our PBM and the provider, as necessary, to resolve claim issues so that a the Commonwealth or their designee has sufficient time to review and submit a dispute response to the manufacturer within sixty (60) days as required. Passport reviews disputed information for pharmacy claims with its PBM and will direct them to take any

necessary steps to request that a pharmacy resubmit and correct the claim. Additionally, we ensure the Commonwealth's access to network pharmacy providers for verifying information submitted on claims.

The Passport team commits to delivering all files and reports necessary to facilitate the invoicing and collection of drug rebates and to assisting in the timely and complete resolution of drug rebate disputes with the manufacturer, working as a partner with DMS should any future changes occur to the program or product coverage, Commonwealth assumption of the PDL or the Medicaid Drug Rebate Program.

C.21.d. Describe the Contractor's processes and procedures to provide data and support Department-based efforts and initiatives for 340B transactions

Passport Support of DMS-Based Efforts and Initiatives for 340B Transactions

Passport and CVS/Caremark maintain system capability to appropriately identify 340B transactions in real time, prospectively and retrospectively, and provide appropriate 340B identifiers on all encounter claims. We leverage our combined experience, industry best practices and close monitoring of Health Resources & Services Administration and CMS guidance to support and maintain compliance with DMS 340B initiatives and federal regulations.

The pharmacy network provider manual includes the requirements for pharmacies to identify 340B-purchased drugs using the available NCPDP fields when submitting a claim for payment. Pharmacy POS 340B claims are identified by the submission of "20" in the Submission Clarification Code field (420-DK) and require submission of the actual acquisition cost of the drug product. In addition, 340B status is assigned to claims submitted by covered entity-owned pharmacies. These claims are identified via the NCPDP DataQ pharmacy provider database, where the submitting provider's 340B status is coded as "38" or "39." Claims coming from a CVS/Caremark-owned mail or specialty pharmacy are not included in this definition. Passport is already compliant with 340B processing procedures and submission of claim level indicators, supporting the DMS 340B program policy going into effect on April 1, 2020. Passport currently accepts and stores NCPDP Submission Clarification Code values as well as the Claim Modifier Code value of unit dose as an indicator of 340B status for drugs billed through the medical benefit.

Throughout 2019, Passport observed that brand claims submitted with the Submission Clarification Code increased by a multiple of 1.7 compared to 2018. This increase demonstrates both our pharmacy network's improved compliance with DMS 340B claim requirements as well as our ability to track and monitor activity across the network. The benefits to DMS include improved pharmacy encounter accuracy resulting in a decreased risk of submitting 340B-eligible claims for pharmaceutical manufacturer rebates.

A benefit of our locally based clinical outreach pharmacists is to analyze 340B claim activity for individual 340B pharmacies and educate pharmacies on proper 340B claim submission. Our clinical outreach pharmacists also collaborate with pharmacies to identify and select the lowest cost therapies for the Medicaid program.



As a leading provider in 340B management programs, CVS/Caremark has experience in administering programs that optimize the prospective and retrospective identification of 340B-eligible claims. Passport and CVS/Caremark are prepared to collaborate with DMS on how best practices implemented in hospitals and health systems to maximize 340B capture can be applied to the Kentucky Medicaid program.

CVS/Caremark complies with all Commonwealth pharmacy network requirements, as required in the Prescription Benefit Management Services Agreement Participating Customer Agreement. This includes excluding pharmacy network contract terms that lower reimbursement or apply other fees for pharmacies listed as a contracted pharmacy for a 340B-covered entity. Passport and CVS/Caremark do not discriminate against any 340B entities and allows Passport members to receive services from pharmacies that are contracted or owned by 340B-covered entities.

Passport's years of experience with the 340B program and close provider and pharmacy relationships offer a distinct advantage to the Commonwealth. Passport understands the complexities of the 340B program, including identifying eligible prescriptions or medical services, the implications and issues contract pharmacies bring to administering the program, and the risk to drug rebate collections through improper or inappropriate exclusion of claims. Passport's solution lets the plan work collaboratively with DMS, health systems and their contract and closed-door pharmacies to ensure that 340B impacts to the state result in capturing lowest cost position qualification and reimbursement data.

C.21.e. Describe the Contractor's pharmacy Prior Authorization process, including the following as part of the response:

i. Transparency in communicating the conditions for coverage to providers.

Passport's Comprehensive Prior Authorization Program

Passport's PA program, developed in partnership with the P&T Committee, Behavioral Health Committee and clinical pharmacists, assures that member access to medically necessary prescriptions is available through the use of evidence-based criteria, best clinical practice standards and patient safety interventions in full compliance with state and federal laws and all requirements set forth by the Commonwealth.

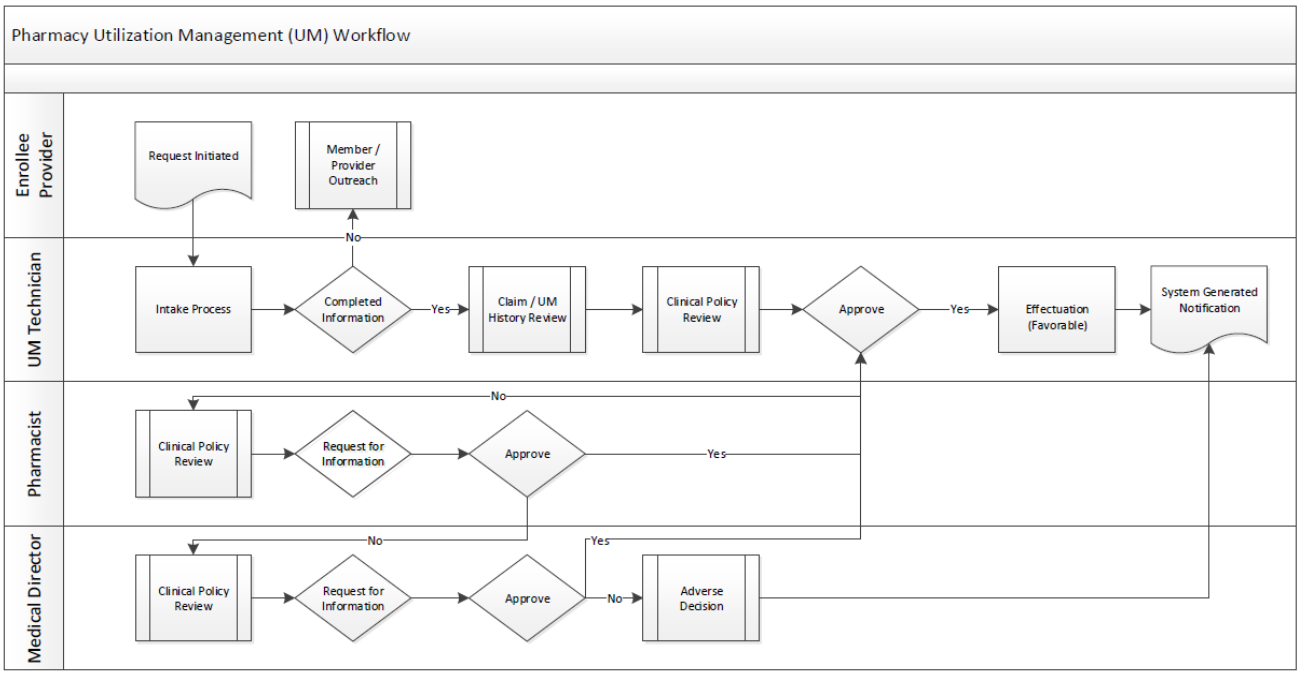
PA may be required for medications that are:

- Outside the recommended age, dose or gender limits
- Duplication in therapy (i.e., another drug currently used within the same class)
- New to the market and not yet reviewed by Passport's P&T Advisory Committee
- Prescribed for off-label use or outside of certain diseases or specialties

- Non-preferred products

The flow chart in **Exhibit C.21-11** illustrates our PA process upon submission of a written, telephonic (fax) or electronic PA (ePA) request(s) for medications requiring PA by the prescribing practitioner.

Exhibit C.21-11: Passport's Prior Authorization Process



Transparency and Access to Drug Coverage Conditions and Criteria

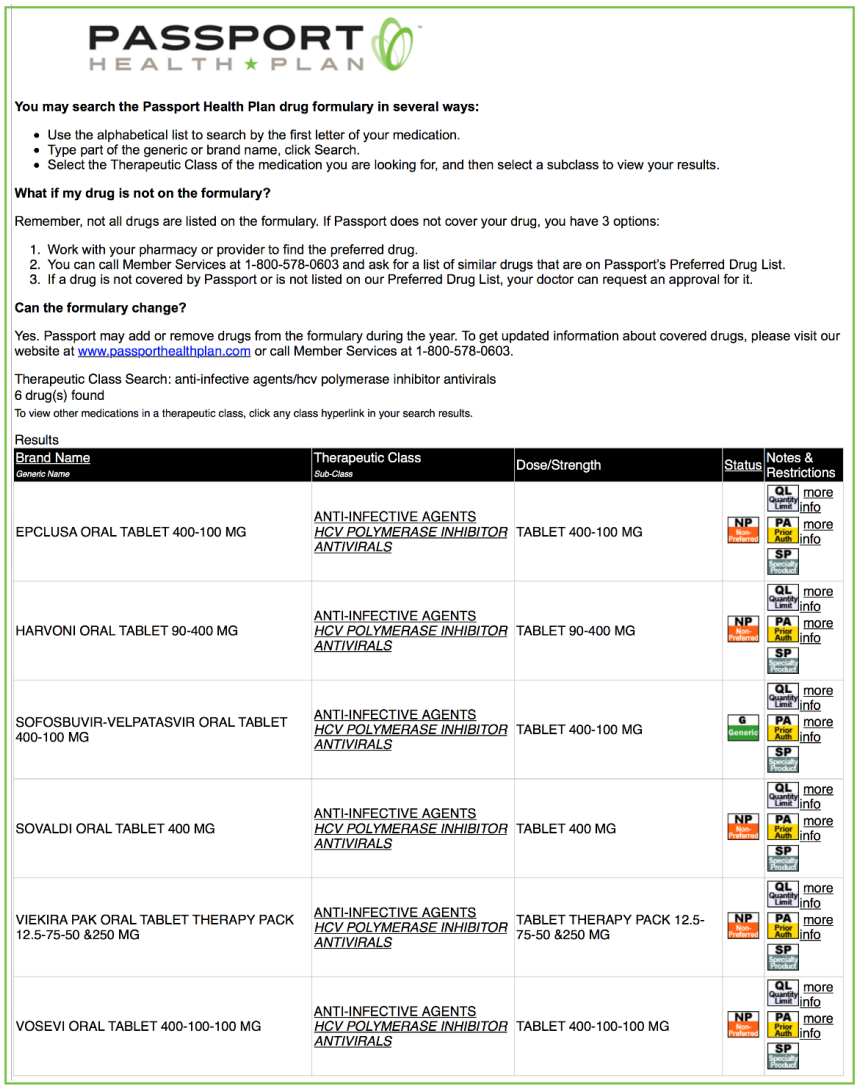
Our website includes several resources to help guide members and providers to identify which medications require PA (**Exhibit C.21-12**), access universal and drug-specific PA request forms, and obtain instructions on how to submit PA requests. Drug-specific PA request forms (**Exhibit C.21-13**) have been created for the most common types of PA requests and contain the complete criteria or conditions for coverage that need to be met for the member to obtain medication approval.

We also recognize the need for members and prescribers to assess medication appropriateness using unconventional methods at times. Passport encourages the collaboration between our market physicians and medical directors as we offer the opportunity for peer-to-peer discussions to our providers.

Health care is an evolving field, where partnership and collaboration between providers leads to improved quality of care for members. Passport's clinical outreach pharmacists have developed lasting relationships with prescribers in their regions. These relationships allow for improved communication with offices through routine office detailing. Furthermore, these providers have the cellphone numbers of our clinical outreach pharmacists so they can assist when an issue arises between regularly scheduled visits. This

program provides a direct channel to the Passport Pharmacy Services team so that member medication access concerns can be immediately triaged and resolved.

Exhibit C.21-12: Passport Searchable Formulary



You may search the Passport Health Plan drug formulary in several ways:

- Use the alphabetical list to search by the first letter of your medication.
- Type part of the generic or brand name, click Search.
- Select the Therapeutic Class of the medication you are looking for, and then select a subclass to view your results.

What if my drug is not on the formulary?

Remember, not all drugs are listed on the formulary. If Passport does not cover your drug, you have 3 options:

1. Work with your pharmacy or provider to find the preferred drug.
2. You can call Member Services at 1-800-578-0603 and ask for a list of similar drugs that are on Passport's Preferred Drug List.
3. If a drug is not covered by Passport or is not listed on our Preferred Drug List, your doctor can request an approval for it.

Can the formulary change?

Yes. Passport may add or remove drugs from the formulary during the year. To get updated information about covered drugs, please visit our website at www.passporthealthplan.com or call Member Services at 1-800-578-0603.

Therapeutic Class Search: anti-infective agents/hcv polymerase inhibitor antivirals
6 drug(s) found

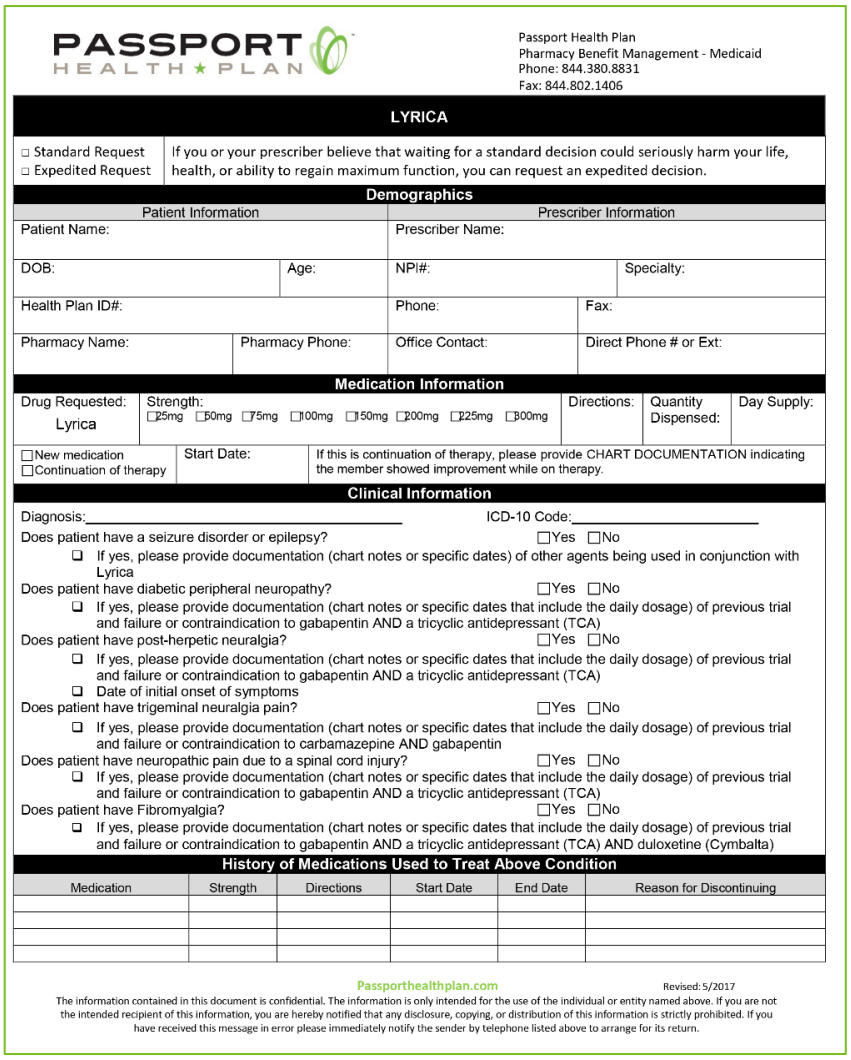
To view other medications in a therapeutic class, click any class hyperlink in your search results.

Results

Brand Name / Generic Name	Therapeutic Class / Sub-Class	Dose/Strength	Status	Notes & Restrictions
EPCLUSA ORAL TABLET 400-100 MG	ANTI-INFECTIVE AGENTS / HCV POLYMERASE INHIBITOR ANTIVIRALS	TABLET 400-100 MG	NP Non-Preferred	QL Quantity Limit more info; PA Prior Auth more info; SP Specialty Product
HARVONI ORAL TABLET 90-400 MG	ANTI-INFECTIVE AGENTS / HCV POLYMERASE INHIBITOR ANTIVIRALS	TABLET 90-400 MG	NP Non-Preferred	QL Quantity Limit more info; PA Prior Auth more info; SP Specialty Product
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	ANTI-INFECTIVE AGENTS / HCV POLYMERASE INHIBITOR ANTIVIRALS	TABLET 400-100 MG	G Generic	QL Quantity Limit more info; PA Prior Auth more info; SP Specialty Product
SOVALDI ORAL TABLET 400 MG	ANTI-INFECTIVE AGENTS / HCV POLYMERASE INHIBITOR ANTIVIRALS	TABLET 400 MG	NP Non-Preferred	QL Quantity Limit more info; PA Prior Auth more info; SP Specialty Product
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 &250 MG	ANTI-INFECTIVE AGENTS / HCV POLYMERASE INHIBITOR ANTIVIRALS	TABLET THERAPY PACK 12.5-75-50 &250 MG	NP Non-Preferred	QL Quantity Limit more info; PA Prior Auth more info; SP Specialty Product
VOSEVI ORAL TABLET 400-100-100 MG	ANTI-INFECTIVE AGENTS / HCV POLYMERASE INHIBITOR ANTIVIRALS	TABLET 400-100-100 MG	NP Non-Preferred	QL Quantity Limit more info; PA Prior Auth more info; SP Specialty Product

We recognize the burden that PA forms can have on physician offices and staffing. As a result, our clinical outreach pharmacists have worked directly with market physicians to gain feedback on PA forms and related materials for years. This collaboration allows Passport to focus on updating and creating new content for these forms, resulting in more efficient and comprehensive submissions by the prescribing offices. In addition, our clinical outreach pharmacists proactively reach out to many of our provider partners in advance of a new PA or formulary change to help ensure that providers are aware in advance of the change, thereby minimizing member disruption.

Exhibit C.21-13: Passport Drug Specific Prior Authorization Request Form



PASSPORT HEALTH PLAN

Passport Health Plan
Pharmacy Benefit Management - Medicaid
Phone: 844.380.8831
Fax: 844.802.1406

LYRICA

□ Standard Request □ Expedited Request	If you or your prescriber believe that waiting for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision.

Demographics

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
DOB:	Age:	NPI#:	Specialty:
Health Plan ID#:		Phone:	Fax:
Pharmacy Name:	Pharmacy Phone:	Office Contact:	Direct Phone # or Ext:

Medication Information

Drug Requested:	Strength:	Directions:	Quantity Dispensed:	Day Supply:
Lyrica	☐25mg ☐50mg ☐75mg ☐100mg ☐150mg ☐200mg ☐225mg ☐300mg			

☐New medication ☐Continuation of therapy	Start Date:	If this is continuation of therapy, please provide CHART DOCUMENTATION indicating the member showed improvement while on therapy.

Clinical Information

Diagnosis:_____ ICD-10 Code:_____

Does patient have a seizure disorder or epilepsy? ☐Yes ☐No
- ❑ If yes, please provide documentation (chart notes or specific dates) of other agents being used in conjunction with Lyrica

Does patient have diabetic peripheral neuropathy? ☐Yes ☐No
- ❑ If yes, please provide documentation (chart notes or specific dates that include the daily dosage) of previous trial and failure or contraindication to gabapentin AND a tricyclic antidepressant (TCA)

Does patient have post-herpetic neuralgia? ☐Yes ☐No
- ❑ If yes, please provide documentation (chart notes or specific dates that include the daily dosage) of previous trial and failure or contraindication to gabapentin AND a tricyclic antidepressant (TCA)
- ❑ Date of initial onset of symptoms

Does patient have trigeminal neuralgia pain? ☐Yes ☐No
- ❑ If yes, please provide documentation (chart notes or specific dates that include the daily dosage) of previous trial and failure or contraindication to carbamazepine AND gabapentin

Does patient have neuropathic pain due to a spinal cord injury? ☐Yes ☐No
- ❑ If yes, please provide documentation (chart notes or specific dates that include the daily dosage) of previous trial and failure or contraindication to gabapentin AND a tricyclic antidepressant (TCA)

Does patient have Fibromyalgia? ☐Yes ☐No
- ❑ If yes, please provide documentation (chart notes or specific dates that include the daily dosage) of previous trial and failure or contraindication to gabapentin AND a tricyclic antidepressant (TCA) AND duloxetine (Cymbalta)

History of Medications Used to Treat Above Condition

Medication	Strength	Directions	Start Date	End Date	Reason for Discontinuing

Passporthealthplan.com Revised: 5/2017

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Passport's PA program allows multiple submission methods and access points that providers can use to submit requests, provide information and receive a determination response to their request. This multichannel stream of information exchange supports our goal of ensuring timely determinations with no disruption of member access to care. Electronic prescribing (ePrescribing) support and ePA functionality are two important tools that reduce the need for PA requests and reduce demands on submitting providers.

Although ePrescribing functionality and the sharing of member formularies have been available for some time, Passport members benefit from RTBC through the presentation of alternative preferred or PA-exempt drug products. This also includes the presentation of generic products that can reduce member cost-sharing or copay expense in an effort to promote member adherence to therapy. This is a benefit to both the member and the provider because the provider can easily assess alternative therapies that are covered with

no PA requirement. If the provider chooses a preferred alternative, this allows for immediate coverage of the medication for the member, eliminating the need to complete the PA process.

The ePA program engages customized algorithms (**Exhibit C.21.14**) through an online PA submission tool that allows us to optimize our members' best health through:

- Increased efficiency and turnaround times due to decreased PA handling time
- Real-time prescriber notification if an authorization has been approved
- Reduction of incomplete request submissions
- Elimination of illegible orders from being submitted and possibly delayed
- Supported verification of a member's plan eligibility
- Attachment feature that allows uploading of documents to the member's electronic profile
- Prevention of authorizations being placed for polypharmacy

Exhibit C.21-14: Electronic Prior Authorization Algorithm Examples



How Each Process Within the Structure of Prior Authorization Is Conducted

All PA activities and decisions are documented in our online PA support system, an end-to-end solution that provides system-generated deadlines and automated communication services, ensuring compliance with all turnaround times. Here is how it works:

- **PA request is submitted.** Our online searchable formulary can be accessed to determine if a specific medication requires PA by visiting passporthealthplan.com/pharmacy. If a PA is required, a physician, nurse practitioner or pharmacist completes and submits the online prescription drug PA

submission form located on our pharmacy portal at passporthealthplan.com/pharmacy/pharmacy-portal-2. The form may also be accessed at passporthealthplan.com/pharmacy and submitted via fax. Passport accepts the DMS universal PA form for any request and does not require providers to complete a Passport-specific form.

- **PA request is received.** Upon receipt of a PA request, the certified pharmacy technician creates an order in the PA system.
- **PA request is evaluated using evidence-based criteria.** The pharmacy technician evaluates the individual drugs and/or drug formulations on the PA request against Passport's clinical authorization criteria as developed by the P&T Advisory Committee and the Partnership Council. The criteria utilized is derived from one (1) or more of the following:
  - Evidence-based guidelines provided by non-biased resources from government agencies, such as the Agency for Healthcare Review and Quality, the American Society of Clinical Oncologists or the American Academy of Pediatrics
  - Published FDA approval indications for therapy
  - Federal and/or state regulatory requirements
  - Drug compendia, such as American Hospital Formulary Service-Drug Information, Gold Standard Clinical Pharmacology, DrugDex or "Facts and Comparisons"
  - Current medical literature and peer-reviewed, non-biased publications based on an appropriate scientifically designed study protocol with validated outcome endpoints that detail best clinical practice standards or other national standards of care

Pharmacy UM staff have access to real-time pharmacy claims data in addition to medical claim history, which assists in the PA evaluation process. Additional information may be requested via fax or telephone from the prescribing provider. If the request does not meet Passport's clinical authorization criteria, it is forwarded to a licensed pharmacist and/or a licensed medical director for review and decision.

- **PA determination is rendered**.
  - REQUEST APPROVED. If a PA request meets Passport-approved clinical criteria and is approved by the pharmacy technician, pharmacist or medical director, the prescriber and/or pharmacist are immediately notified of the approval via fax, and the prescription can be filled. This may include approval for a therapeutic alternative or for a different dose than requested. As required in provisions of the Omnibus Budget and Reconciliation Act (OBRA 90) mandate, approval decisions are communicated to the prescribing practitioner within twenty-four (24) hours of initial case receipt via fax.
  - REQUEST DENIED. Requests not meeting Passport-approved clinical criteria are immediately electronically forwarded from the pharmacy technician to a pharmacist and/or medical director for medical necessity review. If the pharmacist or medical director, after their review, determines that the clinical criteria have not been met, they may deny the PA request. All denial decisions issued through the Passport pharmacy benefit are made by a licensed pharmacist and/or medical director. As required in provisions of the OBRA 90 mandate, denial decisions are communicated to the prescribing practitioner within twenty-four (24) hours of initial case receipt via fax. A denial letter is also mailed to the member. The denial notification includes the

explanation of the specific reason or missing item required for approval, a summary of the criteria used, the availability of a physician to discuss the decision (peer review) with the requesting provider and an explanation of the appeal process. Access to the complete clinical policy used for review is also available to the provider by request.

- Member and provider appeals to adverse benefit determinations are processed in accordance with DMS state requirements and in compliance with Section 24.2 Enrollee Grievance and Appeals Policies and Procedures and Section 27.10 Provider Grievances and Appeals of our contract with DMS.

As noted above, PA decisions are made and communicated to the requesting provider within twenty-four (24) hours of the initial request, including weekends, as required by the provisions of OBRA 1990 mandate, Section 1927 of the Social Security Act and other federal regulations. In the event a prescription is for a drug awaiting PA and Passport cannot reach the prescribing provider, the dispensing pharmacist, using his/her clinical judgment to avoid harm or injury to the member, is allowed to dispense a seventy-two (72)-hour emergency supply of medication using an override code in the claims system until the final PA determination is made. Should the drug product packaging require that it be dispensed in a quantity greater than what a seventy-two (72)-hour supply would provide, the pharmacist may dispense the packaged drug, and Passport will approve the claim with the submission of the permitted override code.

Additionally, Passport's online PA system has extensive reporting capabilities to provide quality assurance of the PA review process. This includes the reporting timeliness of review and determination to comply with required DMS turnaround timeframes.

C.21.e.ii. Required credentials for staff reviewing, approving and denying prior authorization requests.

Required Credentials for Prior Authorization Staff

Passport recognizes and agrees with the use of certified, credentialed and licensed staff in supporting key impactful clinical support areas such as PA. Passport's current PA review, approval, denial and reconsideration processes comply with the requirements in this RFP. Our UM staff includes certified pharmacy technicians, pharmacists and medical directors who support both pharmacy and medical UM development and operational functions. Denials may only be issued by licensed pharmacists or medical directors. The pharmacist team consists of individuals with many years of UM/MCO experience. In addition, a number of pharmacists are NABP credentialed, with board certification in geriatric pharmacy or working as board-certified pharmacotherapy specialists. The medical director's team has a broad spectrum of specialties, from internal medicine to pediatrics, and specialty practice areas such as family medicine, emergency medicine, anesthesiology and endocrinology. Passport's integrated pharmacy model brings clinical pharmacy expertise to optimally manage cost and utilization of both the pharmacy spend as well as trend-driving physician-administered specialty medications. The integration between medical and pharmacy also allows for monitoring of claims processing and the avoidance of potential double-billing under the two (2) benefits.

Passport is unique in that there is extensive coordination between the disciplinary teams within the plan, both before and after PA determinations are made. The director of pharmacy and Passport-designated clinical pharmacists work directly with foster care specialists, pediatric nurses and clinical outreach pharmacists who are embedded in offices or out in the field working directly with members and providers. Medication concerns and/or questions are relayed through our pharmacist/pharmacy technician managed via a dedicated UM email inbox, as well as phone calls and face-to-face visits from our clinical outreach pharmacists. This approach allows for timely resolution of all medication concerns, which then leads to easier and faster discharges from facilities. This allows the focus to remain on recovery, better adherence and earned trust between members and their care providers.

C.21.e.iii. Use of pharmacy and/or medical claims history to adjudicate prior authorization requests.

Utilizing Pharmacy and/or Medical Claims History to Adjudicate Prior Authorization Requests

Our PA process also incorporates auto-adjudication claims logic for select therapeutic classes. Auto-adjudication (sometimes called a smart PA) utilizes a member's claim history and information provided on a prescription or medical claim, such as an ICD-10 diagnosis code. These member health conditions and diagnoses are provided daily in files sent to the PBM that are uploaded to the claims processing system. This allows for automatic medication approval and mitigates potential disruption to therapy. In addition to using prescription drug claims to automate authorization of non-preferred PDL drugs when the member has a trial of preferred agents in his/her claim history, Passport deploys product- or condition-specific automated authorization evaluations. For example, we have deployed auto-adjudication logic to support quick and necessary access to medication-assisted therapy for substance abuse disorder, such as:

- Buprenorphine waiver of PA for treatment of opioid dependence or withdrawal in pregnancy
  - Medical claims history determines if a member has a certain ICD-10 code. This is provided as part of a medical claims integration with the claims processor system for any drug use complicating the pregnancy diagnosis. If a diagnosis is not found within this automatic medical claim lookback at POS, then the pharmacy may enter the ICD-10 code so that the claim will bypass the PA requirement and adjudicate.
  - This allows the member to receive up to a fourteen (14)-day supply of bridge therapy while she works with the provider to submit a PA (if required) for longer-term use.
  - If the claim does not meet the automatic smart edit criteria, then the drug will reject for PA, allowing for a manual review to still be performed.
- Vivitrol dispensing with opioid dependence diagnosis
  - Medical claims history determines if a member has an ICD-10 code for any opioid dependence diagnosis. The ICD-10 code is determined through the medical claims integration with the claims processor system, as described above. When an appropriate ICD-10 code is identified, then the claim will bypass the PA requirement.

- If a diagnosis is not found through the automatic medical claims lookback at POS, then the pharmacy is prompted to manually enter an ICD-10 code, if provided on the prescription, at the POS so that the claim will bypass the PA requirement and adjudicate.

Additional examples of custom edits that automate the PA process and align our efforts as a health plan to reduce provider burden, reduce FWA and improve overall program compliance with PDL options and clinical initiatives are as follows:

- Grandfathering for protected drug classes
  - Prior claims history determines if a member has been adherent with select classes of drugs, such as antipsychotics, within the last ninety (90) days. If a claim is found for a thirty (30)-day supply within the last ninety (90) days, the medication will continue to pay, even if the drug was subject to a PA review and the approval had expired.
  - This promotes continuation of therapy and adherence to medications that are benefiting the member's condition. It also reduces the burden on local physician offices in having to submit additional PA requests.
  - If a member is no longer adherent, this gives the physician an opportunity to work with the member, as his/her medication will no longer continue to process unless a new authorization is obtained.
- Controlled substance edits
  - Prior claims history is used to calculate the member's MED and then stratify him/her into one (1) of three (3) groups: new opioid users, existing opioid users or oncology or hospice. ICD-10 codes provided as part of medical claims integration for any hospice- or oncology-related diagnosis (or entered at the pharmacy for one of these diagnoses) will remove the member from the PA requirements associated with this edit.
  - Members identified as new may not exceed seven (7) days of therapy or fifty (50) MED per day. Members identified as existing must not exceed eighty (80) MED per day. Additionally, an immediate-release product is required before an extended-release product may be obtained for all utilizers.
  - Passport's edits accurately reflect Kentucky Board of Medical Licensure guidance with respect to promoting safety and curbing abuse potential with acute opioid prescribing. These DUR edits and policies fall in line with acute pain management treatment recommendations and are in accordance with numerous state-level prescribing restrictions of opioids and controlled substances.

If a claim evaluated for smart PA does not meet the automatic approval criteria, the drug will reject for PA. This prescription claim rejection is accompanied by the specific denial reason and supplemental messaging indicating how the provider may request a standard PA review.

Providers may submit requests for physician-administered drugs as well as outpatient-dispensed medications through our web-based portal or by fax, phone, email and mail. Web-based submissions are available via a PA and formulary exception link on Passport's website. Prescribing providers may submit PA requests utilizing our Passport Pharmacy Portal ePA solution, which allows them to respond to online question sets based on evidence-based medical policy and clinical practice standards, receive the status of the submitted PA or non-preferred exception request in real time, and submit additional supporting

documentation, as necessary. Upon approval, the pharmacy UM system has real-time connectivity with our claim processor to automate direct PA entry and record verification through an automated test claim function.

Conclusion

Passport has transformed to meet the changes of the Medicaid Managed Care Program alongside DMS. We have stayed informed and collaborated with DMS to ensure our processes, procedures, technology and workflows have been adaptable, scalable and, most importantly, compliant as requirements evolve to meet the health care needs of Kentuckians, while also addressing the changing social determinants of health.

Passport takes pride in employing Kentuckians who live and work in the same area as the members they serve. The length of tenure of our employees ensures that our members are receiving the best care possible from knowledgeable and seasoned staff who will be by their side for years to come. Our ability to quickly implement regular provider feedback is due to the collaboration between our internal Passport teams and our rapport with community providers. The fact that we are a homegrown health plan allows us to focus on our members and avoid complicated processes.

We can stay one step ahead of our competitors because our clinical model incorporates local providers in our decision-making as they are a critical part of our DNA. Passport employs clinical outreach pharmacists who travel to provider offices and pharmacies throughout the Commonwealth to educate on PDL changes, gain feedback and collaborate to improve the program. Our UM techniques are unlike any other plan due to the level of collaboration that we achieve by embedding our nurses, pharmacists and staff in the community and the direct channels we have to our medical and pharmacy teams.

Passport continues to transform and will bring the benefits of this evolution to DMS. Under the recently announced acquisition, Passport will further leverage the innovations, technologies and experience Evolent brings, with less redundancy and more efficiency to help deliver pharmacy benefits to health plan members so that they may live the healthiest and most active and productive life possible. We will continue to comply with all provisions of the MCO and Kentucky SKY contracts as we continue to serve them in the future.

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.

C.22 Special Program Requirements



C.22. Special Program Requirements

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

a. Approach to ensuring Enrollees and Providers are aware of special program services

b. Description of medical necessity review process

c. Outreach methods to engage Enrollees

d. Approach to identify, enroll and encourage compliance with lock-in programs

e. Approach to coordination, including referral and follow-up with other service providers, like Women, Infants, and Children (WIC), Head Start, First Steps, School-Based Services, DCBS and the Kentucky Transportation Cabinet Office of Transportation Delivery

Passport Highlights: Special Program Requirements

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

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

Introduction

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

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

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

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

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

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

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

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

Educating Members About Special Program Services

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

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

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

Our Community Engagement representatives and health educators also take these materials into the community and help distribute them to members and community advocates when they meet with them face-to-face. When going out in the community, this team reviews the demographics and identifies the needs of members in that area and brings relevant health and benefits information based on the needs of that particular region. We also tailor our flyers to use different languages or pictures to correspond with the populations in the areas our Community Engagement

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

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

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

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

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







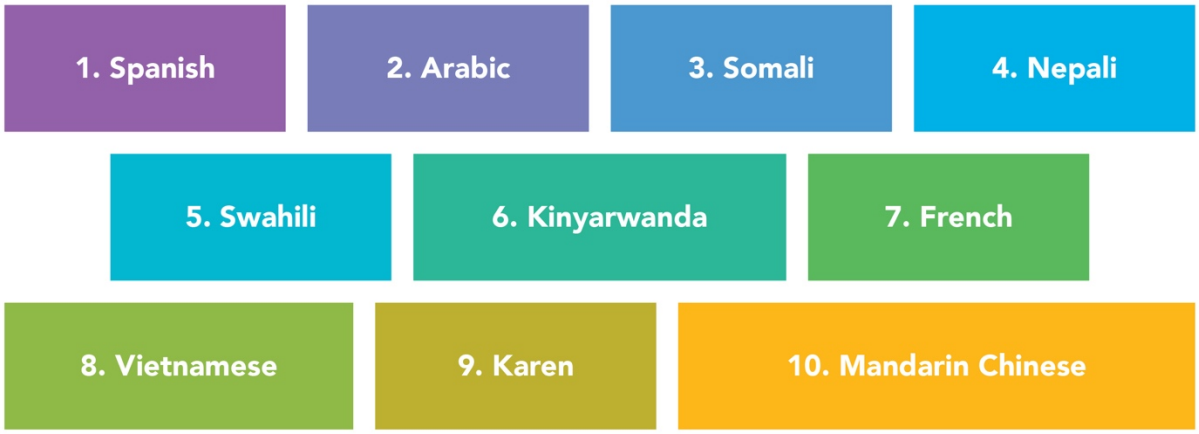
Member Special Program Material Development Process

- **Collaboration between internal teams:** Passport's Community Engagement, Communications/Marketing, Equity, Diversity, and Inclusion (EDI), and Population Health Management teams work collaboratively throughout the year to identify, develop and distribute special program materials that are culturally sensitive to the appropriate Kentucky Medicaid populations. They identify the need for specific health-related and clinical information and develop materials for targeted special populations based on demographics, diagnosis and claims.
  - For example, our EDI and marketing teams work hand-in-hand with our Refugee Care Coordination program to develop and provide translated materials that may assist with refugees' unique needs as they adjust to life and navigating health care in the United States.

- **Use of local talent and scenery:** One of the strategies Passport uses to reach and engage special populations across the Commonwealth is to hire local talent and employ the use of local scenery to help inspire trust and reassure members that it is a local plan committed to helping them improve their health and quality of life.

- **Using data to meet needs of various Kentucky populations:** Our EDI team researches various Kentucky populations and analyzes public demographic and Passport-specific claims data to help the other teams better understand the specific needs of our membership as they are developing materials.
  - For example, every year the EDI team analyzes reports from Passport's language line, the Kentucky Department of Education, Jefferson County Public Schools (JCPS), and the Kentucky Office of Refugees to determine the top languages Passport should be addressing in our materials. The final decision is based on an amalgamation of each of these sources to reach the best results for our members. The top ten (10) languages for Passport in 2019 are identified in **Exhibit C.22-2,** below:

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



Educating Providers About Special Program Services

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

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

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

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

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

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

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

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

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

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

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

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

Medical Necessity Review Process

Providers may submit an authorization request via:

- Phone
- Fax
- Secure email
- Web
- Mail

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

Medical necessity is defined as a covered benefit that is:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- The adverse benefit determination the UM Program has taken or intends to take
- The specific reason for the adverse benefit determination in clear, nontechnical language that is understandable by a layperson
- A reference to the benefit provision, guideline, protocol or other similar criterion upon which the adverse benefit determination is based
- Notification that the member or provider can obtain a copy, free of charge, of the actual benefit provision, guideline, protocol or other similar criterion upon which the adverse benefit determination was based
- Notification of the member's right to appeal
- Notification of the member's right to request a State Fair Hearing
- An explanation of procedures for exercising member's rights to appeal or file a grievance
- An explanation of circumstances under which expedited resolution is available and how to request it
- Notification of the member's rights to have benefits continue pending the resolution of the appeal, how to request benefits be continued, and the circumstances under which the member may be required to pay the costs of these services

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

C.22.c. Outreach Methods to Engage Enrollees

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

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

Outreach Methods

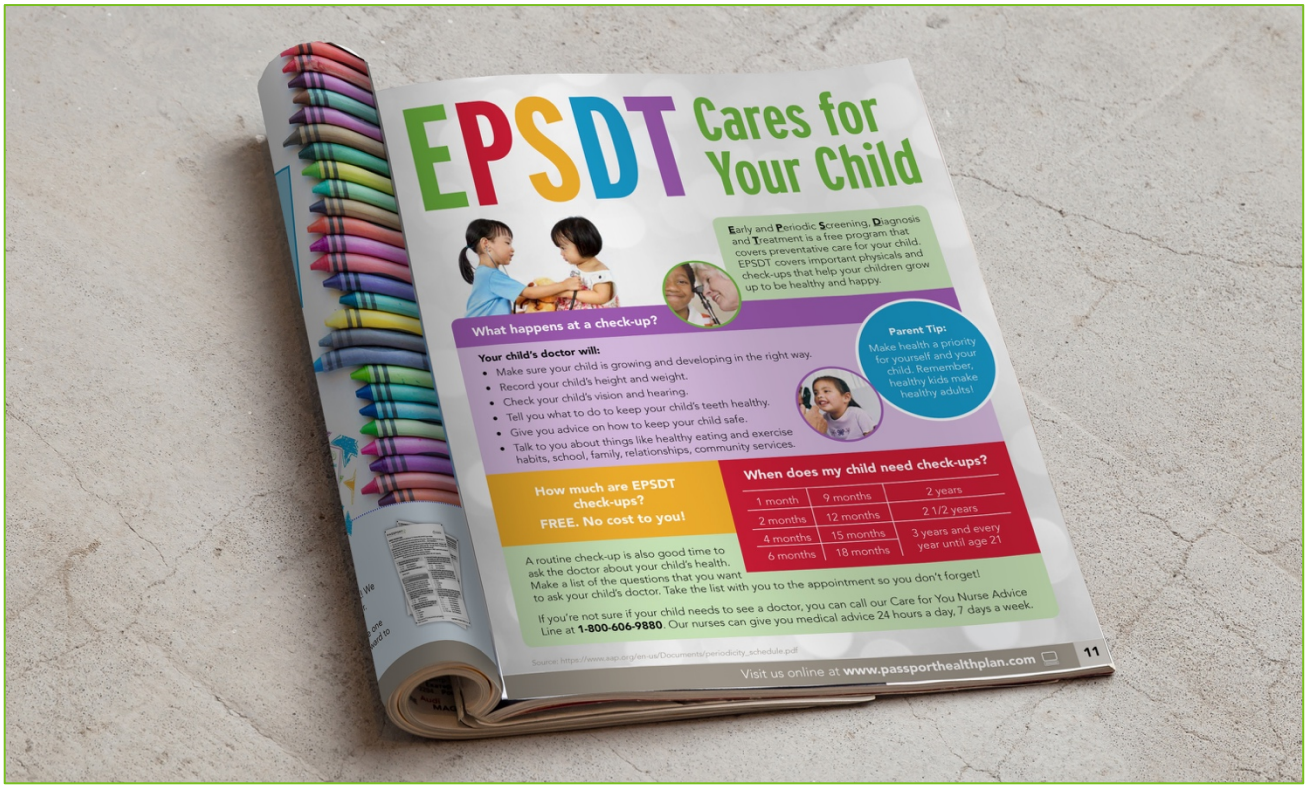
Here are a few examples of ways in which we strategically target and customize outreach methods to engage members from specific special populations.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

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

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

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



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

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

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

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

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

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

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

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

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

Stacy Brindley

Boys and Girls Haven

Dental Services

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

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

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

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

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

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

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

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

Maternity Care

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

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

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

Passport frequently uses images of pregnant women in its advertising.

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

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

Success Story:

Partnership with local shelter helps homeless, pregnant mom

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

Voluntary Family Planning

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

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

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



Nonemergency Medical Transportation

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

Success Story:

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

Pediatric Interface

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

Pediatric Sexual Abuse Examination

Grant to SAFE for Pediatric Forensic Services

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

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

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

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

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

EDI Program Collaborates with Community Partners

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

Exhibit C.22-5: EDI Outreach Location Examples

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

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

Exhibit C.22-6: EDI Collaborative Partnership Examples

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

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

Testimonial from University of Louisville Office of Diversity and Inclusion:

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

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

Pharmacy Lock-In Program

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

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

Identification and Enrollment

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

Enrollment and Awareness

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

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

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

Emergency Department Lock-In Program:

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

Emergency Department Lock-In Program

Identification

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

Enrollment and Education

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

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

Emergency Department Program

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

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

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

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

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

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

Closing the Loop on Social Determinants

Passport has strong existing connections to service providers and community partners across the entire Commonwealth, which allows us to have a greater impact on SDoH for all Kentuckians. We know we best serve our members when we not only connect them to the resources and services they need, but also work hand in hand with those service providers to create new initiatives and further existing initiatives. We work with authorized providers and community resources to implement initiatives that will help our members and other Kentuckians, and we coordinate with these agencies and providers at the member level on referrals to meet individualized needs.

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

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

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

Provider	Services	Relationship/Referral Process
WIC	• Help with cost of healthy food options during pregnancy and breastfeeding • Help with cost of formula • Obtain prescription formulas to assist with cost for unique needs • Connect moms to lactation consultants for breast feeding issues/concerns • Nutritionists available to assist with appropriate diet during pregnancy and while breastfeeding	1. Referrals are sent through secure email to WIC by Care Advisors for members in need. 2. The referral becomes part of the member's care plan, which is updated and monitored on a biweekly basis when contact is made with the member. 3. Care Advisors follow up with member to ensure WIC contacted them and the appropriate resources were received. 4. If a member reports that they have not been contacted, the Care Advisor will follow up with WIC, often using a three-way conference call to connect the member directly to WIC staff and helping to set up with appropriate appointments or resources for the member. 5. The intervention is not successfully closed in the member's care plan until contact has been confirmed by the member and appointments or resources have successful been arranged.
Head Start/Early Head Start	• Services for at-risk families to promote readiness to learn by kindergarten	1. Head Start and Early Head Start referrals are sent by the Care Team as soon as a need is identified. 2. The referral becomes an intervention in the member's personalized Care Plan, which is monitored and updated with each contact. 3. If a member expresses difficulty in connecting with Head Start, three-way conference calling is utilized by the Care Advisors to connect the member and obtain enrollment information. 4. The intervention is not successfully closed in the member's care plan until enrollment is confirmed

Provider	Services	Relationship/Referral Process
		or an alternative service is obtained (if member is not able to enroll in Head Start/Early Head Start for any reason). 5. The Care Advisor adds Head Start primary contact to the care team for consultation and coordination moving forward as needed.
First Steps	• Services for children with developmental delays or disabilities from birth to age 3 and their families • Use routines-based approach to intervene within the family's natural setting and routine	1. First steps referrals are sent by the Care Team as soon as a need is identified. 2. The referral becomes an intervention in the member's personalized Care Plan, which is monitored and updated with each contact. 3. If a member expresses difficulty in connecting with First Steps, three-way conference calling is utilized by the Care Advisors to connect the member and set up appointments. 4. The intervention is not successfully closed in the member's care plan until contact has been confirmed by the member and appointments or resources have successful been arranged. 5. The Care Advisor adds the First Steps primary staff member assigned to work with the member to the care team for consultation and coordination moving forward as needed.
School-Based Services – FRYSC (Family Resource and Youth Service Centers)	• Services to remove non-academic barriers to learning • Each center offers a unique blend of programs and services determined by the needs of its population (e.g., clothing, transportation vouchers, financial assistance)	1. Care Advisor or Foster Care Specialist reaches out to FRYSC Coordinator to explain needed services. Member is also given contact information for FRYSC. 2. The referral becomes an intervention in the member's personalized Care Plan, which is monitored and updated with each contact. 3. If a member expresses difficulty in connecting with FRYSC, three-way conference calling is utilized by the Care Advisor to connect the member to facilitate communication. 4. The intervention is not successfully closed in the member's care plan until contact has been

Provider	Services	Relationship/Referral Process
		confirmed by the member and appointments or resources have successful been arranged. 5. The Care Advisor adds FRYSC Coordinator to the care team for consultation and coordination moving forward as needed.
School-Based Services – Mental and Behavioral Health	• Services provided in the school setting including: assessment, evaluation, observation, therapy, consultation with teachers, prevention and intervention groups, and community education and parent workshops	1. Care Advisor or Foster Care Specialist reaches out to the school-based services referral line to make a referral. Member/caregiver is also given the contact information. 2. The referral becomes an intervention in the member's personalized Care Plan, which is monitored and updated with each contact. 3. If a member expresses difficulty in connecting with school-based services program, three-way conference calling is utilized by the Care Advisor to connect the member and make an appointment. 4. The Care Advisor reaches out to the school-based therapist to request the most recent treatment plan and ensure all needs are being met for both the member and the school. 5. The Care Advisor adds the school-based therapist to the care team for consultation and coordination moving forward as needed. 6. Care Advisors participate in school-based meetings upon request.
DCBS	• Family support • Child Care • Child and Adult Protection • Medicaid eligibility determination • Food benefits eligibility determination • Energy cost-assistance program	1. When a need is identified for which DCBS services can assist (such as assistance applying for food benefits), the Care Advisor provides the member with the phone number and address of the nearest DCBS office to the member's home. 2. The referred service is added as an intervention in the member's care plan. 3. If the member expresses difficulty reaching the office via phone, the Care Advisor encourages them to go to the office in person to request assistance. If this is not feasible for the member, a member of the care team will conduct a three-way conference

Provider	Services	Relationship/Referral Process
		call with the member and the DCBS office to help make the connection. 4. The Care Advisor follows up with the member to ensure they received the services they needed. *DCBS office case workers will frequently send members with issues to our Community Engagement representatives for reconciliation to close the gap in member care
Kentucky Transportation Cabinet Office of Transportation Delivery	• Human Service Transportation Delivery Program	1. When a transportation barrier is identified, the member is given the Transportation Line contact information by Care Advisor. 2. Transportation is added as a barrier in the member's Individualized Care Plan. 3. If the member expresses difficulty in contacting the Transportation Line to set up transportation, the Care Advisor or a Care Connector will conduct a three-way conference call with the member and the transportation line to arrange transportation to and from upcoming medical or behavioral health appointments. 4. The Care Advisor will ensure the member understands the instructions given by the Transportation Line regarding pick up at home and return trip after the appointment. 5. Education is given by Care Advisor or Care Connector regarding arranging transportation to future appointments.

Increasing Pediatric Access to Care in Public Schools

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

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

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

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

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

Coordinating Services with Other Service Providers

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

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

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

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

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

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

  - In both 2016 and 2017, after the Crib Program started, there were zero (0) infant deaths due to unsafe sleep environments.
  - In 2018 and 2019, the only deaths that occurred in the counties—five (5) total—were in families that did not participate in the HANDS program.

- **HANDS.** Passport further partners with HANDS programs in some Kentucky regions to provide educational classes on nutrition and other topics. Our health educators lead these presentations for HANDS participants. This is an ongoing relationship that Passport hopes to continue long into the future.
- **Coalition to Reduce NAS in Eastern Kentucky:** Passport's Community Engagement Representative, Stacy Crum, in collaboration with the Johnson County Health Department and Highlands Regional Medical Center, helped to found and implement the Big Sandy NAS Coalition. Up to seventy percent (70%) of all children born in the Big Sandy Area had NAS. Since the coalition's inception two (2) years ago, the founding members have educated over nine hundred (900) high school students, held focus groups with NAS mothers, hosted provider education events and grown the coalition to over thirty (30) community members. In December 2018, Stacy and the other founding members were recognized for outstanding community collaboration and engagement that betters the lives of Kentucky mothers and babies.

Collaboration with Community Partners

Kentucky Medicaid Assisters

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

Other Government Agencies

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

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

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

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

This program provided the following results for eastern Kentucky:

- Total patients: 2,662
- Total patient encounters: 4,324[1]
- Total procedures: 11,275[2]
- Total glasses manufactured: 1,457
- Total value to the community: $1,003,688

- Our team collaborated with **Louisville Metro Corrections** to bridge the gap in care for inmates who are released. We have also participated in the Day Reporting Program to engage those members who are currently Medicaid-eligible offenders.
- Passport is serving on the **Count Me in KY 2020 Census Nonprofit Coalition**. Passport is working with statewide organizations to educate our members on the importance of completing the 2020 Census and how it impacts their local communities. The Census counts determine not only the number of seats each state has in the U.S. House, but also the distribution of federal funding to assist local communities.

Nonprofit Organizations and Agencies

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

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

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

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

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

Coordinating Through Referrals

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

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

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

Regional Coalitions

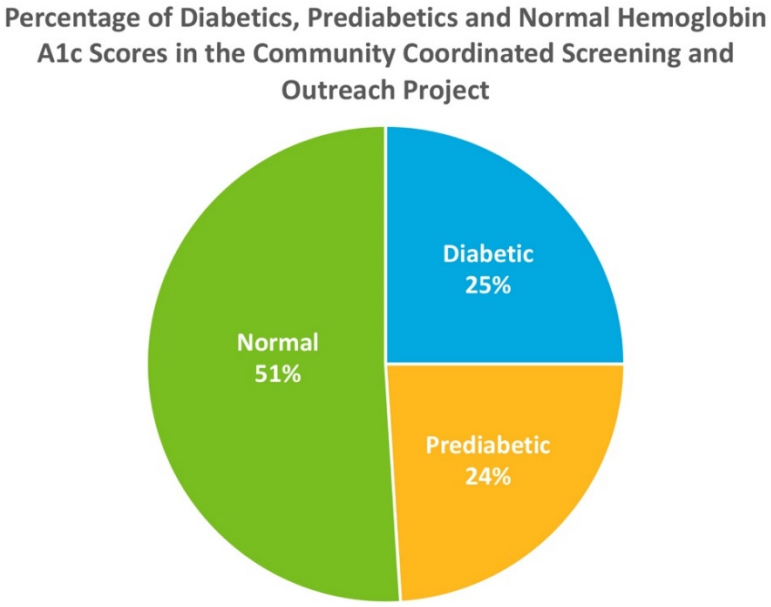
Passport staff collaborate with and participate in community groups, such as regional coalitions designed to impact certain health issues in targeted areas of the Commonwealth. Here are a few examples of particularly impactful initiatives we have been proud to participate in:

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

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

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

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



Bluegrass.org and the Clark County Interagency Council

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

Kentucky River Foothills Council

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

Behavioral Health Councils

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

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

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

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

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

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

Schools and Colleges

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

Testimonial from Family Scholar House:

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

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

Collaboration with Eastern Kentucky Community Partners

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

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

Conclusion

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

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

C.23 Behavioral Health Services



C.23. Behavioral Health Services

a. Provide a comprehensive description of the Contractor's proposed Behavioral Health Services, including the following:

   i. Current or planned delegation to delegate all or part of the provision of Behavioral Health Services to another entity.

   ii. Process for monitoring and evaluating compliance with access and care standards.

   iii. Proposed innovations to develop and maintain network adequacy and access.

   iv. Process for follow-up after hospitalization for Behavioral Health Services within the required timeframes.

   v. Process for ensuring continuity of care upon discharge from a Psychiatric Hospital.

b. Describe the Contractor's approach to meeting the Department's requirements for operating seven (7) days a week, twenty-four (24) hours a day emergency and crisis hotline as defined in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

c. Describe the Contractor's approach to coordination and collaboration between the Contractor, Behavioral Health Providers and the PCP as defined in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

Passport Highlights: Behavioral Health Services

How We're Different	Why It Matters	Proof
Fully integrated behavioral health (BH) and physical health (PH) care, with a focus on eliminating social barriers to improve outcomes and reduce spend	• BH and PH are linked closely together, as a member's mental health status directly impacts the ability to maintain optimal physical health. Without seamless integration of care, long-term outcomes are difficult to achieve	• Weekly integrated care rounds for complex, high-risk members coupled with whole-person care management has demonstrated a 25% reduction in total expense and 22% reduction in inpatient (IP) admissions
Multiprong strategy to improve access, not just adequacy, to behavioral health services and care	• Barriers to care and treatment exacerbate health problems and lead to poor outcomes and excess spend. Less than half of adults with mental illness in Kentucky receive any form of treatment (SAMHSA, 2015)	• Removed member copays for BH services • Increased telehealth access showed a four-fold increase in BH claims in 2019 • A 22% growth in BH network between 2018 and 2019
Superior predictive analytics to identify the most impactable members, including those without a documented BH diagnosis	• Many members who need BH services may not have a documented diagnosis that would facilitate traditional methods of identification	• Risk stratification tool that accurately identifies members before an adverse event over 80% of the time, even without a documented diagnosis
Innovative Value-Based Payment Arrangements with providers to encourage high-quality integrated BH care	• Aligned provider incentive models coupled with administrative and clinical practice support is critical for the delivery of integrated care	Partners in Wellness Incentive with Centerstone Kentucky (Seven Counties Services) resulted in: • 34% in combined medical IP, emergency visits, and BH IP expenses • 45% in IP hospital stays • 27% in emergency visits • 69% in hospital readmissions

Introduction

John, a 41-year-old from Kentucky, struggles with multiple chronic health conditions, including major depressive disorder, substance use disorder (SUD), chronic obstructive pulmonary disease (COPD) and hypertension. In the last three (3) years, John has lived at multiple addresses in central Louisville and is now homeless. While he has had numerous inpatient admissions and emergency department (ED) encounters, he has not had any successful or sustainable follow-up care plans. John does not have a consistent care team; thus, his treatment lacks continuity and accountability. Due to poor overall health management, he is a high-cost health consumer, yet he remains very ill and at risk for further decompensation. John is a real-life example of an individual struggling to navigate an outdated health care system in which services and needs are mismatched.

John's story—and those of many other community members—highlights the difficulties of those with complex and comorbid diagnoses as they navigate a system of services ill equipped to meet their BH, PH and social services needs. In 2019, twenty-two percent (22%) of Passport members had a BH diagnosis, with the top five percent (5%) accounting for forty-four percent (44%) of total claims expense for this cohort. These statistics account for people diagnosed with a BH condition. Many people with BH conditions remain undiagnosed, misdiagnosed or untreated due to social stigma or barriers to accessing appropriate care.

In 2019, 22% of Passport members had a BH diagnosis, with the top 5% accounting for 44% of total expense

Approximately sixty percent (60%) of people with BH conditions go untreated, which results in a negative impact to quality of life. This is particularly concerning when undiagnosed BH issues such as anxiety and depression coexist with medical conditions, resulting in poor PH and BH outcomes. The presence of a BH condition along with a chronic medical condition is also directly linked to substantial increases in overall health expenditures. In 2019, Passport's inpatient service utilization for members with a primary diagnosis of a BH condition accounted for only two percent (2%) of total inpatient expenditures. However, inpatient services with *any* BH diagnoses (including substance use disorder) accounted for forty-four percent (44%) of total inpatient expenditures, suggesting that BH plays a major role in comorbid PH conditions and is a significant contributing factor to the risk of poor outcomes.

Passport has long-standing, deep relationships with local BH and primary care providers, as well as community health advocates around the Commonwealth. Through these relationships, Passport understands the challenges that providers face in delivering the *right* integrated care at the *right* time to those members who need it most. Passport provides holistic, integrated BH care for members across the care continuum and uses advanced technology and analytics to identify members who are most impactful.

C.23.a. Provide a comprehensive description of the Contractor's proposed Behavioral Health Services, including the following:

C.23.a.i. Current or planned delegation to delegate all or part of the provision of Behavioral Health Services to another entity.

Strong Partnership Ensures Success of Our Behavioral Health Program

Passport has partnered with Beacon Health Options (Beacon), the largest BH organization in the country, which serves more than 40 million individuals across fifty (50) states. Beacon maintains full National Committee for Quality Assurance (NCQA) Managed Behavioral Health Organization accreditation and provides a full spectrum of high-quality care for a wide range of partners, including regional and specialty health plans; employers and labor organizations; and federal, state and local governments. Beacon works with Medicaid programs that serve 14 million members across the country and has been instrumental in transforming the way BH performance is measured and care is delivered.

While we have selected the nation's leading managed BH organization as our partner, we also understand and acknowledge the challenges we have had in our work with Beacon in the past. We have learned from these experiences and have refined the relationship, resulting in a new partnership that fundamentally changes accountability and provides clear incentives to outperform expectations on access and care standards. Under our new arrangement with Beacon:

- Passport built an integrated whole-person care model delivered jointly
- Passport continues to maintain control of the provider network
- Passport continues oversight on any utilization management (UM) changes

Passport holds Beacon accountable for successful delivery of administrative services through a rigorous oversight structure that includes more stringent SLAs, with higher penalties tied to termination.

In July 2019, Passport and Beacon entered into a capitated arrangement to bring a highly refined and nationally tested model to Department for Medicaid Services (DMS). A summary of the accountable partner by function is summarized in **Exhibit C.23-1** below.

Exhibit C.23-1: Accountability Partners by Function

Function	Accountable Partner
BH program governance and oversight	Board of Directors, Partnership Council, Quality Medical Management Committee (QMMC), Behavioral Health Advisory Committee (BHAC)
BH program daily oversight and Vendor management to existing and enhanced service-level agreements	Passport
BH policy and medical necessity execution oversight	Passport
BH claims processing and claims payment	Passport
BH network contracting	Passport
BH and PH integration	Passport and Beacon
BH network strategy and payment strategy	Passport and Beacon
BH quality management	Passport and Beacon
BH crisis line	Beacon
BH UM execution	Beacon

Stringent Vendor Oversight to Address Member and Provider Opportunities

Passport ushered in a new era of integration and accountability in 2019 and will continue to build on those improvements. We have listened to DMS and the member, provider and stakeholder communities and seek to lead the statewide charge in setting new quality standards for managed care organizations (MCOs). In order to execute this vision, we instituted a number of enhancements that result in objective performance that is measured by five (5) new SLAs between Passport and Beacon (see **Exhibit C.23-2**). Performance against these measures is reported through the aforementioned cascading governance structure, including the BHAC, QMMC and Delegation Oversight Committee, reporting directly to the Board of Directors.

Exhibit C.23-2: New SLAs with Beacon

Goal	Service-Level Agreement	Program Enhancement(s)
Support quicker claims payments through increased support to providers experiencing difficulty with clean claims submissions for pregnancy/SUD claims	For impacted providers, Beacon provides a weekly defined block of time to provide claims support. Beacon tracks resulting clean claims submission performance. As of July 1, 2019, Beacon launched a weekly concierge technical consult session for providers who had incompatibility issues with the UB-04 claims submission for SUD services on pregnancy primary claims for.	By the end of 2019, 99% of claims were processed within 30 days of submission. In 2020, Passport will migrate all BH claims processing, adjudication and payment to the its medical claims platform to provide one door for claims submission. This single-system approach should benefit those providers with integrated PH and BH services.

Goal	Service-Level Agreement	Program Enhancement(s)
Increase transparency on the approach, timeline and accountability for operational and system changes	Beacon provides a monthly report of status, priority and expected completion date for the tracking and management of progress pertaining to system configuration changes. Once a mutually agreeable timeline is determined for each project and requirements are finalized, 80% of projects will be completed within five (5) business days of the agreed upon timeline.	On July 1, 2019, Passport instituted a new project management discipline and process by which new projects are estimated, scheduled and managed through implementation. This "plan the work, work the plan" approach establishes deadlines for changes and deliverables. Penalties are included in our SLAs for completion expectations.
Accelerate transition for foster care members to a safe placement during and after the decertification process	Case manager contacts provider within one (1) week of decertification for an aftercare update. Case manager remains in weekly contact with Department for Community Based Services (DCBS) worker and facilitates transition planning when placement is imminent.	Passport has instituted a new process and policy for follow-up and transition of some of our most vulnerable members. Our foster care/childcare expert care team resources are accountable via policy to maintain weekly contact with the DCBS social worker to address barriers to care and to support the member. Passport ensures safe and smooth transitions.
Ensure continued strength in performance and accountability for clinical results	Beacon will maintain or improve upon baseline 30-day readmission rate. Passport and Beacon established a 12-month, 30-day readmission baseline (using 12 months of experience + 3 months run-out; e.g., April 2018 through March 2019), and Beacon will maintain or improve upon that baseline for an annual period starting July 1, 2019. For Q4 2019, Beacon exceeded its baseline readmission rate.	Readmission rates have been maintained since July 2019 with targeted reduction efforts set to launch in 2020. For example, Passport has established a relationship with UofL–Peace Hospital, our largest provider, where our case manager is onsite two (2) days a week for collaborative discharge planning with the providers and the member. As we evaluate this promising model, we will identify other providers to engage.

Behavioral Health Advisory Committee Guides Passport's Integrated Whole-Person Behavioral Health Care Model



To successfully provide seamless integrated care for our members, Passport created the provider-driven BHAC. The BHAC is made up of community providers, advocates and consumers who meet quarterly to provide input on policy; clinical practice guideline adoption; proposed models of care, inclusive of new, innovative approaches; and overall performance. Formal participation (as well as ongoing informal input) in our programs by statewide Kentucky providers in our governance

structure leads to greater member engagement and improved outcomes, and it allows us to be a better steward of the Commonwealth's resources. The BHAC is accountable for ensuring that Passport and Beacon work collaboratively to create a seamless experience for our members, with no handoffs. Members of our BHAC include:

- Kathy Dobbins, LCSW, CEO, Wellspring
- Jessica Estes, DNP, APRN, Estes Behavioral Health and executive director for Kentucky Board of Nursing
- Don Rogers, MA, licensed psychological practitioner, chief clinical officer, Bluegrass.org
- Chris Peters, MD, psychiatrist, University of Louisville School of Medicine associate professor, Department of Pediatrics, Child and Adolescent Psychiatry
- Ramona Johnson, MSN, APRN, president/CEO, Bridgehaven
- Sheila Schuster, PhD, licensed psychologist, advocate, Kentucky Mental Health Coalition
- Susan Turner, peer support specialist, Bridgehaven

The BHAC has made recommendations that have helped shape Passport policy in many ways. For example:

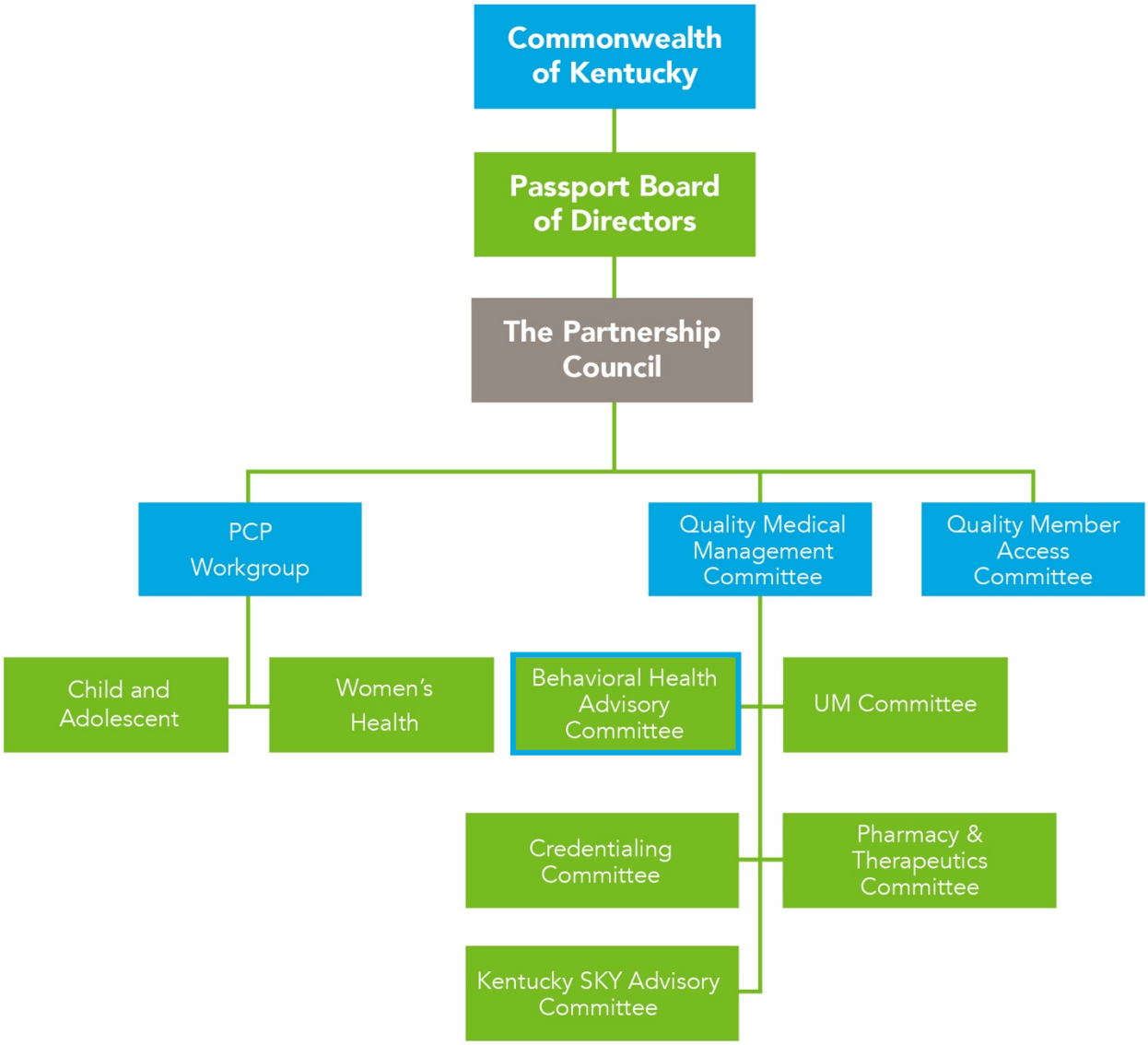
- **Drug formulary changes**: The BHAC provided solid clinical evidence for having select stimulants be a nonpreferred choice for members, except in children and adolescents with active prescriptions. The Pharmacy and Therapeutics (P&T) committee adopted the recommendation.
- **Social Determinants of Health (SDoH) communications**: BHAC committee members assisted Passport in designing a new communication to our members about our SDoH philosophy that emphasized connection to community and opportunities (versus support) to promote member empowerment. Their feedback included perspectives from providers, advocates and members, and it helped to increase the receptivity of the message for members with serious mental illness (SMI).
- **Support for holistic care for foster care members**: The BHAC helped Passport design the accountability processes in implementing the evidence-based model of care, provider interactions and member experience. This input resulted in bringing to Kentucky high-fidelity wraparound services, an evidence-based practice that uses train-the-trainer supervision to ensure fidelity to the model.

The BHAC reports directly to the QMMC, Passport's Quality Improvement Committee (QIC), alongside Credentialing, P&T, UM and Kentucky (SKY) advisory committees. Child & Adolescent and Women's Health committees report up through the PCP Workgroup. The QMMC provides input and oversight for all quality improvement (QI) activities throughout the health plan and provider network and is directly accountable to the Partnership Council, which is responsible for quality and outcomes of the services provided by the network, Passport or any subcontractors. Oversight of the Partnership Council is provided by Passport's Board of Directors, as illustrated in **Exhibit C.23-3**. The Board of Directors is our highest internal level of oversight and includes the important provider voice to hold us accountable in the work we do every day.

Our providers are not just advisors; they have true accountability through participation in each level of this cascading governance structure. Several of our BHAC provider members have moved to the next level of oversight, QMMC, to ensure an integrated approach that improves health and quality of life. Furthermore, the chair of the Partnership Council is a BH provider in the community. Having provider input is critical to ensure that our services are integrated at each rung of the ladder, from the bottom to the top. The BHAC

reviews and provides feedback on compliance reports, with the option to escalate any concerns through the QMMC up to the Board (see **Exhibit C.23-3**).

Exhibit C.23-3: Passport's Governance Structure



Integrated Whole-Person Care Drives Passport's BH Services Approach

Passport's approach to providing exceptional BH services starts with the identification of high-risk, high-need members and delivery of integrated and coordinated care across the continuum. Our commitment to provide whole-person care means that we consider the member as a complete individual, factoring in physical, behavioral and social needs. This holistic approach is the basis of the Passport Model of Care (MOC), an innovative, member-centric approach that incorporates health status, benefit plan design and SDoH to help empower and engage members. Our MOC supports these goals with the following steps:

1. Aggregate disparate data into a **whole-person profile** to understand all member needs
2. **Stratify members at highest risk** of incurring an adverse event, regardless of documented BH diagnosis
3. **Engage and assess** members for effective integrated BH services
4. Create holistic **member-centric care plans** to achieve better whole-person health
5. Provide **integrated care management services and interventions** that are clinically effective and culturally sensitive
6. Engage all providers caring for a member to ensure **seamless coordination across settings and specialties**
7. Responsibly discharge or close the case to **ensure member well-being and continuity of care**

A summary of our integrated components can be found in **Exhibit C.23-4** and explained in more detail in the sections that follow.

Exhibit C.23-4: A Summary of Passport's Integrated Components of BH

	Traditional Care	Passport's Integrated Approach
Data	Two (2) separate and disconnected claims systems for PH and BH services	One front door to receive and process all claims, regardless of primary diagnosis or specialty, to be implemented in 2020. Single data warehouse with comprehensive member records consisting of BH and medical administrative data, clinical data, SDoH and member self-reported information.
Stratification	Separate identification protocols for BH risk and PH risk that often overlap and conflict, resulting in uncoordinated outreach and fragmented care	Combined BH/PH stratification algorithm and protocol that identifies members by overall risk for specific adverse events in the context of the member's collective conditions across BH and PH. These include assessing members for SMI and severe emotional disability (SED), as well as co-occurring developmental disabilities, SUDs and tobacco use.
Assessment/Screening	None or stand-alone BH screening tools and assessments that are often underutilized	Embedded evidence-based validated BH screening tools, such as depression severity screening (e.g., PHQ-9, PHQ-A), anxiety screening (GAD-7), alcohol and substance use screening (CAGE-AID), screening for nicotine use, screening for age-appropriate developmental norms, or Pediatric Symptom Checklist (PSC-17) within single comprehensive assessment across physical, behavioral, social, nutritional and environmental domains.
Care Plan	Separate and often conflicting BH and PH care plans that result in member and family confusion, as well as poor adherence	Our solution provides an integrated care plan that encompasses comprehensive BH and PH information and incorporates member-centered goals related to BH needs and any health behaviors impacting co-occurring PH conditions.

	Traditional Care	Passport's Integrated Approach
Care Team	Separate BH and PH care teams that do not communicate and attempt to assign members to a single category, regardless of co-occurring conditions	Multidisciplinary care team, including nurse Care Advisors and BH Care Advisors, who work together as members of a single care management team, sharing cases and cross-consulting with each other as a member's needs require.
Programs and Interventions	Separate and distinct BH and PH programs, requiring members to bounce between different programs and care teams that have only part of the holistic picture	Members will be identified for the most appropriate program based on their PH and BH conditions, predicted risk for an upcoming avoidable event, or needs that warrant care management intervention. All programs have been designed to assess and address a member's holistic needs, including physical, behavioral, emotional and social. All needs will be met while the member is enrolled in one (1) program, by using a collaborative multidisciplinary care team approach supported by an integrated case rounding process.
Workflow & Documentation Tool	Two (2) documentation platforms that are not interoperable. Information gathered in one (1) platform is unavailable to staff working in the other platform, resulting in redundant and contradictory care.	All care management activities— PH and BH—are guided by and documented within a single care management system (Identifi℠) that includes protocols and workflows for PH, BH and substance use conditions, and which automatically generates a single integrated care plan for the member.
Provider Engagement & Communication	No communication, or fragmented communication (only PH or only BH providers are engaged)	Multidisciplinary care team works collaboratively with the PCP, BH provider and other specialist(s), communicating member needs to all providers and providing smooth transitions across services.

Addressing SDoH Needs Through Innovation and Community Engagement

BH and PH are linked closely together, as a member's mental health status directly impacts the ability to maintain optimal physical health. Failure to link BH and PH results in poor health outcomes and higher preventable costs. In turn, chronic medical conditions can have a significant impact on BH and decrease a member's ability to engage in their BH treatment and recovery plan. This dynamic is often amplified by basic unmet social needs, such as safe and stable housing, available transportation and access to healthy food. Our MOC considers these needs holistically and uses evidence-based medicine to comprehensively assess and address each member's unique behavioral, physical and psychosocial needs. This ensures members receive the appropriate care, interventions and support they need to fully engage in treatment. Our member-centered plans are sensitive to the full spectrum of needs of our members, and our multidisciplinary care team is responsive to a member's functional level.

Our **closed-loop SDoH model** magnifies the impact of our Population Health model in achieving improved outcomes for our members. Using our locally driven, community-based model, Passport has been an early innovator in the national movement to address SDoH. This model has been honed over our two decades in Kentucky based on deep experience working with the population and understanding the specific needs and gaps in each neighborhood and community, and by creating multiple access points and service providers within the health network. Specifically, Passport's member-level social data and advanced analytics—coupled with its embedded community partnerships and thought leadership to address current limitations in local health care and social services delivery systems—result in higher member engagement and improved health outcomes.



Proactive Identification of Social Needs Using Machine Learning

One of the most pressing challenges to proactively identifying and supporting members who have social needs is the lack of member-specific insights and data. To address this, Passport relies on the **Social Needs Index (SNI)**—a unique, easily understandable score that quantifies a member's SDoH risk level correlated to adverse health outcomes. In 2019, Passport conducted a pilot program demonstrating that the SNI was able to accurately predict those with the highest social needs, after which Passport conducted SDoH outreach. Among the members with high SNI scores who Passport contacted and assessed, one hundred percent (100%) reported at least one (1) SDoH need, and 90% reported multiple needs. Food (thirty-four percent [34%]), employment (twenty-three percent [23%]) and housing (sixteen percent [16%]) were the most reported social needs. Given the success of the pilot program, we will make the SNI available for all Passport members in 2020.

Tracking SDoH Referrals Through United Community and Healthify

While many health care organizations make referrals to community-based organizations, very few track those referrals to ensure a successful outcome, let alone attempt to understand the downstream impact on the member's health or social well-being. Through Passport's partnership with Metro United Way, we supported the launch of United Community—a communitywide initiative to deploy an innovative shared technology platform to initiate and close referrals across many organizations, agencies and services, as well

as create and maintain a social services record for citizens of the community. The United Community Governing Team includes Passport (representing the health plan perspective), the Louisville Metro Health Department (the health provider perspective), Evolve502 (the educational perspective) and Metro United Way (the social services perspective). United Community's goal of becoming the first shared community social services record in the country to include its local school system is on the way to reality. The platform launched in April 2019. Passport has taken the data from our work with connecting members to social service providers and helped to validate the Unite Us tool and ensure that the providers who our members work with most are included in the United Community. We are currently participating in the design of the analytics tools to evaluate the impact of the partnership and platform not only in improving health outcomes, but also in preventing other adverse social outcomes, such as unemployment and incarceration.

While Passport will continue to support the success and expansion of United Community beyond Jefferson County, we have also invested in Healthify as our statewide solution to closed-loop referrals. Healthify is a web-based platform that curates the highest quality Kentucky-wide social services into an online directory of BH resources, education, emergency services, family and youth services, financial support, food services, goods services, health services, housing, legal support and advocacy services, social supports, transportation and employment. It also offers built-in SDoH assessments and the capability to track referrals. Using the SNI, care managers will be able to support members with high social needs or who are referred to care with identified social needs, and they can track the outcomes of those referrals to understand impact. In a sample of 2,000 members that we screened for SDoH, 1,787 total referrals were made across 451 distinct members, indicating that a portion of the population has multiple needs (on average approximately four (4) distinct needs requiring a specialized service). Preliminary results show that members utilized fewer acute services resulting in an approximate twenty-two percent (~22%) reduction in per member per month (PMPM) costs in the six (6) months after a member acted upon the referral (i.e., closed the loop).

Safe Living Situations Allow Members to Focus on Health

One member with multiple BH and medical needs had mobility issues and was involved in a domestic violence situation. Her care manager helped her secure appropriate medical equipment, find accessible housing, connect to vocational rehabilitation, access education on nutrition, reconnect to mental health treatment, finish Hep C treatment and build an immediate safety plan. She obtained a motorized wheelchair and filed a domestic violence order (DVO) against her perpetrator. The member is now working full time with less pain and in safe living arrangements.

Identifying and Stratifying Members for Appropriate Early Intervention

Passport's BH Care is a population health management program specifically designed for:

- Members who (i) have a BH condition(s) in the absence of a PH condition(s), (ii) are experiencing significant symptoms or functional limitations, (iii) have intensive needs requiring care coordination and (iv) are at high risk of unplanned care utilization, including ED visits and acute inpatient admissions, related to suboptimal management of their BH condition(s).
- Members who (i) have a BH condition(s) in addition to a co-occurring chronic medical condition(s), (ii) are experiencing significant symptoms or functional limitations, (iii) have intensive needs requiring care coordination and (iv) are at high risk of unplanned care utilization, including ED visits and acute inpatient admissions, related to suboptimal management of their BH condition(s), as listed in **Exhibit C.23-5**.

Exhibit C.23-5: Common Diagnoses for Members Eligible for Passport's BH Care

Members eligible for Passport's BH Care Program services may be diagnosed with, or be at risk for, one or more of (but not limited to) the following BH conditions:	
Members 18 years of age or older	**Members under the age of 18**
• Serious mental illness (SMI)—any mental, behavioral or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one (1) or more major life activities • Anxiety disorders • Bipolar disorder • Depressive disorders • Dissociative disorders • Eating disorders • Obsessive-compulsive disorders • Personality disorders • Schizophrenia spectrum and psychotic disorders • SUDs	• SED—any mental, behavioral or emotional disorder that results in functional impairment, which substantially interferes with or limits functioning in family, school or community activities • Adjustment disorders • Anxiety disorders • Attention deficit hyperactivity disorder • Bipolar and related disorders • Depressive disorders • Disruptive, impulse control and conduct disorders • Dissociative disorders • Elimination disorders • Feeding and eating disorders • Learning disorders or intellectual disabilities • Neurodevelopmental disorders (autism spectrum disorder, tic and Tourette's disorder, stereotypic movement disorder) • Obsessive-compulsive-related disorders • Schizophrenia spectrum and psychotic disorders • Sexual and gender identity disorders • SUDs • Trauma and stressor-related disorders

Passport systematically evaluates all member data against a set of identification and stratification criteria to identify eligible members and stratify by risk to determine level of interventions needed. Members are identified for BH intervention in multiple ways, using both automated (AI-driven algorithms) and manual (query and clinical referral-based) processes from numerous data sources.

Aggregating Disparate Data into an Innovative Whole-Person Profile to Identify "Impactable" Members

In order to ensure members are receiving appropriate care, it is important to collect and manage the right information and to have a single source of truth for advancing health outcomes. Passport will create meaningful and actionable whole-person profiles by leveraging three (3) main capabilities:

- **Integrating BH claims and medical claims into a single warehouse, supplemented with clinical data** from various sources, such as labs, health risk assessments (HRAs), hospital discharge information, data collected from care management, and UM and information from our free 24-hour health information line, Care for You. These data sources are normalized and stored in the same data warehouse as the claims data, which allows for real-time identification of members in need of holistic support.
- **Adding SDoH from multiple and highly variable sources**. In addition to claims data, Passport incorporates community-level data (see callout at right) for the past four (4) years. More recently, we added specificity by leveraging consumer data to understand better the individual- and household-level social risk and social needs. For example, we now know that household-level income data is eighty percent (80%) more accurate in determining likelihood of adverse health outcomes than census-tract level median income. This level of SDoH information is critical in identifying specific needs such as housing insecurity, food insecurity, transportation barriers and other access-to-care issues that can be proactively addressed by our care teams.

Our Trusted SDoH Data Sources

- U.S. Census Bureau's American Community Survey
- U.S. Department of Transportation
- Environmental Protection Agency's Smart Location Database
- U.S. Department of Agriculture
- Data.gov
- Department of Housing and Urban Development
- Google technology
- Household-level consumer data

Below is a comprehensive list of all data sources Passport uses today to accurately predict an adverse outcome **before it occurs,** so our BH teams can intervene to prevent it from happening.

- Enrollment data
- BH claims or encounters
- Medical claims or encounters
- Pharmacy claims
- Health information line
- SDoH
- Assessment screening results
- Practitioner referrals
- Laboratory results
- Electronic medical/health records
- Data collected from health management or wellness programs
- Data collected through UM and care management activities

Stratification for Early Intervention for Members at Highest Risk of Incurring an Adverse Event

Our stratification is not based solely on diagnosis but rather on a unique combination of hundreds of data elements across clinical history, functional status, gaps in care and SDoH to predict the likelihood of an adverse outcome, including avoidable hospitalization (BH or PH related) and avoidable or nonemergent ED utilization (BH or PH related). Identifying rising-risk BH members who are likely to have adverse events has data and technical challenges, such as:

- **Lack of documented BH diagnosis.** To tackle this issue, we created an algorithm to identify "hidden" members by inferring conditions based on other utilization signals.
- **Disorganized pain medication information.** For this we created the Opioid Risk Index, using the Centers for Medicare & Medicaid Services' oral morphine milligram equivalent (MME) conversion factors to create MME dosage, along with other risk factors such as number of prescribers and overlap days, which is a critical component of the model.
- **Difficulty identifying activities of daily living (ADLs).** We created a risk score based on evidence in dependencies in ADLs, such as use of home oxygen, psychiatric illness, etc.

Our proprietary predictive modeling and member profiling platform (Identifi) uses cutting-edge machine learning (ML) and artificial intelligence (AI) techniques, such as neural networks, gradient boosting and clustering algorithms, to identify members who are most likely to incur future avoidable acute events. These models assess hundreds of risk factors, such as prior BH-related ED utilization, changes in BH medication (type, dose and class), socioeconomic factors indicating income and access to food and transportation, and diagnosis of other comorbid conditions.

The algorithms are also able to discern between members with documented BH issues and members who have risk factors but have not been diagnosed with a mental illness. The targeted hidden members, which can account for an additional thirteen percent (13%) of the stratified population, are discovered using information such as pharmacy data, geographic place of medical service, provider specialty, PH2/PHQ9 and other member-reported data, as illustrated in **Exhibit C.23-6**. In this example, members A and B are nearly identical—they both are between the ages of thirty-five (35) and forty-five (45) and have had an ED visit in the last twelve (12) months, with six (6) or more specialist visits. They both have a prescription history of medication for depression and pain management, with signs of poor adherence. They both admitted for an unplanned and avoidable inpatient stay, with an average cost of $17,500. But only member A had a documented BH diagnosis. A standard stratification approach would not capture member B member. Passport's AI-driven algorithm allows our care teams to identify these hidden members who are at risk for a future adverse event and offer intervention and treatment before the adverse event occurs.

Passport's BH risk stratification algorithms can accurately differentiate between patients who will and will not incur avoidable acute utilization in the future more than 80% of the time.

Exhibit C.23-6: Advanced Algorithms Detect Hidden Members for Integrated BH Services

Case Example:	Documented BH Diagnosis Member A 	Undocumented BH Diagnosis Member B 
Age Group	35-45 years old	
Past 12mo Utilization	1 ER visit, 6+ Specialist/PCP visits, 1 MRI	
Medication History	Antidepressants, Pain Meds (Nonadherence Indicated)	
Avoidable Inpatient Stay (12mo post-identification)	Yes	
Total Cost of Inpatient Stay	~ $17,500	
Identified by Traditional BH Stratification	✓	✗
Identified by Passport BH Stratification	✓	✓

Members are assigned a risk score according to the BH risk level. Based on the predictive modeling output scoring, members are assigned to one (1) of three (3) distinct algorithm-guided pathways based on risk of incurring one (1) or more avoidable acute event (BH or PH related) in the following twelve (12) months. Each pathway is specifically tailored to support different levels of acuity and medical comorbidity (see **Exhibit C.23-7**).

Exhibit C.23-7: Assigning Members a Risk Score

Risk of Incurring an Avoidable Acute Event (BH or PH)	Comorbidity	Designated Program
Moderate BH Risk	Without PH comorbidity	Behavioral Health Care
	With PH comorbidity	BH Integrated Population Health Program
Rising BH Risk	Without PH comorbidity	Behavioral Health Care
	With PH comorbidity	BH Integrated Population Health Program
High BH Risk	Without PH comorbidity	Intensive Care Management
	With PH comorbidity	Integrated Intensive Care Management

BH is dynamic and, as such, so is our stratification process. A member's identified risk level can change as their condition or situation changes and can transition between our integrated BH programs as his/her needs change. For example, risk scores are updated at a minimum monthly, but if additional data sources or information become available, scores can be refreshed more frequently to ensure we are delivering the right care at the right time. Furthermore, members can also be referred to the BH program through the following avenues:

- UM processes
- Care management team staff managing the member in another care management or population health management program, such as Complex Care, Condition Care or Transition Care
- Care management team staff completing a health risk assessment, as applicable
- Practitioner referrals including, but not limited to, PCPs, specialists and BH providers
- Ancillary providers, BH MCOs, disability management programs, employer groups or staff from community agencies
- 24-hour nurse advice line (health information line) or crisis line, as applicable
- Internal departments, such as Pharmacy
- Self-referral by a member or caregiver

Engage and Assess Members for Effective Integrated Behavioral Health Services

Passport provides a multifaceted approach to case finding, outreach, engagement and enrollment of individuals with BH challenges and medical comorbidities. If we are unable to reach members telephonically, **Passport deploys a "boots on the ground" case-finding protocol that sends specially trained care coordinators and community health workers into the community to knock on doors, visit shelters and encampments, talk to local law enforcement and community service providers, etc., to locate difficult-to-find individuals and enroll them in services.** Based on our twenty-two (22) years of experience in working closely with Kentucky Medicaid members as a community-based plan created by Kentuckians for Kentuckians, Passport has learned that reaching and engaging members often requires a collaborative effort with various community partners across the Commonwealth. See **Exhibit C.23-8** for examples of locations or events where we conduct outreach, educate and enroll members into care services, showcasing the deeply embedded relationships Passport has not only across the state, but within each community.

Exhibit C.23-8: Examples for Community Outreach and Community Engagement

Examples of locations and/or events in our community where we conduct outreach, educate and enroll our members into our care services	
• Community ministries • Homeless shelters • City and community development centers (e.g., The Neighborhood Place) • SUD recovery centers (e.g., The Healing Place) • Prisons • Community kitchens (especially in the western counties, where rural areas provide additional needs for members needing nutritional assistance) • Community centers • Libraries • Pregnancy centers	• Health departments and other health care facilities • Community action agencies • Apartment complexes • Mental health and SUD facilities • Churches • Re-entry facilities • Extension offices • Colleges • Career centers • Goodwill and other thrift centers and food pantries • Salvation Army • Numerous other advocacy locations

All members enrolled in our programs will receive a comprehensive program-specific screening to assess their physical, behavioral, social and emotional needs. Evidence-based BH screening tools are incorporated within each program-specific assessment/screening and are administered if appropriate for the member's age. Examples of the validated screening tools include, but are not limited to, PHQ-9, GAD-7, PHQ-A, CAGE-AID and PSC-17. These tools are first administered during the initial assessment/screening, and follow-up screenings are completed at regular intervals as applicable to re-evaluate a member who has had a positive screen.

The program-specific assessments/screenings will evaluate the member's needs, and may include topics such as:

- Conditions, problems and comorbidities, including physical, behavioral and lifestyle risks
- Depression, anxiety and substance use screenings
- Psychosocial status and stressors
- Current health status, including condition-specific issues and treatments
- Personal safety concerns
- Functional limitations related to ADLs/independent activities of daily living (IADLs), including BH impact on ADLs/IADLs
- Mental health status and cognitive functioning
- SDoH, such as stable housing, financial security, adequate food resources, etc.
- Life-planning activities

- Cultural and linguistic preferences
- Visual and hearing needs and limitations
- Caregiver support, involvement and resources
- Member's personal concerns, goals and preferences
- Barriers to accessing care
- Tobacco use screening and cessation assistance
- Medication management and barriers to adherence

In 2019, 99% of Passport's highest risk PH members (who engaged in our Complex Care program) were screened for BH conditions.

The assessments incorporate rules that auto-generate a problem list to be included in the member-centered care plan and action items, which are activities the care team will do in follow-up to the assessment. Action items may include provider notification, referrals (e.g., BH, Registered Nurse (RN) Care Advisor, Pharmacy, community resources), and follow-up assessments for rescreening PHQ-9 or GAD-7 positive scores. Upon completion of the assessment and member engagement in a program, goals will be developed in collaboration with the member, and interventions will be initiated.

Create Holistic Member-Centric Care Plans to Achieve Total Health

All members of the multidisciplinary care team collaborate with the member, his/her caregivers, BH and other necessary providers to develop an individualized member-centric care plan. The care plan includes member-specific preferences, barriers, prioritized goals, self-management activities, referrals, a schedule of follow-up interactions and a process to assess progress. The clinical team's activities are targeted to facilitate the achievement of the member's health goals and to resolve issues/barriers.

In 2019, 99% of program participants had a comprehensive care plan completed across all physical, behavioral and social domains.

Each goal has associated interventions that are specific for the member's individualized priorities and needs, as well as identified barriers that may impact the member's ability to fully achieve the desired goal(s). The care team is responsible for identifying all relevant barriers preventing a member/caregiver from adhering to his/her provider's treatment plan. It is a core responsibility of the care team to identify options and solutions to mitigate and remove barriers. In addition to the problems, goals and interventions, the member's care plan may include information, such as a symptom response plan or self-management plan. During each follow-up interaction, members are assessed for additional needs, concerns and support that they may need for developing self-management skills and completing interventions to achieve their defined goals.

Members' cases with complex behavioral, physical and social needs can be discussed in **integrated care rounds**—a dedicated weekly interaction between the care team and licensed psychiatrists, psychologists and other medical professionals, designed to coordinate member care, determine care priorities, establish

goals and finalize or move forward the member's care plan. Cross-discipline collaboration occurs daily between care managers to ensure timely resolution of all biopsychosocial needs.

Ongoing interactions with members will occur at regular intervals based on their individualized needs, risk levels and programs in which they are engaged.

Establish Program Goals That Are Member-Centered and Linked to Positive Outcomes

Passport's approach is to integrate BH into all care management and population health management programs. This is achieved with a holistic, multidisciplinary approach of assessing and addressing the member's specific needs. The purpose of integrating BH into all programs is to support members in achieving optimal BH and PH, everyday functioning and improved quality of life by helping them overcome barriers to treatment and recovery and prevent BH condition-related exacerbations and complications.

We have designed our integrated BH care program with specific goals to:

- **Identify** members with high-risk or complex medical/BH conditions, regardless of confirmed BH diagnosis
- **Empower** members to be active participants in improving their health and emotional well-being across all aspects of their lives
- **Support** members/caregivers in developing relationships with their health care team and community-based support services
- **Improve** care coordination for members/caregivers in collaboration with their PCP, BH providers, specialty providers and services, including mental, health, social, educational, spiritual and vocational support
- **Overcome** barriers that may prevent the member from adhering to the BH and primary care provider's plan of care or following through with the treatment needed for management of their conditions
- **Educate** members/caregivers to increase understanding of their BH and PH condition(s), how to identify signs indicating a worsening condition and how to work with their provider to develop a symptom response
- **Connect** members/caregivers to community-based or peer support programs to ensure access to adequate BH support and resources

To measure achievement against these goals, members in the program must be able to:

- **Demonstrate** knowledge of their condition and participate in development of a plan for ongoing self-management
- **Identify** members of their health care team and know how to engage them for support
- **Identify** at least one (1) support resource available within their community
- **Show** maintenance or improvement on assessed relevant screening tools since initial assessment
- **Demonstrate** knowledge of their prescribed behavioral medications, reason for taking these medications, and benefits of adhering to a medication regimen

Assemble the Right Interdisciplinary Care Team to Fully Address All Member Needs

To accomplish these program goals, Passport relies on a multidisciplinary team to address the broad spectrum of member needs. Passport's BH care management team is composed of an interdisciplinary group who are all Kentucky-licensed, including roles such as:

- Care team manager
- BH care advisor/manager
- RN care advisor/manager
- Registered dietitian
- Licensed pharmacist
- Community health worker/care coordinator (licensure not currently available in KY)
- Addiction specialist
- Foster care/child expert
- Medical director or associate medical director
- BH provider quality manager

Leverage Technology to Reduce Variation of Evidence-Based Interventions

All care team members use Identifi to ensure consistent workflows, integrated care planning and seamless coordination across PH and BH. Identifi is a clinical documentation system that automates the evidence-based clinical guidelines and algorithms used to perform the clinical assessment and ongoing management of the member. Identifi is at the center of Passport's population health management solution, with a growing set of automated features to provide accurate and timely documentation of the interactions with, and the actions of, the member/caregiver, providers and the care team. All care team notes and care plan modifications are visible in the Identifi system and available to the full care team. Identifi leverages care guidelines and evidence-based screening tools (such as the PHQ-9, GAD-7 and PSC-17) to ensure the member treatment plan and adherence to evidence-based standards of practice are assessed.

The assessment leverages branching logic to allow follow-up questions to be skipped depending upon the response to the initial question. For example, if a member screens positive on a PHQ-2, Identifi will automatically jump to the remaining questions on the PHQ-9. In addition, logic is applied for the automated creation of member goals and action items aimed at ensuring consistent delivery of the program. From an ongoing management perspective, Identifi has a standard care plan template that includes a library of problems, goals and interventions (PGIs), which are informed by evidence-based clinical guidelines. Based on these clinical guidelines and the member's needs and preferences, the care team can establish priority problems, member-centered goals and interventions with the member to facilitate self-management of his/her condition(s).

The system automatically documents the care management team member's name, date and time of action on the case or when an interaction with the member has occurred. The care management team member assigns the next follow-up within the system, based on the member's needs and requests. All successful interactions and unsuccessful attempts with the member/caregiver or provider(s) are documented in the

member's record in Identifi. Staff are trained to schedule the next interaction with the member at the end of each call and create an action item reminder to prompt the next interaction with the member.

Case Study in Whole-Person Care: Passport Member John

John is a 41-year-old single male with diagnoses of major depressive disorder and alcohol use disorder. He has had more than fifty (50) inpatient admissions since January 2015, three (3) of which were inpatient detox and three (3) of which were substance-use residential admissions. John is also homeless and has limited sober supports. Because of his lack of stability, he also has a history of treatment noncompliance. He repeatedly presents for treatment, reporting suicidal ideation with a plan to shoot himself (he reports he has access to a gun) or to jump off a bridge. He reports a history of suicide attempts by cutting or overdose, though none of his suicide attempts are clearly documented. John also has medical issues including COPD, oxygen dependence and hypertension. In addition to John's chronic medical issues, he has an open wound on his leg. He presents at the hospital with suicidal thoughts each time his wound is bad. He stays at the hospital long enough for the wound to begin to heal and then discharges again. When he is homeless, he cannot care for his wound appropriately, and as a result becomes distraught and readmits for suicidal ideation.

John's Repeated Emergency Services Become Integrated Care

John was initially identified for our integrated BH program through our stratification algorithms, which flagged him as high risk based on his acceleration of acute utilization in recent months, his new psychotropic medication prescriptions and his change of address from a residential address to that of a homeless shelter. Our BH Care Advisor initially attempts to call John through his listed contact number, but the line is disconnected. The Care Advisor deploys a community health worker (CHW) out to John's last known address, a local homeless shelter, where she locates him and is able to educate him on the benefits of our integrated care program. Once his identity is confirmed and he has consented to the program, the CHW is able to conference in the BH Care Advisor for a full risk assessment, which identifies John's medical, behavioral and social needs. John's case is immediately discussed in Passport's integrated care rounds with our behavioral and medical professionals to finalize his integrated care plan.

How We Provided Holistic Support for John

The RN Care Advisor helped John obtain placement in a specialized medical bed at a homeless shelter. He was able to stay in the bed until his wound fully healed, and this setting also allowed for use of his O2 concentrator. The shelter placement allowed for contact between John and his BH Care Advisor, who was able to facilitate appropriate discharge and referral to the local community mental health center (CMHC) for assessment of both his depressive symptoms as well as potential need for substance use treatment. This assessment allowed John to establish more consistent mental health treatment, which led to an increased motivation to remain compliant with established appointments. In addition, the CHW initiated the process to find John stable housing and connected him to a community organization that provides monthly Transit Authority of River City (TARC) bus passes so he could attend his appointments each week. The BH Care

Advisor was in communication with John's BH providers through regular phone calls and secure email to share and receive input on John's updated care plans. As the case evolved, John's situation was monitored in weekly integrated rounds as he progressed through his treatment plan. Today, John is living in stable and supportive housing, is compliant with his psychotropic medications, and is seeing a PCP regularly to monitor his COPD and hypertension.

C.23.a.ii. Process for monitoring and evaluating compliance with access and care standards.

Monitoring and Evaluating Program and Standards to Ensure Access and Care Standard Compliance

Passport will monitor and evaluate the following program standards specified in the draft contract to ensure compliance through a combination of top-down monitoring, from network adequacy reports, and through continued monitoring of quality measures with bottom-up input from care teams, flagging any issues while working with individual members.

- Establish and adhere to guidelines and procedures to ensure accessibility, availability, referral and triage to effective PH and BH care, including emergency BH services (e.g., suicide prevention and community crisis stabilization)
- Facilitate the exchange of information among providers to reduce inappropriate or excessive use of psychopharmacological medications and adverse drug reactions
- Identify a method to evaluate the continuity and coordination of care, including (i) member-approved communications between BH care providers and PCPs and (ii) referral patterns between physical and behavioral providers
- Protect the confidentiality of member information and records

Our governance and accountability structure will allow us to maintain performance at or above expected levels as we provide a focused, integrated and highly tailored experience for the member and provider to improve health outcomes and overall well-being.

Establishing and Adhering to Guidelines and Procedures to Ensure Access to Care

Passport has an active and engaged BHAC composed of providers, consumers and advocates who regularly review clinical practice guidelines for adoption by Passport. The guidelines, once adopted, are posted on the plan's website under provider resources and communicated to providers via e-news. Adherence to acceptable care standards is regularly monitored through integration of information from chart audits, consumer feedback and complaints, regular contact with our provider community, especially high-volume providers, and information gathered during routine prior authorization and UM activities. For example, BHAC identified two (2) areas in which members had needs for improved quality of service delivery: prescription of psychotropics in children and medication-assisted treatment for opioid use disorder. We addressed these needs by providing clinical practice guidelines (CPGs) to providers about services based on industry best practices. These CPGs included the 2011 Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents (AACAP 2011) and The American Society of Addiction Medicine (ASAM) National Practice Guideline for the Use of Medications in the Treatment of Addiction

Involving Opioid Use. A differentiated strength of Passport is our data analytics capacity that allows us to monitor unusual patterns of service delivery that may indicate care is not being delivered according to evidence-based guidelines and best clinical practices. **Passport staff regularly review performance metrics to look at compliance with best practices across all BH, inpatient, outpatient and diversionary services**.

Monitoring Network Adequacy to Ensure Access to Care

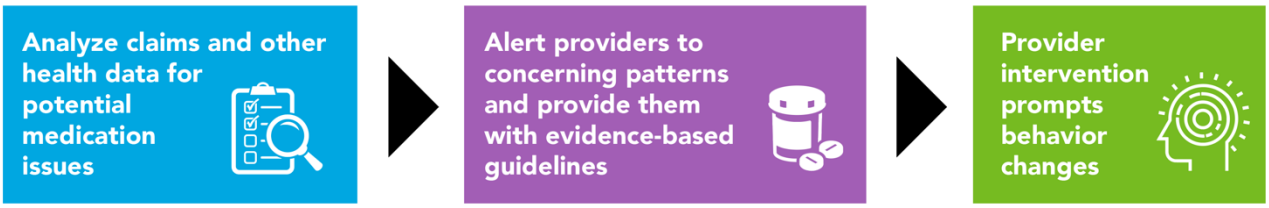
Passport ensures accessibility and availability of qualified providers to all members through several access points, including but not limited to open access to specialists (no PCP referral required), telehealth availability and an efficient UM process. Passport works directly with providers to identify unmet needs through analytics, UM process trends, patient readmission rates and provider/member feedback. Passport's network provides a continuum of care to ensure the member has access to care at the appropriate level. Passport ensures that upon decertifying a member at a certain level of care, there is access to providers for continued care at a lower level, if such care is determined medically necessary. Passport coordinates and collaborates with providers on discharge plans and criteria.

Passport will maintain a member education process to help members know where and how to obtain BH services. Its Member Manual contains information for members on how to direct their BH care, as appropriate. Passport encourages members to participate in the selection of the appropriate BH individual practitioner(s) who will serve them and provides the member with information on accessible in-network providers with relevant experience.

Promoting Information Sharing Among Providers to Promote Adherence to Care Standards and Support Substance Use Disorder Prevention and Psychopharmacological Medication Management

Passport uses advanced prescription analysis technology to improve prescription procedures to support SUD prevention and psychopharmacological medication management. Specifically, the system leverages algorithms and measurements to determine and compare adherence, polypharmacy, suboptimal dosing, excessive dosing, SUD management and opioid management. The technology uses the process shown in **Exhibit C.23-9**.

Exhibit C.23-9: Passport's Prescription Analysis Technology Process



In addition to helping us identify potential provider issues, the system allows us to provide robust information content to support and inform providers of best proactive and clinical guidelines. One resultant report is the Prescriber Summary Report, which provides a list of Passport members who were flagged for Quality Indicators (QIs), helping prescribers see which practices fall outside the standard of care.

Our prescription analytics program's output is reviewed by a team of clinical experts to rule out false positives before the data are translated into actionable interventions. These interventions are shared directly with individual providers via a Patient Profile Report and provides a member-specific prescription claims history with flags for associated QIs, so providers can shape individual treatment. The information packet includes clinical considerations for every flagged indicator, giving providers an educational overview of clinical issues and the evidence base.

Over the last 18 months, Passport observed a 22% reduction in unique opioid users, due largely to targeted programs around opiate stewardship and safety.

Evaluating and Supporting Continuity and Coordination of Care Between BH and PH Providers

BH providers are required to communicate (with member consent) with PCPs on a regular basis. Our contracted providers are required to send initial and quarterly (or more frequently if clinically indicated) summary reports of a member's BH status to the PCP (with the member's or the member's legal guardian's consent). The purpose of this reporting is to ensure coordination between the PCP and BH provider and improve the quality of member experience. Passport measures and monitors compliance (see **Exhibit C.23-10**) through chart audits. For providers who do not meet the goal of eighty percent (80%) compliance, we meet with them to discuss barriers and create corrective action plans that the providers report back on to us. **To improve performance with specific providers, Passport has included these measures as part of a performance-based incentive**. In addition, this expectation was added to our value-based agreement with Centerstone Kentucky (Seven Counties Services) so that they are held accountable for communicating with the referring provider and PCP for initiation, ongoing treatment and discharge information. Due to the importance Passport places on the communication and coordination between BH and PH providers, fields were added to the Centerstone Kentucky (Seven Counties Services) electronic health record (EHR) before starting the value-based contract to aid them in tracking this information.

Exhibit C.23-10: Passport's Methods for Monitoring Compliance

Continuity and Coordination of Care: Outpatient to Outpatient	Goal
Is there evidence in the chart that at least one (1) Release of Information, Authorization or Consent was obtained to speak with at least one (1) other Outpatient (OP) mental health or OP substance use disorder treatment provider?	80%
Is there evidence that the OP treatment provider contacted, collaborated with, received clinical information from, or communicated in any way with another OP provider regarding the member's clinical care?	80%
Continuity and Coordination of Care: Outpatient to PCP	
Is there evidence in the chart that a Release of Information was obtained to communicate with the PCP? (PCP must be identifiable.)	80%
Is there evidence that the OP treatment provider contacted, collaborated with, received clinical information from, or communicated in any way with the PCP?	80%

Protecting the Confidentiality of Member Information and Records

Member privacy and confidentiality must always be maintained and monitored by our Health Insurance Portability and Accountability Act (HIPAA) compliance programs. Passport implements medical record standards that cover confidentiality, organization, documentation, access and availability of records. Passport has adopted the NCQA standards, as approved by DMS. Passport revises its standards as needed to conform to new NCQA and DMS recommendations. Providers must agree to these requirements in their contract and have ongoing access to Passport's standards via the Provider Manual.

Medical record confidentiality policies and procedures must comply with state and federal guidelines, HIPAA and Passport policy. Documentation in the medical records must be timely, legible, current, detailed and organized to permit effective and confidential member care and quality review. Complete medical records include, but are not limited to, medical charts, prescription files, hospital records, provider specialist reports, consultant and other health care professionals' findings, appointment records, and timeliness of services provided to the member. The member record must be signed by the provider of service, and if a member were to change PCPs, the records are to be forwarded to the new provider within ten (10) days of the member authorizing the transfer with signature.

Passport ensures provider compliance with medical record standards by performing regular audits. Audits are conducted by Passport's Quality Assurance team at least every three (3) years. The team executes on-site reviews of practitioners' offices, procedures and chart samplings. Audits typically:

- Demonstrate the degree to which providers are complying with clinical and preventive care guidelines
- Allow for tracking and trending of individual and planwide provider performance over time

- Include mechanisms and processes that allow for the identification, investigation and resolution of quality of care concerns
- Include a mechanism for detecting instances of overutilization, underutilization and misutilization

Practitioners must achieve an average score of eighty percent (80%) or higher to be considered in compliance. Passport monitors practitioners who score less than eighty percent (80%) through corrective action plans and re-evaluation.

Monitoring Adherence to Program and Standards

NCQA Health Plan Accreditation

Passport's Health Plan Accreditation by NCQA helps us ensure we adhere to rigorous quality standards. BH is woven throughout all standards to ensure whole-person health is addressed. Passport has held Health Plan Accreditation from NCQA since 2002. Health Plan Accreditation provides a comprehensive, rigorous framework for improving and measuring quality and helps ensure we meet requirements, including protecting the confidentiality of member information and records. To achieve and maintain Health Plan Accreditation, NCQA evaluates Passport on:

- Quality management and improvement
- Population health management
- Network management
- UM
- Credentialing and re-credentialing
- Members' rights and responsibilities
- Member connections
- Medicaid benefits and services

Passport's BH Program Outcomes

Passport evaluates the success of our BH clinical program on an individual member basis, as well as an overall population basis.

As members progress through the BH care process, Passport works diligently to gather insights and outcomes for performance improvement. As we work to transform this process to be as member-centric as possible, we have identified a few common goals for measurement purposes:

- Member demonstrates knowledge of condition(s) and self-management/recovery plan
- Member has shown improvement in initial screening score (PHQ-9, GAD-7)
- Member has established relationships with their health care team and community-based support services and knows how to navigate these services
- Member follows medication regimen, as prescribed
- Member has completed appropriate screening/rescreening of tools
- If member was admitted and discharged, the member completed the recommended follow-up care included on his/her discharge plan

Passport evaluates annually the success of each of the clinical programs offered through the Population Health Management (PHM) program on a population-wide basis by collecting data on process or outcome measures, measures of cost/utilization and member experience, and participation rates. These program evaluations are publicly available on our website: passporthealthplan.com/quality-improvement/.

Quality improvement activities include measuring, trending, analyzing and interpreting results against performance goals or benchmarks for the program.

In a case-control study of Passport's integrated BH program, participants showed a reduction of 25% in total expense and 22% in inpatient admissions, compared to their matched controls.

For each program, the following metrics are tracked and reported:

- Participation rate (engaged vs. identified members)—annually and monthly
- Member engagement year over year—annually and monthly
- Top ten (10) comorbid diagnoses
- Referral sources
- ED and inpatient utilization pre/post engagement
- Cost trends for ED and inpatient utilization and 30-day readmissions
- Total cost of care (vs. propensity score matched control group)
- Program discharge status
- Achievement of care plan goals
- Satisfaction results for services received
- Satisfaction results for improvement of health and quality of life

Program-specific metrics are tracked and reported, including Healthcare Effectiveness Data and Information Set (HEDIS) and Healthy Kentuckian metrics relevant to specific conditions.

For each program, specific barriers are identified, with associated opportunities to correct or mitigate the barriers. A summary of key initiatives associated with each program is documented to ensure Passport achieves its overall goals for continual quality improvement and transformation. The data in the report informs planned activities for future years, which are also documented in the Program Evaluation.

At least annually, member experience with programs is evaluated through member feedback obtained through a satisfaction survey and complaints data. This allows for identification of opportunities to improve satisfaction with the program. Member active participation rates are measured annually by collecting the number of members who have received at least one (1) interactive contact. Interactions with members will include activities such as educational mailings, Interactive Voice Response (IVR) surveys and staff phone interactions. Action is taken as needed for metrics that do not meet the goal(s) or are deemed an opportunity for improvement. Interventions or actions to make improvements to identified areas of the programs are implemented to maximize health outcomes, experience and satisfaction, and effectiveness.

C.23.a.iii. Proposed innovations to develop and maintain network adequacy and access.

Innovative Ways to Develop and Maintain Network Adequacy and Access



Innovation is at the heart of Passport's vision for the future. By leveraging our deep roots in the community and our longstanding relationships with providers, we are providing innovative access points for our members. We support and streamline processes for open access to BH specialists (versus requiring a PCP referral), reimbursement for telehealth services, and specialized BH network management. Passport's BH offerings provide members with access to a full continuum of recovery and resiliency-focused BH and SUD services through a network of contracted providers. Our leaders engage with providers face-to-face to gain an intimate understanding of their holistic pain points and help them solve them through informal consultation and advisory services that often go beyond the business relationship with our plan. The primary goal of these services is to provide medically necessary care in the most clinically appropriate and cost-effective therapeutic settings. By ensuring that all Passport members receive timely access to clinically appropriate BH services, Passport believes that quality clinical services can help lead to improved health outcomes for our members. We continuously innovate to advance our goal of providing the right care at the right time across settings. Some recent innovations geared toward developing and maintaining network adequacy and improving access to care are described in the following paragraphs.

Innovation 1: Passport Will Waive Member Copays to Increase Access to Services

There are many reasons why people do not access needed health services, especial BH services. Passport's BHAC provided us with feedback that providers, advocates and members in the community felt that copays were a significant barrier for members to access services. As a result, we are **removing copays for all Behavioral Health services**: inpatient, outpatient and diversionary levels of care. We feel strongly that by lifting these copays we are helping our members get one step closer to the help they need and deserve by ensuring their financial circumstances are not limiting their use of needed direct access services. Other ways we are exploring to remove barriers include encouraging practice design transformation that incorporates whole-person integrated care, whether through true integration or co-location of BH and PH services. We are dedicated to helping find solutions for more available and effective health services in the communities where we live and work.

Innovation 2: Passport's Health Integration Team Brings Unmatched Expertise to the Community

Passport's Integrated Health Team consists of highly experienced and professionally licensed clinicians, doctorate-level psychologists, a SUD specialist and post-graduate level social work professionals. The Integrated Health Team began expanding in 2014 to increase Passport's opportunities for an integrated whole-person approach where members can receive collaborative care within their provider relationship of trust. For example, since the expansion, members who are established with a BH provider can get medical services in a BH setting and the member can get BH services in their PCP setting. This team continues to

innovate and support providers, meeting them where they are, to answer questions and help them address their most difficult challenges.

Our solutions-focused Integrated Health Team includes seasoned Kentucky BH providers that partner with Medicaid providers statewide to offer support, reduce barriers and increase whole-person care.

The team's objectives are to:

- Identify gaps or opportunities to enhance care while researching the various components of the gap/opportunity
- Review the literature to identify and evaluate evidence-based solutions that have worked in other settings
- Engage providers to build viable solutions, based on the evidence and knowledge of our communities and members
- Seek input from the Behavioral Health Advisory Group, Primary Care Workgroup and Women's Health Committee, including providers, advocates and members
- Build models identifying the risks, benefits, measurement strategies and expected outcomes
- Implement new initiatives and measure progress that could include fidelity to any previous models and clinical and financial outcomes
- Work with Passport internal teams to find reimbursement and contracting solutions
- Problem-solve barriers to the effective and efficient delivery of care
- Assist in connecting to other resources across the state to provide training, support and aid in addressing SDoH

Health Integration Team Consults with Providers to Improve Risk Assessments

After our quality monitoring via chart audits revealed significant lack in the adequacy of risk assessments, Dr. David Hanna provided training, case consultation and supervision around evidence-based strategies for youth with SED to Uspiritus and recently consulted with a large CMHC around evidence-based assessment and clinical management of suicide risk.

All of our Health Integration staff members have diverse backgrounds and experiences that enhance the function and perspective of Passport's Model of Integrated Care. Our Health Integration Team members with BH experience include:

- Dr. Liz McKune, Vice President, Health Integration and Kentucky Licensed Psychologist
- Dr. David Hanna, Behavioral Health Program Manager and Kentucky Licensed Psychologist
- Dr. Jessica Beal, Integrated Health Program Manager and Kentucky Licensed Psychologist
- Dr. Cheryl Hall, Substance Use Disorder Program Manager and Kentucky Licensed Psychologist
- Dr. Eric Russ, Behavioral Health Operations Manager and Kentucky Licensed Psychologist
- Dr. William Nunley, Medical Director, Beacon, and Kentucky Licensed Psychiatrist
- Dr. Sarah Johnson, Associate Medical Director, Beacon, and Kentucky Licensed Psychiatrist/Addiction Medicine

The team has had significant success in implementing our Integrated Model of Care to improve network adequacy and access for our members. **Exhibit C.23-11** provides insights and details regarding some of these successes.

Exhibit C.23-11: Results of a Selection of Integrated Health Team Solutions

Challenge	Provider Collaboration to Create Network Adequacy and Access
Applied Behavior Analysis (ABA) providers were not joining network or delivering services. The codes needed to bill for the service were not part of the approved codes for Medicaid.	Passport took the following actions: • Partnered with providers to understand issue • Researched codes that ABA providers used nationally and worked with Kentucky providers to generate a list • Shared with DMS so they could evaluate and determine use • Codes were added, providers joined network and members gained access to needed services
Members were in and out of the hospital due to behaviors rooted in trauma history. Members were sometimes sent out of state due to inability to get needed trauma treatment in-state. Members needed a longer length of stay in an acute environment to address their trauma through the evidence-based trauma-focused cognitive behavioral therapy (TF-CBT). Some licensure issues needed clarification.	Passport took the following actions: • Partnered with providers to better understand the issue • Worked with providers to identify evidence-based solutions for trauma and jointly determined TF-CBT seemed appropriate • Accompanied providers to discuss issue with Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) regarding member needs and perceived licensure barriers • Worked with DBHDID to obtain Office of Inspector General (OIG) permission to provide the needed service at an Extended Care Inpatient (ECU) level of care through the Early Periodic, Screening, Diagnosis and Treatment (EPSDT) benefit in an acute care setting • Developed an authorization process and rate to support participation To date, seventy-eight (78) children have had the opportunity to participate since the program was established in 2013. There has been a seventy-five percent (75%) reduction in out-of-home, hospital and residential placements following participation in the program. Other MCOs now contract for this service from this provider to meet the needs of Kentucky's children.

Challenge	Provider Collaboration to Create Network Adequacy and Access
Members with SUDs who developed endocarditis were unable to participate in SUD treatment while receiving their IV antibiotic treatment. **Members were being inappropriately placed in long-term acute care facilities (LTACs) for care so they could get their IV medication.**	We took the following actions: • Contacted residential and Intensive Outpatient Program (IOP) SUD providers to understand barriers to having members receive IV treatment • Worked with providers to review licensure regulations and resources needed to accommodate member needs. • Contracted with providers to create an enhanced residential and IOP service to support the additional medical staff, supplies and transportation needs to assist members with IV medications participating in SUD treatment • Updated UM process to support this enhanced benefit • Contracted with providers to deliver service • Supplied providers with resources needed to deliver service • Provided members access to the care needed to address their medical and SUD treatment needs at the same time in an appropriate setting

Innovation 3: Provider Quality Managers

Passport has engaged provider quality managers (PQMs) to work with our BH team. With support from a national PQM team at Beacon, our local PQM provides clinical support and technical assistance to providers, enabling them to focus resources on member care and quality initiatives rather than administrative processes. Our local PQM, along with other members of our behavioral team, meet with up to ten (10) providers a month to share clinical and quality data and strategy.

We compare clinical and quality results against historical provider data and the market aggregate, highlighting opportunities to improve performance, and share this data with providers. Measures reviewed include HEDIS and readmission rates, length of stay, care transitions, timely aftercare appointments, and outlier utilization. We collaborate with providers to identify best practices and implement new treatment approaches that enhance clinical programming and improve outcomes for members.

Innovation 4: A New Approach to UM

In November 2019, Passport began a new partnership with UofL Health–Peace Hospital, our largest inpatient BH provider. For all adult admissions, we have changed our approach to UM to focus on clinical and quality outcomes. Passport's BH partner, Beacon, has implemented this program in multiple markets nationwide and seen significant improvement in care delivery. For members in this program, continued stay reviews have been eliminated, easing the administrative burden of the facility. We have instituted a monthly collaborative meeting focused on key clinical and quality metrics, including average length of stay, follow-up rates for aftercare, readmission and discharge planning. We use the metrics to drive collaborative discussion

around evidence-based clinical and systems strategies that will help improve care of adult members admitted to this hospital.

Innovation 5: Lexington Home Visit Program

Building and maintaining an adequate network with a selection of providers in the communities we serve is supplemented with innovative contracts with providers such as our home visit program in the Lexington area. For the home visit program, in 2019, we partnered with two community-based providers to provide home visits following hospitalization to review discharge plans and provide support during the transition to outpatient care. We will seek to expand this type of program after studying its efficacy.

Innovation 6: Behavioral Health Telehealth Support

Telehealth throughout Kentucky is constantly evolving. Passport is committed to the innovation and evolution of telehealth, as demonstrated by Passport's participation in the workgroup responsible for drafting telehealth legislation, as well as the legislative testimony of Passport's BH operations manager and past president of the Kentucky Psychological Association, Eric Russ, Ph.D. Dr. Russ provided important and powerful testimony from the provider perspective during the comment period in support of new legislation that was passed into law and effective in late 2019.

Following the implementation of the new telehealth regulation, Passport saw a nearly fourfold increase in BH services claims, with 3,984 claims in Q3-Q4 2019 compared with only 890 claims in Q1-Q2.

We have established a network of providers that offers telehealth visits to members who are unable to travel to their outpatient therapist. Following the implementation of the new telehealth regulation that allowed for all Medicaid-licensed provider types to provide telehealth services, Passport saw a nearly fourfold increase in claims for BH services, with 3,984 claims processed in Q3-Q4 2019 compared with only eight hundred ninety (890) claims processed in Q1-Q2 2019. We will continue to monitor telehealth utilization in 2020 to assess for impact to access and care.

Many rural Passport members in foster care can access BH services through telehealth. For example, the Bingham Child Guidance Center at the University of Louisville provides telemedicine support for members who are not able to access a physical location. In the past, we helped connect rural CMHCs with Bingham Child Guidance to help establish tele-psychiatric coverage in rural communities. We also supported a grant to provide psychiatric fellows in training and their supervisor the opportunity to deliver consultative psychiatric services via telehealth in a rural pediatric practice until the practice created its own integrated model. Our provider recruitment efforts will continue to seek out and recruit providers with local practices that can offer this service to our members.

Innovation 7: Specialized Behavioral Health Provider Network Management Team

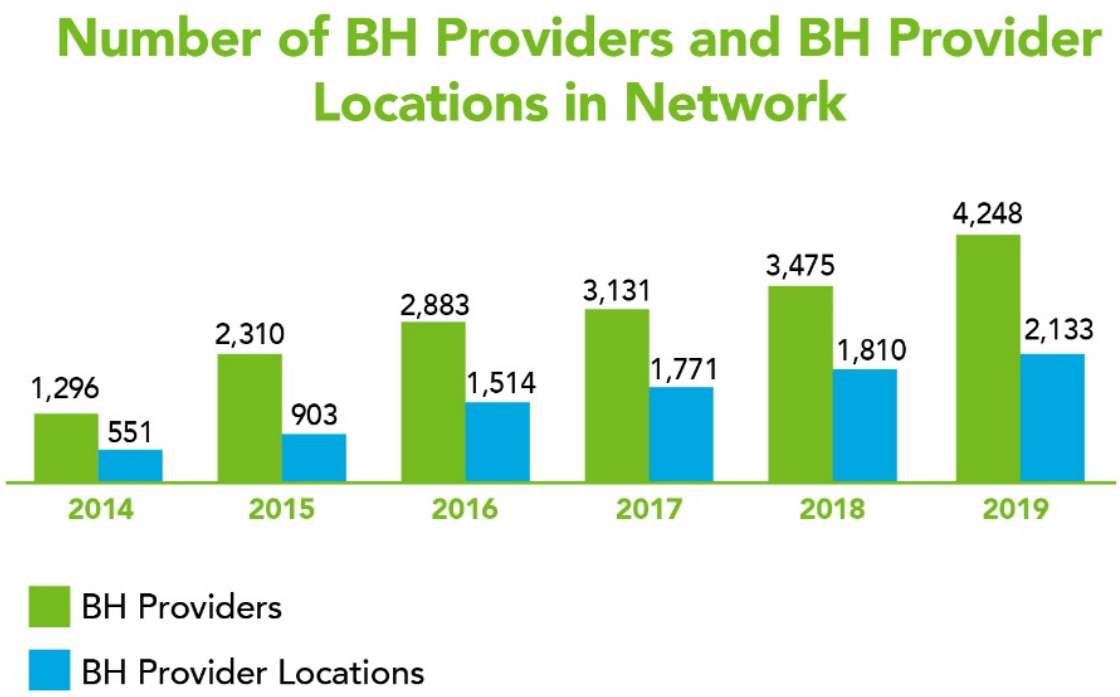
Passport developed a strong team of PNM staff dedicated solely to BH statewide. This team, composed of a manager and two provider representatives, actively supports network providers in all aspects of the interaction with Passport as well as conducts outreach work to engage and recruit new providers. They are supported by licensed psychologists, who are members of the Health Integration Team described above and provide clinical and practice support to providers about effective practice within the Medicaid environment.

In addition to this work, Passport has a unique approach to working with providers to develop services that meet the specialized BH needs of our members to better achieve our mission of improving health and quality of life through whole-person care. Through the relentless pursuit of excellence and vision of becoming the leading model of collaboration and innovation in health care, Passport's dedicated Health Integration Team continuously identifies gaps or opportunities for enhancing care through:

- UM process
- Direct care coordination and care management experiences with members
- Feedback from our BHAC, Primary Care Workgroup, Women's Health Committee and QMMC
- Interactions with providers, community advocates, governmental partners, NCQA, other health plans through Association for Community Affiliated Plans (ACAP) and America's Health Insurance Plans (AHIP), business partners and members
- Continuous review of what works and effective evidence-based practices
- Collaboration with our Business Strategy & Development Team
- Analysis of data trends and predictive analytics tools

The results of this integrated effort at engaging and supporting BH providers is evident in **Exhibit C.23-12**, which shows that the consistent growth in our network of BH providers and provider locations has outpaced the growth of unique BH utilizers. We have seen further growth of our BH network by nearly twenty-two percent (22%) between 2018 and 2019.

EXHIBIT C.23-12: The Number of Passport's BH Providers and Provider Locations Has Consistently Grown Since 2014



C.23.a.iv. Process for follow-up after hospitalization for Behavioral Health Services within the required timeframes.

Supporting Members After Hospitalization for Behavioral Health Services

Despite providing our members with high-performing care management and extensive referral resources, we realize that some members require inpatient care. Passport's transition processes support our members in efficiently moving out of the hospital and into effective self-management.

Collaborative Discharge Planning

Passport understands that transition care coordination should involve multiple stakeholders in the member's care and extend beyond the days following the discharge. As required by the contract, Passport ensures that members are scheduled for outpatient follow-up within seven (7) days or continuing treatment prior to discharge. When a member is discharged, our care managers work collaboratively with Beacon's utilization review clinicians and acute care facilities to ensure appropriate discharge plans are developed and shared with members, family and caregivers, if applicable. To ensure continuity of care, prevent readmissions, and facilitate effective transitions of care, care managers conduct proactive outreach to members and their providers and, if applicable, families and caregivers post-discharge from an acute facility. This outreach includes assessment of the member's understanding of his/her discharge plan, assessment of

the member's knowledge of discharge medications, reinforcement of the discharge/treatment plan, evaluation of gaps in care and barriers to treatment adherence, crisis planning, evaluation of safety in the home and support of the member's self-management skills. During transitions of care, care plans will be reviewed with the member and his/her treatment team to determine whether modifications are necessary to meet the member's transitional needs and, with member input, care plans will be modified as necessary.

To facilitate collaboration, we have also arranged for a care manager to be on-site with our largest inpatient provider, UofL Health–Peace Hospital, two (2) days per week. This on-site presence and relationship create a valuable opportunity to engage with the provider(s), review and understand the discharge plan and interact with our member to establish lines of communication before discharge. With a collaborative discharge planning process, we can begin working with the member and follow-up care providers to secure the right appointments after discharge.

Outpatient Follow-Up Within Seven (7) Days

Follow-up outpatient treatment is scheduled to occur within seven (7) days from the date of discharge. If a member misses this follow-up appointment, Passport will ensure that the BH provider contacts the member within twenty-four (24) hours to reschedule. Our members receive direct calls from after-care coordinators to remind them of their outpatient appointment within seven (7) days of discharge from an inpatient psychiatric hospitalization. If a member fails to show for an appointment, the provider must attempt to contact them within twenty-four (24) hours. Our care team also attempts to contact the member. If needed, our care team will assist in securing or rescheduling appointments. If a member's benefits end during treatment and program participation, their care manager will reach out to provide alternatives and resources for continuing care and guidance on how to access services. Members transitioning from child or adolescent (pediatric care) to adult care are assisted with referral and linkage to adult services, when needed, to ensure they receive age-appropriate BH services.

Some of our larger outpatient providers currently have value-based contracts in which follow-up after hospitalization is one of the target quality metrics. Beacon has a priority performance standard which tracks readmission rates and is linked to members not achieving appropriate connection follow-up after hospitalization. Beacon and Passport are held accountable for this by the BHAC and our other governance structure. Passport and our provider owners understand the importance of appropriate coordination of care, especially following hospitalization. Performance on these metrics has steadily improved over the years, yet our goal is to significantly increase performance in getting members connected to appropriate after-hospitalization care.

Following an inpatient stay, we know that members often need long-term support to get their lives back on track. In cases where members receive services from safety-net providers, such as Rural Health Clinics, Federally Qualified Health Centers (FQHCs) and CMHCs, we coordinate with agencies across the Commonwealth. Our goal is to ensure that the member transitions seamlessly from the safety net provider

into our program for proper continuity of care. Information about provider performance compared to others in the network is supplied quarterly to providers via Provider Quality Review meetings.

C.23.a.v. Process for ensuring continuity of care upon discharge from a Psychiatric Hospital.

Continuity of Care After Discharge

The period following a psychiatric hospitalization is one of the most vulnerable times for people with BH needs. A longitudinal study by P. Qin and M. Nordentoft (2005) found that women were two hundred forty-six (246) times more likely and men were one hundred two (102) times more likely to die by suicide in the crucial week following hospitalization. Passport understands these high stakes and takes this risk very seriously. **Every member who has a BH hospitalization is assigned a care manager for outreach.** The care manager's responsibility starts at the time of admission, establishing contact with the facility to immediately engage so that discharge planning begins early.

The care manager collaborates with the facility to review the discharge plan, works on behalf of the member to address barriers to completion and works directly with the member immediately following discharge to schedule the required follow-up appointments. The care manager makes reminder calls regarding the upcoming appointment and helps the member troubleshoot barriers to keeping the appointment. The care manager may also engage a registered nurse to conduct a medication reconciliation exercise on behalf of the member and before their follow-up care if a need is identified. Immediately following the date of the follow-up care appointment, the care manager will also call the provider to verify that the appointment was kept and completed.

If a no-show or reschedule occurred, the care manager is then responsible for recontacting the member to identify and address the barrier to care that prevented the appointment from being completed, rescheduling the appointment with the same provider or, in some cases, identifying a new provider and scheduling the required visit.

Passport assigns a care manager prior to or on the date of discharge and, depending on the specific needs of the member, provides basic, targeted or intensive care management services to members with SMI and co-occurring conditions who are discharged from a state-operated or state-contracted psychiatric facility or state-operated nursing facility.

The care manager and other identified BH providers participate in discharge planning meetings to ensure compliance with federal Olmstead and other applicable laws. In these meetings we focus on ensuring needed supports and services are available in the least restrictive environment to meet the member's individual BH and PH needs, including psychosocial rehabilitation and health promotion. Following discharge, the BH service provider will follow up with the member to ensure the community supports are meeting his/her needs. Passport will also ensure the BH service providers assist members in accessing free or discounted medication through the Kentucky Prescription Assistance Program (KPAP) or other similar programs.

For members committed by a court of law or voluntarily admitted to the state psychiatric hospital, Passport will coordinate with BH providers and state-operated or state-contracted psychiatric hospitals and nursing facilities regarding admission and discharge planning, treatment objectives and projected length of stay. Passport has contracted with all state-owned and -contracted psychiatric hospitals. All Passport provider agreements reference expected compliance with the Provider Manual, where our expectations regarding continuity of care following hospitalization are stated. Providers must schedule an appointment for a follow-up visit within seven (7) days prior to discharge. Providers must also contact the member within twenty-four (24) hours if they fail to appear for their scheduled appointment. In addition, our BH care manager and guardianship liaison participate in quarterly continuity of care meetings hosted by the state-operated or state-contracted psychiatric hospitals to aid in the coordination and transition of care.

In addition, Passport is holding ourselves and our BH partner, Beacon Health Options, more accountable for children in the unique pre-discharge space of having been decertified for failure to meet medical necessity, and not having a placement at the next level of care for a variety of reasons. Collectively, we feel these components will greatly improve our discharge planning and the decertification process for children. Our accountability plan to better address children who are decertified and ready for discharge is presented in **Exhibit C.23-2,** which details enhancements to the SLAs with Beacon.

Improving Continuity of Care with The Ridge

Passport has recently initiated a demonstration project in the Lexington area. We have partnered with two community-based providers to provide home visits following hospitalization to review discharge plans and provide support during the transition to outpatient care. The Ridge psychiatric hospital has also partnered to help identify members and support the transition of care to the outpatient transitionary providers. This project was initiated in 2019, and we look forward to learning more about its efficacy. We have plans to use in other parts of the Commonwealth if it successful in helping members more effectively transition into care.

Increasing Treatment Options for Members with Substance Use Disorders

Passport has roughly 35,000 members with a diagnosis of SUD (eleven percent [11%] of all members) who contribute approximately $448 million in total expense, likely due to poor coordination and treatment of multiple comorbidities. This expense is divided between medical (sixty-five percent [65%]), behavioral (sixteen percent [16%]) and pharmacy (nineteen percent [19%]), suggesting the complex and interdependent nature of the conditions affecting this cohort.

Passport has been an active partner in the expansion of coverage and access to care for members with SUD with the 1115 Medicaid demonstration waiver. We have facilitated member access to short-term residential stays (up to thirty [30] days), methadone prescription coverage and methadone treatment-related

transportation (for youth and pregnant members) in conjunction with DMS. Passport built our systems for the new Behavioral Health Service Organization subprovider types. We have been actively participating in the current DMS Phase II of the implementation process for requiring providers delivering SUD services to have their programs certified to an ASAM level of care, including meetings and calls. We have worked closely with providers and DMS during the development of the attestation process to be used during the transition to ASAM-level certification for programs.

In addition, Passport will be launching innovative demonstration projects, described below, to combat opioid dependency.

Community Collaboration Drives Substance Use Disorder Service Quality

In the ongoing drive to work with providers who offer evidence-based, quality services for our members who have BH diagnoses, Passport incorporates quality metrics to evaluate and monitor program efficacy. Passport is currently representing community-based health plans on the American Psychiatric Association and NCQA Mental Health and Substance Use Disorder Technical Expert Panel to develop outcome metrics for the Center for Medicare and Medicaid Services. These metrics will determine quality and new incentive programs for BH providers. Passport also serves on the Opioid Use Disorder subgroup to establish best practice metrics for the delivery of opioid use disorder services. Passport understands the importance of collaborating with other BH professionals to define quality for mental health and SUD services, as well as developing standardized metrics to determine outcomes and align payment incentives.

Virtual Peer-to-Peer Support for SUD

Passport is currently working with a Kentucky-based company, Stay Clean, to expand SUD services and support to Passport members. Stay Clean is a web-based app that facilitates direct virtual care for members; provides online access to informal peer support groups such as AA, NA, Cocaine Anonymous and AL-ANON; and has a repository of information related to SUD. Stay Clean offers a clinical treatment protocol delivered completely online, including a tested, reliable and secure telehealth network and an EHR. All clinical treatment is delivered by certified and licensed alcohol and drug counselors working directly with those with SUDs as well as with codependents, a recognized diagnosis in itself. Members are connected to peer support after treatment to provide support and guidance as needed. Clinical service, including assessment, can be delivered individually or where appropriate in groups, scheduled at times convenient for the client and from the security of their home, and is intended to augment, not replace, current treatment or twelve (12)-step programs.

Passport has worked closely with Stay Clean to provide feedback about their program and business model as it completed development and moved into production this year. The developers of Stay Clean are currently piloting the program and will have over 1,000 local active users (including many Passport members) by Q3 2020. At the completion of the pilot in 2020, Passport will work with Stay Clean to provide increased access to treatment and much-needed supportive services to members in the SUD recovery process.

Opioid Prescriptions and Provider Prescription Patterns

Kentucky is facing a crisis of opioid use that continues to grow. The rate of overdose deaths involving opioid prescriptions rose steadily from 1.0 deaths per 100,000 persons in 1999 to 10.2 deaths per 100,000 persons in 2017. **Exhibit C.23-13** highlights the severity of the issue.

Exhibit C.23-13: Opioid Use in Kentucky: A Crisis

2017 Data	Kentucky	U.S. National Average
Opioid-Involved Deaths per 100,000 Persons	27.9	14.6
Opioid Prescriptions per 100 Persons	86.8	58.7

To better understand prescribing patterns, we performed a retrospective cohort analysis using a national database of medical and pharmaceutical claims in the U.S. between 2012 and 2018. We identified opioid-naïve members who received their initial opioid prescription in a primary care office setting. For Passport members who returned for a follow-up appointment within thirty (30) days, we differentiated between those who saw a different clinician (exposure) versus those who returned to the same initial prescribing clinician (control). We compared rates of long-term opioid use, adjusting for differences in initial prescription and member characteristics. Members who saw a different clinician during their follow-up appointment experienced a thirty-three percent (33%) reduction in their rates of long-term opioid use (adjusted odds ratio 0.67 [ninety-five percent (95%) confidence interval: 0.52, 0.86]). This suggests that in the primary care setting, scheduling a member with a second medical opinion early in their opioid journey may significantly curb rates of long-term opioid use. Based on these results, we plan to engage select PCPs in a demonstration project to determine the impact of second medical opinions early in a member's exposure to opioids.

Pharmacogenomic Testing to Prevent Opioid Dependency

It is widely acknowledged that individual responses to pain and pain control using opioid analgesics are variable.[1] Some individuals experience complete relief using a standard dose, whereas others require a much higher or lower dose. Some individuals receiving opioid treatment become addicted, whereas others do not. Because of these significant interindividual differences, successfully achieving pain control and avoiding adverse events in all individuals remains an elusive goal. Although many different factors contribute to the individual pain response, significant research effort has demonstrated a strong genetic

[1] Stamer, U. M., Zhang, L., and Stüber, F. (2010) Personalized therapy in pain management: Where do we stand? Pharmacogenomics; 11:843–64.

component to pain sensitivity and response to opioids.[2] More recently, pharmacogenetics companies have made significant progress in the development of a noninvasive DNA test to understand an individual's likelihood of developing a dependency. We intend to partner with one such company, Prescient Medicine, to better understand the benefits of testing prior to initiating opioids. Prescient Medicine has a current product in the final phases of approval by the Food and Drug Administration that will help predict who has an increased likelihood of developing dependency on opioids based upon algorithms. This information will be beneficial in guiding providers in developing plans to manage pain.

Preferred Provider for Urine Drug Tests to Improve Quality and Support Best Practices

SUD care and treatment requires careful monitoring of substance use through urine drug tests (UDTs). Passport has partnered with an industry leader in laboratory services, Prescient Medicine, to support providers through expert reporting capabilities, access to peer education and improved turnaround times. Use of UDTs is often presumptive, which results in higher utilization costs despite high rates of error and duplicative tests. Passport's decision to make Prescient Medicine the preferred provider for UDT lab services will help significantly curb this cost and provide accurate, useful data to help ensure providers are adhering to best practices when ordering UDTs.

Prenatal Substance Exposure and Dependency in Pregnant Women

Pregnant women in the Medicaid population face unique challenges related to SDoH. They face the stress of daily survival while trying to make the right choices so they can deliver a healthy baby. Often their PH and BH, as well as the substances they use, are secondary priorities compared to food, housing, safety and access to services that may help them.

To better support this population outside of Region 3, Passport is working with 180 Health Partners to provide a unique blend of direct services by a nurse, social worker, counselor or professional peer combined with improved access to traditional medical or nonmedical providers, such as residential treatment, IOPs and counseling, while focusing on addressing the SDoH that are impacting the mom and baby. The hybrid nature allows Passport to adjust the care delivery model to meet each new mother's unique needs on her journey to a healthier birth, stabilizing her life and reducing her stress while preventing relapse to substances that are dangerous to her baby.

[2] Nielsen, L. M., Olesen, A.E., Branford, R., Christrup, L. L., Sato, H., and Drewes, A. M. (2015) Association between human pain-related genotypes and variability in opioid analgesia: An updated review. Pain Prac;15:580–94.

Through this partnership, Passport's services for this population focus on:

- Stabilizing all aspects of the mother's and family's lives
- Cortisol (stress) reduction for both the mother and baby pre-and post-pregnancy
- Relapse prevention, both short and long term
- Awareness of the impact of commonly used substances on the baby

As their lives stabilize, new mothers take ownership of their recovery and make choices to achieve the outcomes they desire. **Exhibit C.23-14** describes the outcomes that have been observed for new mothers who have participated in the 180 Health Partners program.

Results include avoiding preventable negative birth outcomes and significant impact on MCO compliance with quality expectations such as pre- and post-natal visits, well-baby visits, election of long-acting reversible contraception (LARC) and smoking cessation programs

Exhibit C.23-14: Outcomes tale for mothers who participated in the mothers who received 180 Health Partners services

Metric	Today	With 180 Program
Stress Level/Stigma	High	71.4% report decrease
Reproductive Plan	Rare (less than 25%)	74% execute on a plan
Substance Use	Erratic and uncontrolled	65% report decreased use
Medication-Assisted Treatment (MAT)	Low	74% on MAT at birth
Access to BH	Very difficult/low	100% receive BH
Recovery	Not in a recovery program	Start recovery program
Tobacco Use	High	75% report decrease
Gestation Period	55% >37 weeks	88% > 37 weeks
Breastfeeding	Less than 15%	80% of those allowed to
Post-Partum Visits	Low (less than 20%)	Greater than 55%

C.23.b. Describe the Contractor's approach to meeting the Department's requirements for operating seven (7) days a week, twenty-four (24) hours a day emergency and crisis hotline as defined in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

Emergent Mental and Behavioral Health Crises: Seven (7) Days a Week, Twenty-Four (24) Hours a Day Emergency and Crisis Hotline

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** – day, night and weekends. We typically handle crisis calls via our dedicated hotline or through our customer service line. Our crisis line is staffed by trained personnel twenty-four (24)

hours a day, seven (7) days a week, three hundred sixty-five (365) days a year, and is available toll-free throughout the Commonwealth.

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:

Passport's Crisis Hotline handled 20,863 calls in 2019

- Ninety-nine percent (99%) are answered by a licensed clinician by the fourth ring.
- Callers never receive a busy signal.
- There is a call abandonment rate of seven percent (7%) or less.
- Callers can immediately connect to the local suicide hotline's telephone number 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) and/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 clinicians 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 prevention of hospitalization for child and adolescent members. In response to the findings, we developed a work group with leadership representation from Passport, Beacon and Centerstone Kentucky (Seven Counties Services) staff to explore more effective ways of using the crisis service and promoting adequate follow-up care with the intent of savings 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.

C.23.c. Describe the Contractor's approach to coordination and collaboration between the Contractor, Behavioral Health Providers and the PCP as defined in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

Coordination and Collaboration with BH Providers and the PCP

Passport believes in the considerable benefits of individualized care management. Our goal is to make the care management experience personal by focusing on meeting the unique needs of each member. The needs of each member are different and, in order to achieve improved and sustained health outcomes, we recognized that a transformation of care management was important. Passport is investing in care management staff and resources for our Medicaid populations.

The programs deliver interventions to members based on their individual needs and risk level and may include:

- Completion of a comprehensive assessment and/or screening, which includes coaching, education and self-management support during the interaction
- Development of a care plan that identifies personalized goals and is designed in collaboration with the member
- A Welcome Letter that explains the program, hours of operation, the importance of self-management, etc.
- Mailing of condition-specific educational booklets and/or other educational materials at the member's request
- Ongoing outreach to the member at regular intervals appropriate to address the member's needs and in accordance with the program specifications
- Appointment and transportation assistance
- Education about and linkage to available state and community-based resources, including wellness programs, crisis support resources, peer support and web-based resources
- Assistance with the coordination of available benefits and BH services
- Coordination of care among providers, including BH providers, PCPs, health homes and other medical providers
- Support and coordination of services during transitions of care to ensure safe transitions

- Motivational interviewing to support behavior change and member engagement
- Self-management support, BH education and coaching to improve knowledge and self-management skills
- Provision of condition-specific self-management tools and assistance in developing self-management strategies
- Support to members and providers in the development of and adherence to crisis plans
- Interventions to address barriers to care and treatment adherence
- Attendance and participation in wraparound meetings, case conferences and Integrated Care Team meetings to further coordinate the member's care when and where deemed appropriate

These interventions encourage members to be actively engaged in their care and provide feedback to our care management team about the member's evolving needs throughout the process.

Passport's staff tracks all referrals and activities in our integrated system for proper care coordination. The technology enables us to better serve the most vulnerable population in an expedited manner.

The collaborative care service model has been shown to double the effectiveness of depression care, improve physical functioning and significantly reduce health care costs (outpatient mental health, pharmacy, other outpatient costs, inpatient medical costs and inpatient mental health/substance use disorder costs). Passport's Collaborative Care Program follows the core principles of this evidence-based service model:

- Members with BH-related symptoms are screened and referred.
- The Behavioral Health Care Team reviews medical history, psychiatric history and validated measures with PCPs and has access to a comprehensive member record within the Identifi platform.
- The Integrated Care Team, which includes licensed Kentucky psychologists, provides consultation and treatment recommendations to PCPs to support treatment initiation and adjustments.
- The Integrated Care Team monitors progress, provides twenty-four/seven (24/7) support and updates PCPs on additional psychiatric input.



Provider engagement is a major component of our integrated BH program. As a provider-focused organization, Passport understands the importance of the member-provider connection. To support integrated BH, PCPs will screen for and may be managing medications related to BH needs. Our team contacts the PCPs who are managing BH treatment for members to make them aware of the BH benefits available to enhance care. We make our team of BH professionals, including licensed psychiatrists across numerous specialties from Beacon's national clinical team, available to PCPs for psychiatric consultations through our Passport Psychiatric Decision Support Line (PDSL). These consultations can be used to validate and understand psychiatric medication guidelines and have been shown to reduce prescribing errors at the point of care rather than after our pharmacy analytics solution (RXSolve) identifies them.

While providers are often reluctant to have an MCO work with them on high-level practice transformation, Passport meets providers where they are and provides discrete consultation to help move each engaged provider toward a member-centered, whole-member approach to care. To support this effort, we are changing our physician satisfaction form to better assess collaboration and barriers to collaboration so that we can work with providers to improve collaboration and coordination of care. Through our consultation, we educate providers on tools available to them—such as the Kentucky Health Information Exchange (KHIE) access portal—and the benefits of using them. Our integrated care program manager also works directly with PCPs to encourage BH screening (depression, anxiety and SUD at a minimum) and best practices for internal follow-up and referral to BH providers.

PCPs can call Passport's SBIRT Line to help connect members who have a positive screen for risky alcohol or drug use behaviors with the right services.

Not only is screening for BH concerns part of quality preventive care, but it is a pathway to collaborative and integrated care models for better whole member care. Through consultation and provider education, BH providers are likewise encouraged to screen for PH problems and refer the member back to their PCP as needed. Passport has introduced a Screening, Brief Intervention, and Referral to Treatment (SBIRT)-specific phone line for PCPs to call if they have a positive screen for risky alcohol or drug use behaviors and need assistance helping the member find the right services. Care managers will reach out to the member to conduct additional screening and connect the member with appropriate resources to provide whole-person care. The care manager will inform the PCP of outcomes of any outreach made at their request. Passport offers training on coordination and quality of care, such as BH screening techniques for PCPs and new models of BH interventions. Passport has developed policies and procedures which are provided to the DMS for approval regarding clinical coordination between BH service providers and PCPs, with approval subject to Section 4.4 of the draft contract. We require that BH service providers refer members with known or suspected and untreated PH problems or disorders to their PCP for examination and treatment. BH providers only provide PH care services if they are licensed to do so. We also require that BH providers send initial and quarterly summary reports of a member's BH status to the member's PCP, with the member's consent. These requirements are specified in Passport's Provider Manual.

Supporting Collaboration Between BH Providers and PCPs Through SBIRT

Passport recommends a Performance Improvement Project (PIP) to implement an SBIRT program, with a strong focus on the referral to treatment (RT) aspect. By focusing on RT, we will address early identification and build a stronger collaboration between the member's PCP and BH/SUD providers for those identified as at risk or within the misuse level for substances. Our proposed SBIRT PIP will work to identify individuals earlier and connect them with treatment.

Helping PCPs Better Understand BH Issues in Children

Passport has made available training modules, prepared by a child and adolescent psychiatrist at Bingham Child Guidance Center, to aid PCPs in better understanding BH conditions. These modules were created as part of a grant to improve the prescribing of psychotropic medication to Kentucky children and adolescents.

While many providers use the SBIRT approach to screen members, not all use a standardized screening tool. The program would issue a standardized tool to evaluate members in a consistent manner. Further, while screening is straightforward for providers, intervention and RT can be a challenge due to the time constraints and workflow adjustments needed. There is also a perceived lack of community resources for the RT component. As of 2016, Kentucky ranked fifth among states with the highest number of drug-overdose-related deaths.[3] As opioids have become a crisis in Kentucky, SBIRT becomes a more important tool for early intervention. However, billing codes for SBIRT have not evolved in this time to meet the changing needs for the full activities required for SBIRT. The PIP could examine ways to expand billing for follow-up to SBIRT or to better assess if a member is referred to treatment secondary to a positive SBIRT screen. The PIP could potentially help practices develop a standard for using SBIRT and when and how to refer members. For this reason, this PIP would be an excellent choice for a collaborative PIP across all MCOs to improve prevention and early identification and treatment.

Providers also are informed of the Passport PDSL. The PDSL is a service to BH providers to offer PCPs consultations with a team of psychiatrists for questions regarding BH interventions, including those related to medications.

PDSL services were put in place based on concerns raised by the Child and Adolescent subcommittee of our PCP Workgroup, which had concerns over the number of children who needed follow-up and psychotropic medication refills. Many pediatricians did not feel comfortable with the medications and/or dosages their patients were being prescribed. Investigation as to why this was happening noted limited psychiatric access, especially outside Jefferson County. Because of this, Passport initiated the PDSL. Access to psychiatric care in limited access areas was developed, and our BH program offered training to providers on these medications. From this effort, other subsequent initiatives followed, including SBIRT training, resources and tools. A positive “side effect” of this response to an immediate need was the development of stronger integration between BH services and primary care, which is a cornerstone of Passport’s whole-person approach to care.

[3] https://www.khcollaborative.org/2018/08/sbirt-toolkit-released-for-healthcare-providers-to-address-opioid-crisis/ Accessed 6/5/2019.

Other examples of working directly with BH providers and PCPs include:

Example #1: Billing and Workflow Design with a Federally Qualified Health Center

Passport has consulted on billing for BH services within a FQHC and worked to understand the difference between interventions to change problematic health behaviors impacting PH outcomes versus BH conditions. We also evaluated workflows to improve use of BH approaches during medical appointments for improved BH and medical outcomes.

We then collaborated with providers focused on addressing chronic health conditions to maximize impact of their internal BH providers. We assessed how their team coordinated care with local CMHCs to avoid duplication of services.

Other results, lessons learned and/or outcomes achieved include:

- Improved identification of members appropriate for a chronic care health home
- Increased frequency of data sharing with provider to allow for improved understanding of utilization and cost patterns of members
- Improved workflow and internal collaboration between BH and medical staff at the FQHC to fill care gaps related to insufficient psychiatric services in the area
- Collaborations with new clinics regarding ideal clinic design for integrated care workflow

Example #2: New Delivery Model with Hardin Intensive Health

Passport attended monthly in-person meetings with Hardin Intensive Health in Central Kentucky with member-specific data on utilization and cost trends. We then met with their BH providers to shape their care delivery model, which had been traditional co-location but expanded to include the use of motivational interviewing (MI) skills to address health behaviors.

We also reviewed their BH and health behavior screening process and identified care gaps in offering tobacco cessation. We also worked with nurse practitioners (NPs) to focus on the social needs of members and discussed the Population Health approach to their focus on food insecurity.

Other results, lessons learned and/or outcomes achieved include:

- Hardin Intensive Health added a section specific to low glycemic foods for diabetic individuals.
- Hardin Intensive Health added tobacco cessation to its interventions.
- Hardin Intensive Health, NPs and the Passport chief medical officer (CMO) and pharmacy worked together to address barriers to Hepatitis C (Hep C) treatment, as noted by the Integrated Health Team.
    - Hardin Intensive Health and NPs went through extensive Hep C training and are now able to suggest medical interventions more directly with providers, which increases access and reduces the need for members to seek specialty care for routine visits outside of their communities.
- Ongoing engagement with medical and billing teams addressed missed opportunities for care and increased use of SBIRT within their practices.

Example #3: Practice Transformation with Shawnee Christian

Passport's Integrated Health Team worked directly with the CEO of Shawnee Christian Healthcare Center (located in west Louisville) on practice transformation. We assisted the organization in developing their desired MOC, including job description assistance, search committee reviews and integrated care expertise. We also worked with their BH providers to better understand coding practices, SDoH screening tools and appropriate clinical layout.

We provided consultation to providers when they switched EHR to clarify progress versus process and/or psychotherapy notes, and the privacy settings needed for each. We worked with the BH team on how to create progress notes that were more appropriate for charting health behavior changes to ensure that the member-centered approach is maintained, as well as interoperability for physicians. Last, we worked with them on ensuring that all informed consent within the clinic reflected the collaboration between providers and met requirements for 42 CFR Part 2.

Other results, lessons learned and/or outcomes achieved included:

- Trained Shawnee Christian Healthcare Center staff in adolescent SBIRT
- Identified BH providers in the community for referral as needed
- Supplied education on billing, coding and their relationship to health outcomes
- Provided full-day observation of clinic to help address workflow as BH increased presence in the medical clinic
- Reviewed SDoH screening tools and how to refer to Passport for assistance with resolution of barriers to care
- Consulted regarding clinic layout during construction of new space to enhance opportunity for collaboration between medical and BH providers
- Worked with treatment team and local schools (workgroup made up of Shawnee Christian Healthcare Center and school staff) to build models for school-based health care clinics with a focus on integration and collaboration

Example #4: Optimizing Staffing and Services at Audubon Area Community Care Clinic

As part of a new relationship with the Audubon Area Community Care Clinic (Western Kentucky), our Integrated Health Team is working with the clinic to develop their care model. This project includes helping the clinic optimize their current staffing and addressing the lack of psychiatry services for members in the area. We listened to the challenges faced by the Chief Executive Officer and presented a new proposed MOC that the executive shared with her board members for approval.

We are continuing to build this relationship, as the clinic is soon relocating, and discussing opportunities within the new space to increase member activation.

Example #5: Resolving Billing Concerns at Foothills Health and Wellness Center

The Integrated Health Team met with the Foothills Health and Wellness Center in Eastern Kentucky to assist with their concerns over billing for their BH provider and answer their questions regarding additional staff resources to fill the BH needs of the region.

Other results, lessons learned and/or outcomes achieved included:

- Provided education on Health and Behavior Assessment/Intervention (HBAI) versus traditional mental health codes
- Worked with staff to view gaps in BH schedule (secondary to no-shows) as an opportunity to increase their integrated care offerings and member coordination

Supporting PCPs in Delivering Whole-Person Care

Our Vice President of Health Integration, Dr. Liz McKune, has been an NCQA Certified Content Expert for the Patient Centered Medical Home (PCMH), and our Integrated Care Program Manager, Dr. Jessica Beal, is trained in the PCMH model to better advise providers interested in advancement toward PCMH certification. They have presented at state-level association annual conventions for both BH and medical providers (Kentucky Psychological Association [KPA] and Kentucky Primary Care Association [KYPCA]) to educate on integrated care models, best practices for care coordination, collaboration and integration, and the importance of a whole-member approach to care regardless of the provider's discipline.

Passport requires, through contract provisions, that PCPs have screening and evaluation procedures for the detection and treatment of, or referral for, any known or suspected BH problems and disorders. PCPs may provide any clinically appropriate BH services within the scope of their practice. Such contract provisions and screening/evaluation procedures will be submitted to the Department for approval. **Passport also trains network PCPs on how to screen for and identify BH disorders, our referral process for BH services, and clinical coordination requirements for such services**. We include training on coordination and quality of care, such as BH screening techniques for PCPs and new models of BH interventions.

Passport has policies and procedures regarding clinical coordination between BH service providers and PCPs and will provide them to DMS for approval. We require that BH service providers refer members with known or suspected and untreated PH problems or disorders to their PCP for examination and treatment, with the member's or the member's legal guardian's consent. BH providers may only provide PH services if they are licensed to do so. This requirement is specified in all Provider Manuals.

We require that BH providers send initial and quarterly (or more frequently if clinically indicated) summary reports of members' BH status to the PCPs, with the member's or their legal guardian's consent. This requirement is specified in all Provider Manuals.

Passport understands that appropriate information sharing and careful monitoring of diagnosis, treatment, follow-up and medication usage are especially important when members use PH and BH systems simultaneously. Passport has and will continue to:

- Establish guidelines and procedures to ensure accessibility, availability, referral and triage to effective PH and BH care, including emergency BH services (i.e., suicide prevention and community crisis stabilization)
- Facilitate the exchange of information among providers to reduce inappropriate or excessive use of psychopharmacological medications and adverse drug reactions
- Identify a method to evaluate the continuity and coordination of care, including member-approved communications between BH care providers and PCPs
- Protect the confidentiality of member information and records
- Monitor and evaluate the above, which shall be a part of the Quality Improvement Plan

We also understand that the Department shall monitor referral patterns between physical and behavioral providers to evaluate coordination and continuity of care. Drug utilization patterns of psychopharmacological medications are closely monitored. We understand that the findings of these evaluations will be provided to us.

Multidisciplinary Community Partnerships to Deliver Integrated Behavioral Health

In addition to supporting collaboration between BH providers and PCPs, to meet the full spectrum of behavioral, physical and social needs of our members, Passport also fosters partnerships with many community organizations throughout Kentucky. At its heart, Passport is a dedicated group of **Kentuckians Serving Kentuckians** focused on increasing access to health care. With over two decades of local experience and local leadership in Kentucky Medicaid, our long-term commitment in the market and alignment with provider owners allows us to work with local agencies, community-based organizations (CBOs) and network providers to share data, drill down to root causes, coordinate actions and measure results. For a population that struggles to engage in their health and access basic social needs, trust is essential. Our team has delivered member service, coordinated care, educated members and established meaningful relationships with CBO staff and has worked diligently to earn the trust of the local communities we serve.

Louisville Health Advisory Board Behavioral Health Subcommittee

Another example of our community partnerships is our work with the Louisville Health Advisory Board (LHAB), which includes businesses, government, schools, and civic and nonprofit organizations. The goal of LHAB is to improve the physical, mental and social well-being of Louisville, with the goal of increasing quality of life. Passport has actively been involved in LHAB since the inception and is part of the BH subcommittee that has contributed significantly to initiatives such as:

- Advancing the city-wide Zero Suicide Initiative
- Increasing participation in the Question, Persuade, Refer (QPR) suicide prevention training throughout the region
    - During National Suicide Prevention Week, LHAB trained over 2,200 individuals with Passport's assistance.

    - Passport offers elective, evidence-based QPR training to all employees.
- Developing suicide fatality reviews, using Passport-led research on other models across the country
- Meeting with the Jefferson County Coroner's Office to discuss improvements for tracking and responding to suicide cases

Jefferson County Public Schools Behavioral Health Committee

Another example is our engagement with Jefferson County Public Schools (JCPS). Our Integrated Health Team participates in initiatives and projects to better address the needs of students in the community to improve their long-term success academically and in the workforce. In 2016-2017, Dr. Jessica Beal and Dr. Liz McKune served on a JCPS Behavioral Health Committee made up of various community partners to provide feedback and assist with planning so the school district could better meet the social and emotional needs of children, including those with SED. Dr. Beal is currently participating in the Bingham Fellows Group charged with improving student achievement and reducing barriers to success for children in Jefferson County. Passport is actively working to expand strategic partnerships like these statewide to engage more organizations in using the latest models of community BH.

Implementing Value-Based Payment with Centerstone Kentucky (Seven Counties Services)

Centerstone Kentucky (Seven Counties Services) had been a provider with us since the BH benefit started in 2013. They were initially paid only on a **Fee-for-Service** basis. Our first value-based arrangement with Centerstone Kentucky (Seven Counties Services) was a **Pay for Performance** model, where they had the opportunity to earn additional dollars for demonstrating that they were putting recommended procedures in place and building relationships to increase seven (7)- and thirty (30)-day follow-up after hospitalization. Later, the incentive was enhanced to increase the number of discharged members receiving their seven (7)- and thirty (30)-day follow-up appointments. Payments were made quarterly for earned incentives.

Our second arrangement with Centerstone Kentucky (Seven Counties Services) was a **Blended Case Rate/Bundle of Services**. Centerstone Kentucky (Seven Counties Services) had the opportunity to bundle a group of services and receive payment for delivery of high-fidelity wraparound services in the foster care pilot. They also had an opportunity to earn an incentive on top of this if they achieved their quality performance targets for the two primary goals of the pilot:

1. Percentage of children who maintained their foster care placement or returned to their natural family
2. Percentage of children who improved their functioning on a standardized assessment

Payments on the Blended Case Rate/Bundle of Services arrangement occurred monthly, with any earned incentives paid out at the end of the program.

Our current value-based arrangement with Centerstone Kentucky (Seven Counties Services) is a **Shared Savings Model.** There are two opportunities to earn these Shared Savings incentives:

- **Population Incentive:** Centerstone Kentucky (Seven Counties Services) members are identified and agreed upon before the measurement period begins. Members are measured for a quarter. Pre-quarter and end-of-quarter expenses per member are compared (after allowing a quarter for claims lag). A pool is created from any savings on medical inpatient stays, BH inpatient stays, and ED visits. Thirty percent (30%) of the savings, over a quarter, for the agreed-upon members is placed into an "incentive pool." Centerstone Kentucky (Seven Counties Services) has the opportunity to "earn" this incentive pool. Half of the pool is awarded for achieving a savings. The other half is tied to the following quality measures:
  - Follow-up after hospitalization
  - Documenting members' Body Mass Index (BMI) and having a plan for addressing if it is outside the normal range
  - Documenting member's tobacco use and, if he/she uses tobacco, having an intervention
  - Documenting obtaining release and sharing of records with PCP
  - Documenting obtaining release and sharing of records with referring provider
  - Completing hemoglobin A1C screenings for members with schizophrenia or bipolar disorder
  - Documenting suicide risk assessments for members with major depressive disorder at least every six (6) months
  - Screening members for SUD and linking to treatment if needed
- **Partners in Wellness Incentive:** Centerstone Kentucky (Seven Counties Services) is provided a list of two hundred (200) members (in advance of the quarter), beginning with their members with an SMI and their members with the most expense due to their health care utilization. Centerstone Kentucky (Seven Counties Services) is also provided a list of members (who are not currently with Centerstone Kentucky [Seven Counties Services]) with an SMI and the higher expense rates, but the listed members will not have been engaged in care. They have the opportunity to engage these members into the Partners in Wellness Program, an integrated behavioral and medical case management model with twenty-four (24)-hour access to nursing. Again, this is a Shared Savings Model with pre- and post-measurement for a quarter before and at the completion of the quarter (after allowing another quarter for claims lag). Thirty percent (30%) of any savings over the quarter from medical inpatient stays, BH inpatient stays and ED visits is placed into an "incentive pool." Centerstone Kentucky (Seven Counties Services) can earn half of the incentive pool by closing the quarter with a savings. The other half of the pool is tied to specific quality metrics for the intervention's two primary goals:
  1. Member activation
  2. Documentation of member having a health goal with documented progress measured toward achieving the goal

Additional health behaviors and performance on HEDIS targets are documented to possibly use as baseline clinical metrics for future value-based relationships. As we continue the relationship, our metrics will remain focused on the member receiving whole-person integrated care in an effort to improve overall health and well-being.

We shared our program design in a presentation by Stephen Bartels, M.D., M.S., from the Substance Abuse and Mental Health Services Administration—Health Resources and Services Administration (SAMHSA-HRSA)

Integrated Health Solutions-engaged Dartmouth Health Promotion Research Team at the University of Louisville. He strongly supported the idea of focusing on patient activation and PH goals for outcomes for members with SMI. He also reported they have emerging research that found that focusing on symptoms of mental illness results in only incremental change. Dr. Bartels indicated that, for transformative change, the focus needed to be on overall health, even though the program was originally designed for individuals with SMI. The integrated, whole-person approach helps members make impactful changes. The results of this value-based experience align with this emerging research (see **Exhibit C.23-15**).

Exhibit C.23-15: Results from Partners in Wellness Incentive Program

The program served one hundred forty-two (142) members with SMI for up to six (6) months over a nine (9)-month period.
Within that period, we observed the following impact: • Thirty-four percent (34%) reduction in combined medical inpatient, emergency and BH inpatient expenses • Forty-five percent (45%) reduction in inpatient hospital stays • Twenty-seven percent (27%) reduction in ED visits • Sixty-nine percent (69%) reduction in hospital readmissions
These initial results suggest we have created an integrated program that could bring medical care management into the relationship of trust with the BH provider and help us promote appropriate utilization of intensive care resources

Supportive Housing Lowers Inpatient Care Costs

Through an Improved Health Outcomes Program (iHOP) grant funded by Passport, WellSpring assessed the impacts of permanent supportive housing among adults with serious and/or persistent mental illness over a two (2)-year period.

The results, published in 2018, were promising: In the one (1)-year span prior to entering permanent supportive housing, the aggregate cost of inpatient care for patients in the study totaled more than $2.5 million. In the following year, after being placed into supportive housing, inpatient care costs for this group dropped by more than fifty-two percent (52%). ED costs decreased by nearly half. Ultimately, placing patients in supportive housing for just one (1) year resulted in $18,000 in savings per patient during the first year.

"Passport will continue working with organizations like WellSpring to determine new approaches to improve behavioral health among Kentucky's Medicaid population," said Dr. Liz McKune. "From providers and insurers to patients and nonprofits, many in the Commonwealth have a vested interest in improving health, including behavioral health. This is a statewide effort that requires all hands on deck."

CONCLUSION

Passport delivers a fully integrated approach to whole-person care for members like John, incorporating behavioral, physical and social care at all levels. Through our work with similar members over the past 22 years, we have a deep understanding of the complex needs of this population. This is the foundation on which we have built our unique identification and stratification process. Using our predictive modeling and member profiling platform, Identifi, we identify vulnerable individuals like John who are most likely to incur future avoidable events. We monitor and assess these members to address their needs and provide them with the appropriate level of ongoing care.

To ensure we continue to deliver high quality, whole-person care, we monitor and evaluate our network and programs for compliance with access and care standards and have developed numerous innovations and partnerships to extend our reach. Passport has increased oversight and structural accountability for delivery of BH services to members. We engage in collaborative discharge planning to support our members after hospitalization and assign a care manager to every member who has a BH hospitalization to ensure continuity of care after discharge. We have developed specialized programs and extra supports for high-risk populations such as those with SUD, conditions such as Acute Stress Disorder (ASD), trauma from interpersonal violence or other emergent mental and BH crises. These supports include a twenty-four/seven (24/7) crisis line answered by licensed clinicians.

Passport uses an evidence-based collaborative care service model which includes provider engagement as a major component. To support integrated BH, PCPs can screen for and may be managing medications related to BH needs. Our team contacts the PCPs who are managing BH treatment for members to make them aware of the BH benefits available to both members and providers to enhance care. Passport's integrated care is rooted in technology, but our approach is personal. Our holistic care empowers long-lasting, meaningful changes to our members' health and lives. Passport continues to provide this quality of care while meeting all DMS requirements.

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.

C.24 Population Health Management (PHM) Program



C.24. Population Health Management (PHM) Program

a. Provide a comprehensive description of the Contractor's proposed Population Health Management (PHM) Program, including the following at a minimum:

   i. Innovations and program elements the Contractor proposes to incorporate into this Program to support the overall goals of improving health outcomes for the population and empowering individuals to improve their health and engage in their healthcare.

   ii. If the Contractor, holds NCQA PHM Accreditation, describe the Contractor's implementation of related models, lessons learned, challenges and successes.

   iii. Plan to ensure high levels of Enrollee participation across all priority populations and conditions, including innovative methods for contacting and engaging Enrollees to initiate completion of Health Risk Assessments and Enrollee Needs Assessments.

   iv. The Contractor's approach to each of the three PHM Program defined risk levels: health promotion and wellness, management of chronic conditions, and complex care management. Include information about the following for each risk level:

      a. Tools the Contractor will use to identify Enrollees and their risk levels and to support services provided.

      b Risk stratification methodology and descriptions of the types of data that will be used.

      c. Methods to identify Enrollees for each of Kentucky's priority conditions or populations.

      d. Services and information available within each risk level.

      e. Description of the care planning process, including methods to ensure individualized and person-centered care plans, and summary of how the Contractor will include Enrollees, their caregivers, and multi-disciplinary teams.

      f. Stakeholder engagement strategies, including invo**lvement** of community resources to meet social needs.

      g. Technology and other methods for information exchange, as applicable.

      h. Frequency of provision of services.

      i. Priority areas (e.g., specific health risks, conditions, social determinants of health, etc.).

      j. Description of staffing for each risk level, including staff to Enrollee ratios, modes of interface with Enrollees, and use of care managers.

      k. If applicable, value-based payment (VBP) or incentive models the Contractor will include in Provider agreements to support involvement in the PHM Program.

      l. Methods for evaluating success of services provided.

      m. Methods for communicating and coordinating with an Enrollee's primary care provider or other authorized providers about care plans and service needs.

n. Role, if any, the Kentucky Health Information Exchange (KHIE) will play in the Contractor's PHM Program as a resource.

v. Provide the Contractor's proposed approach to coordination with other authorized providers such as the WIC program and others.

vi. Describe the Contractor's approach to ongoing review of its PHM Program, including potential real-time measurement, and how the Contractor will use results to address identified issues.

Passport Highlights: Population Health Management (PHM) Program

How We Are Different	Why It Matters	Proof
First and only NCQA-accredited PHM program	• NCQA is the gold standard of how to deliver and support coordinated care effectively. Being the first and currently only national PHM program holding this accreditation showcases our leading technology and processes that are setting the standard across the country	• Passport's PHM program received NCQA accreditation in September 2019 for three years
Closed-loop social determinants of health (SDoH) model	• Locally driven, community-based model that tracks referrals to ensure that members receive the services they need to improve their health	• Health care costs dropped by approximately twenty percent (22%) in the six months following a successfully closed referral to a community resource
Leading-edge predictive analytics	• Intervening with members before they incur costly services and guiding them to the right evidence-based intervention to prevent those avoidable events is critical to an effective PHM program	• Our machine learning models use over twenty distinct sources of data to predict an adverse event accurately before it occurs • Our c-statistic is 0.82, meaning the model correctly predicts the outcome eighty-two percent (82%) of the time, significantly higher than the rest of the industry
Robust statistical methods to evaluate the effectiveness of our PHM model and adjust as needed to maximize impact	• Longitudinal observational studies with matched controls are the most effective way to assess impact, short of a randomized controlled study. Without this tool and the expertise behind it, an organization does not know the true effect of their PHM efforts	• Using propensity-matched, case-control studies, Passport programs have shown to reduce costs by twenty percent (20%), inpatient admissions by thirty-two percent (32%) and emergency department (ED) visits by thirty-five percent (35%)

Introduction

Passport's model of care integrates sources of data related to physical and behavioral health (BH), SDoH and medication services that impact our members' health status. We recognize medical and BH issues are tightly interwoven, while the effects of chronic medical conditions, prolonged stress, poverty and trauma can have direct and devastating effects on members as well as their families. Unmet SDoH needs contribute to physical and BH complications.

Health plans face challenges to bridge gaps in fragmented, local health care and service delivery systems across the Commonwealth. Our Population Health Management (PHM) program represents new ideas to address traditional barriers in support of *whole-person care* that improves outcomes and quality of life for our members. Through our PHM program, we offer a new level of support for our members, providers, and community-based organizations through paradigm shifts such as,

- From the use of reactive, lagging claims indicators to the use of leading, early indicators that increase the accuracy of predictive modeling
- From a focus on condition-specific programs to connecting the dots for whole-person care for our members and their families
- From members with complex conditions who participate long-term in health plan case management to providing customized education and support for self-management of chronic health conditions
- From a health plan only to a convener of on-site services through the proposed Passport Health and Well-Being Campus in west Louisville to tackle health disparities

The evolution of Passport's PHM program has contributed to significant reductions in cost and avoidable utilization. A recent 2018 case-control study of our Complex Care Management showed a reduction in costs by twenty percent (20%), inpatient admissions by 32% and emergency department (ED) visits by 35% (n=1,322).

To achieve these results, we have leveraged a distinct, evidence-based PHM model, that adapts to each member's unique combination of physical, behavioral, functional and social needs. We deliver our program through a local, community-based framework in which we strive to motivate members to participate in their own health care. Our relationships with local community organizations allow us to offer a closed-loop referral model for SDoH interventions that addresses significant underlying causes of avoidable utilization and costs. Through targeted wellness and prevention programs, we empower our members and their families to increase the quality of their daily lives.

We have been and remain fully committed to our members in improving their health and quality of life. It is our mission.

C.24.a.i. Innovations and program elements the Contractor proposes to incorporate into this Program to support the overall goals of improving health outcomes for the population and empowering individuals to improve their health and engage in their healthcare.

Innovations and Program Elements to Improve Health and Empower Members

Passport has have taken steps over the last few years to more precisely target interventions for members with whom we can have the greatest affect. We also propose innovations to further improve health outcomes for the population and empowering individuals to better their health and engage in their health care. We describe our proposed innovations below:

Real-Time Stratification Pilot Results

Average days between last encounter and outreach reduced by 93:

Claims-based stratification: 96

Real-time stratification: 3

In addition, member engagement rates improved by 44% with timelier outreach

1. **Real-Time Risk Stratification:** To identify high-risk members using timely encounter data
2. **Cloud-Based Recovery Community:** For members with substance use disorders (SUDs) and codependency
3. **Social Needs Index (SNI):** To power Passport's Care Compass program
4. **Passport Health & Well-Being Campus:** To address local health disparities
5. **Precision Pathways:** To identify the most effective, least harmful and least expensive cancer treatment options for Passport members

Real-Time Risk Stratification

Goal: Accelerate time-to-intervention for high-risk members prior to an adverse event to improve health outcomes and empower members to engage in their care.

The health of members with multiple chronic diseases can deteriorate in a matter of weeks, even days. For such members, there is a specific window of opportunity to intervene and change course to improve their outcomes. The population health programs face a major disadvantage in keeping tabs on members' changing health because of the outdated information from claims. Most managed care organizations (MCOs) rely on claims-based stratification. In this process, it takes three months after a member's hospitalization or ED visit to get detailed information about the visit to include in stratification models. By the time a care manager reaches out to the member, that person may have already had additional hospitalizations or other encounters. In an analysis of thousands of high-risk members in Complex Care, Evolent Health found that roughly $19,000 per member was spent in the three (3)-month span between the clinical encounter and the reporting of claims data.

Innovation: Real-time stratification will solve this time lag by leveraging real-time data sources, such as hospital ADT, utilization management (UM) notifications, lab results and prescriptions in stratification

processes. By rescoring members **daily** through this process, we can quickly reprioritize our Care Advisors' work lists to direct them to the highest-need individuals on a given day. Reaching members at the right time is also effective in improving member engagement and empowerment. Oftentimes, when support is offered to a member in a time of need, it leads to higher rates of engagement and empowerment because members are given specific guidance on how to take control of their health. A national pilot on real-time risk stratification showed that the total number of members engaged and assessed for clinical programs increased by forty-four percent (44%) after real-time stratification was piloted. Improved engagement rates were related to identifying the members with the highest need in real time when the support was most needed.

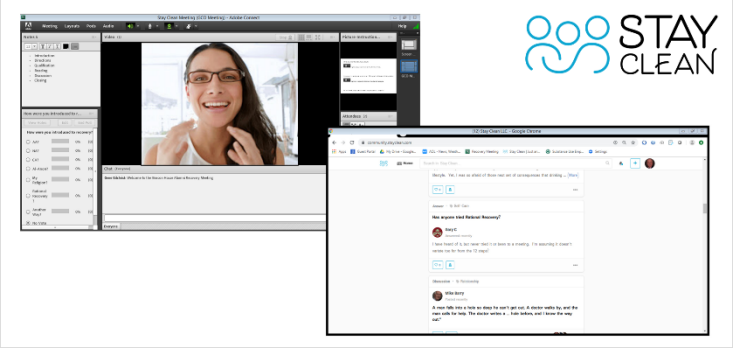
Proposed Implementation: Passport will be launching real-time stratification once Kentucky HIE connection goes live in 2020.

Cloud-Based Recovery Community for Members with SUD

Goal: Improve member access to SUD and addiction services and empower members to engage in their health through education and peer support.

Innovation: Passport is currently working with a Kentucky-based company called Stay Clean to expand SUD services and support Passport members. Members living with medical and behavioral comorbidities often receive fragmented care and experience workforce shortages, coupled with limited resources in the primary care setting, can make it difficult to connect with members. Specific issues facing members in need of treatment include shortage of providers within their communities, resulting in long wait times for initial and follow-up appointments and concerns about privacy and confidentiality related to stigma. Stay Clean was developed to expand the primary care system's capacity to support the treatment of mild-to-moderate BH conditions at their usual site of care and increase member choice. Linking members to a peer network in real time will improve the likelihood that members will engage in treatment services and be successful.

Exhibit C.24-1: Screenshot of Stay Clean Telehealth Platform



Stay Clean is a web-based app that facilitates direct virtual care for members from a provider; provides online access to informal peer support groups, such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous and AL-ANON; and offers a repository of information related to SUD (see **Exhibit C.24-1**). Stay Clean offers a clinical treatment protocol completely delivered online, including a tested, reliable and secure telehealth network and an electronic health record (EHR). All clinical treatment is delivered by certified and licensed alcohol and drug counselors working directly with those living with substance abuse disorders, as well as with codependents—a recognized diagnosis in itself. Members are

connected to peer support after treatment to receive guidance as needed. Clinical services, including an assessment, can be delivered individually or where appropriate in groups, scheduled at times convenient for the client or received in the security of their homes, and it is intended to augment not replace current treatment or 12-step programs. Passport has partnered with Stay Clean as a means to not only improve access to clinical services but also empower our members by giving them the knowledge, skills and peer support to stay healthy while recognizing community and cultural differences that are unique to Kentucky.

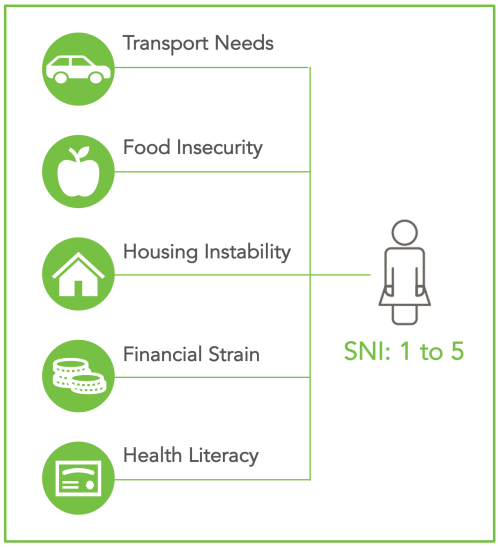
Proposed Implementation: Passport has worked closely with Stay Clean to provide feedback about its program and business model as it completed development and moved into production this year. The developers of Stay Clean are currently piloting the program and will have over 1,000 local active users (including many Passport members) by Q3 2020. At the completion of the pilot in 2020, Passport will work with Stay Clean to provide increased access to treatment and much-needed supportive services to members in the SUD recovery process.

SNI to Power Passport's Care Compass Program

Goal: To proactively identify and address social needs of our members so that they are empowered to improve their health and able to engage in their health care.

The lack of member-specific insights and data creates a challenge to proactively identify and support members with social needs. Sources of SDoH data are disaggregated and lack standardization, and the health care industry predominately relies on screening members to understand their needs. Members who have their basic needs met, such as adequate food, stable housing and employment, are better able to focus on the activities necessary to improve their health outcomes. **Innovation:** To address this, Passport relies on the SNI, a unique, easily understandable "score" that quantifies a member's SDoH risk level correlated to adverse health outcomes. As shown in **Exhibit C.24-2**, a single score indicating an individual's severity of social needs across five domains (housing, finances, food, transportation and health literacy) allows Passport to better prioritize members who most need resources and provides Care Advisors an easy mechanism to integrate social support into clinical care management (CM).

Exhibit C.24-2: Five (5) Domains of the SNI That Produce a Score from one (1) to five (5) based on level of need



The SNI is updated as often as new SDoH information is generated through health risk assessments (HRAs) or acquired from external data sets. It uses machine learning algorithms to combine the following two components to the determine risk of an adverse health outcome:

1. *Community strain*, which is represented by an aggregated score indicating the social strains for the community that a member lives in, serves as the foundation of the overall SNI for a member. It is determined using public data sources such as the following:
    - U.S. Census Bureau's American Community Survey (ACS) that tracks more than 100 data elements regarding education, poverty and housing status by specific neighborhoods
    - U.S. Department of Transportation encapsulates its affordability index, walkability index, food access and supermarket availability by location
    - Environmental Protection Agency's (EPA) Smart Location Database provides air quality and pollution information
    - U.S. Department of Agriculture (USDA) records on food scarcity and deserts
2. *Individual social needs*, which are extracted from consumer data, HRA, member eligibility files, claims, UM notes and care notes. For developing individual (and household) profiles, we use two 200-plus data elements to evaluate housing situation (renter or homeowner), household income, education level (e.g., high school, college), household composition (living alone vs. family), access to automobile and job profile and occupation.

In 2019, Passport conducted a pilot demonstrating that the SNI was able to accurately predict those with the highest social needs and conduct outreach. Among the members with an SNI of five (5) (highest score) who were outreached and assessed, one hundred percent (100%) reported at least one (1) SDoH need and ninety percent (90%) reported multiple needs. Food (thirty-four percent [34%]), employment (twenty-three percent [23%]) and housing (sixteen percent [16%]) were the most reported social needs.

Proposed Implementation: In Q3 2020, the SNI will be available to all members of the care team across programs, but it will especially power the Care Compass program, which is designed to support member needs comprehensively through care coordination, support and customer service. This program is fully developed, with implementation planned for mid- to late 2020. Members who do not stratify into one of our other PHM programs but have identified care coordination needs owing to barriers or SDoH will receive support and assistance through our Care Compass program. Members engaged in one of our other programs can also receive assistance through Care Compass as a supplement to other program interventions. Care Compass will help to address the stressors in a member's life that are affecting the member's short- and long-term health outcomes.

The Care Compass program will help members navigate the complexity of the health care system while empowering them through building self-management skills to manage their needs. The Care Compass team, including care coordinators, community health workers (CHWs) and social workers connect the member with resources and services and then follow up to ensure that the referral was completed and adequately met the member's health and social needs. Specific services include the following:

- Identifying needs and available resources
- Resolving barriers
- Facilitating referrals
- Scheduling and coordinating appointments
- Supporting gap closure
- Coordinating transportation

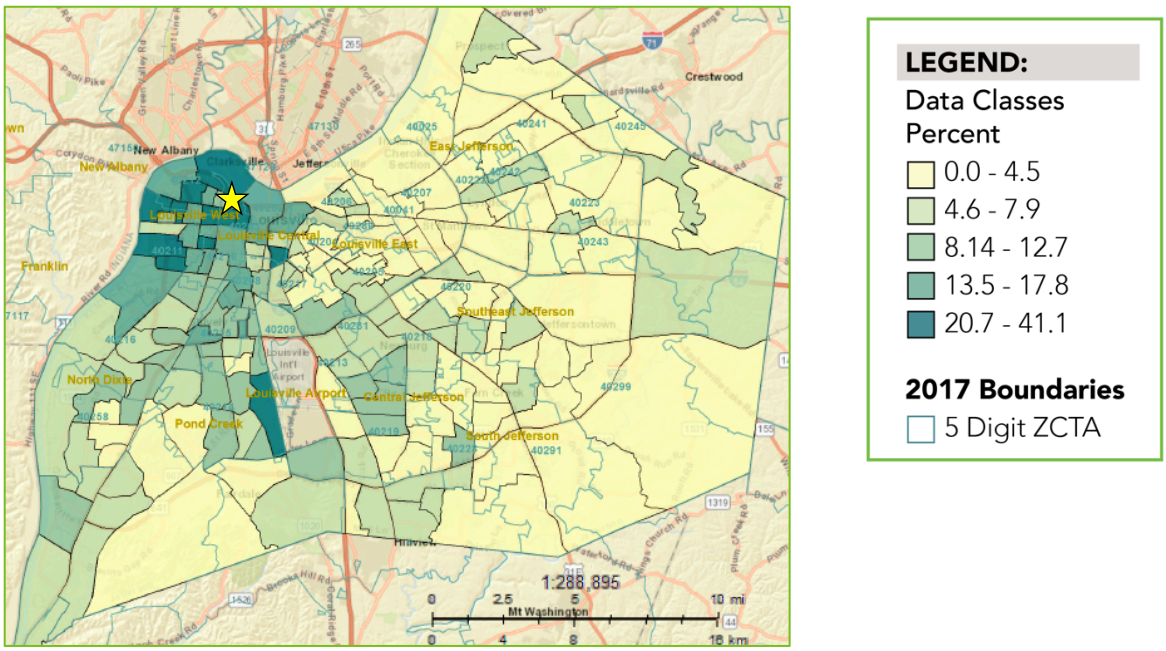
Passport's Health & Well-Being Campus to Address Health Disparities

Goal: Improve access to high quality care and reduce disparities for members living in west Louisville by increasing access to comprehensive health and wellness services where members live.

Residents in west Louisville have a life expectancy that is as much as 12 years shorter than the Louisville average (source: Louisville Health Equity Report 2017). Passport is addressing these disparities in local health care and social services delivery systems through innovative approaches, such as the Passport Health & Well-Being Campus.

Innovation: As a member of this community, Passport knows that one of the greatest impacts we can make on it is to invest in it, literally. We intend to do so by working with a developer to build the Health & Well-Being Campus at 18th and Broadway (see **Exhibit C.24-3**). This campus will house Passport's corporate headquarters, along with other community partners who are invested in revitalizing west Louisville. Passport has secured commitments from other service providers to address identified needs of this population, such as AbsoluteCARE (providing ambulatory care and pharmacy services), Family Scholar House (providing educational support, supportive housing and participant advocacy) and University of Louisville (providing education and other health-specific supportive services) to co-locate on the campus and provide services that benefit the holistic needs of Passport members and the surrounding community. In particular, University of Louisville (UofL) Health is committed to developing a health care presence on the Health & Well-Being Campus that is focused on primary care and post-acute, follow-up services with the goal of reducing utilization of high-cost inpatient and ED-based care in acute settings. Several of the other potential service provider partners interested in co-locating on the campus focus on workforce development initiatives to provide job training and placement assistance to empower members in finding sustainable employment.

Exhibit C.24-3: Percent of Families and People with Income (Past Twelve (12) Months) Below the Poverty Level by Census Tract 2013-2017. Yellow Star Denotes Location of Passport Health and Well-Being Campus in west Louisville



Legend indicates Map of Unemployment rate; Estimate; Population 16 years and over (2013-2017 American Community Survey 5-Year Estimates; U.S. Census Bureau)

The majority of Passport members, approximately 200,000, or two-thirds, reside in west Louisville, of which 75,000 live within 10 miles of the site location. Passport coordinates care for roughly one in every 2.4 west Louisville residents. Passport envisions the Health & Well-Being Campus will provide whole-person care for Passport members and the surrounding community, fuel economic development by bringing jobs and workforce initiatives to west Louisville and create an innovation lab that can pilot and identify promising models that Passport can replicate in other parts of the Commonwealth. To evaluate the impact that Passport's Health & Well-Being Campus is having on west Louisville and determine which partnerships, programs and initiatives implemented within the campus are most effective to replicate in other parts of the Commonwealth, Passport has engaged the UofL Center for Health Organization Transformation (CHOT). CHOT will conduct a multilevel longitudinal study to understand the impact on key focus areas (e.g., health care, workforce development, education, housing, poverty) targeted by service offerings provided on the campus.

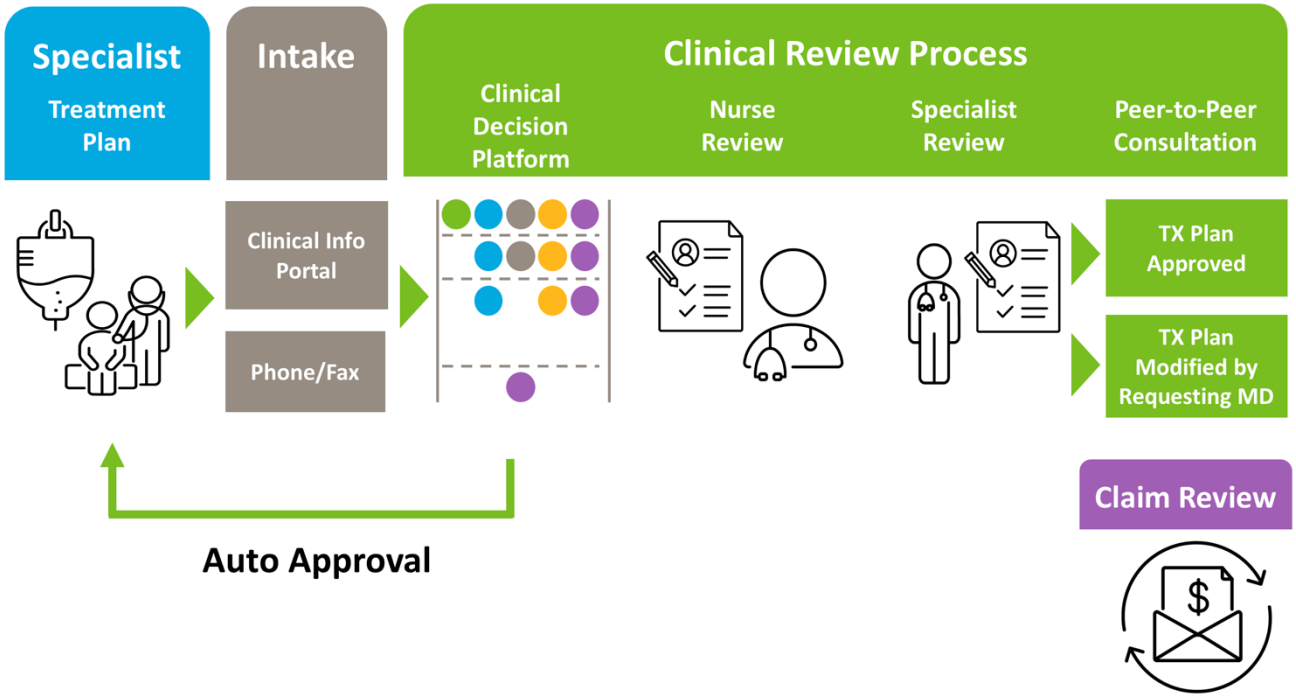
Proposed Implementation: Passport released the first stage of a developer request for proposal (RFP) process in January 2020 to identify a developer whose qualifications, vision and experience are acceptable to Passport for the campus.

Precision Pathways(SM) to Ensure Effective and Safe Treatment

Goal: Empowers providers with the latest evidence-based pathways to improve health outcomes for members with cancer and heart disease, the top-two leading causes of death in Kentucky in 2017. Both conditions are also the Commonwealth's priority conditions for the PHM program.

Innovation: To support our providers in treating these pervasive conditions, we will offer Precision Pathways, a web-based, point-of-care tool that empowers providers with the latest science, innovative new therapies and clinical compendia to identify the most effective, least harmful and least expensive treatment options for Passport members (see **Exhibit C.24-4**).

Exhibit C.24-4: Precision Pathways Workflow for Oncology and Cardiology Treatment

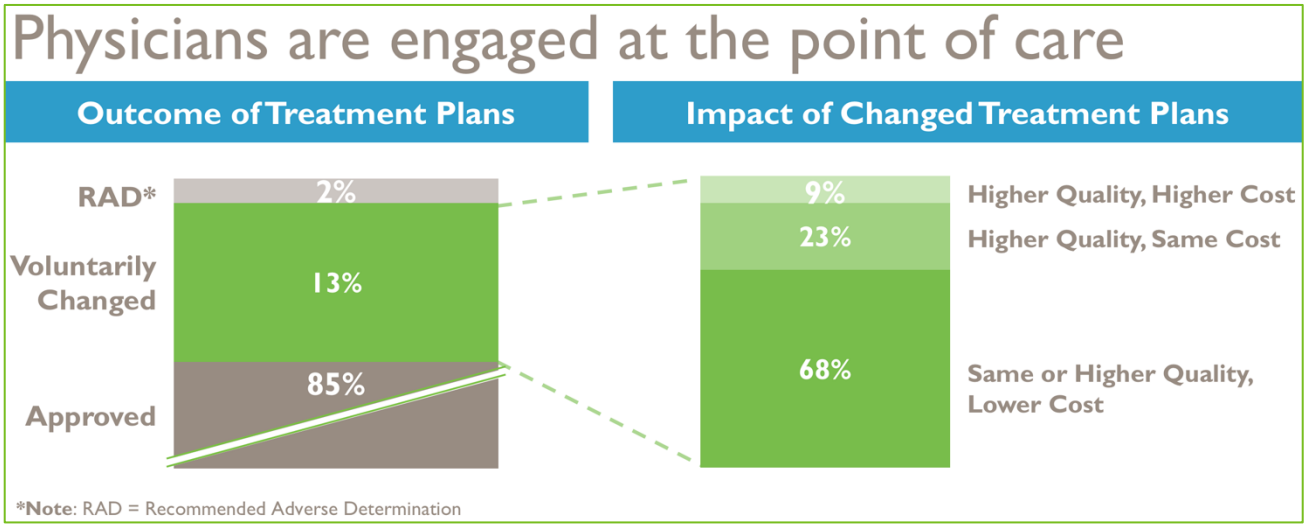


Value-based clinical pathways reduce friction with both the member and provider because they prioritize regimens that will be most effective, with the fewest side effects. It is only when comparing two equally effective regimens that the less-expensive option is preferred. When this pathway is selected, the regimen is automatically approved. This eliminates the need for prior authorization hoop-jumping that can lead to long waits for treatment or, in other cases, denial of reimbursement to specialists for drugs that were already administered. Yet physicians remain independent: They can select a different evidence-based regimen if they think it is best given the member's circumstances and engage in peer-to-peer consultation with our specialists at any point in the process and treatment of a member.

Both our Oncology Care and Cardiology Care Programs empower providers to make evidence-based, individualized treatment decisions. Our oncology program addresses the main pillars of clinical variation and cost in oncology: drug utilization, ED and hospital admissions, as well as end-of-life care. In an evaluation of 250,000 annual treatment plan reviews, the Oncology Care Program achieved eight-five percent (85%)

approval of initial treatment plans and less than two percent (2%) recommended adverse determinations (see **Exhibit C.24-5**). Of those voluntarily changed (withdrawn or modified and resubmitted by the physician), all resulted in higher-quality treatment, with only nine percent (9%) increasing cost, twenty-three percent (23%) maintaining the anticipated cost of the initial treatment plan and fully sixty-eight percent (68%) achieving lower cost while delivering higher-quality care to the member.

Exhibit C.24-5: Oncology Care Outcome of Treatment Plans and Impact on Cost and Quality



The Cardiology Care Program addresses total cost of care through evidence-based clinical delivery for ninety-eight percent (98%) of all cardiovascular care services, including clinical cardiology, cardiovascular interventions, electrophysiology and cardiac and vascular surgeries. Our national solution reduced cardiology service utilization by 14.3% for professional services, 23.6% for hospital and emergency medical services, 26.1% for hospital elective procedures and twenty-two percent (22%) for hospital emergency procedures.

Proposed Implementation: Passport is currently in the process of implementing Precision Pathways for Passport's oncology and cardiology providers. We have trained over 1,000 providers to date and will continue to in-service more than 500 additional providers over the course of 2020.

C.24.a.ii. If the Contractor, holds NCQA PHM Accreditation, describe the Contractor's implementation of related models, lessons learned, challenges and successes.

Passport Uses the Clinical Program Structure from the Nation's First NCQA-Accredited Population Health Program

Passport Health Plan is fortunate to use the clinical program structure from the nation's first National Committee for Quality Assurance (NCQA)-accredited Population Health program through its relationship with Evolent Health. Evolent is the first organization in the country to receive NCQA accreditation of its PHM program for three years. In 2016, Passport partnered with Evolent Health, a leader in population health that is mission focused on provider-driven and community-based care as the most effective strategy for engaging vulnerable populations. Evolent enhanced Passport's ability to expand our capabilities to provide *value-based care* using technology and strategies to pinpoint member needs and predict potential health problems. Over the last eight years, Evolent has successfully implemented PHM programs in 40 markets across the nation.

This relationship has enhanced Passport's capabilities with leading-edge analytics and technology that use machine learning and artificial intelligence to assess risk levels across the member population and execute on early interventions to prevent adverse events. Evolent's focus on population health makes it a natural partner for a provider-oriented health plan, such as Passport. This partnership helps members engage in their health and receive high quality care that is cost-effective, evidence-based and highly integrated.

Passport's oversight of Evolent will be no different than its oversight of any of its other subcontractors. Passport retains full responsibility for oversight and monitoring of all activities delegated to Evolent and, ultimately, for compliance with Department of Medicaid Services (DMS) and Centers for Medicare & Medicaid Services (CMS) regulations and requirements, just as it does for all of its subcontractors.

Evolent programs are integrated into Passport's day-to-day clinical management. The PHM program is under the direct supervision of the quality improvement director who reports directly to the chief medical officer (CMO). The staff members are a blend of Passport and Evolent staffs, who are co-located and all work in the same member management system. The staff members are listed **in Exhibit C.24-6.**

Exhibit C.24-6: Staff Responsible for Managing and Delivering PHM Program

Population Health Management		
• VP, Clinical Operations	• Program Coordinators	• Population Health Manager
• Embedded RN Care Advisor	• Care Coordinators	• Managers, Clinical Operations
• Telephonic RN Care Advisor	• Business Analysts	• Director, Clinical Operations
• Health Educators	• Project Manager	• Sr. Director, Clinical Operations
• Licensed Social Workers		

Implementation of Related Models

NCQA's focus for population health is on four key areas that are new standards for all health plan accreditations: (1) keeping members healthy, (2) managing members with emerging risk, (3) member safety

and outcomes across settings and (4) managing multiple chronic illnesses. As such, each of our programs and initiatives is centered on these key areas. Passport developed a purposeful strategy to effectively incorporate the clinical program components from the PHM program during its initial development. The model and corresponding programs were implemented approximately four years ago. Upon release of the new NCQA PHM module, Passport's approach to PHM was already closely aligned to the new standards. We will be measuring the effectiveness of the program at the completion of HEDIS 2019, making adjustments as we go and identifying opportunities to implement updated strategies to ensure compliance with the standard.

Lessons Learned, Challenges and Successes

Making the shift from evaluation of single-disease state toward a whole-person focus resulted in the implementation of a suite of new PHM programs in 2016. Replacing an outdated siloed approach with an integrated model was embraced but required major upgrades and resulted in challenges, lessons learned and successes in the following key areas:

- Clinical training
- Enhancements to the population health platform
- Communications with providers
- Data collection and analytics

Clinical Training

The PHM program presented a paradigm shift from traditional disease management programs to whole-person care. For example, risk stratification using predictive modeling was a new concept, replacing disease-based criteria stratification and requiring knowledge of advanced statistical methods.

Challenge: The leadership and front-line teams had to shift their mindset away from one based on reactive management of members who were already experiencing severe symptoms to one that was predictive in nature, identifying members who were emerging risks and did not fit the typical "case management" mold.

Lessons Learned and Successes: To make this change from reactive to proactive successfully, we required the buy-in from the teams who would rely on this advancement. We developed training to support this transition, but the traditional didactic trainings were not effective. In response, the training team developed a creative solution: a real board game. The stratification board games were used in group trainings and engaged the learners in a nonthreating setting, breaking up the lesson into relatable manageable pieces. The key takeaways were discovered by the participants as they navigated the game, instead of being told what they were. This strategy was extremely successful, and team members' acceptance rate of cases from stratification improved significantly. Initially, a majority of cases were closed (requiring the manager to reopen and reassign them), but since the training, which is now part of new-hire training, the acceptance rate meets or exceeds the program targets. See **Attachment C.24-1_New Hire Training Participant Guide** for an example of our training materials.

Challenge: Another key component of the PHM program is the concept of member graduation. This concept was also a paradigm shift for the front-line teams who were accustomed to managing members in perpituity, often for years. The triple aim, which is foundational to PHM, pursues three dimensions: improving member experience of care (quality and satisfaction), improving the health of populations and reducing the per capita cost of health care. Synthesis of the the triple aim and the NCQA PHM standards resulted in identifying the need to incorporate evidence-based interventions that would lead to an improved and sustainable outcome for members. Self-management was chosen to incorporate and is core to the PHM programs to ensure that members are empowered to engage in their health and can successfully graduate from our care programs.

Lessons Learned and Successes: Passport developed additional training, but again, traditional didactic methods were ineffective and, instead, interactive sessions were created that provide the opportunity to practice the self-management techniques. Training the front-line teams was not enough to make this intervention successful. Additional support was provided to managers through the development of an encounter audit tool. This tool provides team members with constructive feedback on their use of self-management training skills, including the use of motivational interviewing. While the process was designed to support team members, ultimately, it benefits members on their path to managing their health care independently.

Enhancements to the Population Health Platform

In addition to clinical training, the technology platform (Identifi) required enhancements to support the new Population Health program strategy fully. Because the PHM program is dynamic in nature—members can move from one risk level to another as their health changes—our technology platform also needed to be dynamic.

Challenge: The clinical operations teams needed to be able to manage members who were being stratified for multiple interventions or programs without relying on traditional paper-based reports, which can result in duplicative touch points or members “falling through the cracks.”

Lessons Learned and Successes: Identifi was improved to assign members who are identified for multiple programs to the highest acuity program. As a result, the platform provided the users with a single queue or work list to track and manage all members in one place.

Challenge: The amount of data gathered and available for every member was significant, and we needed to find a way to display it in a meaningful and useful manner. Team members were recruited to participate in product development sessions and time studies. Through this research, we found that nurses, in particular, were spending on average 30-60 minutes reviewing a member’s record and synthesizing information before doing any outreach.

Lessons Learned and Successes: A “Persistent Member Details” dashboard was created within Identifi to improve efficiency, synthesize information and provide the user with a comprehensive understanding of the member in just minutes. Information such as predictive risk scores, number of inpatient stays and ED visits in the current and past year, laboratory data, SDoH, active programs, conditions, best time and way to reach

the member and other pertinent data are included. Also, real-time dashboards assist the individual in prioritizing activities to ensure critical timelines are not missed and for tracking the team's performance.

Communications with Providers

The shift to the PHM program also required our providers to undergo meaningful behavior changes in how they thought about high-risk, high-need members. It involved moving away from focusing solely on members who were high cost or high users while also creating room for proactive management of emerging risk members.

Challenge: Providers were used to referring only members who were extremely complicated. While those members still require support, other critical parts of the population have been largely overlooked. For example, the members who were complicated but did not present to the primary are provider (PCP)/speciality office would be missed. Members at high risk of an avoidable hospital stay, readmission or ED visit in the next six to 12 months who were not symptomatic (which is typical) were not referred because of the lack of visibilty.

Lessons Learned and Successes: Supporting the provider's transition from fee-for-service management of members to a value-based philosophy required a team effort. Communications, presentations and in-person meetings were developed specifically for this audience to help providers understand the paradigm shift from disease management to population health. Passport's CMO, physician leaders and population health managers who provide dediated practice support, played key roles in disseminating the information and obtaining buy-in on the new risk-scoring methodology. The providers are pleased with the results: Fewer members have been admitted or readmitted, and more gaps in care are addressed by their extended care team at Passport.

Data Collection and Analytics

True population health requires a broad focus on the whole person rather than his/her disease, which requires a holistic picture of clinical, behavioral, mental and social data to fuel member identification and risk stratification for a program or initiative.

Challenge: Developing this whole-person view requires that data from numerous disparate sources are aggregated on a member level, and advanced statistical methods are applied routinely and in as real time as possible. This process supports timely identification and intervention with our at-risk members.

Lessons Learned and Successes: As we made the shift to population health, we identified the need for advanced analytics to conduct routine in-depth population health assessments, identify areas of disparity within the populations and subpopulations, highlight gaps in care and assess opportunites for quality improvement. Data were aggregated in a single enterprise data warehouse, and a team was put in place to manage and apply analytics to support the population health strategy. The team proactively monitors for trends, identifies areas of opportunity and conducts rigorous program evaluations, including propensity-

score, matched, longitudinal case-control studies to quantify the effect of our our PHM initiatives. For example, we have quantified the success of our Complex Care Management program, demonstrating a twenty percent (20%) reduction in total medical expenses, thirty-two percent (32%) reduction in inpatient admissions and thirty-five percent (35%) decrease in ED visits (n = 1,322).

While Passport's model was already centered on an integrated continuum of care, NCQA's recognition of the importance of this approach provides additional validation of integrated, whole-person PHM. In anticipation of our health plan reaccreditation in the summer of 2020, Passport updated our PHM program and implemented changes in 2018. Our CM programs have been operating under the NCQA Population Health program standards since that time.

C.24.a.iii Plan to ensure high levels of Enrollee participation across all priority populations and conditions, including innovative methods for contacting and engaging Enrollees to initiate completion of Health Risk Assessments and Enrollee Needs Assessments.

Ensuring High Levels of Member Participation for Priority Populations and Conditions

Regardless of how successful our programs may be in driving outcomes, if members do not engage in the programs, we will not achieve success. Our provider-driven structure combined with our history in Kentucky has provided insight into specific strategies we can use that will resonate with our membership. Across our organization, we leverage multiple strategies to ensure high levels of member participation, focusing on priority conditions and populations identified by the cabinet and by Passport. Priority conditions include asthma, heart disease, diabetes, obesity, tobacco use, cancer, infant mortality, low birth weight, BH, SUDs and chronic obstructive pulmonary disease. Priority populations include all members with special health care needs and high-risk pregnant women. Passport identifies additional priority conditions and populations as needed based on our annual population assessment.

Innovative Methods for Contacting and Enrolling Members

We outreach to members using a variety of methods, which depend on risk level, population or condition; social circumstance; and member preference. Prior to outreach, care team members review a member's whole-person profile, including clinical, behavioral and social data to ensure a tailored approach to meet members where they are. The following is a sample of strategies to contact members and innovative ways to tailor our approach for each member.

- **Member Texting and Emailing:** As a best practice in communicating health-related information, Passport leverages a new communication platform and a secure member portal. Messages regarding care gaps, appointment reminders and other health information is sent via text message or email. Outreach is done in collaboration with provider offices to reinforce the provider as the key relationship with the member.

- **Provider Engagement and On-Site Support:** Passport leverages its close provider relationships to train providers in the benefits of Passport's PHM program, share direct contact information for the care team and encourage eligible members to participate in population health services. We also attempt to enroll members face-to-face at high-volume primary care practices.
- **CHWs in the Community:** In 2018, Passport added CHWs to our PHM team. These community-based team members conduct face-to-face visits in member's homes, provider offices and elsewhere in the community.
- **Homeless and Refugee Services:** Passport provides ongoing face-to-face member/benefits education sessions throughout the year at various transitional and homeless shelters throughout the Commonwealth. Local refugee resettlement agencies are provided with face-to-face support for newly arrived refugees to help ensure that they can navigate, access and receive quality health care in the communities where they now live.
- **Health Outcome Campaigns:** Passport uses interactive voice response (IVR) calls and follow-up live calls for health outcome campaigns, brochures to encourage working with PCPs to address the management of chronic conditions rather than seeking care in the ED and regular feedback about the effectiveness of our communication practices.
- **Targeted Telephonic Outreach:** Passport uses on-hold telephonic messages and automated outbound call technology. If we do not have a good phone number on record, we'll check with providers and pharmacies for updated information.

In addition, Passport sends eligible members **evidence-based member education materials**, culturally sensitive **postcard** reminders for specific overdue screenings and the **New Member Handbook**, which contains information about our special programs and their contact information.

As part of our outreach efforts, Passport makes at least three attempts by telephone to enroll identified members into our programs, and we later recontact members who have previously declined participation to attempt enrollment again. Members who request to not be contacted again are placed on a "do not call" list.

If we are unable to reach members telephonically, **Passport deploys a "boots on the ground"** approach, which sends specially trained care coordinators and CHWs into the community to knock on doors, visit shelters and encampments, talk to local law enforcement and community service providers, etc., to locate difficult-to-find individuals and enroll them in services. Based on our long-standing history working closely with Kentucky Medicaid members as a community-based plan created *by Kentuckians for Kentuckians,* Passport has learned that reaching and engaging members often requires a collaborative effort with various community partners across the Commonwealth. See **Exhibit C.24-7** for examples of locations or events where we outreach, educate and enroll members into care services, showcasing the deeply embedded relationships Passport has across the Commonwealth not only within the geography but also *within* each community.

Exhibit C.24-7: Examples of Community Outreach and Community Engagement

Locations/events in our community where we outreach, educate and enroll members into care services:	
• Community area ministries • Homeless shelters • City and community development centers (such as the Neighborhood Place) • SUD recovery centers (such as the Healing Place) • Prisons • Community kitchens (especially in the western counties where rural areas provide additional help for those members needing nutritional assistance) • Community centers • Libraries • Pregnancy centers	• Health departments and other health care facilities • Community action agencies • Apartment complexes • Mental health and substance abuse facilities • Churches • Reentry facilities • Extension offices • Colleges • Career centers • Goodwill and other thrift centers and food pantries • Salvation Army • Numerous other advocate locations

Innovative Methods for Engaging and Activating Members in Their Health

Passport is the first in the country to have NCQA Population Health accredited programs, and as a leader in this space, we are setting the standards for member engagement and delivery of services and care for the country. As part of this new standard, we have redefined how we measure member engagement. While most MCOs consider members "engaged" if they receive a flyer about an available clinical program or made contact of any kind with members, we understand what really matters in improving health outcomes is the true activation of our members in their health.

Passport Definition of Member Engagement

A member is "engaged" in our programs once he/she has agreed to enroll in the program and *completed a comprehensive program-specific assessment.*

Even with this stringent definition, our member engagement rates are greater than forty percent (>40%), exceeding industry standards

As such, we only consider a member engaged in our PHM program once they have agreed to enroll in the program *and completed a comprehensive program-specific assessment.* A member's active participation signals that he/she is truly engaged in his/her health care. So, while we may have successfully interacted with sixty-two percent (62%) of our high-risk membership, we believe that our true engagement rate of more than forty percent (40%) is not only the best in Kentucky but also across the country. Examples of engagement methods include the following:

- **Motivational Interviewing:** Once members are identified, Passport leverages proven engagement strategies that deliver results. Passport Care Advisors are trained in the Transtheoretical Model (stages of change), which helps them to assess how ready each member is to make positive health changes. When members are not yet ready for change, Care Advisors use motivational interviewing techniques to help move the member toward a greater level of activation/readiness. All PHM programs are member-centric, with members prioritizing goals for their care plans while involving their providers in the process.
- **Provider Engagement:** Passport's collaboration with the member's PCP and specialists regarding care planning helps to reinforce the forward progress to be gained from engagement. We work with practices to deliver information on identified high-risk members, care gaps and CM enrollment status. Providers who use our provider-specific technology application (Identifi Practice) can view CM enrollment status and care plans in real time. With this information at their fingertips, providers can work to engage members during routine office visits with swift follow-up from the Passport care team to activate the intake process.
- **CHW Interactions:** In 2018, Passport added CHWs to our PHM team. These community-based team members conduct face-to-face visits in members' homes, provider offices and elsewhere in the community. The CHWs serve as advocates, helping members to schedule doctor appointments, obtain the necessary resources to resolve barriers related to SDoH and assess for literacy and/or interpretation services that may be needed. CHWs teach members through self-management support to be engaged in their health care and how to take charge of making the resource arrangements.
- **Homeless Services:** Passport provides ongoing face-to-face member/benefits education sessions throughout the year. These sessions are conducted at the various transitional and homeless shelters throughout the Commonwealth. Special attention is given to those victims of domestic violence residing in emergency shelters. Passport also has a social worker embedded at a local federally qualified health center serving the homeless. The social worker interacts face-to-face with members there to resolve coordination of care needs.
- **Refugee Services:** Passport provides a Refugee Care Coordination program to help refugee members get the care they need. The refugee specialist works directly within local refugee resettlement agencies and provides face-to-face support to newly arrived refugees to help ensure that they can navigate, access and receive quality health care in the communities within which they now live. The refugee specialist assists with addressing barriers that refugees face when in the health care system. Work with members is done face-to-face or on the phone. The refugee specialist addresses transportation issues, language access problems and cultural differences, along with providing education on the local health care and social service delivery system and how to access needed services.
- **Identifi Engage:** A mobile app supported on both Android and iOS platforms that is aimed at fostering member engagement to manage care and improve outcomes effectively. Designed for members and their designated caregivers to easily interact with their care team, the secure mobile application provides bidirectional messaging (chat) capability between the care team and members to promote communication and engagement in the program.

- **Walk-In Services:** Passport members are welcome at our offices at any time. When members have questions or concerns, they sometimes stop in our offices to speak with someone face-to-face. As their concerns are being resolved, this is another opportunity to engage members to complete an HRA or even to engage in a CM program and complete a comprehensive assessment. When Passport's Health & Well-Being Campus is complete, we will be able to engage many more members in this way since the campus will be located in the community where such a large portion of Passport members reside.

Innovative Methods to Initiate Completion of HRAs and Enrollee Needs Assessments

Completion of an HRA is an important touchpoint between the member and Passport. As part of our New Member On-Boarding Plan, we provide multiple opportunities for members to complete the HRA.

- Our **Care Connector outreach representatives** conduct customer-friendly member welcome calls, introducing members to Passport. During this call, the representative conducts the HRA, asking members questions about their health and well-being status and assisting members with making an appointment with their PCPs for an initial medical assessment.
- **CHWs** assist members in completing HRAs as part of their community outreach.
- Passport's **new member web page** is tailored to meet the needs of members who are brand new to our plan and provides a straightforward checklist that members can use to take charge of their health, including completing the HRA on the web page, which is easily accessible through a link.
- Passport's **member portal** provides tools for members, including the ability to complete the HRA online.
- Passport strives to keep our new members engaged throughout their first 90 days on the plan. We have created a series of **new member online videos**—short instructional videos designed to guide our new members during this time. Our *About the HRA Form* and *7 Simple Steps for New Members to Complete During the New Member Process* videos will address the importance and ease of completing the HRA.

As required by the contract, Passport will conduct HRAs of new members who have not been enrolled with Passport in the prior 12-month period within 30 days of enrollment or earlier if the member is identified via other information or self-identifies as having specific health care or social needs. Passport will make at least three attempts to contact members in person or by telephone to complete the HRA. The three attempts will occur on different days and at different times. If we do not reach the member by telephone or in person, a letter with a number for the member to call will be mailed. If we do not have an active telephone number for the member, we will reach out to the member's PCP or other health care providers to try to obtain a usable number or other methods they have used to contact the member successfully. **Passport Go** (a proprietary Passport best practice platform used to communicate health-related information via text and IVR) is also accessed for member phone numbers.

Priority Conditions

- Asthma
- Heart disease
- Diabetes
- Obesity
- Tobacco use
- Cancer
- Infant mortality
- Low birth weight
- BH and SUD
- Other conditions, including homelessness, refugee, foster care and guardianship

Priority Populations

- Adults and children with special health care needs
- High-risk pregnant women as determined by providers
- Other populations as determined by Passport

In addition, if we have information that a member is pregnant, we will conduct an additional HRA within 30 days of notification. If determined pregnant, the member will be referred for prenatal care. HRAs will also be conducted annually to identify any new health care or social needs and at other times as deemed appropriate by Passport or DMS.

Following HRA completion, Passport will determine if the member should have a needs assessment completed.

Completion of a needs assessment is a foundational component of the care planning process and must be completed directly with a member of the care team. The needs assessment includes, at a minimum, the following:

1. Member's immediate, current and past health care, mental health and SUD needs
2. Psychosocial, functional and cognitive needs
3. SDoH, including employment and housing status
4. Ongoing conditions or needs that require treatment or care monitoring
5. Current care being received, including health care services or other CM
6. Current medications, prescribed and taken
7. Support network, including caregivers and other social supports

Once enrolled in a program, completion of the needs assessment provides the care team with a much more in-depth view of the member's conditions, barriers to care, presence of poorly managed symptoms, medication adherence issues, beliefs and preferences with regard to his/her care, assessment of health literacy and much more. The needs assessment also informs Passport of the intensity of services required.

The needs assessment is completed initially upon agreement to participate in a program and will be repeated if the member's condition changes. For example, if a member is engaged in a Condition Care program for diabetes and is admitted to the hospital, an additional assessment would be completed to assess his/her current condition and needs. Time to complete a needs assessment varies based on the program. For example, the assessment for the Transition Care program must be completed in three (3) days following notification of discharge, while the assessment for the Complex Care program allows for up to 30 days upon identification of the member.

Passport will make at least three attempts to contact members in person or by telephone to complete the HRA and enrollee needs assessment. The three attempts will occur on different days and at different times. If we do not reach the member by telephone or in person, a letter with a number for the member to call will be mailed. If we do not have an active telephone number for the member, we will reach out to the member's PCP or other health care providers to try to obtain a usable number or other methods they have used to contact the member successfully. The Passport Go database is also accessed for member phone numbers.

Passport will share the findings of the needs assessment with the member, the member's PCP or other referring provider and other Passport CM team members within 14 days of completion. The findings will only be shared following consent of the member and to the extent required by law. Findings will include Passport's recommendation for receipt of PHM program services.

C.24.a.iv. The Contractor's approach to each of the three PHM Program defined risk levels: health promotion and wellness, management of chronic conditions, and complex care management. Include information about the following for each risk level:

Passport's Approach to the PHM Defined Risk Levels

Passport uses a fully integrated, holistic, member-centric approach aimed at improving health outcomes, educating, engaging and empowering members to improve their health care and engage in their care. Our philosophy nurtures our approach to deliver high quality care, provided with compassion and respect for the member's preferences and values. Our model reveals the needs of the enrolled population across the entire health and illness continuum, including SDoH, and enables us to identify ways to provide services and supports to help members improve their quality of life. Passport's strategy is culturally sensitive and team-based, with an emphasis on medical and nonmedical drivers of health while reducing inappropriate utilization and costs. It supports the whole person, addressing physical health, BH, functional and social needs (see **Exhibit C.24-8**).

Exhibit C.24-8: Alignment of Passport Programs and Initiatives to PHM Defined Risk Levels

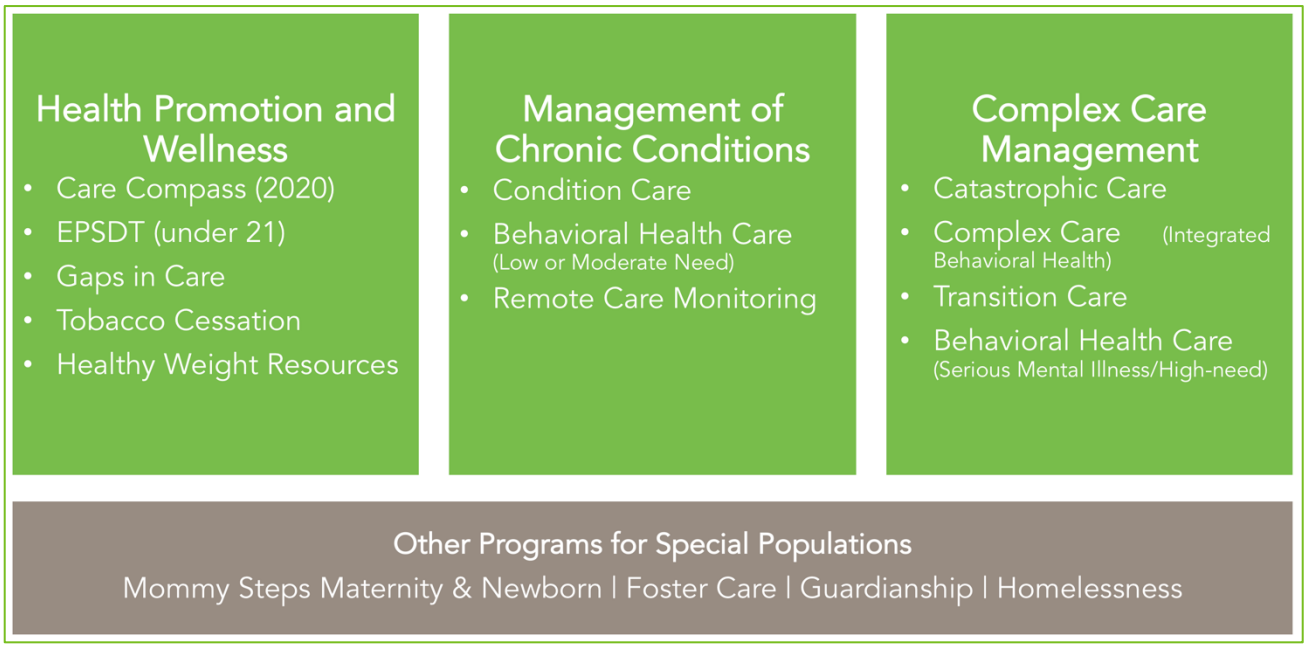


Exhibit C.24-8 shows how Passport's program and initiatives map to the PHM risk levels. The following is a short description of each program or initiative by PHM risk level.

Health Promotion and Wellness

Passport makes all programs available to all members, regardless of their risk score. For example, an individual enrolled in Complex CM can also participate in the smoking cessation program. Health promotion and wellness initiatives underscore everything we do with a focus on prevention and healthy living.

- **Care Compass (coming in 2020):** Leverages Passport's deep community engagement efforts to support members' nonclinical needs through a direct focus on care coordination, support and customer service
- **Early and Periodic Screening, Diagnosis and Treatment (EPSDT) (under 21):** Provides comprehensive preventive physical and mental health care, dental, developmental and specialty services to detect the early diagnosis and treatment of medical and/or behavioral conditions, which, if undetected, could become serious health care issues. This program overlays the Kentucky SKY program to provide additional services and supports
- **Gaps in Care:** Passport's multipronged approach to identify and address gaps in care. Elements include the following:
  - **Telephone Outreach Program:** Provides text message reminders through member phones for wellness services, such as well visits or mammograms, and provides a Care Coordinator phone number for assistance in scheduling breast cancer screening. Uses **TracFone** and other available phone numbers for outreach

  - **Care Messaging SMS:** Mobile texting initiative available to all members enrolled in **TracFone** or using the member's personal phone for outreach programs to support care campaigns. The Passport Go database is also accessed for member phone numbers
  - **Member Incentives:** Available to all members to encourage healthy behaviors. This program includes gift cards and vouchers worth up to $100 for use at retail stores, drug stores or a restaurant of their choice
- **Smoking Cessation Programs:** Covered benefit available to adults and adolescents who wish to quit smoking. The program includes pharmacy coverage, education and guidance and online resources. Passport offers a $50 health incentive for tobacco users who complete a smoking cessation program
- **Healthy Weight Resources:** Support members diagnosed with overweight or obesity in reducing their weight through culturally appropriate and "body positive" education and tools

Management of Chronic Conditions

- **Condition Care:** Supports members with asthma, chronic obstructive pulmonary disease, coronary artery disease (CAD), diabetes and heart failure using condition-specific education and Action Plan development. Pregnancy care and BH programs are also available
- **BH Care:** Fully integrated program for members who experience mental health and/or SUD challenges
- **Remote Care Monitoring:** Support education of members regarding their chronic disease symptoms with Bluetooth-enabled tools to recognize worsening symptoms and apply an intervention, as warranted, before going to the ED or hospital

Complex Care Management

- **Catastrophic Care:** Coordinates services for members with catastrophic and intensive needs using a multidisciplinary care team, led by the member's PCP and overseen by a primary Registered Nurse Care Advisor (RN CA). The team-based model focuses on optimizing the health of the member using the broad skills of the PCP, RN CA, registered dietitian, licensed social worker and pharmacist to develop and implement personalized care plans
- **Complex Care:** Supports the practitioner-member relationship and plan of care, emphasizing the prevention of exacerbations and complications of co-occurring chronic diseases (BH integrated) through evidence-based practice guidelines and evaluating clinical member experience and economic outcomes on an ongoing basis with the goal of improving overall health
- **Transition Care:** Supports our members to safely and seamlessly transition back to their homes after an inpatient medical or behavioral stay and reduce readmissions for recently hospitalized members. Our care team develops a member-centric transition of care plan, including medication reconciliation and completing appropriate medical appointment follow-up and coordinates the appropriate level of care to help our members remain in their home environments and have a lower risk for hospital or ED readmissions
- **BH Care (Integrating Physician Health):** Supports members with a primary BH diagnosis, including SUD, who are at risk of an inpatient stay (behavioral or medical) through health education, self-management support and care coordination, as well as consultation with an RN CA (as needed) to address the whole health of the member

Other Programs for Special Populations

- **Mommy Steps Maternity and Newborn Program:** Supports members at *all risk levels* through pregnancy and 10 weeks postpartum, with the goal of promoting healthy pregnancies, reducing pregnancy-related complications and improving birth outcomes. These programs also focus on prevention of low birth weight and infant mortality.
- **Foster Care Program:** Passport's Foster Care team works with members, parents, Department for Community Based Services (DCBS) social service workers, foster parents and other placement-setting staff to ensure Kentucky's foster children have access to the care and services they need. Our care coordinators assist with coordination of care needs, such as scheduling appointments, closing care gaps and making connections between PCPs and specialists. Our foster care specialists intervene with more clinical needs, and they travel the Commonwealth meeting with DCBS service region staff to best understand the needs of foster children in Kentucky's diverse communities.
- **Guardianship Care:** Passport's Guardianship program is focused on ensuring individuals in state guardianship have access to the care and services they need. This is a particularly vulnerable population of members, many with severe mental illness (SMI) and/or developmental and intellectual disabilities (DID), who are often placed in the care of strangers. Our guardianship specialists travel to personal care homes across the Commonwealth, meeting with our members and their caregivers and working with members' legal guardians at Department for Aging and Independent Living (DAIL) to help ensure our members receive the care and services needed to help improve their health and quality of life.
- **Homeless Services:** Passport provides ongoing face-to-face member/benefits education sessions throughout the year. These sessions are conducted at the various transitional and homeless shelters throughout the Commonwealth. Special attention is given to those victims of domestic violence residing in emergency shelters.
- **Refugee Services:** Passport provides a Refugee Care Coordination program to help refugee members get the care they need. The refugee specialist works directly within local refugee resettlement agencies and provides face-to-face support to newly arrived refugees to help ensure that they can navigate, access and receive quality health care in the communities within which they now live. This social worker assists with addressing barriers that refugees face when in the health care system. The social worker works with the members face-to-face or on the phone, addressing transportation issues, language access problems, cultural differences and education on accessing needed services in the local health care and social service delivery systems.

C.24.iv.a. Tools the Contractor will use to identify Enrollees and their risk levels and to support services provided.

Tools Used to Identify Members and Risk Levels

A summary of tools used to identify members by PHM risk level is provided in **Exhibit C.24-9** and explained in more detail in the paragraphs that follow. Passport uses these tools to collect and aggregate various data for initial identification of members and subsequently for determining their risk level through a defined stratification methodology.

Exhibit C.24-9: Tools Used to Identify Member and Risk by PHM Risk Level

PHM Risk Level	Tools Used to Identify Members
Health Promotion and Wellness	• HRAs • Member needs assessment • SNI • Care gap and disease registry tools • Referrals • 24/7 free nurse advice line
Management of Chronic Conditions	• HRAs • Member needs assessment • UM data • Referrals • Care gap and disease registry tools • SNI • Predictive analytics/risk stratification • 24/7 free nurse advice line
Complex CM	• HRAs • Member needs assessment • UM data • Referrals • Care gap and disease registry tools • SNI • Predictive analytics/risk stratification • 24/7 free nurse advice line

Our PHM program brings clinical, financial and operational data together from across the organization and provides unbiased actionable analytics for us to identify members at all risk levels to improve care and reduce disparities. These data are sourced from numerous tools that capitalize on all touchpoints of the member to ensure a holistic and complete member profile and are summarized as follows:

- **HRAs:** Passport's standardized and clinically tested HRAs may provide the first pieces of information about a new Passport member. The PHM team has developed scoring logic for the HRA to determine if a member should be referred to a PHM program based on his/her responses. If a member is flagged for outreach because of multiple responses on the HRA, it is an indication that the member's risk level is higher, and the member may benefit from a more intensive PHM program. As stated earlier, the HRA scans for the following priority conditions and populations:

- Priority Conditions
  - Asthma
  - Heart disease
  - Diabetes
  - Obesity
  - Tobacco use
  - Cancer
  - Infant mortality
  - Low birth weight
  - BH and SUD
  - Other conditions, including homelessness, refugee, foster care and guardianship
- Priority Populations
  - Adults and children with special health care needs
  - High-risk pregnant women as determined by providers
  - Other populations as determined by Passport

- **Member Needs Assessments:** Risk level can also be determined through a comprehensive assessment, which helps us best understand our members and their unique needs. Assessment elements include the following:
  - Demographic information
  - Member's immediate, current and past health care; mental health; and SUD needs
  - Psychosocial, functional and cognitive needs
  - SDoH, including employment and housing status
  - Ongoing conditions or needs that require treatment or care monitoring
  - Current care being receiving, including health care services or other CM
  - Current medications, prescribed and taken
  - Support network, including caregivers and other social supports
  - Other areas as identified by the Contractor or Department
- **UM Data:** Passport also uses UM information to determine a member's risk level and make appropriate referrals. A member with a recent inpatient stay related to an ambulatory sensitive condition, for example, may be at high risk for a readmission and referred to the Transition Care program.

- **Referrals (Provider, Member/Family, Community):** Referrals remain an excellent method of understanding a member's specific needs. Because of deep relationships built with providers, we regularly receive referrals from practitioners who are concerned about their members. For example, obstetricians regularly send notifications to Passport regarding new or high-risk pregnancies. Similarly, pediatricians regularly refer children with obesity for assistance from our dietitian. The member can also self-identify for program inclusion. Recommendations from the member's family or the community are also considered.
- **SNI:** Passport uses external data to detect any SDoH risk factors affecting our members to provide better comprehensive CM services. Our system integrates dispersed SDoH data sources at different levels (e.g., individual, census block, census track) across five main domains: housing instability, transportation barriers, food insecurity, financial stress and health literacy. While these factors are already included in our risk-stratification algorithm, late in 2020, the platform will create a distinct SNI (with five levels) to indicate SDoH-related risks, which could affect members' health outcomes.
- **Care Gap and Disease Registry Dashboards and Reports:** Passport uses ongoing monitoring of care gaps and newly diagnosed conditions across the population to identify members in need of additional support. These reports are highly configurable, ensuring actionable information that is pertinent to the population and established care goals.
- **Care for You 24/7 Free Nurse Advice Line:** Direct clinical consultation is available 24 hours a day, seven days a week to provide advice on various health-related topics. Reasons to call include to seek help with deciding if a medical issue or need requires immediate attention, to learn about a health or medical concern or to better understand and follow doctor's orders or prescribed treatment plan. When appropriate, 24-hour nurses refer members to Passport's CM team for ongoing care coordination and/or CM services.
- **Predictive Analytics/Risk Stratification:** For those members with higher acuity needs, Passport employs an advanced machine learning model that uses artificial intelligence to predict the probability of an adverse event to determine risk level. A description of our stratification model is included in the following section (**C.24.iv.b**).

C.24.iv.b. Risk stratification methodology and descriptions of the types of data that will be used.

Risk Stratification Data and Methodology That Is Unbiased and Highly Accurate

A summary of risk stratification methodology and data by PHM risk level is shown in **Exhibit C.24-10** and explained in more detail in the paragraphs that follow. Passport implements a risk stratification methodology to determine risk of our overall population and to identify individual member risk levels. Based on this, we provide tiered services within each risk level. These functions are fully implemented and are regularly updated as review effectiveness of these tools.

Exhibit C.24-10: Risk Stratification Methodology and Data by PHM Risk Level

PHM Risk Level	Risk Stratification Methodology	Data Types
Health promotion and wellness	• Rules-based criteria • Referral	• Medical and behavioral encounters • Pharmacy prescriptions • Laboratory results • HRA • Program Needs Asssessment • Electronic health records • Health plan UM case notes • Advanced KY data sources (e.g., immunization registry) • SDoH sources (census tract, household, member-level)
Management of chronic conditions	• Rules-based criteria • Advanced machine learning algorithms	
Complex care management	• Rules-based criteria • Advanced machine learning algorithms	

Across the country, health plans and providers use predictive models that rely heavily on past health expenditures to project future spending, rate each member's level of risk for future health problems and provide additional resources based on those risk scores. However, this cost data does not account for disparities within the popualtion. For example, on average African American patients use health services at lower rates than Caucasian members. Based on the utilization difference, the analytical results could be detrimental for members who desperately need attention—not only do they face greater barriers to care, but those barriers often hide their true level of clinical need and deprive them of CM resources.

Choosing the right outcome is the single most important decision in constructing a model to predict a population's and member's risk of future medical needs. That outcome should focus on an event we want to avoid—not the cost—and it must be very specific. For example, Passport's models predict the likelihood of an "impactable" hospital admission within the next six months. By design, this approach avoids the structural bias inherent in using medical expenses as the primary outcome. In contrast to models that rely on past health care costs to predict future need, **Passport's models recognize that the lack of certain encounters can sometimes be a strong predictor of future hospitalization**. For example, if a member has diabetes and hypertension but does not see his PCP, that fact might actually increase the chance of an admission over a member who regularly sees their PCP. That member will have a higher risk score in our model so he does not fall thorugh the cracks.

Passport's leading risk stratification can accurately predict an impactable adverse event *before* it occurs over 80% of the time

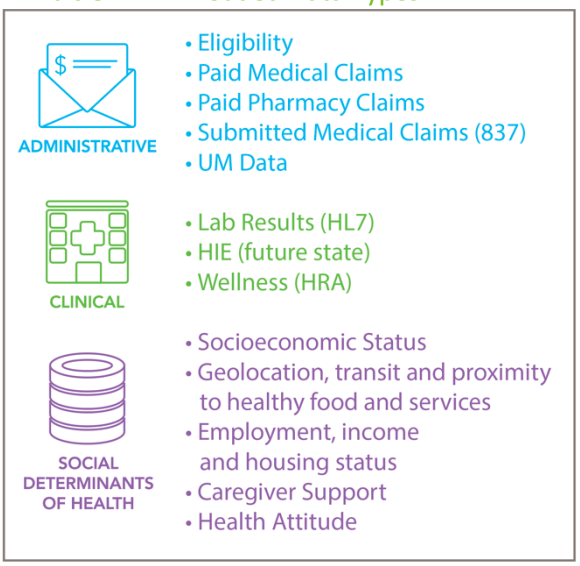
Passport employs this unbiased approach to to determine risk of its overall population and to identify individual member risk levels.

Data Types Used in Stratification Methodology

Our stratification methodology starts with the data. Passport combines data from multiple sources to use in its population stratification and program eligibility process shown in **Exhibit C.24-11**. The following data are incorporated into our risk stratification algorithms:

- Medical and behavioral claims/encounters
- Pharmacy claims; laboratory results, when available
- HRA
- Electronic health records, when applicable
- Health plan UM and/or PHM case notes
- Advanced data sources, such as the Commonwealth of Kentucky immunization registry

Exhibit C.24-11: Loaded Data Types



In addition, Passport also integrates external data sources to ensure a complete picture of SDoH of our members that includes :

- U.S. Census Bureau's ACS, which tracks more than one 100 data elements regarding education, poverty and housing status by specific neighborhoods
- U.S. Department of Transportation encapsulating their affordability index, walkability index, food access and supermarket availability by location
- EPA Smart Location Database provides air quality and pollution information
- USDA records on food scarcity and deserts. Identifi continues to evaluate and add other data sources.

Passport has also invested in external data sources, including consumer data, to get a more accurate picture of the member. Through this relationship, we access member and household-level information in the following areas to ensure our outreach approach is both focused and tailored to the member's situation:

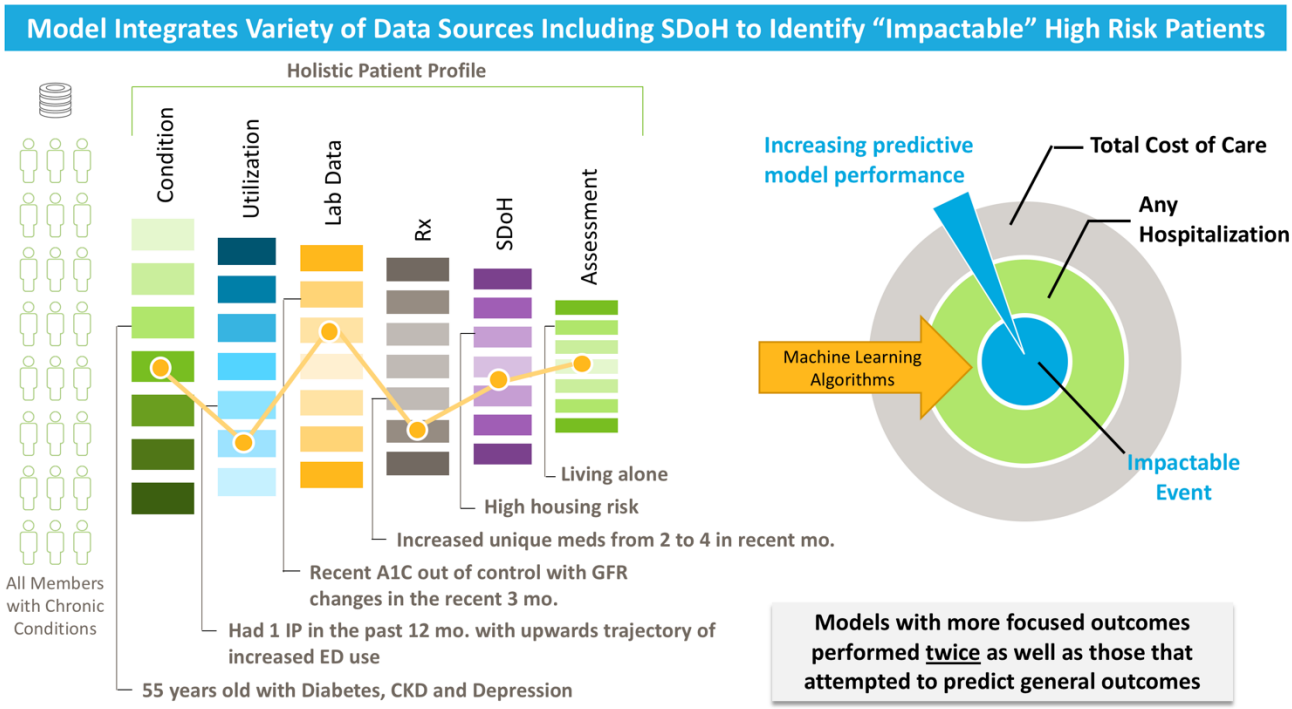
- Psychographic Behavior/Attitudes: Understanding patients' attitudes is key to influencing their behavior so we gather information on technology adoption (wizards vs. novice), preference for message channel (digital vs. face-to-face), attitude on health (indifferent vs. active), and other lifestyle preferences.
- Household profile: We use more than 200 data elements to evaluate housing situation (renter or homeowner), household income, education level (e.g., high school, college, etc.), household composition (living alone vs. family), access to automobile and occupation.

Industry-Leading Predictive Modeling Results for Improved Performance

The availability of comprehensive data sets enables our platform and analytics teams to analyze the data sets in innovative ways. Our data scientists mine millions of data points and signals for our members and identify the key risk factors that impact member outcomes across care. The team analyzes historical data

patterns that accounts for the temporal nature of different events for members and deeply understand the different member trajectories using the most advanced machine learning techniques, including neural networks, gradient boosting and clustering algorithms. This information is used to predict the probability of an adverse event incurring that is impactable through our PHM program as shown in **Exhibit C.24-12.**

Exhibit C.24-12: Data Sources to Identify Impactable Events



One of the most frequently cited measures of predictive performance is the model's c-statistic, which is the measure of the area under a Receiver Operator Characteristic (ROC) curve. A c-statistic of 0.5 indicates a random chance at predicting a future event (e.g., a coin toss), while a value of one is a perfect predictor. A model with a c-statistic of 0.8 or higher is considered to have strong predictive ability. In 2012, the Mayo Clinic presented a meta-analysis of the performance of risk stratification methods at predicting inpatient and ED encounters at the Academy of Health Conference. Our c-statistic is 0.82, significantly higher than the rest of the industry and indicative of strong predictive ability as illustrated in **Exhibit C.24-13**.

Exhibit C.24-13: Passport's Predictive Stratification Performance for Complex Care Compared to Industry Standards

PREDICTIVE MODEL PERFORMANCE[1]		
Model	**ED Visits c-statistic**	**Hospitalization c-statistic**
Johns Hopkins Adjusted Clinical Groups (ACG)	.67	.73
Charlson Comorbidity Measure	.59	.68
Passport Complex Care Predictive Model	**.81**	**.86**
	.82*	

Passport's risk stratification is fully implemented and is conducted on an ongoing basis, no less frequent than monthly and as often as daily depending on availability of data streams. Passport updates risk stratification approaches based on suggested changes in service needs of our member and providers. For example, our providers and care teams requested a way to risk stratify members based on their predicted social needs. In response, Passport developed the Social Needs Index to quantify social needs in a single score to support outreach and management efforts.

C.24.iv.c. Methods to identify Enrollees for each of Kentucky's priority conditions or populations.

Identifying Members for Kentucky's Priority Conditions or Populations

Exhibit C.24-14 is a summary of our methods for identifying members for each of Kentucky's priority conditions or populations. The information below is also an input into our risk stratification model.

Exhibit C.24-14: Methods to Identify Members for Kentucky's priority conditions or populations

Kentucky's Priority Conditions or Populations	Method(s) to Identify Member in Addition to Diagnosis
Asthma	• Controller medication, rescue inhalers, specialist visits, self-reported, referrals
Heart disease	• Procedures and surgery (e.g., angioplasty), medications and comorbidities, self-reported, referrals
Diabetes	• Medications (metformin, insulin), complications (kidney, eye damage), treatments, lab results, self-reported, referrals
Obesity	• Self-reported, biometric data (when available), UM/CM notes, referrals

Kentucky's Priority Conditions or Populations	Method(s) to Identify Member in Addition to Diagnosis
Tobacco use	• Self-reported, UM/CM notes on tobacco cessation program, referrals
Cancer	• Treatment and procedures, drug usage (e.g., Avastin), self-reported, referrals
Infant mortality	• Maternity history, prenatal care regimen, demographics
Low birth weight	• Maternity history, prenatal care regimen, demographics, UM case notes
BH and substance use disorder	• Medications, specialists, place of service (e.g., psychiatric facility), self-reported, referrals
Additional Conditions or Populations of Focus	
Members with special health care needs	• Treatment and procedures, specialist visits, place of service, durable medical equipment (DME), self-reported, referrals
High-risk pregnancy	• Maternity history, prenatal care regimen, demographics, prescribed over-the-counter (OTC) medications (e.g., prenatal vitamins, folic Acid), 834 files
Foster care/guardianship	• Eligibility files
Homelessness	• Eligibility files (frequent address changes), geo mapping home address that reflect shelter or temporary housing, consumer data housing status (renter/homeowner)

Passport uses multiple methods for identifying members for care deeply rooted in evidence-based medicine and is purpose-built to drive improved outcomes. The platform derives insights from multiple sources, including enrollment and eligibility data, medical, pharmacy and BH claims, laboratory results, HRA information, medical assessment screening results, data collected through clinical, UM, health management or health coaching programs, electronic medical record data and information from our Care for You 24/7 free nurse advice line.

Those data are fed into our Clinical Rules Engine, which consists of over 1,400 proprietary clinical rules and measure definitions applied to each member in the Passport population. This large rule set allows us tremendous flexibility and precision in identifying members with priority conditions or populations. For example, we can identify a member with diabetes through any one of the following data points: documented diagnosis, abnormal Hemoglobin A1c (Hba1c) lab result, pharmacy claim, self-reported

condition via HRA, UM system, provider system or referral. Because of the flexibility to look for any evidence of a condition, and not just a documented diagnosis, our identification rate of these populations is exceedingly accurate.

When members with priority conditions or who are in priority populations are identified, Passport uses its risk stratification model to determine the best PHM program to fit their needs. A member with moderately managed asthma, for example, would be placed into the Condition Care Asthma program. A member with diabetes and depression at high risk of an admission in the next six (6) to twelve (12) months would stratify for our Complex Care program. A member with cancer in the hospital with a high likelihood of readmitting would stratify for our Transition Care program. Finding the best program for the member's conditions and needs is paramount to helping the member achieve better health outcomes and quality of life.

C.24.iv.d. Services and information available within each risk level.

Services and Information to Support Members Across Risk Levels

Passport connects with members on a personal level and makes every effort to ensure they are successful in completing the program and self-managing their condition. Our program approach uses interventions tailored to members' specific condition(s), individualized needs and risk level. Passport has also developed tiers of service within each risk level to address members with varying levels of intensity of care needs. For example, within Health Promotion and Wellness, our smoking cessation program is available to all members; for those who have more complex psychosocial needs, Care Compass can address those barriers.

A summary of services and information to support members across risk levels is shown in **Exhibit C.24-15** and explained in more detail in the paragraphs that follow. NOTE: EPSDT, gaps in care, tobacco cessation and healthy weight resources are available to all risk levels.

Exhibit C.24-15: Services and Information to Support Members by PHM Risk Level

PHM Risk Level	Passport Program	Information & Services
Health promotion and wellness	Care Compass	• Care coordination assistance and support to address barriers to care (e.g., housing needs, social service needs, community and federal government benefits, immigration status, and employment protections and accommodations)
	EPSDT	• Targeted outreach, postcard notifications for screenings, immunizations, annual care • Home visits for screenings in rural areas • Education on nutrition, physical activity, risky behaviors, substance use
	Gaps in Care	• Text message reminders for wellness services with scheduling assistance • IVR calls and follow-up live calls for health outcome campaigns • Education on urgent care options • Outreach specialists to support members in finding alternatives to the ED • Host mammography and cervical cancer screening days for women • Postcard reminders for preventive care • Member Newsletters (MyHealthMyLife™)
	Tobacco Cessation	• Access to smoking cessation products • Education materials • One-on-one health coaching • Provider screening • Text messaging for both smoke and smokeless tobacco, live chat support • quitSTART app that provides tips • $50 health incentives for tobacco users who complete a smoking cessation program
	Healthy Weight Resources	• Registered dietitian works with members to create individualized plans • Education on nutrition, diet and exercise specific to member condition and needs • Medically tailored meal planning • Health educator-led sessions that include weight check, food journal review, exercise journal, review of barriers and successes
Management of chronic conditions	Condition Care	• Education on targeted conditions, overall health • Close relevant gaps in evidence-based care • Self-management support • CHW support to address SDoH • Coordination with PCP and specialist • Monitor medication adherence
	BH Care (BH/SUD only)	• Education on behavioral health and psychotropic medication • Self-management support, including relapse planning • Connection to community-based and peer supports • Arranging follow-up appointments with PCPs, specialists
	Remote Care Monitoring	• Bluetooth-enabled computer tablet, blood pressure cuff, oximeter and weight scale • Education taking their vital signs, using the equipment, system's flag indicators and what actions to take based on the readings

PHM Risk Level	Passport Program	Information & Services
Complex care management	Catastrophic Care	• Coordinate implementation of physician treatment plan, and remove barriers • Facilitate safe transitions across care settings • Support medication adherence • Ensure adequate home support • Coordinate home health care network of services and community resources • Identify and negotiate contracts with those services outside of the existing network • Support end-of-life and palliative care options
	Complex Care	• Care coordination across physician settings • Educate members about diagnoses and self-management, including symptom response plan • Support medication compliance • Address member/caregiver needs regarding adequate support and resources at home
	Mommy Steps Maternity and Newborn Program	• Educational resources, including smoking cessation, dental, importance of early and regular prenatal care (text reminders) • Community resources, including WIC, health access nurturing development services (HANDS), Healthy Start, treatment for drugs/alcohol, mental health services, domestic violence support, legal assistance, support groups, transportation assistance • Self-management support, health education, and coaching to improve knowledge • Postpartum outreach to screen for complications
	Transition Care	• Educate members about discharge plan including symptom response plan • Care coordination across physician settings • Post-discharge outpatient provider appointments and coordinates arrangements for any special accommodations (i.e., caregiver support, durable medical equipment, medications and referrals to community resources) • Ensure adherence to the hospital discharge plans
	BH Care (Co-occurring or serious mental illness)	• Facilitate access to appropriate level of care • Education and adherence to psychotropic medication • Self-management support, including relapse planning • Connection to community-based and peer supports, including virtual recovery community • Arranging follow-up appointments with PCPs, specialists; coordinating co-occurring conditions

Passport's PHM program addresses members' holistic health care needs across all risk levels and assists them in navigating the health care system. Our multi-disciplinary care team is dedicated to fully assisting the member by assessing their needs, developing an individualized care plan, creating specific interventions, evaluating their progress and referring them to needed resources, all to help our members find the path to better health and well-being. Passport's CEO, executive team and oversight committees are fully responsible for ensuring the operational effectiveness of our services, while aligning with the needs of provider partners, the community and our members. We are proud of the results of our program and the impact they have had our members' lives. **Section C.24.iv.l** shows the results from our rigorous evaluation of our programs.

Below are more detailed descriptions of the programs that align to each level and the information and services that are offered as a part of each program.

Health Promotion & Wellness

Care Compass

Passport is acutely aware of the impact of fragmented care, as well as the effects chronic conditions, chronic stress, poverty and trauma have on members and their families. These factors result in barriers related to SDoH, disparities and literacy challenges, which are leading contributors to physical and BH morbidities. There is a vast set of needs that fall into this category including (but not limited to) housing needs and/or insecurity, social service needs, community and federal government benefits, immigration status, and employment protections and accommodations.

To address these critical needs, we will be implementing the Care Compass program in Q3 2020 to support member needs comprehensively through a direct focus on member care coordination assistance, support and customer service. Our local presence in Kentucky helps us identify and connect members with appropriate local resources to meet their needs. This program helps to lessen the impacts and future development of the illness burden and morbidity that culminates from a lifetime—and often generations—of living with challenges such as poverty, and the resulting stress and trauma experienced by most people living in poverty.

The Care Compass team, including care coordinators, community health workers and social workers, help members navigate the complexity of the health care system while empowering them through self-management skill building. Specific services include:

- Identifying needs and available resources
- Resolving barriers
- Facilitating referrals
- Scheduling and coordinating appointments
- Supporting gap closure
- Coordinating transportation

While a member may be referred to address a specific need, such as transportation, the Care Coordinator will take the opportunity to screen the member for additional SDoH needs and/or gaps and develop a

comprehensive Action Plan in collaboration with the member. Outreach occurs at a minimum of every 20 days and more frequently if needed. A Care Advisor (nurse), registered dietitian, and/or pharmacist will be consulted and/or referred to as appropriate throughout the duration of the program. Passport goes beyond merely identifying and referring members for services. Team members conduct follow up to ensure that the referral was completed and *met the member's needs—we call this a closed-loop referral.* Additional goals for all members in the Care Compass program include:

- Member has established PCP relationship
- Member is connected to necessary resources, equipment and supplies
- Member takes an active role in his/her own care

EPSDT Outreach Program

Passport wants every young child to start life being happy and healthy. Approximately forty-nine percent (49%) of our membership is under the age of 21, so it is important that we envelop them with caring and compassionate health care. One of the ways we achieve this is through our EPSDT program designed for eligible or enrolled children and adolescents, ranging from birth to age 21. The program offers comprehensive preventive physical and mental health care, dental, and developmental and specialty services to detect the early diagnosis and treatment of medical and/or behavioral conditions, which, if undetected, could become serious health care issues. This program overlays the Kentucky SKY program to provide additional services and supports.

Passport's EPSDT program is devised with specific goals to increase:

- The percentage of members receiving at least one EPSDT screen during the measurement year and all age appropriate EPSDT screens; all childhood and adolescent immunizations.
- The percentage of members receiving an annual dental visit.
- The number of members receiving a lead screening based on the periodicity schedule.
- The number of members receiving a well-child visit in the first 15 months of life, the third, fourth, fifth, and sixth years of life, and an adolescent visit.
- The number of members committed to receiving the HPV vaccine series as recommended by Bright Futures/American Academy of Pediatrics (AAP) Standard of Care periodicity schedule as adopted by the Center for Disease Control (CDC).
- Clinician adherence to documented evidence of body mass index (BMI) percentile and improving clinician adherence to documented percentile plotted on a BMI growth chart or BMI percentile documented that includes height and weight.
- Promoting counseling for nutrition; physical activity, risk behavior related to sexual activity, alcohol, substance abuse, mental health assessment/screening and tobacco use, and follow-up for special services as a result from an EPSDT screening.
- Promoting adherence to documented evidence of a depression screening based on the periodicity schedule and appropriate referral and follow up as a result from an EPSDT screening.

Passport provides targeted outreach to EPSDT-eligible members who are non-compliant with the recommended schedule of health screens, immunizations and annual participation. Our experience working with young members and their families has provided insight into the most effective outreach strategies to

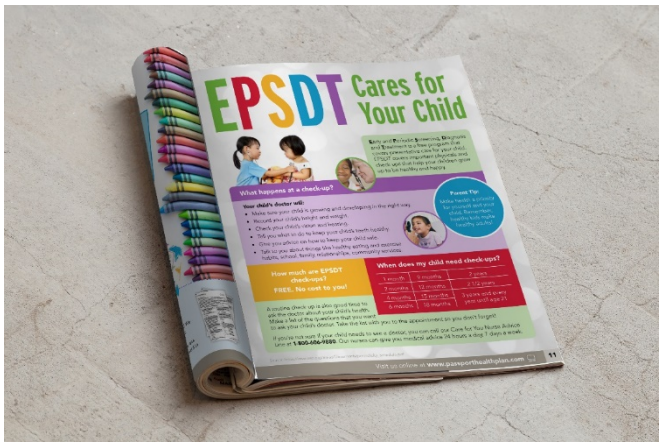
connect with and educate families on the benefits and availability of EPSDT services. The auto dialer system is utilized to contact members telephonically; postcard notifications are mailed to caregivers of all newborn members advising of EPSDT screens; where covered, home visit outreach is provided to non-compliant members unable to be reached telephonically; outreach and education is also provided at community events, (i.e., back to school events and community health fairs).

All currently enrolled Passport members, under the age of 21, are eligible for EPSDT services. Members' EPSDT status is determined through the claims system. The EPSDT application stores real-time member claims history and is utilized to produce monthly outreach efforts.

Education and guidance are a critical component of the program. Our Care Advisors teach our young members and their caregivers about proper nutrition, physical activity, risky behaviors related to sexual activity, alcohol, substance abuse and tobacco use. We also have targeted outreach efforts geared to EPSDT eligible members who are have not received the recommended schedule of health screens, immunizations and annual participation. The outreach efforts inform and stress the importance of EPSDT through various means, including:

- Prenatal education and postcard notifications are mailed to caregivers of all newborn members advising of EPSDT screenings.
- Auto-dialer system is utilized to contact members regarding the availability of preventive dental care, the recommended schedule for EPSDT screens and immunizations, and the importance of follow up when referred for special services. For convenience, members have the option to speak directly to a Care Connector if they require additional information.
- Via a partnership with local health departments, home visits are provided to members in some rural regions of the Commonwealth when they are unavailable by phone.
- Outreach and education provided at community events (i.e., back to school events and community health fairs).
- Passport HealthPlus program and HealthPlus Care Conferences are used to educate and influence provider practice in EPSDT HEDIS goal movement, proper coding and ESPST education for providers within the HealthPlus program.
- Member handbook offers information on our EPSDT program, member-eligibility criteria, and an early periodic screening and diagnostic testing schedule.
- Information on our member website for EPSDT program and offerings.
- Member Newsletter, MyHealthMyLife, offers informational articles on the importance of EPSDT screenings and immunizations, as illustrated in **Exhibit C.24-16**.

Exhibit C.24-16: Member Newsletter Articles on the Importance of EPSDT for Children



The EPSDT program tracks member's adherence with all components of the health screen and follow-up related to an EPSDT screen according to the periodicity schedule based on the AAP/Bright Futures Standards of Care and Commonwealth's DMS.

Provider engagement and education are essential elements to the success of our EPSDT program. Passport conducts orientation sessions for EPSDT clinicians on a regular basis and provides ongoing support to them regarding the administration of EPSDT preventive care, billing and claims processes, the required components of a complete EPSDT screening, the importance of outreach and education to EPSDT eligible members and their families. As a part of educational efforts, we also conduct provider outreach visits, workshops and roundtable meetings, as well as offer educational materials, such as the Quick Reference Guide, Provider Orientation Kit, EPSDT Orientation Kit, Passport Provider Manual, Provider EPSDT Education Toolkit and Passport's Provider Portal Website to support efforts to increase EPSDT participation, compliance rates and identified health outcomes. Passport also conducts EPSDT provider audits to monitor compliance around EPSDT services.

Passport continuously focuses on quality and enhances the identified areas of our EPSDT program to improve effectiveness of the EPSDT program. By doing so, we enable our young members to start their life with a healthy future, and our EPSDT program results demonstrate our firm commitment to our members' well-being. In 2018, Passport's **EPSDT compliance rates were ninety-two percent (92%)** (defined as all eligible members receiving appropriate screenings according to the periodicity schedule).

Smoking and Tobacco Cessation Programs

Smoking cessation is a covered benefit, and we encourage all members who smoke to speak with their provider about quitting. Pharmacy coverage includes smoking cessation products, available in multiple dosage formulations, without barriers such a quantity limits, maximum durations of therapy or prior authorizations. This approach is meant to encourage members to not be discouraged by multiple quit attempts and minimize additional burdens to quitting. Additionally, all products are offered at a $0 copay to reduce the financial barriers that can be associated with quitting.

For members who reach out to Passport for additional assistance, we refer them to 1-800-QUIT-NOW, the Kentucky Quit Now Support Line. For members in Jefferson County, we provide a listing of smoking cessation classes on the member web page and refer members in other counties to their local health departments. The member web page additionally contains other smoking cessation helps and links.

Smoking cessation education and guidance is incorporated into all of Passport's clinical CM programs. When a member expresses current tobacco/nicotine use as part of the assessment, the Care Advisor or Health

Educator assesses readiness to change and utilizes motivational interviewing to attempt to help move members closer to a state of readiness to quit. Regardless of how activated the member is around smoking/tobacco cessation, educational materials will be sent to the member and referral to the above resources will be provided. If the member prioritizes smoking/tobacco cessation, then this will become a part of the care plan.

Passport also works closely with providers to screen for tobacco use and provides or refers for appropriate intervention as needed. In 2018 Passport had the highest physician screening rate of adolescent tobacco use (77.94%) among all Kentucky MCOs. Passport also had the highest screening rate (78.26%) for tobacco use at one of first two prenatal visits. Passport will continue to support our providers' efforts to screen for tobacco use and refer for interventions.

In addition, Passport is proposing a program to address smoking cessation in adolescents. In this program, at the member level, smoking cessation counseling will be added to Passport's EPSDT program. Because adult-centric messaging does not often resonate with adolescents, this counseling will follow the *Best Practices for Youth Antitobacco Education* provided by the Kentucky Department for Public Health. We also provide access and referrals to the Quit Now Kentucky Program, as well as the smoking cessation program from teen.smokefree.gov. This program offers text messaging for both smoke and smokeless tobacco, the quitSTART app that provides tips, supportive messaging and challenges, live chat support, and a supportive Instagram feed to appeal to and effectively support adolescents.

Passport offers a $50 health incentive for tobacco users who complete a smoking cessation program. To qualify, members must be either pregnant or an adolescent (ages 13 to 17) and have a negative nicotine test performed by their doctor.

Healthy Weight Programs

Because members who are overweight or obese can often have other comorbid complications, Passport offers and encourages weight management guidance as part of our Population Health Management program. Passport's registered dietitian works with members to create individualized plans, which address the member's unique situation. The dietitian provides nutrition, diet and exercise education specific to the member's conditions, needs and preferences.

Members who are engaged in a CM program, such as our Condition Care program for diabetes, may need specific education and guidance to help address needs related to being overweight or obese. In the case, the dietitian would also assist the member in learning about a healthy diabetic diet. For every member referred, the dietitian provides education and support around healthy diet, exercise and overcoming barriers to achieving personal goals.

When members are provider-referred or self-referred with obesity as the primary condition to be addressed, the dietitian acts as the member's primary health educator and creates a unique, individual care plan specific to diet, exercise and overcoming barriers to achieving goals. Care plans focused on achievable milestones with ongoing supervision by a provider have been shown to be an effective method to stimulate

making healthier decisions and increase weight loss. Our program lasts up to three months and consists of consultation with a health educator, participation in both weight management and exercise programs, as well as keeping a daily food and exercise journal. Participation in this program requires the member to have an annual visit with his or her PCP and ensure he or she is safe for increased activity, as well as have the PCP provide oversight to his or her weight loss goals.

Upon initial outreach, the health educator will complete a dietary assessment with the member. The program will include telephonic education sessions every three weeks conducted by the health educator. The sessions will include:

- Weight check
- Food journal review
- Exercise journal review
- Barriers/successes

The health educator will be responsible for communicating the member's status with the PCP.

The goal of the health educator sessions is for the member to teach back the information shared in each meeting and verbalize the effect of the information on the member's weight loss goals. Successful completion of the program is demonstrated by the member's dedication to making healthier decisions in his or her diet and exercise habits. Members should also see their provider once they complete the program to have their weight checked and address potentially new barriers they feel may occur as they continue weight loss journeys.

In addition to CM programming, Passport offers Healthy Eating, Healthy Weight, and Physical Activity resources on the member website. The Healthy Eating resource links provide members with information on how to make healthy food choices and plan meals, and it connects members with the CDC's Healthy Weight program and the USDA's choosemyplate.gov. Members can calculate their (or their child's) BMI and can find tips on how to start a physical activity program. To encourage healthy activity for children or adolescents who are diabetic or pre-diabetic, we also offer "scholarships" to the YMCA to encourage exercise and provide them with a safe place to do so.

Passport utilizes the AAP recommendations regarding prevention, assessment, and treatment of child and adolescent overweight and obesity, and the American Heart Association (AHA), American College of Cardiology (ACC), and the Obesity Society (TOS) Guidelines (AHA/ACC/TOS) for the management of overweight and obesity in adults.

Management of Chronic Conditions

Condition Care

Passport offers members Condition Care, a highly coordinated and evidence-based disease management program focusing on asthma, diabetes, CAD, chronic obstructive pulmonary disease (COPD) and heart failure. Condition Care focuses on health education, self-management support, care coordination and close collaboration with the member's PCP and aligned, local care team.

Health educators and community health workers engage with members, their caregivers and family members, the PCP and other applicable providers, to facilitate communication across the entire care team, delivering evidence-based interventions that:

- Educate members on their targeted conditions, overall health and self-management
- Close relevant gaps in evidence-based care
- Improve medication adherence
- Reduce the incidence of complications
- Improve physical functioning
- Improve emotional well-being
- Support the provider/member relationship
- Emphasize and reinforce provider's use of clinical practice guidelines

Passport's health educator conducts an assessment and provides coaching, education and self-management education during interactions. Members will work with the Health Educator to develop an Action Plan that identifies personalized goals. If requested, members will also be mailed an educational booklet on their condition. Throughout the program, the Health Educator will provide self-management support, health education and coaching to improve the member's knowledge and self-management skills. When necessary, a local community health worker conducts an in-home assessment or other outreach visit, and coordinates access to community resources that support the member's Condition Care Action Plan. In addition to the interventions listed above, members engaged in the program can receive disease-specific interventions.

Disease specific objectives for the program are highlighted in **Exhibit C.24-17**.

Exhibit C.24-17: Condition Care Program Objectives by Condition

Condition Care Asthma and COPD	Program objectives for the asthma program include: • Increase the number of members with persistent asthma, ages five to 64, on controller medication for at least fifty (50) to seventy-five percent (75%) of their treatment period. • Increase the overall rate of members with persistent asthma, ages five to sixty-four (64), on controller medication that continue to refill the medication at least fifty percent (50%) of the expected number of refills. • Increase member and clinician compliance with the National Institutes of Health (NIH) Guidelines for the Diagnosis and Treatment of Asthma. • Reduce preventable inpatient admissions and ED visits. • Collaborate with members and their treating clinicians to develop an Asthma Action Plan. • Educate members on the use of an Asthma Action Plan. • Encourage members to manage their asthma day-to-day with using an Asthma Action Plan.

	Program objectives for the COPD Program include: • Improve member and clinician compliance with the NIH global initiative for chronic obstructive lung disease (GOLD) Guidelines for medication and oxygen therapy. • Reduce the need for inpatient admissions and ED visits. • Increase the percentage of members in the COPD population knowledgeable in self-management skills. • Increase the percentage of members who receive appropriate pharmacotherapy management of COPD exacerbation. • Increase the use of spirometry testing to confirm COPD for newly diagnosed members.
Diabetes	Objectives of the diabetes program include: • During the measurement year, increase clinician adherence to American Diabetes Association (ADA) Standards of Care and the percentage of members receiving: – At least one HbA1c test – A Dilated Retinal Eye (DRE) Exam – Medical attention for nephropathy – Statin therapy and adherence • Increase the percentage of members with: – HbA1c good control of < 7% – HbA1c good control of < 8% – Blood pressure (BP) level of < 140/90 mm Hg • Decrease the percentage of members with: – HbA1c poor control of > 9% – Inpatient admissions – Readmissions within 30 days – ED visits • Promote healthy lifestyle, diet and nutrition, measurement of blood sugars as prescribed by the clinician, adherence to medication regimen, weight management, physical activity, smoking cessation, and adherence to recommended screenings/tests through targeted telephonic and educational mailings.
CAD	Objectives for the CAD program include: • Increase adherence to American College of Cardiology Foundation (ACCF) and the AHA Guidelines medication management protocols for coronary vascular disease. • Increase the percentage of members receiving angiotensin-converting enzyme (ACE) inhibitors post-myocardial infarction (MI).

	• Increase the percentage of members receiving beta-blocker treatment in all post-MI members unless contraindicated. • Increase the percentage of all adult members receiving (Lipid) Low-density lipoprotein cholesterol (LDL-C) screening. • Increase adherence to LDL-C monitoring in members with coronary vascular disease or hypocholesteremia. • Increase member adherence to the use of LDL-C lowering and antihypertensive drug therapy. • Increase member awareness of those risk factors that increase the risk of heart disease and stroke. • Promote healthy lifestyle, diet and nutrition, weight management, physical activity, smoking cessation, routine physician office visits, screenings and treatment.
Heart failure	Objectives for the CHF program include: • Increase provider adherence to the ACCF/AHA Guidelines regarding the use of ACE inhibitors, angiotensin receptor blockers (ARB), diuretics or beta blockers unless contraindicated through review and analysis of clinical and pharmacy data. • Increase member adherence with medications, sodium intake, and weight monitoring and management through risk stratification, telephonic outreach and educational mailings. • Decrease the frequency of CHF inpatient admissions, readmissions within 30 days, and ED visits through monitoring of inpatient, ED and readmission reports telephonic outreach, and educational mailings. • Promote healthy lifestyle, diet and nutrition, daily measurement of weight, physical activity and smoking cessation.

Helping Joe Gain Control of His Diabetes

Joe* is a 52-year old member who stratified for our Condition Care Diabetes program. During the needs assessment, Passport's Health Educator learned that Joe was concerned with monitoring his blood sugars and admitted that he does not routinely monitor them. His BMI is 41.0 with a HgbA1c of 9.1 and he shared that he does not know how to improve those numbers. Together they created goals to focus on symptom identification, monitoring, and management of low and high blood sugars, as well as healthy eating habits. The health educator began to work with Joe on a symptom response plan in coordination with an RN Care Advisor. They created a guide for Joe to use at home on the different ways he feels when his blood sugar may be low and when it may be high. They also began to work on routine monitoring of his blood sugars by ensuring Joe knew how to work his equipment—his goal was to begin monitoring six (6) to seven (7) times each day. Lastly, Kristy, our health educator, referred Joe to work with the Passport registered dietitian to help with healthy eating habits. Together Joe and the dietitian created grocery lists, meal plans, and healthy habits—they discussed the impact of skipping meals and discussed certain foods that he should avoid. After working together for one hundred two (102) days, Joe shared the results of his PCP appointment with his health educator.

His BMI was now 38.4, his HgbA1c was 7.6 and his oral insulin was decreased from two (2) times per day to once per day. *Member name changed for privacy.

BH Care

While BH care is integrated in all of Passport's care programs, Passport offers a targeted BH program for members with a primary behavioral health diagnosis who are at risk of an inpatient stay. A BH Care Advisor (licensed clinical social worker) provides health education, self-management support, and care coordination as well as consultation with an RN Care Advisor (as needed), to complete an assessment and create an individualized care plan to address the whole-health of the member. The BH Care Advisor works with the member, their PCP, caregivers, and community-based support services to increase the member's knowledge and understanding of his or her behavioral health conditions and improve access to BH and other specialty providers, community-based resources and support services.

The BH Care Advisor completes a comprehensive BH assessment that includes modules such as mood, personal safety, anxiety, and substance use; and evidence-based screening tools such as the patient health questionnaire (PHQ2) and 9, generalized anxiety disorder (GAD)-7 and CAGE-AID. Pediatric members are screened using tools such as the pediatric symptom checklist (PSC)-17, patient health questionnaire for adolescents (PHQ-A) or CRAFFT. Screenings are repeated within 30 days to assess improvement in functioning and symptom management.

In working with the member, the Care Advisor focuses on:

- Psychotropic medication education
- Education about the member's specific condition(s), interaction with co-morbidities, and "what to watch for"/relapse planning, including when to call the doctor; assisting the member to create a crisis plan
- Integrated care planning
- Ensuring adequate caregiver support and appropriate resources at home
- Arranging follow-up appointments, including an appointment with the PCP and BH providers
- Connection to community-based and peer supports

If the BH Care Advisor identifies any urgent care opportunities during an interaction with a member, he or she alerts the member's practitioner of the member's status via telephone, or secure email within one business day.

Remote Care Monitoring

Passport uses remote care telemonitoring to educate members about their chronic disease symptoms and provide them with the tools to recognize worsening symptoms before going to the emergency department or hospital. The technology is geared for members diagnosed with chronic conditions, such as diabetes, asthma and COPD, who would benefit from continuous health monitoring. When appropriate, the Care Advisor incorporates remote telemonitoring into their CM plan by arranging for members to obtain a specialized computer tablet, blood pressure cuff, oximeter and weight scale, which are all Bluetooth connected. The tablet transmits the member's vital sign information to our Care Advisors for monitoring any changes in their health status.

Education is an essential key to success with the remote telemonitoring program. Our Care Advisor systems flag indicators and what actions to take based on the readings. It is also important for members to complete the daily electronic health status survey that provides further insights into their condition. Should the member's condition worsen, the system indicates a red flag alert to our Care Management team, signaling changes in the member's vital signs. When appropriate, the Care Advisor calls the member, carefully listens to his or her concerns, discusses the issues and determines if additional measures are needed for health and safety.

The Care Advisor collaborates with the member's providers, keeping them fully informed about enrollment into the remote telemonitoring program, updates the member's current medical information and any interventions or actions needed for proper care continuity. By integrating telemonitoring into a member's care plan, the Care Advisor can help empower the member to better manage his or her own health. Through the use of technology and with the support of the Care Advisor, members become better educated on how to "read their numbers," what the numbers should be, and what steps they can take to bring those numbers under control.

Complex Care Management

Catastrophic Care

- The Catastrophic Care program focuses on two distinct populations:
- Members who experience a significant, potentially life-changing event or diagnosis, such as malignant cancer, degenerative neurological disease, respiratory failure, or liver diseases: Most of these members are identified through the UM authorization process for members admitted with one of the targeted conditions listed under Catastrophic Care Identification Criteria.
- Members with multiple, severe, intensive conditions: Management and support is provided to members and their caregivers in instances where a member has multiple chronic conditions with other significant comorbidities, or significant diagnoses and barriers, such as serious mental illness, cognitive and/or functional deficits, degenerative neurological diseases, etc.

The focus of the Catastrophic Care Management program is to provide members with access to quality care and services while coordinating benefits based on clinical need. Program goals and objectives include:

- Support the implementation of the member's PCP/specialist treatment plan
- Facilitate safe care transitions
- Honor the member's preferences for care
- Partner with the member, his/her caregiver(s) and the primary and specialty care providers to develop a personalized plan of care in the least restrictive setting
- Improve medication adherence
- Address member/caregiver needs regarding adequate support and resources at home
- Coordinate a comprehensive community-based and home health care network of services
- Identify and negotiate contracts with those services outside of the existing network
- Facilitate appropriate communication across the entire care team
- Support end-of-life and palliative care options with members and their physicians
- Optimize chronic CM and close relevant gaps in evidence-based care
- Educate members about diagnoses and self-management
- Lower total medical expense by avoidance of readmissions, ED visits, duplicative and unwarranted services, and specialist costs through coordinating care during acute, intensive care episodes

RN care advisors, in coordination with the PCP/specialist, member and caregiver(s) develop an individualized care plan. The care plan includes member-specific preferences, barriers, prioritized goals, self-management activities, referrals, a schedule of follow-up interactions, and a process to assess progress. The clinical teams' activities are targeted to facilitate the achievement of the member's health goals and to resolve issues/barriers.

As part of the assessment and care planning process, members may be referred to network, community or governmental support agencies to address individualized needs. The Care Advisor is responsible for ensuring members are referred to the extended care team that includes pharmacists, registered dietitians, social workers and BH Care Advisors, when appropriate. The Care Advisor determines if members are acting on referrals during follow-up care planning sessions. In addition, the Care Advisor team is responsible for identifying all relevant barriers preventing a member and/or caregiver from adhering to his/her physician's treatment plan and access to care. There are multiple forms of barriers, including physical or mental

disabilities, financial, language, hearing, motivation, culture, confidence barriers, as well as SDoH. It is a core responsibility of a Care Advisor to identify options and solutions to mitigate and remove barriers.

Complex Care

The Complex Care program consists of coordinated health care interventions and communications for members with multiple complex chronic conditions and psychosocial needs, in which member self-care efforts are significant. Program objectives are:

- Improve care coordination for members in physician settings
- Optimize chronic care management
- Educate members about diagnoses and self-management
- Implement care plans for high-risk members and members with complex care needs
- Improve medication compliance
- Address member/caregiver needs regarding adequate support and resources at home
- Improve adherence to the hospital discharge plans
- Decrease “avoidable” utilization events (e.g., readmissions)

Our predictive stratification identifies members at highest risk of avoidable acute utilization in the next six to 12 months, so the care team and providers can intervene before they require expensive care.

Once enrolled, the member works with the Care Advisor to complete a comprehensive member assessment and develop an individualized care plan with the multidisciplinary care team, member, PCP, specialist(s) and others involved in the member’s care. Any relevant condition-specific educational materials are mailed to the member, and the Care Advisor provides care coordination, including directing referrals to service providers and community-based programs and resources. As the member makes progress toward specific, personalized graduation goals, the Care Advisor offers support, reassessing and revising the care plan as appropriate.

Our local care teams work with the member’s PCP to help reinforce and support the close relationship between the member, PCP and specialty providers. In high-volume practices, we often embed Care Advisors who work closely with our members at the point of care, facilitating interactions with providers. CHWs are also assigned to certain practices. These member-focused resources are supplemented in many cases with Passport Population Health Managers, local resources who provide a population-level focus across a provider’s panel of our members. As a local health plan with local staff, we are fortunate to be able to implement this approach, which increases engagement on the part of both provider and member through the connection of our team.

Program content and interventions are specific to the individual’s condition and circumstances and are tailored to improve self-care and management of his or her condition. Content and interventions address:

- Condition monitoring, including self-monitoring (e.g., foot and skin care for patients with diabetes) and reminders about tests the member should perform themselves or complete through his or her practitioner

- Educational disease-specific booklets are available and reviewed with members. Booklet content includes disease specific education, detailed planning tools for self-management, symptom management information (e.g., managing and treatments for CAD, managing and adherence to medications, heart healthy eating)
- Communication with practitioners about member's health conditions, self-management/condition monitoring activities and care plan/goal progress (e.g., what to do before a visit to physician writing down important questions/issues)
- Additional resources external to the organization, as appropriate (e.g., community and wellness programs, ADA, American Lung Association, AHA websites)

When members show evidence of needing additional support around BH needs, appropriate referrals to our extended care team and/or BH specialty providers are made, and communication with the provider occurs when indicated.

Transition Care

Passport provides a Transition Care program for our members to safely and seamlessly transition back to their home after an inpatient medical or behavioral stay and reduces readmissions for recently hospitalized members. Our care team develops a member-centric transition of care plan and coordinates the appropriate level of care to help our members remain in their home environment and have a lower risk for hospital or ED readmissions.

Objectives of the program are to decrease avoidable readmissions, decrease ED utilization post-discharge and increase post-discharge follow up appointments in the outpatient setting, as well as supporting medication reconciliation, and adherence by creating a streamlined transition process and productive environment at home. Our clinical content in our Transition Care program is a synthesis of the Coleman Transition Model and the Project Red (Re-Engineered Discharge) Model requirements. Follow-up protocols include ensuring members have a post discharge follow-up visit with their physician, medication reconciliation, have a discharge plan, and the member can teach back his or her symptom response plan.

The Transition Care program initiates prior to a member's discharge from the hospital. Our Care Advisors and Health Educators work closely with the hospital discharge planning team to effectively coordinate and implement the discharge plan. Collectively, they provide proper continuity of care as members transition and achieve stabilized health. Every effort is made to make members and their caregiver feel respected, comfortable and at ease. Our team first takes the time to carefully listen and answer the member's questions. We then perform an assessment to identify any special needs the member may have, determine any health risks, reconcile medications for adherence and ensure the proper support resources are available. The assessment information is essential in developing the individualized care plan with the member, our team, caregiver and provider.

During the process, the Care Advisor or health educator shares all information with the member's providers to fully engage them in the development of the care plan, seek their input for treatment, and convey all information discovered through the CM outreach efforts. The team works to confirm the member is receiving the necessary care and services for health stabilization.

Other Programs for Special Populations

Mommy Steps & Newborn Care

Having a baby is a major life-changing event, filled with many physical and emotional changes. A mother's feelings and emotions can range from the highs of feeling overjoyed and excited about having a baby to the lows of feeling vulnerable and overwhelmed as the delivery and motherhood approaches. Passport's maternity program, Mommy Steps Maternity and Newborn Care, provides caring and compassionate support to our expecting members to promote healthy pregnancies and birth outcomes.

The program provides education and support for pregnant members *at all risk levels*. For moderate and high-risk members, it facilitates member understanding and responsibility of the high-risk pregnancy process as well as coordination of care between the member and/or caregiver and the practitioner. It emphasizes prevention of complications by providing support and care coordination to increase compliance with Passport's Perinatal Care Clinical Practice Guidelines which are based on the American College of Obstetricians and Gynecologists (ACOG) Guidelines utilizing member empowerment strategies. Passport has developed approaches to the management of members' high-risk obstetrical condition(s) in order in improve birth outcomes such as prematurity and low (LBW), and very low birth weight (VLBW).

The goal of the program is to improve the behavioral and physical health outcomes and quality of life of pregnant members and their newborns by using a multi-faceted approach to achieve the best possible therapeutic outcomes based on assessment of member needs, ongoing care monitoring, evaluation, and tailored member and practitioner interventions. To achieve this, Passport has specific programmatic goals that include promoting healthy pregnancies, reducing pregnancy-related complications, and improving birth outcomes. Our maternity clinical team achieves the program goals through the following objectives:

- Partner with member, their caregiver and their primary and specialty care practitioners to develop a plan of care
- Improve medication adherence
- Facilitate appropriate communication across the entire care team
- Close relevant gaps in evidence-based care
- Educate members on pregnancy complications and self-management
- Increase percentage of members who receive prenatal care within 42 days of enrollment or within the first trimester
- Increase percentage of members who receive a postpartum practitioner visit between 21 and 56 days after delivery
- Decrease the number of preterm deliveries (< 37 weeks)
- Decrease the number of LBW (1,501 grams to < 2,500 grams) babies
- Decrease the number of VLBW (≤ 1,500 grams) babies

Following delivery, mom and baby are followed in the Mommy Steps program until at least ten (10) weeks post-partum. Goals for newborns include:

- Identifying and educating members' parents on the importance of follow-up care
- Ensuring a secure and healthy transition of newborn from hospital to home

- Attendance at well baby visits and care for the newborns

Our holistic care model examines the member's behavioral and physical health status and support structure with family and/or caregiver in a systematic approach. Depending on the member's health status and caregiver support level, we offer a full range of integrated services to assist the mother during her pregnancy and post-delivery, which include:

BH: Passport knows that members with complications during or after pregnancy have a higher prevalence of postpartum depression, which can affect the mother's clinical outcomes and ability to manage her condition. We assess the mother for depression using the PHQ-2/Edinburgh Postnatal Depression Scale (EPDS) Assessment tools. If she screens positive for depression, she is referred to a social worker or behavioral health specialist, who assists the member in managing her depressive symptoms, provides education about depression and facilitates community-based connections.

Passport provides substance use disorder programs for pregnant mothers to overcome their addictions through extensive case management programs. The program offers tailored treatment options, education, and support for expected and new mothers to live a drug-free life for the health and well-being of them and their newborn.

Physical Health Behaviors: We have found that poor health behaviors impede many members' ability to manage their conditions during pregnancy. As a result, members' inability for self-management directly impacts adherence to their treatment plans. Passport identifies targeted behaviors identified through a screening/assessment or during ongoing member contact, which includes:

- **Nutrition**: Members identified with unhealthy diets are educated on the impact of diet during their pregnancy and encouraged to adopt healthy eating habits. These members may be referred to a dietitian, as appropriate.
- **Smoking**: For members who smoke, they are highly encouraged to participate in our smoking cessation program and are referred to the 1-800-QUIT-NOW line.
- **Exercise**: A regular exercise regimen promotes healthy living, and Passport encourages members to speak with their physician before starting an exercise routine.

Psychosocial Issues: The maternity Care Advisor screens members for psychosocial issues that may impact their ability to effectively manage complications during pregnancy. The screening process enables our Maternity Care Advisors to determine the member's needs related to caregiver support and resources, financial and transportation barriers, language preferences, and hearing or communication needs. Based on the screening results, the maternity Care Advisor develops a personalized care plan and interventions are implemented to fit the member's needs (i.e., TTY services for the hearing impaired and language services for non-English speaking members).

Caregiver Support: Having the appropriate social support system is important for members to be successful in their treatment plan. If the Maternity Care Advisors identify that a member needs a caregiver or additional caregiver resources, the Care Advisor engages a social worker for assistance. The social worker ensures the appropriate level of support is being provided; the caregiver is high-performing and helps in addressing any care gaps.

Self-Management Support: Passport's goal is for members to be able to eventually self-manage their care to gain personal freedom. Our Maternity Care Advisors work with members to develop and execute personal health care goals and use effective member coaching techniques in the process. The coaching methods include assessing the member's understanding of their treatment plan, educating on the importance of medication adherence, and managing their symptoms and complications.

NICU Support: Our Mommy Steps Maternity and Newborn Care Program incorporates specifically designed components to support babies in the neonatal intensive care unit (NICU) and their families. Our Care Advisors provide caring and compassionate coordination of care to stabilize the newborn's health, especially during the most critical time—the first 10 weeks of their life. The program extends beyond providing neonatal services while the newborn is in the hospital and offers transition of care services for the newborn to move safely from the inpatient setting to his or her new home.

Other programs for special populations include our Foster Care Program, Guardianship Care, Homelessness Services and Refugee Services. These programs serve Passport members at all risk levels and described above in **C.24.iv.**

C.24.iv.e. Description of the care planning process, including methods to ensure individualized and person-centered care plans, and summary of how the Contractor will include Enrollees, their caregivers, and multi-disciplinary teams.

Developing Member-Centric Care Plans in Collaboration with Providers

A summary of our care planning process is shown in **Exhibit C.24-18** and explained in more detail in the paragraphs that follow.

Exhibit C.24-18: Summary of Care Planning Process by PHM Risk Level

PHM Risk Level	Methods to ensure person-centered and individualized care plans in collaboration with members, caregivers and team for better health outcomes
Health promotion and Wellness	• HRAs • Action plans
Management of chronic conditions	• **Comprehensive screening** in addition to the HRA to identify individualized needs • **Motivation interviewing** with member and/or caregiver to understand their priorities, values, beliefs and preferences • Identify and address barriers • Assist member and/or caregiver with setting specific, measurable, attainable, realistic and timely **(SMART) goals** • Prioritize goals based on member and/or caregiver **preference,** including quality of life outcomes • Support member and/or caregiver with developing a **self-management plan** • **Case conferences/rounds** with interdisciplinary care team • **Collaboration with provider** through Identifi Practice, face-to-face, electronic or phone communication
Complex care management	• **Comprehensive assessment** in addition to the HRA to identify individualized needs • Conduct medication reconciliation • **Motivation interviewing** with member and/or caregiver to understand their priorities, values, beliefs and preferences • Identify and **address barriers** • Assist member and/or caregiver with setting **SMART goals** • Prioritize goals based on member and/or caregiver **preference** including quality of life outcomes • Support member and/or caregiver with developing a **self-management and symptom response plan** • **Case conferences/rounds** with interdisciplinary care team • **Collaboration with provider** through Identifi Practice, face-to-face, electronic or phone communication • When appropriate, **joint conference** with member, caregiver, provider and member of the care team

Passport's care planning process begins with an HRA. The HRA is a standardized tool designed to collect certain health information from all of Passport's membership. Passport attempts to collect an HRA from every member within 30 days of plan enrollment and then again annually. A member's responses to the HRA are incorporated into risk stratification to help PHM staff understand the member's risk level. Members determined to be lower risk **(Health Promotion and Wellness program level) will receive targeted campaign information to support activity completion.** The member's PCP can view care gaps in Identifi

Practice and may reach out to the Passport PHM for assistance activating the member to schedule appointments to close the gaps.

Members identified to have potentially higher risk (management of chronic conditions or complex care management level) are referred to a CM program for engagement and completion of a comprehensive program-specific assessment/screening. The program-specific assessment is completed with input from the member, caregiver (with permission), providers and the interdisciplinary care team. We examine multiple aspects of the member's situation, including physical and BH, and psychosocial needs including any housing or financial assistance needs. The assessment is completed within thirty (30) days (or less) of identifying a member for a CM program and reassessments occur when a member's situation changes. Using our evidence-based algorithm, the member's assessment responses are utilized by the Identifi platform to detect potential areas of need and recommend clinical actions for our Care Management team to review.

Passport trains our PHM staff to "meet each member where they are," which means listening to the member and their caregiver, learning about their beliefs and preferences, involving them in their care, and ensuring that their values guide all decision making. For example, a **member's desired wellness, health, functional, and quality of life outcomes** should dictate the care plan and determine how services are intended to help achieve these goals. This is foundational to the care planning process.

The process continues with the collaborative development of person-centered goals. Using the SMART framework, the care team work closely with the member/caregiver to identify the goals, break them down into manageable pieces, develop an Action Plan and follow up. The Action Plan includes tailored interventions that will support achieving the goal over time. For example, **social, educational and other services** to address barriers, such housing insecurity and financial strain. The Action Plan also highlights member risk factors and measures in place to minimize them (i.e., safe housing) as well as determining the motivation level of the member specifically for the individual goal. Those barriers are addressed through a multidisciplinary care team, including community health workers and social workers to connect the member (and ensure follow up) with necessary social services to ensure the member can live safely within the community.

Each care plan may include the following details:

- Care team contacts
- Member "concerns" (e.g., problems, conditions, etc.)
- SMART goals
- Planned interventions
- Identified barriers, including housing and financial barriers
- A schedule for follow-up and communication with the member
- Member self-management plans
- Social, educational and other services needed by the member
- Facilitation of member referrals to resources and a follow-up plan, considering appropriate level of care
- Education on Passport's benefits and available community resources

- Education on the member's specific condition(s)
- Symptom response plan
- Assess and establish appropriate timeframe for re-evaluation
- Monitoring and assessment of progress toward the goals of the care plan

Passport recognizes that members and circumstances change over time and our iterative model and platform capabilities enables our Care Advisors to easily update the CM plans to reflect the member's current interventions, goals and path to success. The **completed member needs assessment and care plan and updates are shared with the member, caregiver and provider** based on their preference. The care team also confirms that the appropriate medical and behavioral services are consistent with the PCP's medical diagnosis and clinical treatment plan

Evaluation of Care Planning Effectiveness

The ultimate goals of care planning are to provide direction for the care team, promote the use of evidence-based care, and track the member's progress toward goal attainment. We evaluate care planning effectiveness using quantitative and qualitative measures.

As part of the care planning process, care team members are responsible for documenting progress toward goal attainment, barrier(s) preventing goal attainment, and level of member importance in the Identifi platform. Progress toward goal attainment includes goals met, goals partially met and goals unmet. The specific barriers and pertinent dimensions are documented and categorized as well. Documenting and tracking the member's level of importance regarding the goals is a key part of self-management skill building and captured during encounters. Frontline team members are responsible for their documentation and measuring their member's progress to goal attainment. This information is shared and discussed during care team rounds, interdisciplinary meetings and with their people manager. Data across teams are aggregated and evaluated through the program evaluation process. To gain deeper understanding of the care plan effectiveness, Passport has put in place a formal audit program. This ensures that the person-centered care planning process is adhered to and contains all key quality components. Each month, five charts and two phone calls per PHM staff member are randomly selected to be audited. Chart audits are completed by an interdisciplinary team of trainers, auditors, managers and/or directors. Components of the chart audit include (among other items) timely assessment and care plan completion, member input into the care plan, and member prioritization of care plan goals. Likewise, when calls are audited, managers are listening for inclusive and person-centered language and interactions. PHM staff are given feedback monthly on their audit outcomes, with coaching where necessary to improve practices, which do not meet Passport's standards for work with our members.

C.24.iv.f. Stakeholder engagement strategies, including involvement of community resources to meet social needs.

Stakeholder Engagement Strategies

A summary of our stakeholder engagement strategies is shown in **Exhibit C.24-19** and explained in more detail in the paragraphs that follow.

Exhibit C.24-19: Summary of Stakeholder Engagement Strategies by PHM Risk Level

PHM Risk Level	Stakeholder Engagement Strategies
Health Promotion & Wellness	• Serving on community committees • Participating in coalitions • Community service • Advocate outreach and education • Lifestyle Improvements for Everyone (LIFE)—health literacy program • Collaboration with providers, including panel review with practice
Management of Chronic Conditions	• LIFE—health literacy program • Participating in coalitions • Collaboration with providers, including panel review with practice
Complex Care Management	• LIFE—health literacy program • Participating in coalitions • Collaboration with providers, including panel review with practice

As a local Kentucky-based plan with a history of serving the community, Passport is highly invested in the community and draws upon our strong relationships with community organizations to help meet the social needs of our members. We believe we can best improve the health and quality of life of our members when we work within communities to engage stakeholders. We can have a greater impact working together.

In 2019 we used the following strategies for stakeholder engagement:

- Serving on community committees
- Participating in coalitions
- Community service
- Advocate outreach and education
- LIFE—health literacy program
- Collaborating with providers

Passport staff serve on community committees and participate in coalition meetings to address many of the core issues our members face. Many of the coalitions our staff work with are focused on populations with complex care needs, such as individuals experiencing homelessness and newborns with neonatal abstinence

Serving our Communities in 2019

200 appointed boards, advisory committees, interagency councils, local chamber events, coalition meetings, re-entry coalitions, CHW associations, and more

1,912 one-on-one meetings with assisters, advocates, providers, and their staff, brokers, businesses, and pharmacies

214 formal presentations

syndrome (NAS). We also actively serve the communities we serve. Passport employees regularly volunteer at local nonprofit agencies and with community resources across the Commonwealth.

Passport's advocate outreach and education are focused on helping community stakeholders better understand our membership and benefits and services available to our members. **Our team works with more than 649 agencies**, including school and faith-based advocates, Family Resource and Youth Services Centers (FRYSC), community action agencies, interagency groups, advocates for people experiencing homelessness, extension offices, chambers of commerce, food banks, shelters, and Head Start.

> "Passport's mission is to improve the health and quality of life for their members, and your NAS work continues to further that mission. Our Big Sandy NAS Prevention Coalition is a shining example of how collaboration among community partners can address a catastrophic issue like NAS in our region. With Passport's help, we have educated hundreds of people about NAS, hosted provider education events, and assisted in developing new programs that target the at-risk population. As NAS rates begin declining, it will be because of partnerships like ours."
>
> –Danielle Franklin Harmon, Manager of Community Development, Appalachian Regional Hospital

Passport has redesigned our advocate web page to provide information to our community partners. This new page makes available information and resources these stakeholders may need to assist a Passport member. The web page contains an interactive map, so advocates may easily access contact information for the Community Engagement Representative in their area.

Passport has documented a sample of the thousands of interactions that have taken place in local communities to address the full spectrum of health and wellness, community engagement, and social/environmental issues across Kentucky's highly diverse communities at the regional, county and city/town levels. This sample of interactions is included in **Attachment A.1_Passport Community Engagement Examples** and is intended to serve as a description of the deeply embedded relationships Passport has across the Commonwealth not only with the geography but also within each *community*.

Passport's LIFE program provides health educators to lead health-related programs and events within Kentucky's communities. The LIFE program provides coaching and education about how to make changes to lead a healthier lifestyle. LIFE helps Passport engage stakeholders to make an impact at all PHM risk levels, especially at the health promotion and wellness and management of chronic condition levels. Health educators work with members at the individual level, but they also work with schools, churches, clubs, health departments, etc., to conduct classes and workshops on a variety of topics. These topics include proper hygiene, nutrition and exercise, violence prevention, disease management, decision-making and problem solving, stress and coping, and alcohol, tobacco and other drugs.

Perhaps Passport's most important stakeholders are our providers. Passport works collaboratively with our providers to understand their member population and the barriers they as providers face in meeting

members' needs. Passport connects provider staff with community resources and makes connections with agency social workers and leaders so that practices feel comfortable referring members for needed social services. Providers also refer members to Passport for assistance in meeting social needs. Because of Passport's strong connections in the community, our providers know we are likely to identify which resources can best help our members.

When Passport talks about community, we are talking about our community, including individuals experiencing homelessness, refugees, immigrants, internationals, people who are deaf or hard of hearing, grandparents/families raising children, foster families, people who learn differently, individuals with SUDs, people in domestic violence situations, former inmates, those with disabilities or special health care needs, or individuals experiencing barriers to accessing care—no matter their race, ethnicity, language, gender identity or age.

In these interactions in our communities, with our neighbors, we help members address their barriers to care, which could include:

- **SDoHs** such as housing, clothing, food security, transportation, education, record expungement, accessibility, and domestic violence/safety;
- **Health-Related Issues** such as dental, wellness and behavioral health/SUD, prevention/health education, vision, nutrition, substance use, heart health, respiratory care, cancer care; and
- **Community-Wide Issues That Create Barriers to Well-Being**, such as early childhood education, kindergarten readiness, school supplies, workforce-ready skills and after-school care.

We have served these communities since 1998 with passion and enthusiasm because these are our neighbors, in our community. We are extremely proud of the impact we have had on our fellow Kentuckians and look forward to the opportunity to continue to serve them well into the future.

C.24.iv.g. Technology and other methods for information exchange, as applicable.

Ensuring Connection with Members Through Technology

A summary of our technology and other methods for information exchange is shown in **Exhibit C.24-20** and explained in more detail in the paragraphs that follow.

Exhibit C.24-20: Summary of Technology and Other Methods for Information Exchange by PHM Risk Level

PHM Risk Level	Technology and Other Methods to Exchange Information
Health Promotion and Wellness	• KHIE • Member portal • Passport Go (phone, text, email) • Identifi Care (care team) • Identifi Practice (provider) • EHR integration—Bidirectional Care Gap Closure • Unite Us (Louisville)/Healthify (Statewide) • Phone, text message, email
Management of Chronic Conditions	• KHIE • Member portal • Identifi Care (care team) • Identifi Practice (provider) • Identifi Engage (member) • Unite Us (Louisville)/Healthify (Statewide) • EHR integration—stratification risk, program and care plan • Remote care monitoring • Phone, email
Complex Care Management	• KHIE • Member portal • Identifi Care (care team) • Identifi Practice (provider) • Identifi Engage (member) • Unite Us (Louisville)/Healthify (Statewide) • EHR Integration—stratification risk, program and care plan • Remote care monitoring • Phone, email

Passport is investing in the power of technology to better connect with members, providers and the community resources members need. Passport understands members and providers are increasingly connected via technology, and in many cases, they prefer technology for connecting and exchanging information. For that reason, Passport has implemented multiple mechanisms for technology interchange.

One main mechanism for information exchange is **KHIE**. To date, more than eighty percent (80%) of our population is sharing data on KHIE through seventy-three percent (73%) of our contracted providers. To further increase participation, Passport will communicate the benefits of participation, including:

- **Quality Measures**: Limitations of the claims data is well known, and the added availability of KHIE information will significantly improve Passport's quality improvement efforts.
- **Risk Stratification**: Passport has access to artificial intelligence and machine learning CM but is limited by availability of comprehensive patient data.

- **Real-Time Alerts**: Availability of admission, discharge, transfer (ADT) data and other real-time information can drive creation of alerts for both providers and internal population health teams. This is especially beneficial for improving outcomes such as readmissions where the opportunity to intervene is very small.

Beyond highlighting benefits of participation, Passport will directly support provider adoption through the technical and financial incentives described below in **Sections C.24.iv.n**. and in more detail in **Section C.08**.

Ensuring Communication Among the Care Team

- **Member Portal:** The Passport Member Portal allows members to play an active role in managing their benefits. The Member Portal provides access to relevant information for members day or night, reduces customer service inquiries and promotes member satisfaction. With a few clicks, a member can choose from two or more health plan benefits and see the results displayed side by side. Members can ask to see coverage plans that require only a specific copay amount. In a matter of minutes, members can print their own temporary ID card.
- **Passport Go:** A new multiuse platform to communicate health-related information to our members through text, IVR, email and other forms of communication. Outreach is done in collaboration with provider offices to reach members for visits and reinforce the importance of the provider-patient relationship.
- **Identifi Engage:** A mobile chat application supported on both Android and iOS platforms is fully integrated with Identifi Care and Practice and fosters member engagement to effectively manage care and improve outcomes. Designed for members and their designated caregivers to easily interact with their care team, the secure mobile application provides chat capability between the care team and the member. It also helps influence member behavior by pushing the right interventions to the member.

Ensuring Communication Among the Care Team

Identifi Care, Passport's PHM technology application, offers a suite of fully integrated and clinical applications with access to data in real time, from any location. All system capabilities work together to ensure that all member interactions are fully informed with a complete, holistic picture of the member. Care Management team members can view all activities documented or captured in the Identifi platform across all applications. For example, notes entered by UM specialists can be viewed by Care Managers, and UM specialists can see if members are engaged in a clinical program to inform others on the care team of changing events. For non-Passport care team members, such as the member's PCP, Passport conducts outreach by telephone—or in person if appropriate—to ensure Passport remains apprised of the member's care needs.

Unite Us/Healthify: While many other health care organizations make referrals to community-based organizations, very few track those referrals to ensure a successful outcome, let alone attempt to understand the downstream impact on the member's health or social wellbeing. Through Passport's partnership with the Metro United Way, we supported the launch of United Community – a community-wide initiative to deploy an innovative, shared technology platform to initiate and close referrals across many organizations,

agencies, and services. Passport represents the health plan perspective on the United Community Governing Team, along with the Louisville Metro Health Department for the health provider perspective, Evolve502 for the educational perspective, and Metro United Way for the social services perspective. The United Community's goal to be the first shared community social services record in the country to include the local school system is on its way to reality. The platform was launched in April 2019 and Passport has taken the data from our work with connecting members to social service providers and helped to ensure that the providers our members work with most are included in the United Community.

To address the needs of those members outside of Louisville metro area, Passport uses an online directory of curated social resources called Healthify. It provides an online questionnaire for members to gain insights into their personal situation and allows for bi-directional communication between Passport's care team and the referring agencies to ensure members are following up and to understand the outcome of the referral.

Ensuring Coordination of Care with Providers

Identifi Practice is Passport's provider-facing portal that supports utilization, quality improvement and coordination of care. Practice is designed to inform providers about actionable opportunities within their member panels by surfacing information about gaps in care, active CM programs, and cost and utilization metrics. Identifi Practice integrates with provider EHR systems to promote data exchange, improving care efficiency and the accuracy of our risk stratification models.

Practice includes several prebuilt member rosters that can be further customized by providers and their staff. The Total Members roster includes a snapshot of all members attributed to a provider or practice, detailing the risk of impactable ED visits and inpatient admissions, status of CM programs, the number of open care gaps for each member, and chronic conditions identified for that member. A more focused Members with Care Gaps roster identifies all the open care gaps within a provider's panel.

Providers can obtain additional detail about a specific member from one of the rosters or by searching for members individually. From the member profile page, providers can view problems, goals and interventions for members enrolled in CM or view the complete care plan provided by the Care Advisor to the member. Providers can also access detail about open care gaps for that member and close care gaps based on education provided to the member or EHR chart review.

Practice also includes detailed interactive dashboards highlighting compliance with quality measures relative to targets or additional details about their panels including recent medical and pharmacy service history. Quality measure compliance is calculated by a customizable rules engine that includes both NCQA-certified HEDIS measures and "HEDIS-like" measures that include some variation from HEDIS specifications (e.g., relax continuous enrollment requirement). Member-, provider- and practice-level results are available to providers/practices through Identifi Practice, but Passport can support broader quality improvement initiatives through access to the complete dataset. This allows Passport staff to define quality improvement initiatives targeting specific measures and/or providers/practices based on current and historical performance.

Practice also allows providers and their staff to submit prior authorization requests (inpatient, outpatient, DME) directly to the Passport UM team. Providers and practice staff can edit requests after initial submission and upload supporting information electronically. The status of authorization requests is available in real time to Identifi Practice users (based on their security profile).

EHR Integration

To date, Identifi has integrated with the following EHR systems that may already be familiar names to Passport providers: Allscripts, Amazing Charts, athenahealth, Cerner, Centricity, eClinicalWorks, eMDs, Epic EHR, GE Centricity, Greenway Prime Suite, NextGen, Practice Fusion, ReLiMed and Quest Care360. The following EHR Integration solutions support our providers in the sharing and use of information to best care for Passport's members:

- **Single Sign-on (Unidirectional into Identifi Practice from EHR):** Allows providers to easily navigate to Identifi Practice directly from their EHR to access member data critical to value-based care. The single sign-on passes user login and Passport member Identification information so that the EHR user can transition into Identifi Practice workflows.
- **Identification of Risk Lives (Unidirectional into EHR):** Identifies members who are attributed risk lives, lists the types of PHM program(s) he/she is enrolled in and provides contact information for members' Care Advisors.
- **Care Gap Identification and Closure (Bidirectional):** Provides a proactive approach to flagging and closing care gaps before and at the point of care, increasing efficiency, reducing duplicative tests/procedures and ensuring appropriateness of care.
- **Care Manager Notes and Physician Messaging (Unidirectional into EHR):** Shares clinically relevant Care Advisor-member interactions in the EHR in the form of a Care Advisor encounter and Care Note, with the option of sending a tailored message to the member's PCP.
- **Intelligent, guided hierarchical condition category (HCC)/Risk Adjustment (RA) Documentation and Coding (Bidirectional**): Provides a logic-driven form within the usual member visit workflow to enable providers to easily capture the most accurate RA score for value-based members and help physicians document the supporting notes and visit-level diagnoses.
- **Care Plan: (Unidirectional into EHR):** Enables users to share and update care plans with the provider.

We also exchange information through phone and email. Members who do not have access to a phone or computer can complete HRAs on paper and mail them to Passport. The data will be entered into our Identifi information platform and used for identification and stratification. The care team will follow up with the member by phone to address any needs.

C.24.iv.h. Frequency of provision of services.

Frequency of Provision of Services

A summary of our frequency of provision of services by risk level is shown in **Exhibit C.24-21** and explained in more detail in the paragraphs that follow. EPSDT, gaps in care, tobacco cessation and healthy weight resources are available to all risk levels.

Exhibit C.24-21: Summary of Frequency of Provision of Services by PHM Risk Level

PHM Risk Level	Passport Program	Minimum Frequency of Services	Program Duration
Health Promotion and Wellness	Care Compass	Every two weeks	90 days
	EPSDT	At least annually, and in line with HEDIS recommendations for age	Until age 21
	Care Gaps	At least once per care gap identified and again if the care gap is not closed within a specified time frame	As gaps are identified
Management of Chronic Conditions	Condition Care	Every three weeks	90 days
	Behavioral Health Care	Every two weeks	120 days, unless degradation in condition management is noted
	Remote Care Monitoring	Every three weeks or when sent a telemonitoring alert	90 days, unless degradation in condition management is noted
Complex Care Management	Catastrophic	Every two weeks	90 days, unless degradation in condition management is noted
	Complex Care (with integrated BH and SMI)	Every two weeks	120 days, unless degradation in condition management is noted
	Mommy Steps Maternity and Newborn Care	Every two weeks	Through 10 weeks postpartum
	Transition Care	Every week	30 days, unless degradation in condition management is noted

Frequency of outreach and provision of services varies based on each member's risk level, complexity of their condition and in which program they are engaged. Newly enrolled members may require much more frequent interactions than members who have strong self-management skills and whose conditions have shown improvement. Our outreach process includes contact attempts by telephone, email or in person. We make at least three attempts to contact members we are trying to engage in a CM program, making phone calls or face-to-face attempts on different days of the week and times of day with each new outreach attempt. If we are still unable to contact the member, we contact the member's PCP or other health care provider to try to obtain a usable number. We also send the member a letter welcoming them to the CM program with relevant information about the program and a number to call to learn more or enroll.

All programs at each PHM risk level are supported by a registered dietitian, a clinician and a clinical pharmacist who are available for consultation or additional outreach and intervention as needed. Members are reassessed if their condition, circumstances or needs change (e.g., a new diagnosis, inpatient admission or ED visit) or if they become homeless. In addition, a new assessment is completed annually, when the member requests, and upon referral from a provider or social service agency.

Health Promotion and Wellness

Health promotion and wellness programs are focused on educating lower-risk members about appropriate well care, how to access needed services and addressing social needs. Members at this level receive less frequent phone or face-to-face contact from Passport.

Management of Chronic Conditions

Members in our Condition Care and Behavioral Health Care programs receive more frequent contact either by phone or face to face. Health Educators contact members engaged in Condition Care at least once every three weeks. Members in Behavioral Health Care receive contact from a Care Advisor at least once every three weeks. These programs are for moderate-risk members.

Complex Care Management

Members engaged in Catastrophic Care, Complex Care, and Mommy Steps and Newborn Care receive contact from their Care Advisor and/or CHW at least once every two weeks. These high-risk members need more intensive intervention to help them achieve better health outcomes. Members in Transition Care are engaged immediately following an inpatient hospitalization. Contact with them is weekly to help avoid a readmission.

Regardless of program and risk level, Passport members receive regular mailings such as the *MyHealthMyLife* newsletter, and a portion of our members opt in receive text messages alerting them to needed well visits. Members may also receive and send chat messages with their care team via Identifi Engage. These contacts are as frequent as needed for the member and do not take the place of phone or face-to-face clinical sessions.

C.24.iv.i. Priority areas (e.g., specific health risks, conditions, social determinants of health, etc.).

PHM Programs Are Focused on Priority Areas

A summary of our priority areas is shown in Exhibit **C.24-22** and explained in more detail in the paragraphs that follow.

Exhibit C.24-22: Summary of Priority Areas by PHM Risk Level

PHM Risk Level	Priority Areas—Specific Health Risks, Conditions, SDoH
Health Promotion and Wellness	• Screening and immunizations • Care gaps (e.g., HEDIS) • SDoH support • Tobacco use • Healthy weight
Management of Chronic Conditions	• Chronic conditions • BH • SUD • SDoH support
Complex Care Management	• Severe or debilitating conditions • Complex chronic conditions (often with co-occurring BH) • High-risk pregnancy • Low birthweight • SDoH support

Each PHM program focuses on a specific priority area, such as adults and children with special health care needs, high-risk pregnant women, and members identified by specific criteria and/or predictive analytics. Across all programs, Passport also uses external data to detect any SDoH risk factors affecting our members to provide better comprehensive CM services. Our system integrates dispersed SDoH data sources at different levels (e.g., individual, census block, census track) across five (5) main domains (housing instability, transportation barriers, food insecurity, financial stress and health literacy). While these factors are already included in our risk stratification algorithm, late in 2020 the platform will create a distinct Social Needs Index (with five levels) that indicates SDoH-related risks that could affect members' health outcomes. The advantage of having one single index indicating how an individual's social needs place health outcomes at risk will not only be the ability to prioritize members for outreach and engagement, but also the simplification of the workflow for Care Advisors to integrate social support into clinical CM. We will use the index to direct efforts and resources to the most at-risk members and pinpoint their individual needs.

Care Compass. The Care Compass team, including Care Coordinators, CHWs and clinicians, help members navigate the complexity of the health care system while empowering them through self-management skill building. Specific services include:

- Identifying needs and available resources

- Resolving barriers
- Facilitating referrals
- Scheduling and coordinating appointments
- Supporting gap closure
- Coordinating transportation

While a member may be referred to address a specific need, such as transportation, the Care Coordinator will screen the member for uncovered SDoH needs or gaps and develop an Action Plan in collaboration with the member. Outreach occurs at a minimum of 20 days and more frequently if needed. A Care Advisor (nurse), registered dietitian, and/or pharmacist will be consulted and/or referred to as appropriate throughout the duration of the program. Passport goes beyond merely identifying and referring members for services. Team members conduct follow-up to ensure that the referral was completed and met the member's needs—we call this a closed-loop referral. Additional goals for each member in the Care Compass program include:

- Member has established PCP relationship
- Member is connected to necessary resources, equipment and supplies
- Member takes an active role in his/her own care

Passport intends to use the Care Compass program to support member needs comprehensively through care coordination, support and customer service. This program is fully developed, with launch implementation planned for Q3 2020. Members who are not identified for one of our other PHM programs but have identified care coordination needs due to barriers or SDoH will receive support and assistance through our Care Compass program. This program is designed to focus on health promotion and wellness. Many of Passport's HEDIS campaign efforts, EPSDT outreach and other care coordination initiatives end with members engaging in Care Compass for other SDoH needs.

Condition Care. The Condition Care program is designed for members with primary diagnoses of asthma, diabetes, COPD, CHF or CAD. This level of risk program is to support management of chronic conditions.

Adult members identified for this program have prior medical history available to Passport that indicates the presence of one of these conditions and meet at least one of the following criteria:

- Inpatient admission for the specific condition within the past six months
- Condition-related ED visit within the past three months
- Members without a PCP or condition-related specialist visit within the past twelve months
- Care gap specific to the member's condition, with the exception of CHF

Members under 21 years of age with asthma or diabetes and at least one of the following:

- Inpatient admission for the specific condition within the past six months
- Condition-related ED visit within the past three months
- Without a PCP or condition-related specialist visit within the past 12 months
- Care gap(s) specific to their condition

Complex Care. The Complex Care program is designed to address the impactable top three to five percent (3%-5%) of our membership and to reduce avoidable admissions. This program supports members identified through predictive modeling most likely to incur an acute and ambulatory treatable adverse event. Some of the covariates include coexisting chronic conditions, prior utilization, change in utilization rates, drugs that indicate disease progression or severity, medical equipment, and gaps in care.

Catastrophic Care. Multiple data sources, identified below, are used to identify members appropriate for the Catastrophic Care program. This program is also designed to support members with complex care risk level. Adults identified for this program have two or more inpatient stays in the last year and a primary diagnosis of one of the following:

- Amyotrophic lateral sclerosis
- Hemophilia/coagulation disorders
- Gaucher's disease
- Guillain-Barré syndrome
- Liver failure
- Cystic fibrosis
- Respiratory failure
- Ventilator dependency
- Severe cognitive functional impairment
- Burns >20% total body surface or second- or third-degree burns
- Spinal cord injuries
- Paraplegia with complications
- Sickle cell disease
- Malignant neoplasm disease
- Cerebrovascular accident
- Cerebrovascular hemorrhage
- Pediatric members can also be identified for Catastrophic Care.

Members under the age of 18 with two or more inpatient stays in the last year, or nine or more medications prescribed within six months or with any of the following conditions are stratified for Catastrophic Care:

- Malignant lymphoma
- Pediatric sickle cell anemia
- Hemiplegia
- Metastatic solid tumors
- Pediatric epilepsy
- Leukemia
- Hemophilia and coagulation disorders
- Pediatric juvenile rheumatoid arthritis

Transition Care. Members at risk of having a 30-day readmission after discharge from an inpatient setting are identified for Transition Care program. Members are identified through predictive modeling with risk factors such as prior admissions and increasing or decreasing rate of health care utilization in last three months; recent lab results testing albumin, bilirubin, glucose and estimated glomerular filtration rate levels;

history of being discharged to a setting other than home; and many SDoH factors such as level of housing, transportation cost burden, and the percentage below poverty in a member's census tract/block.

BH. Passport's integrated BH program identifies members at risk of an inpatient admission resulting from a behavioral or physical health-related concern. However, we support BH across all risk levels depending on need. Members are identified through predictive modeling with risk factors such as:

Adult:

Serious mental illness—any mental, behavioral, or emotional disorder resulting in serious functional impairment that substantially interferes with or limits one or more major life activities:

- Anxiety disorders
- Bipolar disorder
- Depressive disorders
- Dissociative disorders
- Eating disorders
- Obsessive-compulsive disorders
- Personality disorders
- Schizophrenia spectrum and psychotic disorders
- SUDs

Pediatric/Adolescent:

- Serious emotional disturbance—any mental, behavioral or emotional disorder that results in functional impairment that substantially interferes with or limits functioning in family, school, or community activities
- Adjustment disorders
- Anxiety disorders
- Attention deficit hyperactivity disorder
- Bipolar and related disorders
- Depressive disorders
- Disruptive, impulse control and conduct disorders
- Dissociative disorders
- Elimination disorders
- Feeding and eating disorders
- Learning disorders or intellectual disabilities
- Neurodevelopmental disorders (autism spectrum disorder, tic and Tourette's syndrome, stereotypic movement disorder)
- Obsessive-compulsive related disorders
- Schizophrenia spectrum and psychotic disorders
- Sexual and gender identity disorders
- SUDs
- Trauma and stressor-related disorders

Mommy Steps and Newborn Care. Passport's Mommy Steps program is for all pregnant women. Women with lower risk pregnancies receive member education and an invitation to work with a Care Advisor as

needed. **High-risk** members receive contact at least every two weeks from an RN Care Advisor for support for mom and baby through 10 weeks postpartum or longer as needed, for instance in the case of a NICU baby. Members are identified as high risk when they have risk factors such as:

- Young maternal age (≤ 18 years of age)
- Underweight (BMI less than 18.5)
- Tobacco/Electronic Nicotine Delivery System Use, Alcohol or Substance Use
- Currently in a substance use treatment program
- Prescription opioid use
- Homelessness or unstable housing
- Domestic violence/intimate partner violence
- Unwanted pregnancy
- SMI/SED (including eating disorders)
- PHQ-9 score ≥ 15, GAD-7 score ≥ 15, CAGE AID score ≥ 2
- Chronic medical conditions (diabetes, hypertension, asthma, systemic lupus erythematosus, chronic renal disease, cardiac disease, thyroid disease, seizure disorders, sickle cell disease, HIV)
- Gestational diabetes in current pregnancy
- Hypertensive disorders of pregnancy in current pregnancy
- Placental abnormalities
- Fetal complications
- Preterm labor
- Short interpregnancy intervals (less than six months)
- History of preterm spontaneous delivery less than 37 weeks' gestation
- Preterm Premature Rupture of Membranes (PPROM)
- History of cervical insufficiency/incompetent cervix in previous pregnancy
- Antepartum inpatient admission in current pregnancy
- Two or more inpatient admissions in previous 6 months
- Maternal postpartum inpatient admission
- Edinburgh postnatal depression scale score ≥ 10 and/or member reports thoughts of self-harm or harm to baby
- Fetal death (stillbirth) ≥ 20 weeks' gestation or neonatal death
- Newborn discharged not in mother's custody
- Newborn admitted to NICU

C.24.iv.j. Description of staffing for each risk level, including staff to Enrollee ratios, modes of interface with Enrollees, and use of care managers.

Integrated Team Centrally Focused on the Member

A summary of our staffing by risk level is shown in **Exhibit C.24-23** and explained in more detail in the paragraphs that follow.

Exhibit C.24-23: Summary of Staffing by PHM Risk Level

PHM Risk Level	Passport Program	Staff Type(s)	
Health Promotion and Wellness	Care Compass	• Community Engagements Representatives • Population Health Managers • Community Engagement Health Educators • Quality Outreach Specialists • Care Connectors	10,000:1
	EPSDT		
	Care Gaps		
Management of Chronic Conditions	Condition Care	• Health Educator	70:1
	BH Care	• Complex care (adult and peds) staffed by an RN/licensed clinical social worker (LCSW) • Management of chronic conditions (adult) and moderate risk (peds) staffed by an RN/LCSW • Health promotion and wellness (adult and peds) staffed by a CHW	50:1 60:1 75:1
	Remote Care Monitoring	• Health educator	70:1
Complex Care Management	Catastrophic	• RN Care Advisor	50:1
	Complex Care (with integrated BH and SMI)	• Community Health Worker • RN Care Advisor	34:1 65:1
	Mommy Steps Maternity and Newborn Care (high risk)	• RN Care Advisor (for high-risk members)	60:1
	Transition Care	• Health educator/RN Care Advisor Team • The RN reviews all medication reconciliation and conducts via weekly huddles with health educators to provide guidance.	30:1

Our CM program fully supports the member and provider relationship. We understand this connection is vital in the development of the care plan, prevention of medical complications and incidents, and creating a

positive member experience. We also encourage any specialist involved with a member to be a part of the CM process.

Care Team Approach and Use of Care Advisors

The multidisciplinary team uses the broad clinical skills and expertise of a Care Advisor, registered dietitian, clinician, licensed pharmacist, health educator, CHW, Program Coordinator, providers, family and/or caregiver—who are all centrally focused on the member. Care Advisors help the team identify barriers to care and services as the care plan is developed. They empower the member, support behavior modification, close care gaps, address medication adherence and coordinate care. The Care Advisor or Health Educator assesses the member's health fluency (the degree of their understanding of their condition and needs), physical functioning and emotional well-being, and determines whether referrals to local or external resources are needed. Together, the team provides the needed CM services for members to be successful in achieving their health care goals. Passport's care team roles and responsibilities are outlined in **Exhibit C.24-24.**

Exhibit C.24-24: Passport's Care Team's Roles and Responsibilities

Staff Role	Role Type	Licensure Required	Ratio	Primary Responsibilities
Medical Director	Clinical	Yes	Not applicable	• Oversees all major health programs including PHM • Provides clinical leadership • Establishes treatment policies, protocols, quality improvement activities, PHM activities and UM decisions • Participates in integrated care rounds
Care Advisor Team Manager	Clinical	Yes	Applicable only for groups with fifteen (15) or fewer direct reports. In that instance will need to outline partial caseload requirement	• Manages/supervises the day-to-day activities of the Care Advisor team • Facilitates and leads integrated care round and case review conferences • Provides performance coaching and feedback to team members • Evaluates reports and performance regularly with the team • Conducts audits

Staff Role	Role Type	Licensure Required	Ratio	Primary Responsibilities
Registered Nurse or Licensed BH Care Advisor	Clinical	Yes	Please refer to **Exhibit C.24-22** for caseloads by program	• Facilitates the primary relationship with members and their PCPs • Conducts comprehensive assessments, screenings and medication reconciliation for members • Provides self-management coaching and care coordination services and refers member to other care team members as appropriate • Develops, implements and evaluates the care plan
Registered Dietitian	Clinical	Yes	Approximately 35:1 (shared case load with Condition Care)	• Supports the Care Advisor by providing food and nutrition advice and counsel to members • Assesses dietary and health needs of members; develops meal plans • Identifies barriers and problem-solves with members to promote or maintain adherence • Links members with local network dietitians to develop a comprehensive nutritional/dietary plan
Clinician	Clinical	Yes	Approximately 200:1	• Helps Care Advisor identify and remove behavioral, social, economic and safety-related barriers to care and care plan adherence, including referrals to psychiatrists and network social workers • Identifies and provides access to network, community and governmental support services to meet members' key needs • Maintains database of local resources for members and their caregivers
Licensed Pharmacist	Clinical	Yes	Approximately 65,000:1	• Supports Care Advisor in conducting comprehensive medication review, identifying drug/drug interactions and reconciling medication • Works with providers to modify medication regimens, when appropriate, to better meet members' needs

Staff Role	Role Type	Licensure Required	Ratio	Primary Responsibilities
Health Educator	Non-Clinical	Passport requires our health educator to be licensed, though it is not required by the Commonwealth	Please refer to **Exhibit C.24-22** for caseloads by program	• Supports the Care Advisor by providing self-management coaching and care coordination services • Makes necessary linkages to meet member/caregiver needs • Engages/motivates members to make vital changes in their lives • Recognizes member/caregiver feelings and perspectives and takes interest in their concerns • Communicates member/caregiver needs and coordinates interventions with RN, as needed
CHW	Non-Clinical	No licensure requirements	Please refer to **Exhibit C.24-22** for caseloads by program	• Conducts interviews with members to determine health literacy and the need for interpreter services • Conducts outreach calls to encourage members/caregivers to participate in CM programs • Helps providing information/referrals to governmental and community agencies • Schedules provider visits on behalf of the member • Maintains library on current available community resources
Program Coordinator	Non-Clinical	No licensure requirements	Not applicable; provides staff support	• Works under the direction of the Care Management team by generating reports and assigning cases to teamwork list/action item list • Sends out letters and helps the team manage to service-level and timeliness metrics • Takes inbound calls from members and connects them to the appropriate Care Management team member

Modes of Interface

Passport's PHM team across all programs uses multiple modes of interface to engage our members. Culturally and linguistically appropriate outreach occurs through numerous methods including **face-to-face, phone** (Passport will make at least three attempts to contact members by phone, with the three attempts on different days at different times. If we do not have an active telephone number for the member, we will contact the member's PCP or other health care providers to try to obtain a usable number or other methods they have used to successfully contact the member. **Passport Go** also is accessed for member phone numbers), **mail, email and through our Identifi Engage app.** The combination of these approaches enables Care Advisors, health educators, CHWs, and others to find and use the method of contact that is most appropriate to meet the member's unique needs.

Passport members take the lead and let us know the best place to meet with them face to face. It could be their home, the provider's office, homeless shelter or most any place they feel comfortable meeting with us.

Through our program evaluations, we have found that **face-to-face visits** are crucial to keeping our members engaged. Face-to-face visits provide our care team with the opportunity to provide high-touch support and coordination. Physical and Behavioral Health Care Advisors often meet with the member at the provider's office to discuss the member's care plan face to face.

Health educators and RN Care Advisors who are part of our Transition of Care program strive to **meet with members in the hospital prior to discharge** and then again at **their home in the days immediately following the discharge** to ensure coordination of services following discharge from an inpatient hospitalization. Meeting with our member while in the hospital is beneficial to ensuring discharge instructions are understood and carried out at home, as well as their overall understanding of their individualized plan of care. **Home visits** enable our care team to assess the home environment, reconcile medications and inform members of their benefits, available health plan programs and local community services. Passport's maternity and newborn RN Care Advisors request to **meet families face to face at the hospital when infants are being cared for in the NICU** to ensure they have everything in place to care for their newborn at home after discharge.

C.24.iv.k. If applicable, value-based payment (VBP) or incentive models the Contractor will include in Provider agreements to support involvement in the PHM Program.

Using Value-based Payment (VBP) for PHM Improvement

Passport is committed to helping providers achieve better performance results and improved health and wellness for members through better management of chronic and complex conditions. Our expectations and mutual obligations regarding participation in clinically based PHM activities that support these goals appear in our Provider Handbook, where we describe the use of clinical guidelines and the quality measures

that reflect good care. We support providers in achieving these goals by delivering specific, actionable data and guidance via our Population Health Manager communications and relationships. This support simultaneously helps providers feel heard, while assisting in moving providers along the glidepath to risk.

In addition, providers who are further along in the move to VBP and who participate in Passport's HealthPlus program enter into a formal contract amendment specifying expectations and potential rewards. Passport's obligations to them include, among others, on-site support for clinical and administrative issues, access to CM services and extensive analytic support. The path providers take to risk and the supports supplied to them by Passport are discussed in detail below.

Supporting Providers on Their Path to Risk

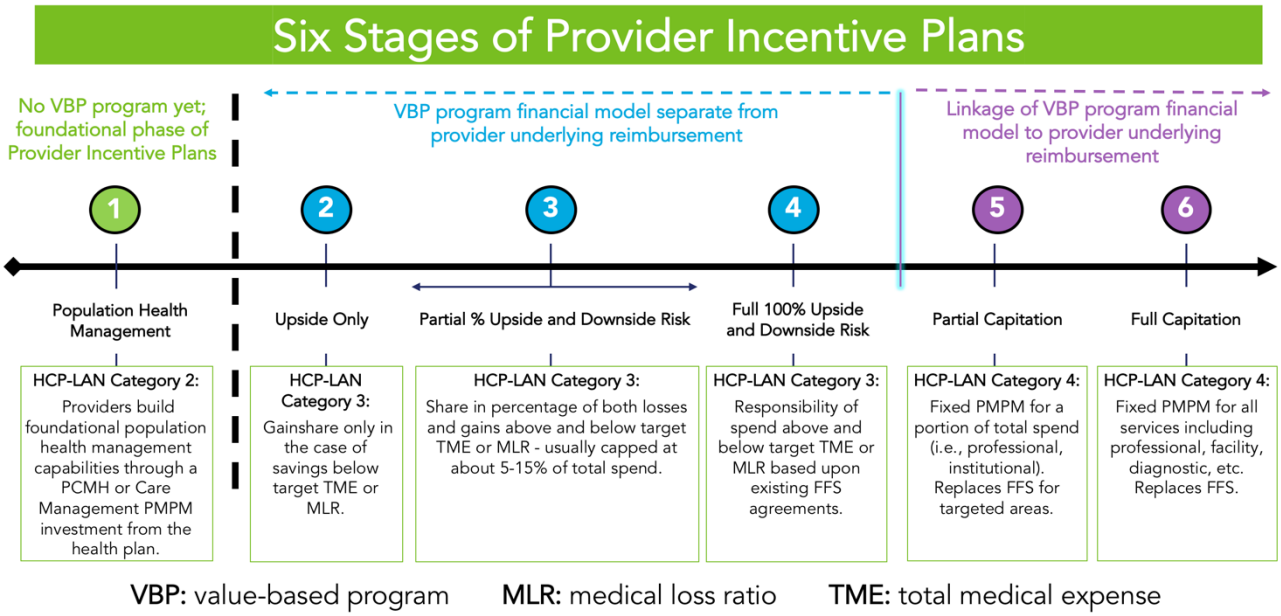
Passport knows taking on risk is often intimidating for providers, and they are therefore hesitant to engage in a shared savings program. Many providers across the country, including those in Kentucky, are in the early stages of risk readiness. We are unique in our commitment to understanding the challenges providers face in the shift to VBP and have taken meaningful steps to ensure the provider community has direct input into the evolution of VBP through forums such as the Partnership Council.

A majority of providers in our network still need to enhance their PHM capabilities before they will be ready for any shared savings risk that might potentially affect their fee-for-service compensation, let alone a capitated payment that would replace it. As such, Passport has developed a spectrum of Provider Incentive Plans, defined as any compensation program that rewards providers for improving the quality of patient care and outcomes. While a Provider Incentive Plan is most often implemented in the form of a VBP program, it can also take place through per member per month (PMPM) incentives that help the provider establish PHM infrastructure (see **Exhibit C.24-25**).

In response to feedback, Passport has partnered with providers to administer foundational Provider Incentive Plans to establish population health infrastructure such as a PMPM payment for CM services or Patient-Centered Medical Home (PCMH) certification. These programs help providers build core VBP capabilities by allowing for incentives to positively change behavior.

The below exhibit depicts the six (6) stages of Physician Incentive Plans. The first phase is a preparation phase, focused on building core population health capabilities through a PCMH or CM PMPM program. Stages Two through Six incorporate a VBP program with increasing levels of provider risk. In the case of more advanced risk, such as partial or full capitation, providers may or may not participate in a VBP program as defined by CMS' Health Care Payment LAN Framework (HCP LAN). Capitation alone does not necessarily improve quality of care, nor does it allow the arrangement to align with CMS' HCP LAN Framework. For this reason, when Passport's providers are ready for capitation arrangements, we intend to incorporate a VBP program.

Exhibit C.24-25. Glidepath of Physician Incentive Plans



VBP: value-based program **MLR:** medical loss ratio **TME:** total medical expense

Passport will advance its Physician Incentive Plans and VBP programs when providers are ready and willing. Passport will use CMS' HCP LAN Framework which outlines a four-category payment model classification system as our guide for defining Physician Incentive Plans, including VBP programs:

- Category 1 – Fee-for-service with no link of payment to quality
- Category 2 – Fee-for-service with a link of payment to quality and value
  - Including: Foundational payments for infrastructure and operations, payment for reporting, rewards for performance, and rewards and penalties for performance.
- Category 3 – Alternative Payment Models (APMs) built on fee-for-service architecture
  - Including: APMs (VBPs) with upside gainsharing or APMs (VBPs) with upside gainsharing & downside risk
- Category 4 – Population-based payment
  - Including: Condition-specific population-based payment or comprehensive population-based payment.

Most of Passport's providers are in the very early stages of VBP program sophistication. However, Passport's primary care upside-only VBP program, HealthPlus, aligns with LAN Framework Category 3. Passport's goal is to graduate as much of its network into some form of risk sharing through Category 3 (financial model separates from underlying reimbursement) and Category 4 APMs (financial model linked to underlying reimbursement, such as bundled payments).

While Passport is evolving its VBP with an understanding of provider readiness, we have devised a forward-facing strategy to move providers along the risk continuum. Passport recognizes that payment

transformation must be done deliberately and incrementally, and as such has developed a tiered VBP program framework that allows for more mature models as providers continually master population health capabilities.

The VBP program strategy has three defined stages.

1. The first stage is an Activity-Based Model in which providers receive a defined payment for completing specific tasks around quality, risk adjustment, and provider engagement (i.e., submitting Member Assessment Forms for risk adjustment, attending Joint Operations Committee (JOC) meetings, etc.).
2. The second stage is a Mixed Activity and Outcome-Based Model in which providers can earn defined dollars by completing specific tasks and performing well on metrics around quality, risk adjustment, provider engagement, and population health (e.g. exceeding the HEDIS 50th percentile, reducing Emergency Department utilization by a particular percentage relative to prior year).
3. The third stage is an Outcome-Based Model in which providers can share in savings by performing well on metrics around quality, risk adjustment, provider engagement, population health and member experience. For providers needing encouragement to try an Outcome-Based Model, Passport may incorporate additional PMPM earnings to reward high quality scorecard performance even if the medical expense ratio (MER) does not decrease to generate shared savings. Furthermore, we may also offer a PMPM bonus for providers with an already efficient MER, which may be hard to further reduce.

Our VBP models have a sliding scale in program sophistication while covering the full risk continuum. Risk-bearing VBP programs will have proportional upside and downside risk for the providers. Since 2018, Passport has more than doubled the number of provider groups participating in LAN Category 3 APMs and plans to continue to engage more groups in shared savings VBP programs. As providers establish foundational capabilities for upside gain share VBP programs and become comfortable in Population Health Management (PHM) techniques, we would like to introduce partial or full risk VBP programs. Should a particularly advanced provider group be ready and willing, Passport would welcome the opportunity to deploy LAN Category 4 APMs, in which we combine a capitation arrangement with an outcome-based VBP program.

Passport's Experience with VBPs

A core tenet of Passport's VBP philosophy is to "meet providers where they are." Passport has deployed several Physician Incentive Plans, including VBP models, over the last few years. We have taken meaningful steps toward ensuring the provider community, such as through the Partnership Council and PCP Workgroup, has direct input to the evolution of our VBP programs and that they have the support they need to be successful. Passport refined the models we currently have in the market based on our learnings and input from the provider community.

Passport and its vendor, Evolent, have deployed VBP programs along the HCP LAN Framework and care continuums that: 1) demonstrate Passport's experience launching a provider-centric primary care VBP

program, 2) demonstrate our behavioral health shared savings model, 3) exemplify a VBP pilot for a specialty population, and 4) highlight a sample downside risk arrangement that incorporates capitation in another market supported by Passport's vendor, Evolent. Below we detail our largest initiative, a VBP program for primary care. Refer to C.03 Capitation and C.09 Quality Management and Health Outcomes for additional information on Passport's other Physician Incentive Plans, including the aforementioned VBP programs.

Passport launched its primary care HealthPlus VBP program in 2018, after gaining input from the PCP Workgroup and approval from DMS. HealthPlus is uniquely physician-centric and is built upon the guiding principles of Passport's value-based care strategy:

- Ensure the value-based incentive strategy aligns with the plan's mission and governance from DMS.
- Begin by focusing on an (adult/pediatric) PCP incentive program designed to manage quality and cost at the member level. Confirm the program has metrics that are inclusive of all PCPs—pediatric, family medicine and adult-only internal medicine practitioners. Continuously work with providers to iteratively test and improve the program to create the best approach.
- Ensure the value-based incentive program is driven by a true partnership between the plan and providers, including sharing information and resources to attain success. Provider engagement and communication are critical elements of the program.

HealthPlus is an upside-only provider gain-share program that rewards providers for improved cost and quality outcomes after a quality gate have been achieved. The program is uniquely physician-centric and rewards incremental progress. In direct response to feedback from our provider community and lessons learned from implementing earlier versions of the program, in 2020 Passport is offering three earning mechanisms as an enhancement to the program as compared to its initial roll-out in 2018 which had only two earning mechanisms. The three earning mechanisms are further described below, where "MER" is medical expense ratio, the percentage of premium spent on health care for assigned members, and "YoY" is short for year over year.

There are three separate earning mechanisms a provider group can yield savings incentive.

- **MER Improvement** earnings potential is generated from their individual cost savings from YoY lower MER. The portion of the incentive shared with the provider group is based on their scorecard performance, minimum of 60%. A group can earn up to 50% of its incentive potential.
- **MER Attainment** earnings rewards provider groups that maintain an MER at or below 85% in the case their MER does not improve. Groups must have at least 60% on the scorecard. MER Attainment only applies for groups that do not have MER improvement.
- **Scorecard Performance** earnings mechanism rewards providers for achieving at least 80% on their scorecard. This earning mechanism only applies for groups that do not have any MER improvement or MER at or below 85% (MER Attainment).

The *Passport Quality Scorecard* includes fifteen quality measures that can be customized to the needs of the specific practice, such as adjusting for adult primary care or pediatric care. Performance is measured on a

calendar year and rewards are paid out the following year once claims have matured, creating an accurate measurement of the provider's performance (see **Exhibit C.24-26**). These quality metrics were carefully selected with the PCP Workgroup focused on performance opportunities for the health plan and aligned with areas in which providers felt they could make a meaningful impact. The metrics were then refined based on participating group feedback through in-person meetings and a survey. Please see Section C.03 Capitation for additional details on how the program evolved from 2018 to 2020.

Exhibit C.24-26: 2020 HealthPlus Scorecard Performance Metrics

Domain	Measure	Weighting
Quality (Adults)	1. Comprehensive Diabetes Care - HbA1c Testing 2. Antidepressant medication management -acute phase 3. Medication management for adults with asthma – appropriate medications for at least 75% of the treatment period	25% Weighted Adult
Quality (Pediatrics)	1. Medication management for children with asthma – appropriate medications for at least 75% of the treatment period 2. Adolescent well-care visits 3. Child well-care visits 4. Appropriate treatment of children with an upper respiratory infection	50% Weighted Pediatric
Population Health (Adults)	1. Plan all-cause readmissions 2. Ambulatory care sensitive ED rate 3. Use of imaging studies for low back pain	25% Weighted Adult
Provider Engagement	1. Practices' physician/clinical leadership and administrative leadership attendance at quarterly Joint Operations Meetings 2. Practices' key location(s) physician/clinical leadership and administrative leadership attendance at monthly Care Conference Meetings	20% Weighted All
Potential Diagnosis Addressed Rate	1. Medicaid Condition Addressed Rate – The percentage of suspect conditions addressed for patients identified as having an intervention opportunity	20% Weighted All
Patient Experience	1. The personal doctor explained things 2. Personal Doctor showed respect	10% Weighted All

In 2018, ***participating provider groups generated $6.7M in shared savings***. Of the participating groups, a large practice serving the needs of adult and pediatric patients earned incentives resulting from their performance in 2018. They demonstrated strengths in improving quality scores in all four measures for adults, and ***reduced MER by 2.9%***. Achievements in scorecard performance were less than optimal at the beginning of the program; however, we established a baseline to improve and tailor improvement efforts in 2020. **Exhibit C.24-27** reflects the final performance evaluation for participating groups in 2018.

Exhibit C.24-27: 2018 Final Performance Evaluation

Scorecard Domain	Measure	Percent of Groups that Exceeded Baseline Threshold	Percent of Groups that Exceeded Target Threshold
Quality Adults	Comprehensive Diabetes Care – Medical Attention for Nephropathy	20%	0%
	Antidepressant Medication Management	0%	0%
	Medication Management (Asthma)	80%	20%
Quality Pediatric	Medication Management (Asthma)	86%	0%
	Adolescent Well-Care Visits	29%	14%
	Child Well-Care Visits	29%	14%
	Appropriate Treatment (Respiratory Infection)	86%	43%
Prevention/ Quality Adults	All-Cause Readmissions	20%	0%
	Ambulatory Care Sensitive ED Rate	80%	0%
	Use of Imaging Studies for Low Back	0%	0%
Provider Engagement	Leadership Attendance at JOC Meetings	100%	100%
	Provider Group Use of Identifi Practice	100%	100%
Patient Visit Rate	Medicaid Condition Addressed Rate	43%	43%
Patient Experience	Personal Doctor Explained Things	86%	86%
	Personal Doctor Showed Respect	86%	86%

Supporting Population Health Management Through VBP

Provider payment models are not considered “value-based” unless payments have a strong link to improved outcomes and cost savings. **Exhibit C.24-28** offers a list of “measures that matter” for PCPs, hospitals and specialists that are considered in conjunction with the various domains and quality gates. This is a nonexhaustive list of metrics that support our VBP programs and quality gates.

Exhibit C.24-28: Quality Metrics that Support our VBP Programs and Quality Gates

Clinical and Efficiency	Population Health, Access and Satisfaction
• Follow-up visit made within seven days following post-acute stay • Admission rate • ED Utilization rate • Plan all-cause readmissions (adult & peds) • Ambulatory care sensitive ED rate (adult & peds) • Use of imaging studies for low back pain (adult only) • Completion of screenings such as the PHQ-9 for detection of depression in the primary care setting or completion of the Edinburgh Depression Scale for women with post-partum depression	• Expanded office hours outside the hours of 8:00 AM-5:00 PM • Member satisfaction (member experience score) • Quarterly care plans • Transition visit w/in five days of discharge • Physician attendance at Physician Engagement programs • Pre-visit planning • Visit made following stratification of a member into a complex care program • Practice adoption and use of our technology platform, Identifi Practice
Adults	**Peds**
• Comprehensive diabetes care - nephropathy • Antidepressant medication management - acute phase • Medication management for people with asthma - appropriate meds for at least 75 percent of treatment period	• Medication management for people with asthma appropriate meds for at least 75 percent of treatment period • Adolescent well-care visits • Immunization status - Combo 2 • Appropriate treatment of children with upper respiratory infection
Specialists VBP Measures That Matter	**Behavioral Health VBP Measures**
• Many of the PCP metrics and specialist metrics can cross over to the other. • Hospital readmission at 30, 60, 90, and 180 days (including psych) • Follow up after hospitalization (all types) • Cesarean section and early elective delivery rates • Obstetricians - prenatal care (first trimester prenatal visit, frequency of prenatal care visits, 6-weeks post-partum) • Medication management, including follow-up targeting specific types of drugs	• Initiation and engagement of alcohol and other drug dependence treatment (IET) • Antidepressant medication management (AMM) • Follow-up care for children prescribed ADHD medication (ADD) • Participation in vocational rehabilitation and other measurable results

Hospitals VBP Measures That Matter	Maternity/OB VBP Measures That Matter
• All-cause readmission rate • Risk-adjusted average length of stay • Hospital-acquired conditions/infections • Emergency to observation/inpatient escalation rate • Radiology service utilization • National Patient Safety and National Quality Improvement goals • Hospital Consumers Assessment of Healthcare Providers and Systems (HCAHPS) • Mortality rate for three conditions present on admission Indicators • Admission notifications within 24 hours	• Regarding OB specialty, our quality gate would focus on OB care using Medicaid HEDIS and Joint Commission measures. We aim for HEDIS 90th percentile as target, with partial points for 50th and 75th. For Joint Commission measures, we use the Healthy People 2020 goal. Three measures we focus on for OB care are: frequency of ongoing prenatal care (FPC); prenatal and postpartum care (PPC); and the Joint Commission: C-section for nulliparous singleton term vertex (NSTV).

Our VBP programs are designed to reduce potentially preventable events. We have identified several clinical and efficiency measures that directly and indirectly reduce preventable events. To ease the burden of providers participating in multiple VBP programs, we may align our metrics with existing Commonwealth and MCO initiatives for potentially preventable events. The following are examples of VBP program metrics that target preventable events as outlined in **Exhibit C.24-29.**

Exhibit C.24-29: Potentially Preventable Event Measures

PCP Measures	Preventable Events
• Follow-up visit made within 7 days following post-acute stay • Admission rate • ED utilization rate • Plan all-cause readmissions (Adult & Peds) • Ambulatory care sensitive ED rate (Adult & Peds) • Use of imaging studies for low back pain (Adult Only) • Completion of screenings designed to identify members who need specific interventions such as the PHQ-9 for detection of depression in the primary care setting, or completion of the Edinburgh Depression Scale for women who are identified with post-partum depression	• All-Cause readmission rate • Risk-adjusted average length of stay • Hospital-acquired conditions/infections • Emergency to observation/inpatient escalation rate • Radiology service utilization • National Patient Safety and National Quality Improvement goals • Hospital Consumers Assessment of HCAHPS • Mortality rate for three conditions present on admission indicators • Admission notifications within 24 hours

Administering VBP for Population Health Management

We take a two-tiered approach to physician engagement and scorecard report distribution that offers a comprehensive bottom-up and top-down structure.

Care Conference (CC) Meetings: The purpose of the monthly CC meeting is to engage organizations' key practice managers and providers to ensure they understand the VBP program and have the information they need at the point-of-care to successfully participate as well as be able to test and learn from practice level adjustments discussed at the JOC meetings. Passport's Population Health Managers (PHMs) play a critical role in supporting practice-specific performance. Population Health Managers are different than Provider Network Representatives because they are specific subject matter experts around practice transformation, population health, and specifically clinical CM programs and VBP initiatives. Key activities led by PHM with practitioners include:

- Sharing broad to specific practice-level actionable information on the member panel;
- Helping providers improve quality, population health, and risk adjustment performance more broadly and specifically around the VBP program elements; and
- Educating providers on and supporting member engagement in appropriate Passport CM programs.

A major focus of Care Conferences goes beyond just the VBP metrics and elements. We use the opportunity to provide feedback and inform providers about broader HEDIS, EPSDT, quality, and clinical action items that we can work together on to impact member health more broadly as well as improvements in relationships between Passport and our practitioner network. It is this broader support effort that truly responds to provider asks for assistance in strengthening their PHM capabilities, which are needed for them to be successful in VBP programs and risk arrangements.

In-person Care Conference meetings with prioritized practice locations yield the greatest impact on the provider group's overall scorecard performance. Passport's network providers are also equipped with tools like the provider web portal and Passport's Identifi Practice to monitor quality and clinical measures.

JOC Meetings: The purpose of the quarterly in-person JOC meeting is to work collaboratively with provider organizations' executive leadership teams to discuss group-level MER and program performance data, best practices, and macro-level areas of focus that ultimately lead toward improved quality and satisfaction for members while reducing unnecessary costs. Passport has an interdisciplinary team that provides comprehensive support for scorecard reports. These meetings allow us to work with the practitioner group leadership to review interventions, and measure progress and jointly determine opportunities for improvement whether that is 1) further root cause drill down for actionable information at a practitioner level, or 2) an opportunity on the practice side including workflow efficiencies, administrative burden or practitioner engagement.

Passport is committed to providing encouragement and support to providers as they move to better understanding of PHM and the role of VBP. Our analytic support, our on-site Population Health Managers and Care Conferences, and our deep understanding of health care systems in Kentucky give us both the opportunity and obligation to join with providers and the Commonwealth to effect change.

C.24.iv.l. Methods for evaluating success of services provided.

Robust Methods for Evaluating the Success of our PHM Programs

A summary of our methods for evaluating success of services provided by risk level is shown in Exhibit **C.24-30** and explained in more detail in the paragraphs that follow.

Exhibit C.24-30: Summary of Methods for Evaluating Success of Services Provided by PHM Risk Level

PHM Risk Level	Methods for Evaluating Success of Services
Health Promotion & Wellness	• **Quantitative Results – Clinical**: care gap closure, immunization rates, screening rates, weight/BMI assessment, etc. • **Quantitative Results – Cost/Utilization**: child well-care visits, PCP utilization • **Quantitative Results – Member Feedback**: Satisfaction Survey • Comparison of Results with a Benchmark or Goal (e.g., Quality Compass®, Year-over-year trends) • Interpretation of Results with Identified Barriers and Opportunities
Management of Chronic Conditions	• **Quantitative Results – Clinical**: engagement rates, action/care planning rates, program graduation rates • **Quantitative Results – Cost/Utilization**: inpatient admission rate, readmission rate, ED visit rate, total cost of care per member per month • **Quantitative Results – Member Feedback**: Satisfaction Survey • Comparison of Results with a Benchmark or Goal • Interpretation of Results with Identified Barriers and Opportunities
Complex Care Management	• **Quantitative Results – Clinical**: engagement rates, action/care planning rates, program graduation rates • **Quantitative Results – Cost/Utilization**: inpatient admission rate, readmission rate, ED visit rate, total cost of care per member per month • **Quantitative Results – Member Feedback**: Satisfaction Survey • Comparison of Results with a Benchmark or Goal • Interpretation of Results with Identified Barriers and Opportunities

Passport has a systematic data-driven process to evaluate whether it has achieved its goals and to gain insights into areas needing improvement. At least annually, we conduct a comprehensive analysis of the impact of our PHM strategy that includes the following components:

- Quantitative results for relevant clinical, cost/utilization and experience measures.
- Comparison of results with a benchmark or goal.
- Interpretation of results.

Quantitative Results

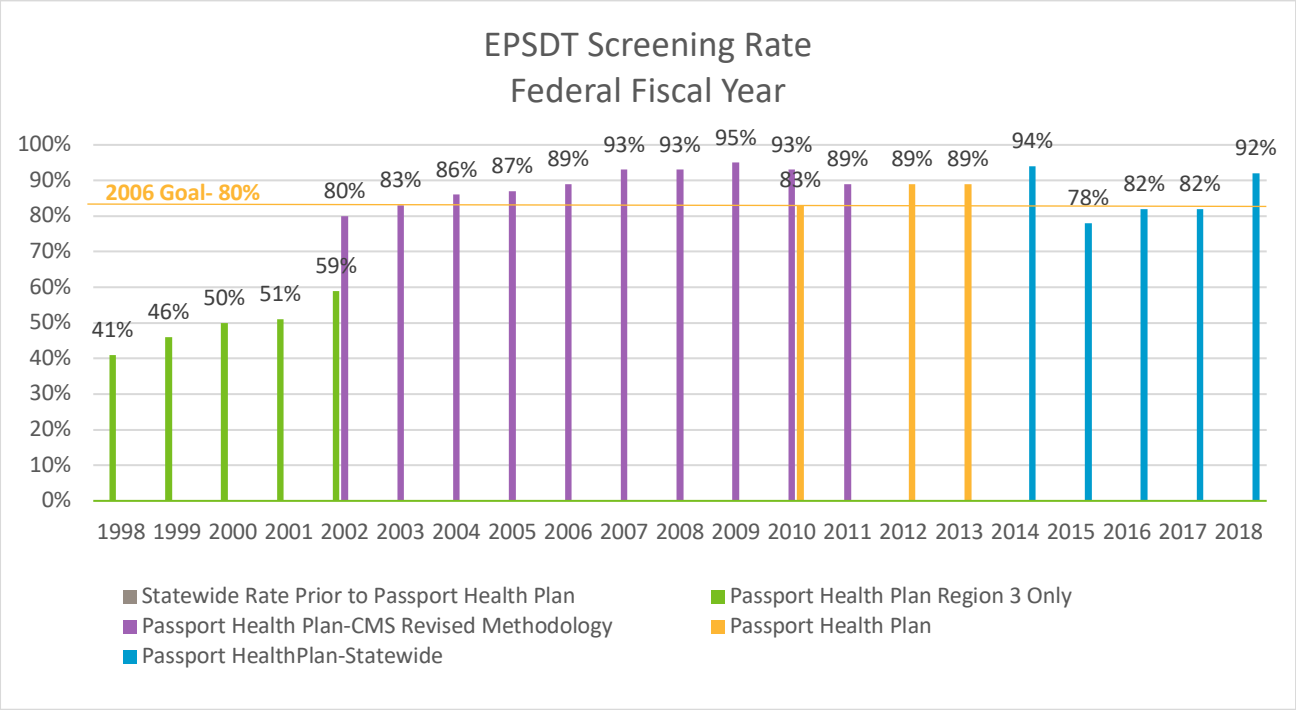
Passport's quantitative results include clinical measures, cost and utilization measures, and member feedback that are thoughtfully chosen to reflect the goals of our PHM program. A selection of measures and results are described below.

Clinical Measures: Passport's clinical measures can be categorized as activities, events, occurrences or outcomes that are statistically correlated with the goals of our program—to improve health outcomes for our population and empower members to improve their health and engage in their health care. Passport identifies these measures by first conducting a rigorous case-control study to quantify the impact of the program and then using advanced statistical methods (i.e., principal component analysis, factor analysis) to correlate the observed impact to specific operational activities (see end of this section for additional detail). These statistically significantly correlated measures include:

- **Engagement (absolute number and rate):** Members who have agreed to enroll in the program *and* have completed a comprehensive needs assessment submitted in Identifi. Rate denominator is those members identified for the program.
- **Timely Care Planning (absolute number and rate):** Completion of a member-centric care plan in Identifi within three days and two weeks of engagement (depending on the program). Rate denominator is those members engaged in the program.
- **Closed-Loop Referrals:** Percentage of referrals made that were addressed by the person or organization and information on the result of that referral was communicated back to the care team.
- **Graduation (absolute number and rate):** Member achieving identified goals of the program, as well as those identified by the provider and member. Rate denominator is those members engaged for the program's length/duration.
- **Care Gap Closure:** Percentage of open care gaps addressed during the measurement year.
- **Childhood Immunization Status (CIS):** Defined as the percentage of children two years of age who had the appropriate number of vaccinations for Combos two through 10 on or before their second birthday.
- **EPSDT Compliance Rate:** Defined as all eligible members receiving appropriate screenings according to the periodicity schedule.

Each measure is compared with a threshold, benchmark or prior performance (described below). **Exhibit C.24-31** shows Passport's EPSDT compliance rates for measurement year 2018.

Exhibit C.24-31: EPSDT Compliance Rates over the Last 20 Years, 1998-2018



Utilization and Cost Measures: Passport selects utilization and cost measures that are directly described as goals of our programs. For example, our Complex Care program is designed to prevent inpatient admissions and ED visits that can be avoided with proper ambulatory care. Our Transition Care program is specifically designed to prevent 30-day readmissions with proper discharging planning, coordination and self-management. Many of our Health Promotion and Wellness initiatives are designed to increase PCP utilization. **Exhibit C-24-32** shows a summary of select measures by program. Percentage reflects relative difference in the six months before and after program intervention in admissions per 1,000 ED visits and total costs PMPM.

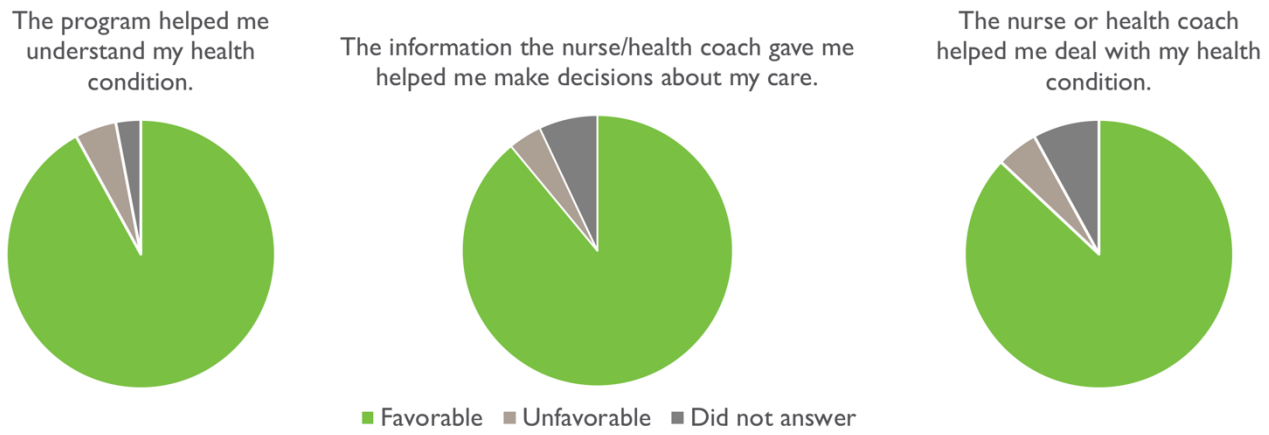
Exhibit C.24-32: Summary of 2018 Cost and Utilization Impact of PHM Programs

PHM Program	Sample	Total Cost	Inpatient Utilization	ED Utilization
Condition Care (Asthma)	198	▼58%	▼74%	▼28%
Condition Care (COPD)	383	▼35%	▼24%	No Change
Condition Care (Diabetes)	277	▼17%	No Change	No Change
Condition Care (CAD)	244	▼24%	No Change	No Change
Condition Care (CHF)	37	▼65%	▼27%	No Change
BH Care	378	▼38%	▼37%	▼35%*
Catastrophic Care	426	▼16%	▼33%	▼16%
Complex Care	1,322	▼20%	▼32%	▼35%
Transition Care	1,016	▼8%	▼14%	▼8%

Experience Measures: Passport obtains and analyzes member feedback from all of our PHM programs using satisfaction surveys. We conduct an IVR survey for members who have participated in our programs to measure member-reported health outcomes and member experiences.

Members are called within one to two business days of their case closure if an appropriate closure status was selected. Feedback is **specific to the programs** being evaluated and covers how the program helped the members understand their health condition, if the Care Advisor was professional and polite, if the program materials were helpful, if the Care Advisor gave information that helped the members make decisions about their care, if the Care Advisor helped the members deal with their health condition, and if their overall health and quality of life had improved since working with the Care Advisor. **Exhibit C.24-33** is a snapshot of the results from our most recent member survey conducted in 2019.

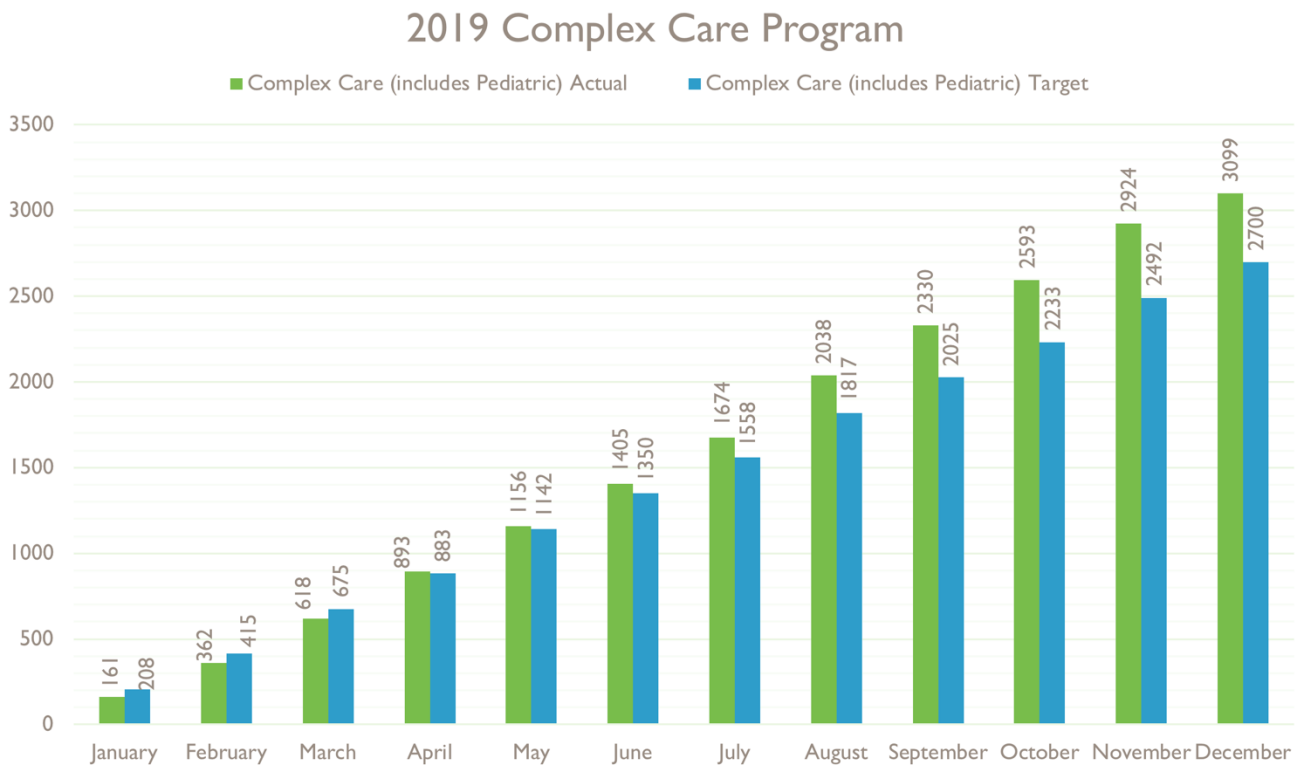
Exhibit C.24-33: Responses to Select Questions from Passport's Member Satisfaction Survey of Complex Care Management for Cases Engaged in 2018



Comparison of Results with a Benchmark or Goal

Passport performs quantitative data analysis that compares the results described in the sections above with an established, explicit and quantifiable goal or benchmark. Analysis includes past performance, if a previous measurement was performed. For example, for quality measures, we often use ninetieth (90th) percentile from Quality Compass® as our goal. For engagement, we use both quantifiable goals and year-over-year comparisons to understand both relative and absolute progress. The target for member satisfaction surveys is great than an eighty-five (85%) favorable response rate. As an example, **Exhibit C.24-34** shows the number of members engaged in Complex Care relative to a target by month in 2019.

Exhibit C.24-34: Number of Members Engaged in Complex Care Relative to Target by Month in 2019



Interpretation of Results

Passport assesses the measures together, once defined, collected and analyzed, to provide a comprehensive analysis of the effectiveness of the PHM strategy. Interpretation if these metrics against target or within a trend is more than simply a presentation of results; it gives Passport insight into its PHM programs and strategy and helps us understand the programs' effectiveness and impact on our key areas of focus. If we do not meet our goals, we conduct a qualitative analysis to identify barriers and assess opportunities. For

example, below is an excerpt from our EPSDT program evaluation report highlighting an identified barrier to needed screenings and recommended opportunities.

Barrier:

Limited time by clinicians, in a busy office setting, to identify needed screenings as recommended by the Bright Futures/AAP Recommendations.

Opportunity:

- Supplement the physician office staff efforts by doing the following:
  - Leverage the auto-dialing technology and Care Connector team to engage members in need of assistance making appointments during auto-dialer campaigns to increase EPSDT screenings and immunizations.
  - Increase internal Community Engagement staff for outreach and education to noncompliant members in all age groups.
  - Provide additional member identification tools to clinicians to assist with identifying those members due for screenings (interval screening calculator available on the Passport's website).
- Continue clinician education through collaboration with:
  - Participating clinicians to improve compliance with Bright Futures/AAP Recommendations.
  - Passport Provider Network Management (PNM) account manager to assist with clinician education and updates related to EPSDT requirements and monthly EPSDT Screening and Immunizations Due Reports available online.
  - Passport's Quality department to conduct EPSDT Claims Audit to identify areas of opportunity.
- Clarify clinicians' confusion regarding EPSDT age-appropriate screening expectations through collaboration with DMS and the Island Peer Review Organization (IPRO) to combine the EPSDT Manual provided by the Commonwealth and the Bright Futures/AAP Recommendations.

Other Methodologies to Evaluate the Success—Advanced Key Performance Indicators

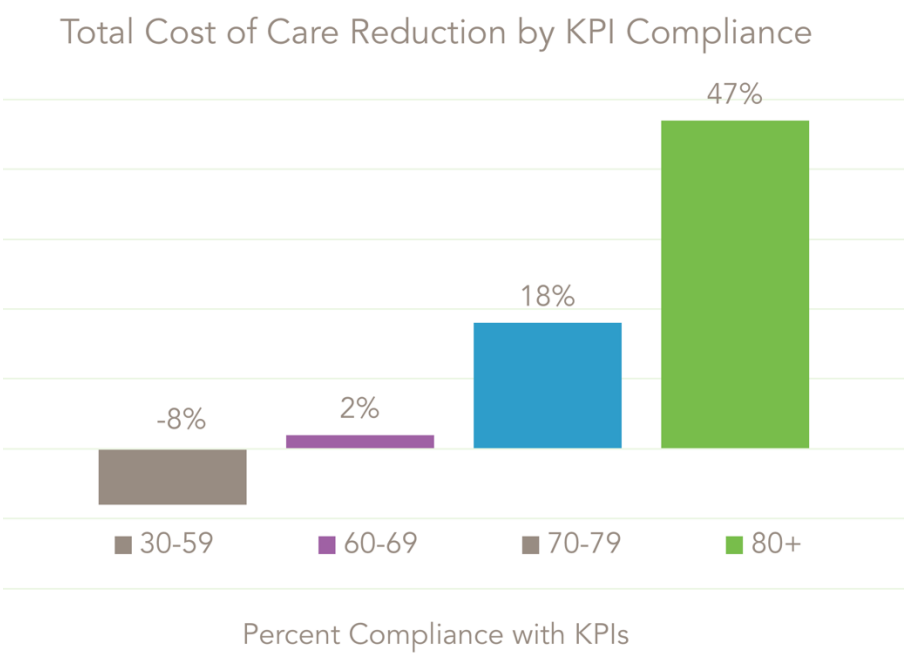
To support the identification and development of clinical measures described earlier, Passport engages in robust clinical analytics to develop advanced KPIs that are statistically correlated with positive clinical outcomes. Our internal research—using propensity matched case control studies and principal component analysis—shows that these KPI scores are directly proportional to enhanced clinical savings as well as member outcomes for management of chronic conditions and complex care management. This highly scientific and technical approach to developing KPIs ensures reliable measurement of activities that are leading indicators of impact. For example, through this analysis, we learned that the odds of having an inpatient admission for members with:

- Graduation goals met is thirty-four percent (**34%) less** than the odds of having an IP admission for members without graduation goals met
- Timely and dynamic care plans (i.e., the care plan is being updated as the member is making progress) is fifty-four percent (**54%) less** than the odds of having an IP admission for members without timely and dynamic care plans

- A minimum of two (2) clinical sessions per month is fifty-five percent (**55%) less** than the odds of having an IP admission for members with fewer than two (2) clinical sessions

Over time, we have identified nearly a dozen KPIs that are highly correlated ($p<0.05$) with positive outcomes, including reduced cost, lower inpatient utilization, lower ED utilization and high PCP utilization. We have also observed statistically significant impact on total cost of care with higher KPI compliance—those **care teams that are more than eighty percent (80%) compliant with these KPIs show a forty-seven (47%) reduction in total cost** of care for their members as compared to a matched control group (see **Exhibit C.24-35**).

Exhibit C.24-35: Total Cost of Care Reduction by KPI Compliance Score for Complex Care



This body of research has been translated into a performance management dashboard that care teams and directors use to track the progress of PHM programs and care team staff on each KPI. The dashboard gives management the ability to aggregate by staff member to allow for identification of top performers and to facilitate discussion of best practices. For the care team, the dashboard gives them the ability to drill down to the member level to determine with which members they have been successful in meeting goals related to KPIs and where they have opportunities to take further action.

KPIs are part of the everyday language in Passport's PHM programs. Care team staff can access their performance dashboard in Identifi at any time and regularly receive coaching from their managers to identify opportunities to improve their scores. Star performers are recognized so that best practices can be identified and shared in team meetings and trainings.

C.24.iv.m. Methods for communicating and coordinating with an Enrollee's primary care provider or other authorized providers about care plans and service needs.

Methods for Communicating with Member's PCP or Other Providers About Care Plans and Service Needs

Passport uses a variety of methods when communicating with members' PCP or their other providers regarding the members' care plans and specific service needs. Passport uses Identifi Practice as its provider-facing portal that supports utilization, quality improvement and coordination of care. To date, Identifi has integrated with the following EHR systems that may already be familiar names to Passport providers: Allscripts, Amazing Charts, athenahealth, Cerner, Centricity, eClinicalWorks, eMDs, Epic EMR, GE Centricity, Greenway Prime Suite, NextGen, Practice Fusion, ReLi Med and Quest Care360.

More detail about Identifi Practice and EHR Integration solutions can be found in the response to question **a.iv.g.** above under the heading **"Ensuring Coordination of Care with Providers through Integrated Platform Technology."**

A summary of our methods for communicating and coordinating with PCPs and other providers by risk level is shown in **Exhibit C.24-36** and explained in more detail in the paragraphs that follow.

Exhibit C.24-36: Summary of Methods for Communicating and Coordinating with a Member's Providers by PHM Risk Level

PHM Risk Level	Methods for Communicating and Coordinating with Member's PCP or Authorized Providers
Health Promotion and Wellness	• Identifi Practice • CHWs • Biannual review with population health manager
Management of Chronic Conditions	• Identifi Practice • Health Educators • CHWs • Care conferences with population health manager • Letters notifying of CM engagement • Collaborative Care Rounds • Phone calls to coordinate care
Complex Care Management	• Identifi Practice • EHR connectivity • Embedded CM staff • CHWs • Care conferences with population health manager • Letters notifying of CM engagement • Collaborative Care Rounds • Phone calls to coordinate care

As a provider-driven health plan, our providers are not just advisors, they have true governance responsibility over our PHM program through participation in the Board of Directors, the Partnership Council, and the Quality Medical Management Committee (QMMC) and its subcommittees. The guidance we receive from our physicians instructs how we communicate with our members' PCPs and other providers about members' care plans and service needs. We understand the best mechanisms to communicate, the level of detail to provide, and the frequency of updates most desired by our physicians.

When members first engage in a CM program, Passport sends a letter to their PCP, inviting them to participate in the member's care planning and discuss the member's needs. In addition, Passport leverages embedded Care Advisors in high-volume practices and CHWs also in high-volume practices and in the community, who are able to engage with providers to address member needs directly. Care Advisors will reach out to PCPs or specialists or their office staff to assist in making appointments and to coordinate care and service needs.

Additionally, when a member's risk level changes, we actively communicate that to the member's providers to support action. For example, if a member moves from moderate risk (chronic condition management) to high risk (complex care management) due to multiple missed pharmacy fills tracked through claims and processed through our ongoing stratification engine, Passport would notify the provider (via EHR, Identifi Practice or by phone) to update the care plan and work collaboratively to understand and address the member's barriers.

Ensure the Right Medication Regimen for John

John* (a member in our Transition Care program) was reviewing his discharge plan with his Care Advisor when he expressed confusion about his new medications following a surgery. The Care Advisor contacted John's PCP (prescriber of the member's regular medications), who offered to reach out to John's surgeon (prescriber of pain medication following surgery). The physicians were able to speak and realized that changes needed to be made to John's medication regimen. The PCP then followed up with John and the Care Advisor to clarify how the medications should be taken. The Care Advisor noted this interaction in the member record in Identifi, reinforced the changes with John, and checked in with him during subsequent contacts to ensure he fully understood his care instructions. Had his regimen not been changed, John likely would have been readmitted to the hospital due to side effects of his medication. *Member name changed for privacy

Providers are also welcomed to participate in person or via phone in Collaborative Care Rounds. Collaborative Care Rounds are multidisciplinary rounds held weekly to discuss higher risk members and members with more challenging social needs. Participants from Passport include a physician, a psychologist, RN Care Advisors, BH Care Advisors, Health Educators, CHWs, social workers, a pharmacist and a registered dietitian. Action plans are developed for each case discussed at Collaborative Care Rounds. If providers are

not in attendance, the primary Passport care team member will follow up as needed to update the established plan.

Our population health managers engage with providers and practice staff around members who may have been identified for participation in a program but we are unable to reach them or they have declined participation in the program. Providers are asked to reach out to their members to engage them and encourage their participation. Care conferences are the primary vehicle for the population health managers to communicate these needs. However, their service goes far beyond that. We use the opportunity to provide feedback and inform providers about broader HEDIS, EPSDT, quality, and clinical action items to affect member health more broadly as well as improvements in relationships between Passport and our practitioner network. This broader support effort truly responds to provider requests for assistance in strengthening their PHM capabilities. Population health managers are different from provider network representatives because they are specific subject matter experts around practice transformation, population health, clinical CM programs and VBP initiatives. Key activities led by PHM with practitioners include:

- Sharing broad to specific practice-level actionable information and reports on the member panel
- Helping providers track and improve quality, population health and performance metrics
- Educating providers on and supporting use for Identifi Practice

C.24.iv.n. Role, if any, the Kentucky Health Information Exchange (KHIE) will play in the Contractor's PHM Program as a resource.

The Role of Kentucky Health Information Exchange in Powering PHM

A summary of the role the KHIE will play by risk level is shown in **Exhibit C.24-37** and explained in more detail in the paragraphs that follow.

Exhibit C.24-37: Summary of Role the KHIE by PHM Risk Level

PHM Risk Level	Role KHIE Will Play in PHM Program
Health Promotion and Wellness	• Feed Continuity of Care Document (CCD) and ADT data to build member-level profiles to support real-time identification and stratification through rules engine. • Improve care coordination and gaps in care data for quality, HEDIS and EPSDT to direct resources in most cost-effective way.
Management of Chronic Conditions	• Feed CCD and ADT data to build member-level profiles. • Support real-time predictive risk stratification and identify risk level and polypharmacy.
Complex Care Management	• Feed CCD and ADT data to build member profiles. • Support real-time predictive risk stratification, reducing duplicative services and unnecessary medical procedures and polypharmacy through real-time information.

Interconnectivity Between KHIE and Identifi

Passport has been working collaboratively with DMS since 2011 to contribute detailed information on our members to the KHIE. We will be capable of immediately feeding Passport data to KHIE on the first day of the renewal contract term for a continuous feed.

Passport's Identifi platform can ingest CCD and ADT data to support building a comprehensive profile of each member. The collected information will be used for multiple initiatives to improve quality and reduce adverse events for the members, using better collaboration with the providers. A few examples include:

- **Quality Measures**: Limitations of the claims data is well known, and the added availability of KHIE information will significantly improve Passport's quality improvement efforts.
- **Risk Stratification**: Passport has access to artificial intelligence and machine learning CM but is limited by availability of comprehensive member data.
- **Real-Time Alerts**: Availability of ADT and other real-time information can drive creation of alerts for both providers and internal population health teams. This is especially beneficial for improving outcomes such as readmissions, where the opportunity to intervene is very small.

Passport will continue to collaborate with KHIE to leverage data in Identifi as KHIE develops mechanisms to make that available to MCOs and other entities.

The merits of interconnectivity and access to real-time, or near-real-time data, are self-evident and include more comprehensive physician-level reporting. The provider-facing solution we have available to providers, Identifi Practice, can be an enabler to facilitate information flow between the provider and the KHIE. This linkage will help bring information to the CM teams, population health managers, providers and the KHIE in a way that has not yet occurred. Passport care team staff will have portal access to KHIE, which will inform more comprehensive assessments and care planning for our members.

Passport Encourages Providers to Use KHIE

80% of Passport's membership is represented in the KHIE

Presently, eighty percent (80%) of our members are being treated by providers that are connected to and using the KHIE. Passport has a long-standing, integrated care model for whole-person care predicated on care coordination and collaboration across providers of all disciplines. As such, we believe when every provider in the Commonwealth participates in KHIE, everyone will have greater opportunity to potentiate that model of care. Therefore, when working with providers to understand the benefits of KHIE, we focus on how external historical and current health care data can improve care coordination while reducing the likelihood of duplicative services and polypharmacy.

To further increase adoption, Passport will cover the use of Identifi Practice and educational onboarding for all interested providers in its network. For some providers not already participating in KHIE, those incentives will not be enough to prompt adoption. In targeted cases, Passport will offer technical support and help

providers fund the costs of KHIE adoption. The goal of this additional level of support is to maximize the number of providers connecting to the KHIE and providing care to large numbers of Passport members.

C.24.v. Provide the Contractor's proposed approach to coordination with other authorized providers such as the WIC program and others.

Passport's Approach to Coordination with Other Providers

As a member of the community for over two decades, Passport has built robust relationships and stays highly engaged with authorized providers and community resources. Our staff work with over 600 agencies in Kentucky, including school and faith-based advocates, individual FRYSCs, community action agencies, interagency groups, advocates for the homeless, extension offices, Chambers of Commerce, food banks, shelters, Head Start and many others. We look for opportunities to connect our members to community resources and to connect as an organization with the community organizations that provide our members with valuable services.

We know our members are best served when we not only connect them to the resources and services they need but also work hand-in-hand with those service providers. Passport achieves this by taking a multitiered approach to coordinating with these service providers. We work with authorized providers and community resources to implement initiatives that will help our members and other Kentuckians, and we coordinate with these agencies and providers at the member level to meet individualized needs. These efforts are part of the work Passport has done and will continue to do every day to improve the health and well-being of its members.

Our director of Community Engagement stays connected to our community partners and works to identify and implement new opportunities for programs and services. For individual members, our Care Advisors, social workers, population health managers, refugee specialist, and director of Community Engagement have extensive knowledge of available community resources and providers and make connections based on members' needs and locations.

Coordinating Care with Community Resources for Mothers and Their Children, Including WIC

Approximately fifty percent (50%) of our members are mothers and children who have complicated life situations and SDoHs. Passport's Care Advisors work individually with these members and with community organizations to make sure that members have what they need. Passport strives to understand the community resources available and makes it our mission to refer members needing services to a vast array of agencies to address their specific SDoH and other unmet needs.

Given the population-wide issues of obesity and food insecurity, WIC is a frequent referral, and we work to ensure that information about members' needs and issues flows back to WIC from our providers. Passport refers potentially eligible women, infants and children to the WIC program. We also ask that our contracted providers share information with the WIC program if requested by WIC agencies and if permitted by applicable law. This information is needed for the appropriate provision of care and services and may include nutrition-related metabolic disease, diabetes, low birth weight, failure to thrive, prematurity, infants

of mothers with a SUD or other drug addiction, developmental or intellectual disabilities, AIDS, allergy or intolerance that affects nutritional status, and anemia. WIC is an important resource to help ensure that mothers and their children have access to nutritious food and support for establishing healthy eating habits and connection to necessary BH services. **Exhibit 24-38** is a chart showing typical services used by our members, how we connect them and how we coordinate in an ongoing way

Exhibit C.24-38: Connections to Community Services for Mothers and Children

Provider	Services	Relationship/Referral Process
WIC	• Help with cost of healthy food options during pregnancy and breastfeeding • Help with cost of formula • Obtain prescription formulas to assist with cost for unique needs • Connect moms to lactation consultants for breast feeding issues/concerns • Nutritionists available to assist with appropriate diet during pregnancy and while breastfeeding	1. Referrals are sent through secure email to WIC by Care Advisors for members in need. 2. The referral becomes part of the member's care plan, which is updated and monitored on a biweekly basis when contact is made with the member. 3. Care Advisors follow up with the member to ensure WIC contacted her and the appropriate resources were received. 4. If a member reports that she has not been contacted, the Care Advisor will follow up with WIC, often using a three-way conference call to connect the member directly to WIC staff and helping to set up appropriate appointments or resources for the member. 5. The intervention is not closed in the member's care plan until contact has been confirmed by the member and appointments or resources have successfully been arranged.
Early Childhood Development Root Cause Team	• Provide Pack 'n Play or car seat options for little to no cost	1. Care Advisors work directly with the resource representative to refer a member to the program either by phone or email. 2. Pack 'n Play resource person can be contacted at 502.574.5963. 3. Continued contact is made with the member to ensure he/she received the resources.
HANDS	• Guidance for new mothers from skilled professionals that will make home visits to the member during pregnancy and the early years of a baby's life • Parenting skills development	1. Referrals are sent through secure email to HANDS by Care Advisors for members in need. 2. The referral becomes part of the member's care plan, which is updated and monitored on a biweekly basis when contact is made with the member. 3. Care Advisors follow up with member to ensure HANDS contacted him/her and the appropriate resources were received. 4. If a member reports that he/she has not been contacted, the Care Advisor will follow up with HANDS, often using a three-way conference call to

Provider	Services	Relationship/Referral Process
	• Education on baby's needs, including what to expect as he/she grows • Home environment safety assessment and education • Assistance accessing community resources	connect the member directly to HANDS staff and helping to set up appropriate appointments or resources for the member. 5. The intervention is not closed in the member's care plan until contact has been confirmed by the member and appointments or resources have successfully been arranged. 6. The Care Advisor adds the HANDS staff member assigned to work with the member to the care team for consultation and coordination moving forward, as needed.
Healthy Start	• Assistance with making decisions for a healthy pregnancy • Parenting classes • Understanding infant development	1. Care Advisors send referrals to Healthy Start. 2. Members are also given the contact information for Healthy Start. 3. The referral becomes an intervention in the member's personalized Care Plan, which is monitored and updated with each contact. 4. If a member expresses difficulty in connecting with Healthy Start, the Care Advisors use three-way conference calling to connect the member and set up appointments. 5. The intervention is not closed in the member's care plan until contact has been confirmed by the member and appointments or resources have successfully been arranged.
First Steps	• Services for children with developmental delays or disabilities from birth to age three (3) years and their families • Use routines-based approach to intervene within the family's natural setting and routine	1. The care team sends first steps referrals as soon as a need is identified. 2. The referral becomes an intervention in the member's personalized care plan, which is monitored and updated with each contact. 3. If a member expresses difficulty in connecting with First Steps, the Care Advisors use three-way conference calling to connect the member and set up appointments. 4. The intervention is not closed in the member's care plan until contact has been confirmed by the member and appointments or resources have successfully been arranged. 5. The Care Advisor adds the First Steps primary staff member assigned to work with the member to the care team for consultation and coordination moving forward as needed.

Connecting Maggie to Infant and Postpartum Resources

Maggie* was a member in the Mommy Steps Maternity and Newborn Care program. During the assessment, our Care Advisor learned that Maggie did not have a safe sleep environment (e.g., crib, bassinet, or Pack 'n Play) for her baby. Maggie said the plan was for the baby to sleep in bed with her. Passport's Care Advisor educated Maggie on safe sleep habits for her newborn that would lower the risk of sudden infant death syndrome (SIDS) and offered alternatives to co-sleeping with the baby after discharge. The Care Advisor also learned that Maggie was worried about breastfeeding and having the right support at home. In response, the Care Advisor connected Maggie to HANDS, which offers a home visit with Maggie and baby, as well as to WIC for lactation consultation and support. The Care Advisor also called the local health department and spoke with the maternal and child health coordinator, who was able to locate a Pack 'n Play for the baby. The Care Advisor coordinated a pick-up time for the member to get the Pack 'n Play the next day after the initial assessment. Upon discharge, Maggie felt much more confident in providing her new baby a safe and nurturing environment with the support she needed to be successful.

*Member name changed for privacy

Coordinating Through Population Health Management Team Referrals

Other Passport members can also benefit from community resources, and our care staff regularly assess needs for such services. All direct care staff and supervisors at Passport have extensive knowledge of authorized providers and community resources throughout the Commonwealth. Our social workers and CHWs excel at providing our members with a warm handoff to these service providers, helping them understand the community resources available to them and removing barriers to access. Our care team members—social workers, Care Advisors, Health Educators and CHWs—are often the liaisons between members and community partners, working to ensure the member's needs are communicated and met.

Care team staff refer, educate and encourage members to use Kentucky Department for Public Health offerings that are available to them, well as other public programs such as Head Start and Supplemental Nutrition Assistance Program (SNAP). We discuss members' unique needs with them and work with the authorized providers to find appropriate resources/services for members. We remind new parents of pediatric well-child care visits and vaccinations, which are available at their local health department. We follow through to make sure referrals are followed up on and that any obstacles to receiving these services are removed.

While many health care organizations make referrals to community-based organizations, very few track those referrals to ensure a successful outcome, let alone attempt to understand the downstream impact on the member's health or social well-being. Through Passport's partnership with the Metro United Way, we supported the launch of United Community, a community-wide initiative to deploy an innovative, shared technology platform to initiate and close referrals across many organizations, agencies and services. Passport represents the health plan perspective on the United Community Governing team, along with the Louisville Metro Department of Public Health and Wellness for the health provider perspective, Evolve502 for the educational perspective, and Metro United Way for the social services perspective. The United Community's goal to be the first shared community social services record in the country to include the local school system is on its way to reality. The platform was launched in April 2019. Passport has taken the data from its work with connecting members to social service providers and helped to ensure that the providers our members work with most are included in the United Community. We are currently helping to design the analytics tools to evaluate the impact of the partnership and platform; this evaluation will not only assess whether it is improving health outcomes but also whether it helps to prevent other adverse social outcomes, such as unemployment and incarceration.

> "Passport joined alongside Metro United Way as one of four founding partners of the United Community platform, which digitally links individual referrals between healthcare, community-based organizations and education across our community. The platform offers the ability to share referrals and track key measures in real time, including patient experience and effectiveness and timeliness of care. Thanks in part to the leadership and commitment of Passport, the platform is gaining national recognition and is set to be a game changer for our community."
>
> ~Theresa Reno-Weber, President and CEO, Metro United Way

Our care team members participate in weekly integrated care rounds to discuss cases that need extra attention. When a barrier arises for a member, these rounds provide the opportunity for the multidisciplinary team to bring its expertise together and use its shared knowledge of available resources. **Exhibit 24-39** shows a selection of community services with which we partner.

Exhibit C.24-39: Select Community Services with Which Passport Partners

Resource	Assistance Available
New Roots	Farm-fresh markets with hours at local churches and community centers in food insecure neighborhoods
Louisville Asset Building Coalition	Helps with taxes
Project CARAT (Coordinating and Assisting the Reuse of Assistive Technology)	Provides donated DME to the community (locations throughout Kentucky)

Resource	Assistance Available
Wayside Christian Mission Respite Care	Homeless respite services for members who need to heal after hospitalizations or severe injuries
Dare to Care and other food pantries/banks	Provides emergency food baskets to those in need
The Table Restaurant	Allows community members to pay what they can or work for food
City Schoolhouse	Private school that allows parents to pay what they can
Love City	Free after-school and entrepreneur programs for children and family-centered events and festivals
Habitat for Humanity	New housing with volunteer hours, repair programs, and low-cost furniture and home repair goods
Golden Arrow	Children's clothing, diapers, formula and other infant needs
New Directions	Low-income housing and home repair program
Portland Promise Center	Free childcare to children after school and during the summer, which includes Kids Café meals
Dental Lifeline	Dental assistance throughout Kentucky
Feed the City	Daily meals and food boxes in exchange for volunteer service
Norton Special Needs Car Seat program	Car seats for children with special needs
New Eyes for the Needy	Free eyeglasses for children or adults
Head Start	Promotes school readiness, early learning, health and family well-being for children ages birth to five (5) years from low-income families

Supporting Fred with His Reentry Through Our Closed-Loop SDoH Model

Fred* was a member with diabetes who was on home incarceration. A Passport Care Coordinator (and social worker) conducted a post-incarceration reentry call and learned that Fred had no means of transportation and was in desperate need of healthy foods to effectively manage his diabetes. The Care Coordinator referred Fred to community agencies outside of his service zone using the Unite Us application (the closed-loop referral technology through Passport's relationship with United Community). New Roots Inc. responded to the outreach for help and went above and beyond to deliver medically tailored meals to Fred. The Care Coordinator was alerted when the referral was addressed through our closed-loop SDoH model and called Fred to check in. He was grateful for having food again and was beginning to feel better. With his basic needs met, Fred was able to focus on other ways to manage his diabetes and was referred to Passport's Condition Care—Diabetes program to further engage in his health. *Member name changed for privacy

Initiatives and other Opportunities for Coordination

Closing the Loop on Social Determinants

As mentioned earlier, Passport works with over 600 agencies. As Kentuckians serving Kentuckians, we are frequently active participants in the creation or adaptations of programs. This can include co-development of programs, providing funds or staff. Going forward, we will continue supporting our community partners and seeking additional ways to create communities of care.

Initiatives and Community Partners

Providing Cribs for Safe Sleep: A few years ago, Passport was alerted to seven infant deaths as a result of SIDS associated with unsafe sleeping environments in the Lincoln Trail Health District. The manager of Passport's Mommy Steps maternity and newborn CM program stepped into action. She partnered with Lincoln Trail District Health Department and the HANDS program to develop a plan to provide Pack 'n Play cribs to members who needed a safe place for their child to sleep. After ensuring all regulatory requirements were met, the project was established. Passport awarded a $10,000 grant to the Lincoln Trail HANDS program. Once the crib program started in the Lincoln Trail region, zero (0) infant deaths due to unsafe sleep environments occurred in 2016 and 2017. In 2018 and 2019, the only infant deaths that occurred in the five (5) counties were families who were not HANDS program participants. This is an ongoing collaboration that Passport continues to fund.

HANDS: Passport partners with HANDS programs in public health districts in Eastern Kentucky to provide educational classes on nutrition, safe sleep, stress management and other topics. Our Health Educators lead these presentations for HANDS participants. This is an ongoing relationship that we value and will continue.

Big Sandy NAS Coalition: In collaboration with Johnson County Health Department and Highlands Regional Medical Center, Passport helped to found and implement the Big Sandy NAS Coalition. Up to seventy percent (70%) of all newborns in the Big Sandy Region were born with NAS. The Big Sandy NAS Prevention Coalition's mission is to lower the percentage of children born with NAS. Since its inception, the founding members have educated more than nine hundred (900) high school students, held focus groups with NAS mothers, hosted provider education events, and grown the coalition to more than thirty community members. These preventive efforts are in place to help reduce the number of babies born with NAS.

Family Scholar House: Passport and Family Scholar House have a long-standing history of working together to deliver programs and services that help families break the cycle of poverty through educational attainment and success. Passport's newest project, Passport to Connectivity, supports Family Scholar House's newest population, young adults who were formerly in foster care, to ensure a successful transition into adulthood. Passport sponsored the purchase of laptops for the foster youth who were previously using their phones to complete college papers. This collaboration with Family Scholar House will continue at the Passport Health & Well-Being Campus, where Family Scholar House intends to co-locate.

Smile Kentucky!: Smile Kentucky! provides free dental screenings and dental education to targeted schools in Shelby and Bullitt counties. The Smile Kentucky! Steering Committee is made up of representatives from nine companies. A Passport Health Educator participates on the committee and assists with providing dental education in the classroom. The committee meets throughout the year to select schools, recruit volunteers and secure supplies.

Empowerment Workshop: Freedom House provides a residential treatment program for alcohol or drug dependent pregnant women and women with young children. This holistic and comprehensive program is designed to treat the women's SUDs, break the cycle of addiction in families, reunite families broken apart by addiction, and promote the birth of healthy, drug-free babies. Passport's health education manager and two volunteers of America (VOA) board members are offering a once-a-month empowerment workshop to help the program participants to strengthen their self-esteem and resilience. Practical skills around self-care, family care, kindergarten readiness, job preparation and networking with women professionals are discussed in a safe, healthy, interactive setting.

Future Coordination and Collaboration

Looking to the future, Passport will continue the collaborations listed above for the benefit of our members and the health of the Commonwealth. We would also like to expand our existing relationships to have a greater impact. Some of our ideas are discussed below.

Passport has a close relationship with the Salvation Army, which provides over 400 meals per day to homeless individuals via their Louisville and Franklin County locations. They also offer a culinary arts program for their clients. Over the next three years, Passport will seek to increase the collaboration between Salvation Army case managers and Passport's CM team so that together we can better meet the needs of our homeless members.

Passport also works closely with Dare to Care. One of our Health Educators was recently trained as a nutrition volunteer for Dare to Care. In 2020, she will be co-facilitating classes with a chef volunteer. The classes are called Cooking Matters and teach participants how to cook nutritious meals. Upcoming groups that our Health Educator will train for Dare to Care include Maryhurst (youth in foster care) and Mercy Housing (seniors).

Passport's director of Community Engagement joined the recently convened Older Adult and Vulnerable Populations Homeless Committee. This group intends to affect the health outcomes for this population via collaborative efforts.

In 2020 and beyond, Passport hopes to partner with schools to sign more families up for women infants and children (WIC) and with senior-serving organizations to sign more seniors up for Senior Farmers' Market Nutrition Program (SFMNP). The vouchers available through these programs can be used in the Community Farmers Market Double Dollar program. This program doubles the vouchers (up to the first $10) every day, helping the vouchers stretch further for members to be able to obtain healthy, fresh, locally sourced foods.

Additional examples of our collaboration with authorized providers and community resources can be found in C.22 Special Program Requirements.

Kentucky's community is Passport's community. Our Population Health program is designed to improve the health and well-being of all of our members, regardless of their situations. Community agencies and authorized providers are essential to our program because they provide services and programs our members need and benefit from. We look forward to extending our relationships with the community as we work together in service to all Kentuckians.

C.24.vi. Describe the Contractor's approach to ongoing review of its PHM Program, including potential real-time measurement, and how the Contractor will use results to address identified issues. the Contractor's approach to ongoing review of its PHM Program, including potential real-time measurement, and how the Contractor will use results to address identified issues.

Passport's Approach to Ongoing Review of Its PHM Program

Passport's PHM program is designed to ensure safe, effective, member-centric, timely, efficient, and equitable care and services are created and delivered to our members. Our programs pursue value and improvement in quality of life and outcomes. Our ongoing evaluation and review of the PHM program reflects our commitment to improve clinical quality and safety by using evidence-based clinical guidelines that have been developed to maximize safe clinical practices.

Our evaluation activities ensure all of our programs are designed to help members regain optimum health or improved functional capability, in the right place, at the right time and in a cost-effective manner. These program evaluations involve a comprehensive assessment of each program to determine if we have adequate resources in place, effective evidence-based interventions and approaches, and sophisticated analytics that drive decision-making when it comes to modifying or enhancing programs. Information gained

from all evaluations is used to make adaptations to PHM programming to improve clinical and quality outcomes for members.

Population Health Program Review and Evaluations

Each PHM program evaluation is conducted annually by the Quality and PHM teams. Program evaluations are completed based on the goals and objectives described in each program description, which are reviewed and updated no less than annually. Passport conducts multiple activities to evaluate the PHM program overall, including**:**

- Real-time analysis using Identifi Reports
- Monthly staff quality audits
- Monthly Operations Review (MOR)
- Annual program evaluations
- Annual population assessments
- Continuously through our NCQA accreditation cycle process

Each of these activities provides the necessary information for Passport to evaluate and adjust its programs to ensure it continues to deliver successful and appropriate services and interventions for its members. Passport has a history of working with DMS and other Commonwealth agency partners to plan and implement demonstration studies or other initiatives to affect the needs of Kentucky Medicaid members.

Real-Time Analysis Using Identifi Reports

Our care teams rely heavily on real-time and actionable information ensure they are taking the necessary actions to address opportunities and affect our members. Identifi supports this effort by providing our care teams with a suite of reports focused on program activities and outstanding opportunities. A selection of Identifi Reports are discussed below:

- The **My Care Dashboard** is one tool that our CM teams use to monitor real-time achievement of key steps in clinical program workflows.
- The **Care Program Details Report** details program-level elements and key operational metrics on program activities. This report can be run daily.
- The **Care Outbound Communications Report** provides information on communications such as letters and faxes sent to members and providers.
- The **Care Note Details Report** provides details of all care notes created during a specified period of time.

These reports at our fingertips allow PHM program managers and CM staff to adjust swiftly when a problem is identified. A Care Advisor, for example, may not have created an action item for the next outreach to a member, but they can identify from the My Care Dashboard that the outreach is due, thus allowing them to make the contact with the member to ensure they are on track with their care plan and stay in compliance with our program description and NCQA standards. A manager can use these same reports for overall compliance to key operational metrics and identify trends of their team as a whole or by individual. The

manager can then ensure all individual cases are brought into compliance and provide additional focus for the team on key factors that influence our members' success in programs.

Other reports outside of Identifi, such as cost and use reports, help clinical leadership to analyze trends in member utilization and make changes within our overall PHM program accordingly.

Monthly Staff Quality Audits

Quality audits of documentation and calls are completed on a monthly basis for each Care Management team member.

Each team member has a minimum of five (5) charts and two (2) phone calls audited monthly for:

- Timeliness of interaction
- Completeness of documentation
- Referral follow-up, as warranted
- Care plan completion
- Protected health information (PHI) verification
- Addressing open care gaps
- Other ad hoc areas of interest

Audits cover many scenarios—newly engaged to graduated cases—to ensure the full spectrum of care is being reviewed. The phone call audit can include clinical sessions, outreach attempts and voicemails.

For members receiving outreach to address social needs (via Care Compass), to remind about EPSDT well child visits, or to attempt to close care gaps, program coordinators, outreach specialists and other team members also have their documentation audited for quality purposes. Elements of these audits include:

- Timeliness of mailings or phone calls
- Accuracy of documentation
- Completeness of documentation

No matter which PHM program they are working in, staff are given immediate positive and constructive feedback about their quality audits. This ensures every member interaction is primed for engagement and success.

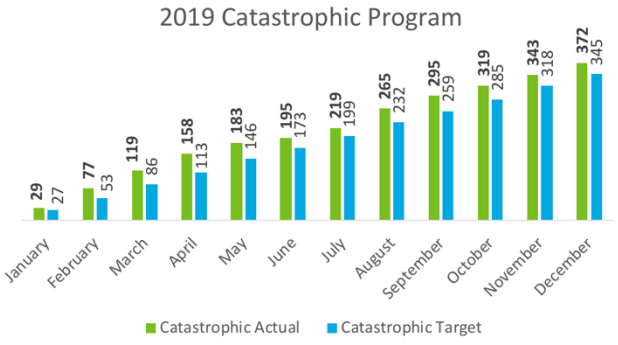
Condition Care Program Improvement

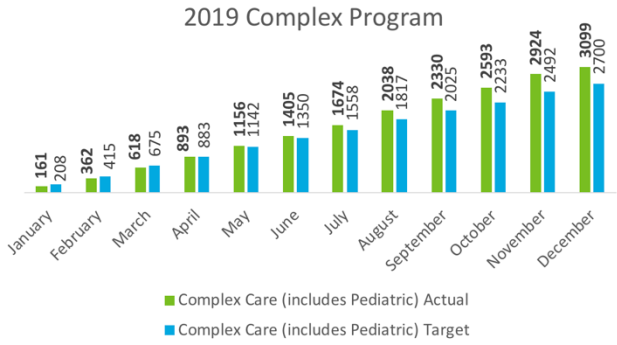
During the annual program evaluation in 2017, an opportunity for staff training/skill level enhancement was discovered. Variation was found in the disease management education delivered to members by the staff. Based on the variation, the current Health Educator training was replaced with a more rigorous format that included motivational interviewing skills and required Health Educators to obtain certification as a Health Educator. Based on the enhanced curriculum and the required certification of Health Educators, the graduation/program completion rate in 2017 of 40.61% improved to 64.73% in 2018 (a 67% increase).

Monthly Operations Review

Our MOR is an important governance forum for Passport leadership to provide oversight for key initiatives. In the MOR, Passport clinical leadership reviews monthly, year to date (YTD) and YoY metrics. Clinical program engagement is examined against established targets for four of our key programs (Catastrophic, Complex, Condition and Transition) and delves into details related to percentage of members engaged, graduated, unable to reach (UTR), and declined. Engagement is also examined on a YoY basis. These evaluations are used to identify engagement trends that need immediate correction and assist with development of strategies to achieve greater success. **Exhibit C.24-40** shows data from a recent MOR.

Exhibit C.24-40: Excerpt from Recent MOR Showing Engagement Results by Month Against Target for 2019





Catastrophic Care Notes

- YTD: 372 Assessed [2N]/888 Identified[2D](42%)
- 227 cases closed as graduated (61%[3]).
- 334 (37.61%) Identified cases closed as unable to reach.
- 63 (7.09%) Identified cases closed as declines to participate.

Complex Care Notes

- YTD: 3,099 Assessed[2N]/7,572 Identified[2D] (41%)
- 1,765 cases closed as graduated (57%[3]).
- 2,598 (34.31%) Identified cases closed as unable to reach.
- 765 (10.10%) Identified cases closed as declines to participate.
- CHW YTD: 620 Assessed/624 Identified

1 Data from Identifi run 1.6.2020 including dates 1.1.2019 through 12.31.2019; 2 N= total assessed number of cases with completed assessment; D= total number of cases identified for the program. 3 percentage of graduated cases = total number of graduated cases/total number of closed for the program excluding unable to reach.

Transitions of Care Opportunity

An example of ongoing program modification occurred in April 2019. During an MOR meeting, the participants noted that the Transitions program, at only fifty percent (50%) of expected progress toward year-end goal, was not meeting expected engagement and enrollment targets. During a root cause analysis exercise, the participants discovered that this program was not part of the performance management monthly review because it sat under different governance structure, and the metrics were not part of the overall MOR metrics. In collaboration with the governance leadership for this program, the participants collectively decided to move the program under the governance structure for other programs. The issue was discovered in April. Following the discovery, immediate team reeducation was conducted regarding process, tools and other success factors. The team was notified of a reporting and governance structure change in May and moved to the new structure effective July 1, 2019. Steps taken upon discovery of the issue and during and after team transition included:

1. The Transitions program was moved from UM to CM.
2. Upon completion of the change in reporting structure, a monitoring and review of productivity was initiated using weekly performance reports and monthly MOR and performance management meetings.
3. Trends in KPIs were noted, including low engagement rate and low number of members being reached.
4. Discussion of possible barriers with the Transitions team were discussed during biweekly team meetings.
5. Potential solutions for low-performing areas were identified by management and the Transitions team members.
6. A step-by-step plan was created to increase engagement, including:
    a. Staff reeducation on evidence-based CM techniques, such as motivational interviewing.
    b. Implementation of a hospital rotation for each staff member to visit a local hospital with identified members to meet them face-to-face.
    c. Staff retraining on documentation requirements.

By implementing hospital visits and reeducating the team on processes, expectations and expected outcomes, we saw a twenty percent (20%) increase in productivity in just two months (July-August). The Transitions team was meeting weekly engagement targets within just a few weeks and met its annual goal by early December. The team, which had been at fifty-one percent (51%) of its YTD goal in April, ended December at one hundred two percent (102%) of its YTD goal.

Annual Program Evaluations

Passport understands that regular evaluation of its clinically validated programs is imperative to ensuring their ongoing impact and relevance to its members. On an annual basis, Passport evaluates the success of

each of the clinical programs offered through the PHM program. We collect data on the CM programs, including outreach and engagement, care plan development and care plan progress. We also collect data on outcome measures, measures of cost/utilization and member experience, and participation rates. Quality improvement activities include measuring, trending, analyzing and interpreting results against performance goals or benchmarks for the program. For each program, the following metrics are tracked and reported:

- Participation rate (engaged versus identified members), annually and monthly
- Member engagement YoY, annually and monthly
- Top ten (10) comorbid diagnoses
- Referral sources
- ED and inpatient utilization pre/post-engagement
- Cost trends for ED and inpatient utilization and thirty (30)-day readmissions
- Total cost of care pre/post-engagement
- Program discharge status
- Achievement of care plan goals
- Satisfaction results for services received
- Satisfaction results for the improvement of health and quality of life

In addition, program-specific metrics are tracked and reported, including HEDIS and Healthy Kentuckian metrics relevant to specific conditions.

For each program, specific barriers are identified, with associated opportunities to correct or mitigate the barriers. A summary of key initiatives associated with each program is documented to ensure Passport achieves its overall goals for continual quality improvement and transformation. The data in the report informs planned activities for future years, which are also documented in the program evaluation.

At least annually, Passport evaluates member experience with programs through member feedback obtained via satisfaction surveys and complaints data. This allows for identification of opportunities to improve satisfaction with the program. Member active participation rates will be measured annually by collecting the number of members who have received at least one interactive contact. Interactions with members include activities such as educational mailings, IVR surveys and staff phone interactions.

Action is taken as needed for metrics that do not meet the goals or are deemed to be an opportunity for improvement. Interventions or actions to make improvements to identified areas of the programs are implemented to maximize health outcomes, experience and satisfaction, and effectiveness.

Complex Care Program Improvement

Another example of a program change that was based on program indicators and data analysis occurred in the Complex Care team. An analysis of staff committed to the program and the number of members that were successfully engaged per individual was conducted by the Research and Development department. The department recognized that some members were still in the “identified” bucket within Identifi. Because the engagement rate of Passport has consistently trended above that of other Medicaid engagement rates, an

exploration commenced to design an initiative to quantify the impact of increased staffing levels and gauge the resultant member engagement and program enrollment rates.

Through trending current staffing levels and resultant performance, the exploration discovered that the addition of nine staff—five RNs, three CHWs and a manager—was projected to increase enrollment rates by fifty percent (50%). The program rolled out in mid-2018. By mid-2019, with the addition of staff, all projections had not only been met but were slightly exceeded in successful engagement and enrollment of additional members into complex care management. Members in the Complex Care program increased one hundred seventy-one percent (171%) in 2019 compared to 2018.

Mommy Steps Program Improvement

During the annual program evaluation, an opportunity to develop a more integrated model to care for high-risk moms and newborns was discovered. The concept was to combine high-risk NICU admissions with high-risk pregnancy members to follow both mom and baby for up to ten (10) weeks after delivery.

Additionally, Mommy Steps previously was managed in a different medical management system, but, as of December 2019, Mommy Steps is now being managed in Identifi, the same medical management system as the rest of our clinical programs. This will allow us to better monitor clinical outcomes and performance enterprise-wide.

The hypothesis is that engaging both mom and baby in an integrated program will promote healthy pregnancies for members and healthy newborns. In this model, the same Care Advisor will be the primary contact for both mom and baby. We believe this model has the ability to increase engagement prior to delivery, which will help foster a strong relationship to carry into the first two months after delivery and NICU stay.

Working in this integrated program, we expect to see improved outcomes related to length of NICU stay, postpartum and newborn follow-up visits with providers, and improve our already good outcomes for low birth weight and very low birth weight newborns.

Remote Care Monitoring Program Improvement

During the annual program evaluation, we confirmed that remote care monitoring was successful for managing members with COPD and asthma. Based on these successes, we felt there was an opportunity to expand to other priority conditions. Diabetes was added to the Remote Care Monitoring program in the summer of 2019. CHF was then added into remote care monitoring in December 2019. Focus on these additional priority conditions increased the number of members served by fifty-one percent (51%). As stated, this also increased the number of priority conditions served by remote monitoring from two to four conditions. As we continue to monitor program outcomes, we may identify other conditions appropriate for remote care monitoring.

Population Assessment

Each year, Passport completes a full population assessment to understand and evaluate the needs of its members. The population assessment is the tool that gives the greatest insight into the utilization of health

care services, the effectiveness of existing programs, and opportunities for future initiatives. We evaluate the characteristics and needs of the member population, crosswalk those needs to existing programs, and identify improvement opportunities. An important outcome of the population assessment is the identification of performance trends for best practice and gaps in services offered to our members, including an analysis of the impact of relevant SDoH. Health status and risks are also examined by using utilization data broken out into age cohorts while also considering the needs of special populations, including members with disabilities and members with SMI.

Behavioral Health Care Program Improvement

During the population assessment, we confirmed opportunities to enhance the BH and SUD programs. Incidence and prevalence of SUD has been increasing in the Commonwealth. We increased of staffing BH Care Advisors effective January 1, 2020, and expanded outreach to members using predictive modeling to focus and touch members with rising risk. Based on the increased staffing available for outreach, coupled with the increase in identification of members, we expect an increase of up to three hundred percent (300%) in members engaged in BH programs and up to four hundred percent (400%) in members identified for outreach resulting from the employment of enhanced predictive modeling.

NCQA Accreditation Cycle

Passport is proud to have an 18-year track record of continuous NCQA accreditation, with its initial health plan accreditation received in 2002. The NCQA accreditation cycle helps us remain vigilant in reviewing our programs and results, and finding room for improvements. On a monthly basis, we complete rigorous quality chart and call reviews for each of our PHM CM programs. Real-time feedback to front-line staff helps us to ensure we continue to meet all NCQA standards.

Each year, we also review our program descriptions, making sure they meet the needs of our population as well as all NCQA standards. Our formal program evaluation process described earlier is an essential element of our NCQA accreditation cycle.

Passport also has a formal process for reviewing all clinical policies and procedures annually. This ensures we have the most up-to-date information in each of our policies and that they align completely with our clinical programs, contract requirements, industry best practices and NCQA. The accreditation cycle helps to drive these tasks on a monthly, quarterly and annual basis.

Sharing Results of PHM Program Monitoring and Review

To increase transparency and information sharing, Passport includes information and highlights of its PHM program through a variety of means. We include information and highlights of our PHM programs in our **member and provider newsletters and our website**. Our CHWs and health education specialists discuss relevant aspects of PHM program results directly with our members during **face-to-face visits and telephonic outreach**.

Passport's population health managers, who are dedicated to supporting our providers, share the results of its evaluation through both informal touch points and formal practice **Care Conferences and Joint Operating Conferences** with larger provider groups. Our Community Engagement specialists meet with various **community-based agencies, advocates, and other stakeholders** and share the results of our programs

Finally, our program results are also discussed during our **Quality Member Advisory Committees**, so that we can solicit feedback directly from the members. Finally, **QMMC** is another venue for sharing the ongoing review of our PHM programs with providers. We discuss lessons learned and identified best practices and seek input for our programs that will ultimately lead to better care, experience and outcomes for our members.

Conclusion

Passport has 22 years of experience applying population health principles and serving Kentucky's most vulnerable citizens. We partner with members, providers and community-based agencies across the Commonwealth to meet members' needs, with the overall goals of improving health outcomes, empowering members to improve their health and engage in their health care. This approach enables us to address both urban and rural disparities. Our programs offer state-of-the art predictive analytics to stratify risk and identify members for our Health Promotion and Wellness, Chronic Condition Management and Complex Care Management programs. We have and will continue to develop innovative strategies and interventions to improve the overall health and wellness of our membership.

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.

C.25 Enrollees with Special Health Care Needs



C.25. Enrollees with Special Health Care Needs

a. Describe innovative approaches and evidence-based practices the Contractor proposes to use in providing services to Enrollees defined in Section 35.0 "Enrollees with Special Health Care Needs." Include a summary of how the Contractor's experience in providing services to these populations has informed the approaches.

b. Describe the Contractor's approach to facilitate access to appropriate services for Individuals with Special Health Care Needs to include:

   i. Approach to identifying Enrollees.

   ii. Process for screening and assessing individual Enrollee needs.

   iii. Approach to providing education to Enrollees and caregivers.

   iv. Approach to providing transition support services.

Passport Highlights: Enrollees with Special Health Care Needs (ESHCNs)

How We're Different	Why It Matters	Proof
Local innovation and collaboration with Department for Medicaid Services (DMS) resulting in powerful initiatives impacting the Commonwealth	From 2015-2017, Passport developed and implemented an Intensive Care Management pilot for youth in foster care based on DMS concerns related to receiving treatment out of state.	• Results of the pilot indicated 150% increase in return to biological or adoptive parent(s) six (6) months post treatment. • A 20-point improvement in the Child and Adolescent Functional Assessment Scale (CAFAS), illustrating an improvement in overall functioning.
Passport's collaboration with the provider community is strong in Kentucky	As a provider-driven health plan, our first instinct is to work *with* our provider network to support behavior change and empower members to engage in their care.	In 2018, Passport had the highest physician screening rate of adolescent tobacco (77.94%) and alcohol (70.59%) use among all managed care organizations (MCOs) in Kentucky.
Hands-on approach to addressing the needs of members experiencing homelessness through community-based and in-person care team support	• An in-person approach is essential to meeting the needs of a homeless population. • Local team members visit homeless shelters across the state, providing education on health care needs and coordinating care.	Passport members experiencing homelessness visit the emergency department (ED) on average 3.5 times per year versus the national average of 5.0 (or 30% less frequently than the national average).

Introduction

Passport is passionate about our Enrollees with Special Health Care Needs (ESHCNs). For over two decades, Passport has been serving the Commonwealth and, in that time, have gained extensive experience serving ESHCNs. Our comprehensive care management and coordination programs are designed to address the unique needs of members who are at high risk related to chronic physical, developmental, behavioral, neurological or emotional conditions and who may require a broad range of primary, specialized medical, behavioral health and/or related services. Our multidisciplinary member-centric approach with specialized care management and coordination services engages the member and primary caregiver(s), primary care provider (PCP), and specialist(s) to ensure continuity of care. We place each member at the forefront of everything we do.

Our field-based service model was founded on the belief that locally based staff, embedded in the community and knowledgeable about community and member issues, is the best way to ensure access, high service standards and an integrated approach to health.



C.25.a. Describe innovative approaches and evidence-based practices the Contractor proposes to use in providing services to Enrollees defined in Section 35.0 “Enrollees with Special Health Care Needs.” Include a summary of how the Contractor’s experience in providing services to these populations has informed the approaches.

Innovative Approaches and Evidence-Based Practices

Passport offers a member-centric, evidence-based program dedicated for ESHCNs that provides enhanced care management, coordination, education and support to these vulnerable populations. Our efforts focus on ensuring that our ESHCNs receive timely and appropriate services, equipment and resources to support them in achieving improved health. Our multidisciplinary care team is dedicated to fully assisting the member by assessing his/her needs, developing an individualized care plan, creating specific interventions, evaluating his/her progress and referring him/her to needed resources. This is all done to help our members find the path to better health and well-being.

ESHCNs may face physical, behavioral or environmental challenges daily that place both their health and ability to fully function in society at risk. Our approach delivers holistic care management attending to their medical and behavioral health conditions, dental and vision needs, and any Social Determinants of Health (SDoH) that may hinder their ability to live a quality life. Passport’s Care Advisors understand the impact trauma has on the overall physical and behavioral health of all members, and that adverse childhood experiences (ACEs) can have negative and long-lasting effects on health and well-being. This aligns with the Kentucky State Health Improvement Plan 2017-2022 efforts for improving awareness of ACEs. Passport’s Health Integration team is working with providers to understand appropriate timing for the screening of ACEs and how to become more trauma-informed in their care of patients.

We use a multifaceted and integrated clinical model using evidence-based medicine and a coordinated team approach. This enables Passport to comprehensively assess, monitor, measure, evaluate and implement integrated clinical strategies specifically designed for ESHCNs. This is an end-to-end care management program that offers member identification, outreach and program enrollment, assessment and care planning, and referrals and coordination until members successfully reach their goals, as illustrated in **Exhibit C.25-1**.

Exhibit C.25-1: Our End-to-End Process for Care Management and Care Coordination Services for ESHCNs



Innovations in Passport's Approach to Supporting ESHCNs

Passport has demonstrated our commitment to developing and implementing new, better and more effective ways to solve the problems facing our members. Recent innovative approaches to support our ESHCNs and improve health outcomes include:

1. **Real-time risk stratification** to identify and outreach ESHCNs sooner than traditional methods
2. **Social Needs Index (SNI)** to power Passport's Care Compass program in addressing social gaps
3. **Identif[SM] Engage** mobile application to facilitate real-time bi-directional communication with the care team
4. **Remote care telemonitoring** to educate and empower ESHCNs to self-manage their health
5. **Award-winning new member videos** as an additional communication format to facilitate access to appropriate programs and service

These approaches are explained in more detail below and additional examples of Passport's innovations can be found below under the heading "**How Providing Services to ESHCNs Has Informed Our Approaches."**

1. Real-Time Risk Stratification

Members with multiple chronic diseases can have their health deteriorate in a matter of weeks, even days. For such members, there is a specific window of opportunity to intervene and change course to improve their outcomes. The population health programs face a major disadvantage in keeping tabs on members' changing health due to the outdated information from claims. Most MCOs rely on claims-based stratification. In this process, it takes three months after a member's hospitalization or ED visit to get detailed information about it to include in stratification models. By the time a care manager reaches out to the member, that person may have already had additional hospitalizations or other encounters. In an analysis of thousands of high-risk members in Complex Care, Evolent Health found that roughly $19,000 per member was spent in the three-month span between the clinical encounter and the reporting of claims data.

Real time stratification will solve this time lag by leveraging real-time data sources such as hospital ADT, Utilization Management (UM) notifications, lab results and prescriptions in stratification processes. By re-scoring members **daily** through this process, we can quickly reprioritize our Care Advisors' work lists to direct them to the highest-need individuals on a given day. Reaching members at the right time is also effective in improving member engagement. A national pilot of Real-time Risk Stratification showed that total number of members engaged and assessed for care management increased by 44 percent after real-time stratification was piloted. Improved engagement rates were related to identifying the members with highest need in real-time, when the support was most needed.

Real-time Stratification Pilot Results

- Average days between last encounter and outreach:
- Claims-based stratification: 96
- Real-time Stratification: 3

Additionally, member engagement rates improved by 44% with timelier outreach

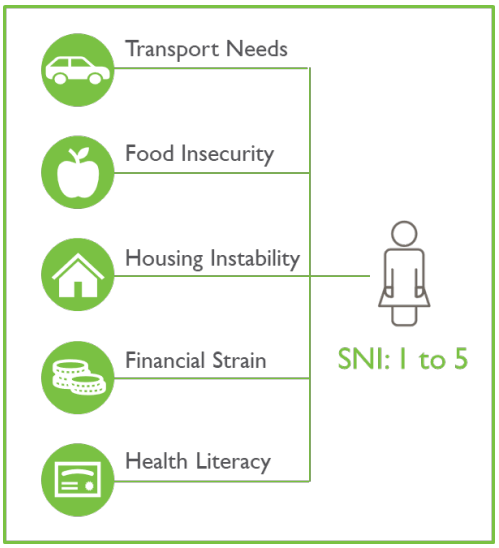
Passport will be launching real-time stratification once Kentucky HIE connection goes live in 2020.

2. Social Needs Index (SNI) to Power Passport's Care Compass Program

To proactively identify and address social needs of our members so they are empowered to improve their health and able to engage in their healthcare. The lack of member-specific insights and data creates a challenge to proactively identify and support members with social needs. Sources of Social Determinants of Health (SDoH) data are disaggregated and lack standardization, and the healthcare industry predominately relies on screening members to understand their needs. Members who have their basic needs met such as adequate food, stable housing, and employment are better able to focus on the activities necessary to improve their health outcomes.

To address this, Passport relies on the Social Needs Index (SNI) – a unique, easily understandable "score" that quantifies a member's SDoH risk level correlated to adverse health outcomes. As shown in **Exhibit C.25-2**, a single score indicating an individual's severity of social needs across five domains (housing, finances, food, transportation, and health literacy) allows Passport to better prioritize members who most need resources and provides care advisors an easy mechanism to integrate social support into clinical care management.

Exhibit C.25-2: Five domains of the Social Needs Index (SNI) that produces a score from 1 to 5 based on level of need



The SNI is updated as often as new SDoH information is generated through HRAs or acquired from external datasets. It uses machine learning algorithms to combine the following two components to determine risk of an adverse health outcome:

1. *Community strain*, which is represented by an aggregated score indicating the social strains for the community that a member lives in, serves as the foundation of the overall social needs index for a member. It is determined using public data sources such as:

- U.S. Census Bureau's American Community Survey (ACS) that tracks more than 100 data elements regarding education, poverty and housing status by specific neighborhoods.
- U.S. Department of Transportation encapsulating their affordability index, walkability index, food access and supermarket availability by location
- Environmental Protection Agency's (EPA) Smart Location Database provides air quality and pollution information
- U.S. Department of Agriculture (USDA) records on food scarcity and deserts

2**.** *Individual social needs*, which are extracted from consumer data, HRA, member eligibility files, claims, UM notes, and care notes. For developing individual (and household) profiles, we use 200+ data elements to evaluate housing situation (renter or homeowner), household Income, education level (e.g. high school, college, etc.), household composition (living alone vs family), access to automobile, and job profile and occupation.

In 2019, Passport conducted a pilot demonstrating that the SNI was able to accurately predict those with the highest social needs and conduct outreach. Among the members with a SNI of 5 (highest score) who were outreached and assessed, 100% reported at least one SDoH need and 90% reported multiple needs. Food (34%), employment (23%), and housing (16%) were the most reported social needs.

In Q3 2020, the SNI will be available to all members of the care team across programs, but will especially power the Care Compass program, which is designed to support member needs comprehensively through care coordination, support, and customer service. This program is fully developed, with implementation

planned for mid- to late 2020. Members who do not stratify into one of our other population health management programs, but who have identified care coordination needs due to barriers or SDoH, will receive support and assistance through our Care Compass program. Members engaged in one of our other programs can also receive assistance through Care Compass as a supplement to other program interventions. Care Compass will help to address the stressors in a member's life which are impacting the member's short and long-term health outcomes.

The Care Compass program will help members navigate the complexity of the health care system while empowering them through self-management skill building. The Care Compass team, including Care Coordinators, Community Health Workers, and Social workers connect the member with resources and services and then follow up to ensure the referral was completed and adequately met the member's health and social needs. Specific services include:

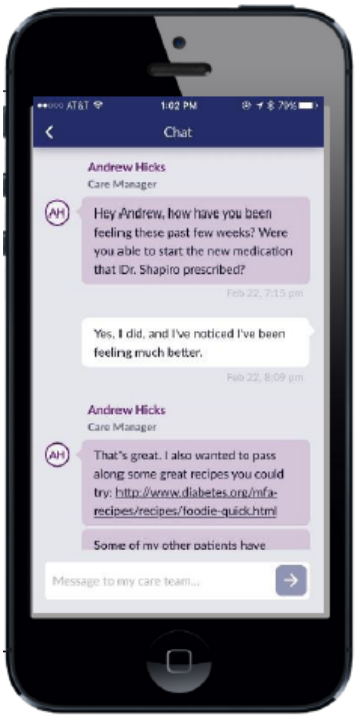
- Identifying needs and available resources
- Resolving barriers
- Facilitating referrals
- Scheduling and coordinating appointments
- Supporting gap closure
- Coordinating transportation

3. Identifi Engage Mobile Application

Passport is drawing on the popularity of mobile technology to engage members. We understand that texting or chatting can be cost-effective and a more engaging, interactive and immediate method of communication than a phone call, mail or email. Because of this, Passport is adding the use of the Identifi℠ Engage mobile application to its suite of member engagement tools.

Identifi℠ Engage is a mobile app supported on both Android and iOS platforms that is aimed at fostering member engagement to effectively manage care and improve outcomes. It is designed for members and their designated caregivers to easily interact with their Passport care management team. The secure mobile application provides bidirectional messaging (chat) capability between the care team and member (see **Exhibit C.25-3**). Chat messaging supplements traditional telephonic and in-person communication, allowing frequent and convenient communication between members and care advisors to maintain program engagement while limiting interruptions in members' daily lives. Identifi℠ Engage also provides an additional channel for providing directions and interventions to the member (e.g., links to resources, recipes, etc.). A subset of Passport care

Exhibit C.25-3. Screenshot of Identifi℠ Engage Chat



management staff piloted the tool in 2019 and tested its capabilities, providing feedback to the development team along the way.

In 2020, Identifi℠ Engage will be available to all of our care management staff for use with members engaged in any Care Management (CM) program. We believe this technology may be especially useful for some of our members with special needs because some members will already be familiar with chatting/texting technology. They may be more communicative with their Care Advisor using this mode of communication than they would be via phone or face-to-face interaction.

4. Remote Care Telemonitoring

Passport uses remote care telemonitoring to assist special needs members in managing their chronic disease symptoms and provide them with the tools to recognize worsening symptoms before going to the ED or hospital. The technology is geared for members diagnosed with chronic conditions such as diabetes, asthma, chronic obstructive pulmonary disease (COPD) and heart disease who would benefit from continuous health monitoring. When appropriate, the Care Advisor incorporates remote telemonitoring into the member's care management plan by arranging for the member to obtain a specialized tablet, blood pressure cuff, oximeter and weight scale, which are all Bluetooth connected. The tablet transmits the member's vital sign information to our Care Advisors for monitoring any changes in his/her health status.

By integrating remote telemonitoring into a member's care plan, the Care Advisor can help empower the member to better manage his/her own health. By using technology and with the support of the Care Advisor, members become better educated on how to "read their numbers," what the numbers should be and what steps they can take to bring those numbers under control.

Daily survey questions regarding the member's condition are also posed to the member on the tablet. By tracking changes in the member's symptoms, the Care Advisor educates the member on what his/her symptoms mean and when to call his/her PCP. Targeted education can also be sent by the Care Advisor and viewed instantly on the specialized tablet by the member.

Passport is continuing to explore which conditions can best be impacted with its remote care telemonitoring program. Other conditions we will evaluate for this program in 2020 include obesity, hypertension for members with high risk, and high-risk pregnancy.

5. New Member Engagement Videos

Exhibit C.25-4: Sample Screenshots of Passport New Member Videos



Using local actors and filming in our Louisville headquarters, our in-house marketing team crafted a series of five New Member Videos as part of our new member experience strategy. Our new member videos cover topics such as: what's in the New Member Kit, 'about the HRA form'; seven simple steps for new members; the importance of having a PCP; how to sign up for texts, emails and social media, and how to earn member rewards (see **Exhibit C.25-4**). The videos are part of our New Member Web Page; we promote them on Facebook, Twitter, Instagram and LinkedIn. **In the fall of 2019, the New Member videos were awarded both a silver and bronze Digital Health Award for excellence in crafting high-quality digital health media.** Due to the success of these videos, we are proposing to create a series of videos specifically targeting ESHCNs and specific services and programs to support them in their care.

Evidence-Based Practices to Support ESHCNs

All of Passport's practices to support ESHCNs are evidence-based and include three key components: research-based evidence, clinical expertise and the member's values or preferences. Over the past 22 years, Passport has implemented many important practices for this population, including the following highlights. Passport's care management teams utilize motivational interviewing to engage members in its programs, and PHM staff are trained in principles of trauma-informed care. Passport's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program is based on evidence-based medicine, including the quality compass clinical guidelines addressing body mass index (BMI), childhood and adolescent immunizations, lead screening, annual dental visits, nutrition education, counseling for physical activity and well-child visits for children reaching the milestones of fifteen (15) months and three (3), four (4), five (5) and six (6) years old.

Supporting Increased Substance Use Disorder Screening and Treatment Through Screening, Brief Intervention and Referral to Treatment (SBIRT)

As of 2016, Kentucky ranked fifth among states with the highest number of drug overdose-related deaths.[1] As opioids have become a crisis in Kentucky, SBIRT becomes a more important tool for early intervention. In 2016, Passport was one of seven Association for Community Affiliated (ACAP) health plans across the

[1] www.khcollaborative.org/2018/08/sbirt-toolkit-released-for-healthcare-providers-to-address-opioid-crisis

country to participate in a three (3)-year learning collaborative through the Center for Health Care Strategies that specifically focused on improving the use of SBIRT[2] for adolescents in primary care settings. As part of its participation, Passport offered PCPs, including those who are utilized more frequently by its foster care members, the opportunity to participate in virtual training for the use of SBIRT with adolescents. Passport also offered assistance with improving workflows, understanding appropriate coding and assessing impact to help reduce barriers to implementation of SBIRT by these pediatric providers. Through this grant process, we determined that one of the barriers to tracking the use of SBIRT by providers was the availability of CPT codes, in that there was not a code on the fee schedule for an intervention of less than fifteen (15) minutes. Passport worked with state partners to re-evaluate the fee schedule to ensure that a broader range of SBIRT codes became available to providers. Passport has ensured that PCPs can bill for SBIRT on the same day as a well-child check to help providers better fit SBIRT into their workflows.

In 2018, Passport had the highest physician screening rate of adolescent tobacco use (77.94%) and alcohol use (70.59%) among all Kentucky MCOs. This demonstrates that our efforts are working, and we look forward to continuing to make improvements with SBIRT.

Passport would like to work with DMS and other MCOs to examine ways to create a standardized SBIRT form for providers, expand billing for follow up brief intervention, and to better assess/understand if a member is referred to treatment secondary to an SBIRT positive screen. Passport would like to help practices develop a standard for using SBIRT and when and how to refer members. Passport has already offered SBIRT training, resources and tools for its provider network to support these efforts.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Adolescents with Trauma History

Passport noticed a trend of adolescent members who were in and out of the hospital due to behaviors rooted in their trauma history. Members were sometimes sent out of state due to inability to get needed trauma treatment in-state. Passport determined that these members needed a longer length of stay in an acute environment to address their trauma using an evidence-based or evidence-informed practice. Some providers were willing to partner in this effort, but there were some licensure issues which needed clarification. Passport worked with providers to identify evidence-based solutions for trauma and jointly determined that TF-CBT seemed appropriate. Passport accompanied providers to discuss the issue with the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) regarding member needs and perceived licensure barriers. DMS gave approval for providers to provide the needed service in an ECU setting. Passport developed an authorization process and a rate to support participation. This allowed River Valley Behavioral Health (River Valley) to begin serving Medicaid members in this unique program.

[2] www.chcs.org/resource/improving-access-to-screening-brief-intervention-and-referral-to-treatment-in-primary-care-for-adolescents-implementation-considerations

River Valley's TF-CBT program provides a unique service for children with trauma-related psychiatric symptoms. Passport Health Plan contracts with this program for an extended care unit service and extended length of stay to monitor outcomes to ensure value for its members. Members who participate typically have already tried other treatment modalities that have failed.

This program's design includes allowing additional time for the member to address the impact of his/her trauma on his/her behavioral health in a structured, evidenced-based manner. River Valley's TF-CBT program is situated within its Psychiatric Residential Treatment Facility (PRTF). During the program, members are guided in developing their trauma narrative about their past experiences. Members then learn alternative ways of coping to apply to the past trauma experience. These new coping skills are designed to help address any recurrence of trauma symptoms and prepare the member with new strategies to address future stressful events.

On average, Passport members spend one hundred and twenty-three (123) days in the program. Among the services offered are individualized assessment and engagement, psychoeducation, relaxation, affect modulation, cognitive coping, developing a trauma narrative and developing skills for enhancing future safety. Weekly family involvement, if available, is also part of the program.

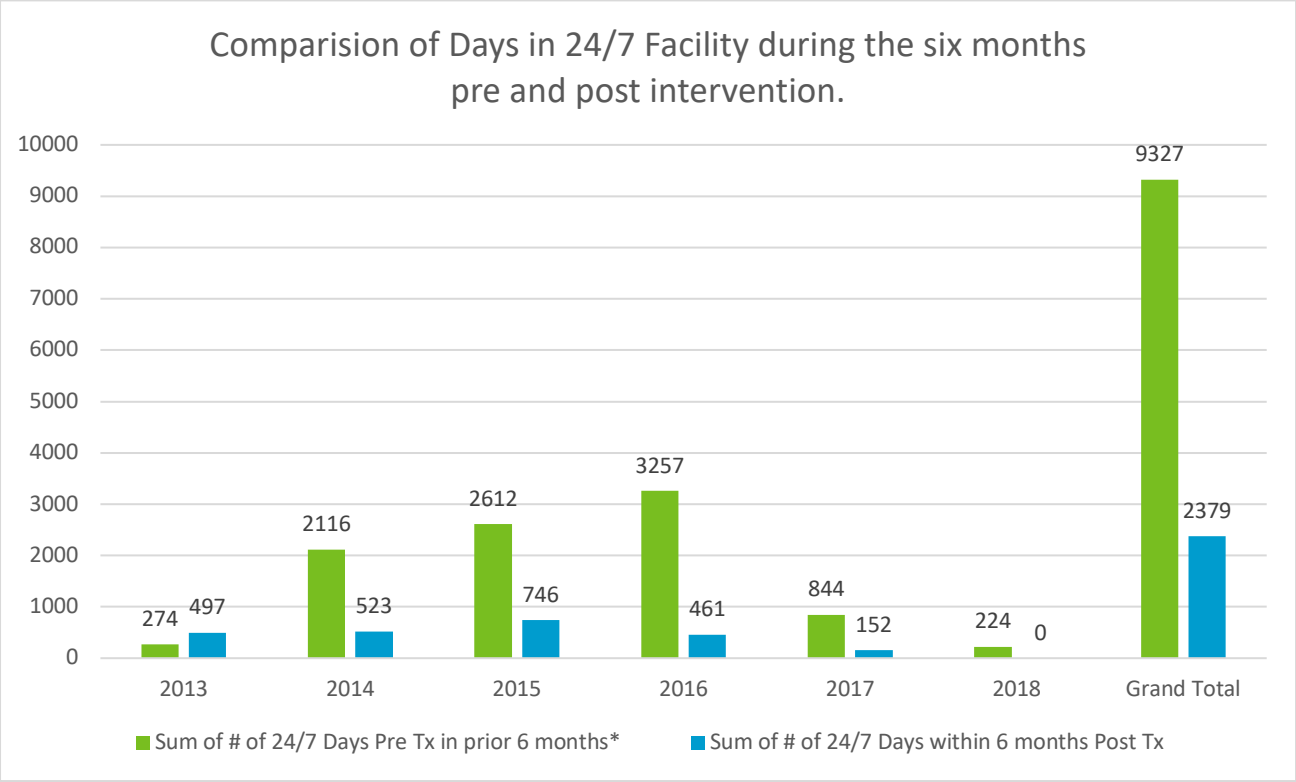
Exhibit C.25-5 gives the percentage of placement settings for members who have participated in the program.

Exhibit C.25-5: Percentage of Placement Settings

Percentage of Placement Settings	
Placement Prior to Intervention	**Percentage of Participants**
Foster care	60%
Previously in foster care	18.67%
Natural family/legal guardian	21.33%

After initiating the partnership with River Valley, Passport was able to demonstrate significant reductions in out-of-home, residential and hospital placement for members served by the program. Of note, members entering this program had high rates of facility-based care prior to enrolling in the program. Facility-based care includes psychiatric hospitals, PRTFs and similar settings. Pre- and postintervention results by year are shown in **Exhibit C.25-6**. There was a seventy-five percent (75%) reduction in such placements following participation in the River Valley TF-CBT program from 2013 through 2018. We value this partnership with River Valley and expect this to continue well into the future.

Exhibit C.25-6: Comparison of Days in a 24/7 Facility



"Trauma-Focused Cognitive Behavioral Therapy is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. Research shows that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple and complex trauma experiences."[3]

Applied Behavior Analysis (ABA) for Members with Special Developmental Needs

"'Applied behavior analysis' means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior."[4]

While there was a clear need for Passport's members to have access to this valuable service, Passport noticed that ABA providers were not joining its network or delivering services to members. Passport's Health Integration team partnered with providers to understand the issue. The team learned that the codes needed

[3] http://tfcbt.org
[4] http://apps.legislature.ky.gov/law/statutes/statute.aspx?id=31292

to bill for the service were not part of the approved codes for Medicaid. The Health Integration (HI) team researched codes that ABA providers used nationally and worked with Kentucky providers to ensure that the list was complete. Passport shared this list with DMS so it could evaluate and determine use of the codes. Codes were ultimately added, providers joined the network and members gained access to needed services.

How Providing Services to ESHCNs Has Informed Our Approaches

Passport has 22 years of experience serving some of the Commonwealth's most vulnerable individuals. Through our day-to-day work in the community with members and providers, we have learned a lot about the most effective approaches to meeting our members' needs and achieving the desired outcomes. We modify, develop and implement new programs and policies with population-specific approaches to improve the management of members' chronic medical and behavioral health conditions and to impact barriers in members' lives related to SDoH, with an overarching goal of improving the health and quality of life of Passport's special needs populations. These initiatives are informed by evaluation of current programs, annual review of national clinical standards, literature reviews, outcome analyses, and member and provider satisfaction surveys.

Below are examples of adapted services and implemented innovative approaches that have informed our model:

1. Caring for young ESHCNs through a pediatric psychotropic drug intervention plan (P-PDIP)
2. Helping foster children with care management and support for a brighter future
3. Embedding care managers into the community to meet ESHCNs where they are
4. Serving our homeless members to assist with housing needs and SDoH
5. Connecting our homeless ESHCNs to community opportunities and resources
6. Providing a guardianship program for vulnerable members to make sound medical decisions
7. Providing care management and care coordination services to members with serious mental illness (SMI)

Caring for Young ESHCNs

Passport offers additional care and enhanced care coordination for members under twenty-one (21) years old. We understand that young members can feel afraid and uneasy during program treatment and when transitioning to a new medical home, especially to a skilled nursing facility or private-duty nursing care. Our compassionate and caring care team collaborates with the member, caregiver, provider and nursing facility/private-duty nursing staff to assist with all care coordination needs and manage the care planning process and the transition of care. Passport's Care Advisors make all the arrangements for all in-home, covered services or carve-out services, such as Prescribed Pediatric Extended Care, on members' behalf.

Passport implemented a performance improvement plan for antipsychotic monitoring for children and adolescents. The P-PDIP took a multipronged approach to improving Healthcare Effectiveness Data and

Information Set (HEDIS) measures for a population including children with special health care needs. The project goal was to use a cohesive and coordinated approach to improving prescribing patterns and the management of children and adolescents on antipsychotic medications. The scope of the project included provider interventions targeted at implementing clinical practice guidelines to help ensure that antipsychotic medications for children and adolescents are prescribed and filled appropriately. And members are monitored per American Academy of Child and Adolescent Psychiatry (AACAP) recommendations and reference materials. The project also entailed written provider education materials, support tools, our behavioral health hotline and a toll-free psychiatrist hotline. In addition, the plan consisted of member and caregiver interventions, including telephone outreach, educational materials on psychotropic medications, when to seek care, behavioral health provider network access and an emphasis on ongoing prescriber monitoring. The plan interventions included pharmacy prior authorization age edits, adoption of clinical practice guidelines (CPGs) and increasing behavioral health provider access statewide. Passport was able to stratify both member and provider data to guide intervention development. The performance improvement plan results included the following: rates for metabolic monitoring for children and adolescents on antipsychotics decreased 10.8% from the baseline; use of multiple concurrent antipsychotics in children and adolescents decreased 49.6% from the baseline; follow-up visits for children and adolescents on antipsychotics decreased 1.1% from the baseline; and use of higher-than-recommended doses of antipsychotics in children and adolescents decreased 31.3% from baseline measurement.

Passport has been working with a two-year-old with cerebral palsy, with a significant past medical history having been born at 33 weeks with fetal growth restriction, protein C deficiency, stroke in utero, congenital heart disease, osteogenesis imperfect, protein S deficiency history, tethered cord syndrome and Beckwith-Wiedemann syndrome. The child was not able to stand independently consistently and only for less than 30 seconds at most. Through Passport's care management interventions and working with her physicians, she had successfully been using an extra-small Rifton pacer (facilitates waling mobility and transition to ground walking) for six months at home and in clinic. However, her current loaned gait trainer was to be removed from the family home due to the child aging out of early intervention services at that time. Our care managers were able to work with the child's physician and Passport's medical director to continue with the Rifton pacer under EPSDT special services, and she continues to progress in her ability to walk independently.

Helping Foster Children with Care Management and Support for a Brighter Future

Many children in foster care who qualify as individuals with special health care needs have complex health needs, including higher levels of physical, oral and behavioral health issues than the general pediatric population. A study by the Center for Health Care Strategies shows that children in foster care represent only three percent (3%) of children in Medicaid, but fifteen percent (15%) of children in Medicaid using behavioral health services.[1] Additionally, foster children represent thirteen percent (13%) of those in

Medicaid receiving psychotropic medications, and they are four times more likely to receive these medications than children in Medicaid overall.

There are several factors contributing to the complexity of health care in this population. Foster children are often removed from their biological families due to neglect or abuse, and these traumatic experiences have significant impacts on their health. Foster care members tend to move frequently, and the transitions to new homes and new communities make it difficult to establish a medical home and proper continuity of care. The individuals caring for foster children also face difficulties as well. Caregivers and providers often do not know the child's full medical and developmental history. Without this information, it is challenging to ensure that the child has proper care management. Due to their complex conditions and lack of information, foster children are prescribed psychotropic medication at a higher rate than other children, which can lead to the overuse of antipsychotic medications and further medical complications.

Passport has a specific foster care program to provide the needed care and guidance for these vulnerable children. Serving as their advocates, our specialists provide foster children with compassionate and caring support during their transition and care program. The specialists develop a relationship with the foster children and their caregivers, attentively listen to their concerns and answer any questions they have. Our team focuses its attention and care on the member and caregiver, compassionately guiding them throughout the program.

Once a foster child is enrolled in the program, the specialist works with the caregiver to identify an appropriate medical home for the foster child member. The care management process entails performing physical and behavioral health assessments and monitoring psychotropic medication use and dental care.

The foster care program initial review includes:

1. Evaluating the most recent EPSDT exam and provider claims review to check for other well visits, chronic conditions, frequent ED visits and inpatient hospitalizations
2. Examining the dental, vision and pharmacy claim history
3. Reviewing medical and pharmacy utilization
4. Determining whether the member is currently receiving behavioral health services
5. Reviewing existing care notes and communications

The Foster Care Specialist follows up regularly with members and caregivers and assesses the foster child's progress, noting any findings and further actions required. All information regarding the member's care is documented and recorded in Identifi for proper care coordination.

Each Foster Care Specialist is assigned to specific regions across the state to develop collaborative relationships with key state stakeholders and community partners. They serve as liaisons between Passport and the Department of Community-Based Services (DCBS), private foster care agency staff, foster parents and other social services entities. As part of his/her role, the Foster Care Specialist continuously communicates with all key stakeholders involved with the foster children's care to review the care plan report findings and, with permission from the DCBS, the current foster parent or caregiver to discuss the member's medical needs and provide ongoing support.

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

—Stacy Brindley, Director of Transitional Living and In-Home Foster Care, Boys and Girls Haven

Foster Care Innovation and Centerstone Kentucky (Seven Counties Services)

Passport conducted a pilot program from March 2015 to March 2017 providing intensive care management for children and youth in foster care. For the initiative, we partnered with two (2) local provider organizations—Centerstone Kentucky Inc. (Seven Counties Services) and ResCare—to provide intensive care management services using a high-fidelity wraparound approach. The pilot program proposed to serve sixty (60) high-risk children between the ages of four (4) and 17.5 years old who had experienced three or more placements within twenty-four (24) months and were at risk for entering a group home, psychiatric hospital or twenty-four (24)-hour behavioral health treatment facility. Our goals were to increase the foster child's health and well-being, permanency in the family home and community placement and to provide needed support to the caregiver. The program duration was twenty-four (24) months with a six (6)-month follow-up period. During this time, we predicted that we would see positive outcomes for enrolled members, including:

1. Reduced cost of care
2. Improved school attendance and academic performance
3. Increased behavioral and emotional strengths
4. Improved clinical and functional outcomes
5. Increased stability of living situations

6. Improved work attendance for the caregiver
7. Reduced suicide attempts
8. Decreased contact with law enforcement

Program evaluation was completed via a combination of claims and costs data analysis, interviews and a behavioral inventory, the CAFAS. The CAFAS uses information from eight life domains: school, home, community (delinquency), behavior toward others, moods and emotions, self-harm, substance abuse and cognition (irrational thoughts). The program participants were scored at intake, every three (3) months during participation, and at discharge.

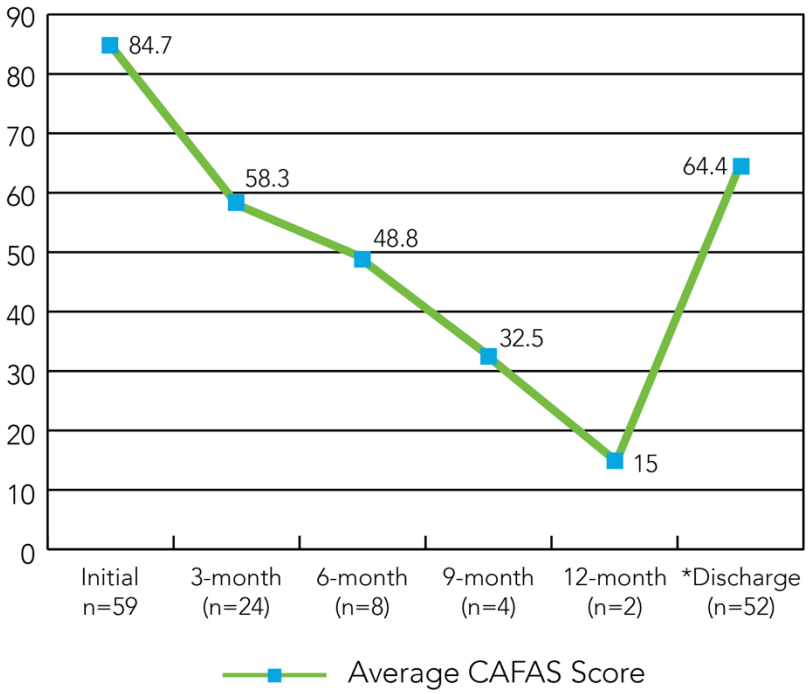
We deployed a high-fidelity wraparound-based team decision-making process promoting youth and family voice and choice in the health care process and clinical interventions. The program was facilitated by the Intensive Care Manager, and the care team members were the child, an identified family or foster family member, DCBS social service worker, treatment provider, Passport clinician and informal network support members.

The pilot program was successful and demonstrated that, by using an innovative model of interventions for children and youth in foster care, we can improve outcomes and decrease costs. Specifically, there was a one hundred and fifty percent (150%) increase in children being reconnected with their biological or adoptive family six (6) months post-intervention and foster care placement while the number of children placed in residential care—including psychiatric hospitalization, private childcare residential treatment and detention centers—decreased.

During the pilot program, the health and well-being of the participating children also increased, as evidenced by declining CAFAS scores (as shown in **Exhibit C.25-7**). Furthermore, the longer the child participated in the program, the greater the scores improved.

Exhibit C.25-7: Behavioral Health Outcome

Behavioral Health Outcome



Behavioral health functioning was assessed using the CAFAS. CAFAS scores decreased with longer lengths of service being associated with greater improvement.

The pilot program confirmed the effectiveness of high-fidelity wraparound with certain special needs pediatric populations. Passport supports the use of this evidence-based practice with education to providers and parent/caregivers about how the very specific techniques used in this model can impact positive emotional and behavioral change for children/youth and help families stay together.

Embedding Care Managers into the Community to Meet SHCN Members Where They Are

Passport strives to provide programs to better serve its ESHCNs. We believe in meeting our members where they are, wherever that may be, including at a homeless shelter, inpatient facility or personal care home. For example, we have **embedded Care Advisors** who are on-site weekly at provider offices, inpatient facilities, Emergency Departments (EDs), and other locations in the community where we can personally connect with our members. For example, we have members of our team embedded on-site at Family Health Centers, Shawnee Christian, and Park Duvall. Our pediatric and maternity specialists will often accompany members to critical provider visits to ensure continuity care across all parts of the continuum (see callout box below).

We also embedded Care Team members onsite at homeless shelters, such as Wayside Christian Mission, to connect with some of our most vulnerable members. Our team initiated this approach after we conducted an analysis of our behavioral health readmissions and identified that the members being readmitted were experiencing homelessness at a much higher rate than the general Passport population. Passport also has a social worker embedded at the Family Health Center Phoenix and the University of Louisville's 550 Clinic,

which are locations where homeless individuals seek primary and specialty care. This social worker provides education, care coordination and assistance with accessing needed resources.

Our Embedded Care Team Solving Problems through Integrated Rounds

Austin* is a young Passport member who was a heart transplant recipient and relied on a breathing tube due to his asthma. Upon joining the plan, Austin stratified for our pediatric Catastrophic Care. His case was assigned to Drea, a RN Care Advisor who works **onsite at UofL pediatric specialty clinics**. Drea met with Austin's provider in-person, who anticipated Austin's needs around social resources, medical equipment, and other care would be complex, and the family could use additional support. They arranged for Drea to join Austin's next appointment. Shortly thereafter, Austin was hospitalized for a respiratory virus and sent home with a percussion vest, which loosens and removes secretions that can contribute to infection. Drea discussed Austin's case at **Passport's Integrated Rounds** – which includes clinical, behavioral and social experts across care management, utilization management and quality – and was made aware that Austin's authorization for the vest was awaiting outstanding documentation of follow-up visits with a pulmonologist. Drea sprang into action, knowing that Austin had completed his follow-up visits, but that record of the visit had not been submitted with the authorization request. Given her relationship with the provider, Drea contacted the pulmonologist office and had them fax the record to the DME provider. Within 2 hours, the UM nurse had received the clinical details she needed and approved Austin's vest. *Member name was changed for privacy

Passport also uses its care management and UM Care Advisors on-site at its largest behavioral health inpatient facility to aid in care coordination. Our team coordinates with providers and members before they are discharged, which is extremely effective, particularly if the member is experiencing homelessness.

Passport's community health workers (CHWs) are in the community every day at members' homes, provider offices, community service organizations and anywhere else its members will be. CHWs focus on overcoming barriers to obtaining needed care, including addressing needs related to SDoH so that members can better focus on their health care needs.

Our guardianship specialist (GS) and behavioral health guardianship case manager attend quarterly care planning meetings for members with SMI. The GS visits members at personal care homes across the state to better understand their needs and to build relationships with staff. Our hope is to support the efforts of DBHDID's interim settlement agreement in trying to increase integration of members into community supports and out of facilities if they desire to do so.

In addition, Passport participates in several groups with community providers, advocates and members to better understand the current environment and problem solve for barriers. We are actively involved in the Kentucky Mental Health Coalition, National Alliance for Mentally Ill (NAMI), Children's Alliance and the Kentucky Psychological Association as collaborative partnerships to help our members live healthier lives.

We have learned that being in the community with our members, providers and social service agencies allows us to best understand the needs of our communities, which informs the adaptations we make to programs and new initiatives we implement.

Serving Our Homeless Members to Assist with Housing Needs and SDoH

Passport realizes that many of its members face serious challenges in their daily lives related to SDoH, including homelessness. According to the National Alliance to End Homelessness, approximately 3,688 people are homeless in Kentucky on any given night. This issue affects individuals across the Commonwealth, although the urban areas of Louisville and Lexington have more affected individuals than Kentucky's rural areas.[5]

Homelessness is characterized as being extremely impoverished and lacking stable housing. It affects many types of individuals, such as single adults, families, senior citizens, veterans, and unaccompanied youth and children. The National Alliance to End Homelessness reports that from 2007 to 2018, the rate of homelessness continued to decline in Kentucky.

Passport recognizes that every member's situation is unique. The causes of homelessness can differ, the resources needed can vary, and a member can experience homeless for various lengths of time. Domestic violence is the leading cause of homelessness among women. Other important factors include a lack of affordable housing, unemployment, low wages, poverty, mental illness, substance abuse and the lack of needed resources. Passport offers its members a holistic and member-centric approach in offering services and resources specific to their situation. We understand that our homeless members, young and old, can experience a range of emotions, including feeling depressed, fearful, vulnerable or abandoned.

The Homelessness and Housing Action Research Network classifies homelessness in three categories:[6]

1. **Chronic homelessness** describes an individual who has either been continuously homeless for a year or more, or who has had at least four (4) periods of homelessness in the past three (3) years. Many of these individuals also struggle with mental health disorders. These members of the homeless population use about half of the services available.
2. **Episodic homelessness** is when an individual has experienced three (3) or more episodes of homelessness within the past year. These individuals tend to move in and out of homelessness.

[5] National Alliance to End Homelessness (2018). Homelessness Statistics: *State of Homelessness in Kentucky*. Retrieved May 15, 2019.

[6] Housing and Homelessness Research Action Network (2018). *Types of Homelessness*. Retrieved May 14, 2019. https://hharn.org/types-of-homelessness.

Many individuals in this population also struggle with chronic unemployment, mental health problems and disabling conditions.

3. **Transitional homelessness** is the most common type of homelessness and describes people who use homeless services for a brief period (typically around fifty-four [54] days). These individuals often are homeless as a result of situational circumstances, such as housing affordability.

    - Our homelessness strategy is multifaceted, with targeted goals to:
    - Improve the health of Kentucky's homeless population
    - Ensure that members have access to quality care in a manner that offers respect, dignity and equality to all homeless members
    - Identify issues related to SDoH in a timely manner
    - Help members remove health and social barriers, including housing insecurities, and assist in locating community resources to help them in their journey to better health
    - Support local homeless agencies and advocates in their efforts to improve living conditions and quality of life for all homeless Kentuckians

By assisting members with physical and behavioral health services and locating community resources to address the root causes of their SDoH, we can help them break the cycle of homelessness.

Addressing Housing Issues and Health Care Together

Geoff* was a member participating in our Complex Care program. During the initial assessment, the RN Care Advisor discovered that Geoff was staying with his adult son, with no place else to go. He had been on disability but was no longer receiving that because he had started to work. He subsequently had to quit his job because he couldn't physically handle it. The Care Advisor referred Geoff to Jessica Cordova, a Passport community health worker. Jessica met with Geoff and learned that he had actually made three months' worth of deposit payments on a mobile home and had one remaining payment. He did not have enough money to make the payment due to his loss of income. Jessica also learned that the deposit payments he had already made were nonrefundable. She connected Geoff with Southwest Community Ministries, which gave him half of the remaining payment he owed on the mobile home. With this assistance, Geoff had enough money to make the final payment! He was extremely relieved to be moving into his own home. Once this stress was off his shoulders, he was able to focus on his health and made a plan to quit smoking, which was written into his care plan.

*Member name changed for privacy

Passport's Pathways Program Connects Our Homeless ESHCNs to Community Opportunities and Resources

Passport's Pathway Program assists its ESHCNs in finding the resources to better health, including homelessness. We recognize that it can be a long and stressful journey, so our team offers steps and

guidance throughout the process. The program includes identifying care gaps, SDoH, collaborating with local community resources, building health programs and measuring outcomes.

One avenue of the Pathways program to address homelessness is through comprehensive care management programs. Whether the members require medical or behavioral health services, we identify their needs and help them find programs and services to fit their needs. Regardless of their condition, Passport honors the "No Wrong Door" policy in helping its members. Through our care management programs, we identify the member's needs and conduct member health assessments to determine their needs, including their current housing situation. If it is determined that the member is homeless, our Care Advisors develop a member-centric care plan with the member with specific goals, including resources to address their housing insecurities.

In the Louisville metropolitan area, homelessness is a prevalent social issue. Passport care management teams work collaboratively to find housing options for members in this area. Case managers work on-site with providers in the Louisville area and meet face-to-face with our members to understand their situation. Once the member is Medicaid-eligible, we enroll him/her in a care management program with specific goals to help him/her improve their health and remove social barriers, such as homelessness.

Another gateway into the Passport Pathways program is through the work of CHWs, who assist members with health and social issues, including housing needs that affect their quality of life. The CHWs conduct face-to-face visits in the member's homes, providers' offices and community service organizations, assisting members in obtaining the necessary resources for safe and stable housing. Serving as member advocates, CHWs use a web-based tool to quickly search for and locate housing resources available in their community. Our staff provides the information to members, empowering them to take charge of their health and contact the community housing organizations, or we can make the contacts on their behalf if they prefer.

It is important for staff members working at shelters to be well-informed of Medicaid programs. Our team provides quarterly training sessions to educate the facility staff on Medicaid benefits, Passport's program and service offerings, and community agencies. These educational sessions allow the shelters' staff to be better informed of available resources in assisting homeless individuals.

Passport places a strong emphasis on internal staff education to better serve its members. Our team members attend frequent diversity and inclusion training to better embrace our members of a different race, ethnicity, gender, sexual orientation or religion. The Passport team also participates in a poverty simulation training to learn about the challenges and difficulties its members encounter daily. This poverty simulation teaches our staff to be more caring, compassionate and empathetic when interacting with our members. In addition, Passport gains insights into the lives of its members and gives back to the community by volunteering at Kentucky shelters and food banks.

Guardianship Program for Vulnerable Members to Make Sound Medical Decisions

According to the National Guardianship Association, guardianship is a legal process "utilized when a person can no longer make or communicate safe or sound decisions about his/her person and/or property or has become susceptible to fraud or undue influence." Passport finds that members in state guardianship often have fragmented health care, resulting in care gaps for both medical and behavioral health and increased hospital readmissions.

To address this issue, Passport employs a GS who acts as a liaison between Passport and the Department for Aging and Independent Living (DAIL), personal care homes, state psychiatric hospital social workers, community mental health centers (CMHCs) and other key stakeholders. The GS builds relationships with state partners in each DAIL region throughout the Commonwealth.

By developing these stakeholder relationships, the guardianship liaison can better serve our disabled members. Our Guardianship program entails member health assessments, establishment of a medical home, psychotropic medication use monitoring, behavioral health evaluations, coordination of specialized medical care and the determination of dental treatment services needed.

When a member first enters state guardianship, our GS requests the DAIL service plan and then performs a review with the member, which includes:

- Examining whether third-party liability is on the record for the member
- Reviewing the medical records for well visits, chronic conditions, frequent ED visits, inpatient hospitalizations and any information from electronic medical records (EMRs)
- Analyzing vision and dental claims history as well as pharmacy utilization
- Determining if the member is currently enrolled in an external care management program
- Analyzing existing care notes and communications

Information from the service plan and the above review are incorporated in the member's assessment, which is used in determining problems, goals and interventions to include in the member's care plan.

The GS communicates with the member's guardianship social service worker regarding the review and requests permission from the legal guardian to contact the member's personal care home or caregiver, when applicable, to discuss the member's medical needs and provide ongoing support. Our specialists record all care notes for transparency to our care team and schedule follow-up visits for proper care coordination. Passport consults with the legal guardian regarding health care decisions when needed.

When individuals with SMI are transitioning out of psychiatric hospitals, personal care homes and other institutional settings back into the community, the GS and guardianship behavioral health case manager work together to assess the member's current physical and behavioral health needs within fourteen (14) days of the transition. They use the Person-Centered Recovery Plan (when available) in conjunction with level-of-care determination and UM criteria to assess and approve the member's transition of care and service needs. Together, the team helps the member manage the transition of care with the intent of preventing a readmission and being able to successfully maintain the lowest level of care appropriate for the member.

Passport completes required reporting on guardianship cases monthly, or at the frequency requested by the DMS. Passport has policies in place related to track, analyze, report and, when indicated, directive action plans on indicators that measure utilization, access, complaints and grievances, and services specific to the DAIL population.

Providing Care Management and Care Coordination Services to Members with SMI

Passport ensures that care management services are offered to all members meeting the designation of SMI, with or without the co-occurrence of substance use or developmental disability. Our experience indicates that CMHCs are the provider selected most frequently for mental health and behavioral health needs for those with or without SMI. We have contracted with one hundred percent (100%) of the available CMHCs in Medicaid regions throughout Kentucky and will continue to engage these providers.

In addition to the CMHCs, we continue to identify independent providers and prescribers with expertise in caring for the SMI population. For example, Passport works closely with two independent agencies, Bridgehaven and New Leaf, in Louisville to support recovery-oriented community integration for individuals with SMI. Our identification includes data analysis and working with hospitals, PRTFs and advocates. Identification of non-CMHC prescribers allows us to fill service gaps and provide care alternatives for members who prefer not to use a prescriber located in a CMHC. Support is also provided to PCPs who may be prescribing psychotropic medications to members in recovery. Passport has implemented the Psychiatric Decision Support Line to provide consultation with psychiatrists having a variety of specialties for primary care providers (PCPs) who may be managing medications for members in recovery or with less intense behavioral health needs in the primary care environment.

The behavioral health continuum of services available in Kentucky is provided by members of the provider community and is supplemented by programs offered by Passport. Specific programs offered by Passport and/or provided by community and provider groups include:

1. **Promotion:** These strategies are designed to create environments and conditions that support behavioral health, reduce stigma and support individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.
2. **Prevention:** Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as use of substances by women who are pregnant or postpartum; underage alcohol use; prescription drug misuse and abuse; developing co-morbid conditions with chronic illness and disease; and illicit drug abuse. Examples of prevention services provided by Passport include:
    - **Universal (population based):** Prescriber education on prescription drug misuse and preventive prescribing practices.
    - **Selective (at-risk groups based on demographics):** Prevention education for new immigrant families living in poverty with young children and peer support groups for adults with a history of family mental illness and/or substance abuse.

- **Indicated (at-risk groups based on behaviors):** Information and referral for young adults who violate campus or community policies on alcohol and drugs; HRA screening, consultation, and information and referral for women who are pregnant or postpartum and who receive health care at the local health department for possible alcohol or drug use screening.

3. **Treatment:** These services are interventions for people diagnosed with a substance use or other behavioral health disorder.
4. **Recovery:** These services support individuals' compliance with long-term treatment and aftercare.

C.25.b. Describe the Contractor's approach to facilitate access to appropriate services for Individuals with Special Health Care Needs to include:

i. Approach to identifying Enrollees.

Approach to Identifying Members

Using HRA Data to Identify Members

For the last two (2) decades serving the Commonwealth, Passport has used HRAs to capture members' health risk factors. Over time, our process has evolved to provide better health outcomes for our members. Today, Passport uses real-time data analytics to rapidly identify member risk factors. Within hours, our care management team is informed of updates to members' health status, allowing us to promptly engage with members and their providers. Together, we develop a personalized care management program for members to learn to self-manage their condition.

Passport has incredible compassion for its members, especially those with special health care needs. We are committed to always putting our members first and at the center of everything we do. Our care management team uses a personalized, member-centric approach to help members improve their health and quality of life regardless of their condition. It is our core mission.

One way that Passport achieves this is through early identification and engagement of ESHCNs who would benefit from care management services. Our experience shows that by identifying our high-risk members early in the process, we can provide them with individualized, effective care management and care coordination programs. We have written policies and procedures in place to govern how members with complex physical and behavioral health conditions are identified. This leads to better health outcomes for our members in a cost-effective manner.

Passport's goal is to have every newly enrolled member, who has not been enrolled in the prior twelve (12)-month period or who is pregnant, to complete an HRA within the first ninety (90) days of enrollment. This is part of our **New Member Onboarding 90-Day Plan** (described in C.12 Enrollee Services) to improve timely identification of ISHCN along with new member understanding, use of, and experience with Passport ISHCN programs and supports.

We provide a variety of convenient ways for our members to complete the assessment because we know that each member has different needs and preferences. Passport first connects with members through its new member welcome packet, which includes the HRA. Members are encouraged to complete the HRA questionnaire and mail it back with the enclosed prepaid return envelope. We provide oral interpretation for all non-English languages when requested to assist with understanding and completing the HRA. We are also able to help members with special communication needs, such as the disabled, blind, deaf and aged, when requested.

Passport's HRAs are specifically tailored to Medicaid members. Both our adult and pediatric HRAs contain a comprehensive list of questions addressing the member's medical history, physical health status, psychological well-being, social and environmental factors, barriers to care and SDoH. Specifically, our HRAs address the following:

1. Demographic information, including current contact information, culture, race, ethnicity, education level, language preferences and living arrangements
2. Physical health status regarding activity levels, use of assistive devices and assistance with daily living activities
3. Medical history addressing diagnosed chronic conditions, medication use, dental care and any recent ED visits
4. Behavioral health status for identification of behavioral health conditions (i.e., bipolar, schizophrenia, depression and anxiety) and medication use
5. Lifestyle conditions regarding a history of smoking, alcohol use or substance abuse
6. Barriers to health, including safety, accessing medications, getting to doctor appointment and the ability to manage personal finances
7. SDoH regarding food, housing, clothing, employment and transportation needs

The pediatric HRA has additional questions regarding the child's BMI, recent immunizations, childhood developmental issues, education barriers, social support services, special medical services or equipment used in the home. Passport analyzes this information to determine the appropriate health care services necessary for the young member and support for their parent or caregiver, which is critically important for children with special health care needs.

By identifying and engaging members early in the process and getting them into the proper care management program, we have seen extremely positive results. Passport has seen reductions in medical spending, thirty (30)-day readmissions rates, inpatient admissions and monthly ED visits by using predictive analytics, case management, disease management and UM services.

In addition, Passport continuously connects and follows up with members to complete the HRA through:

- **New member welcome calls:** Our Care Connector outreach representatives conduct customer-friendly calls introducing members to Passport and completing the HRA.
- **Targeted telephonic outreach:** Passport's call center representatives make targeted outreach calls to members to obtain their HRA information. The call center operates from 7 a.m. to 7 p.m. EST to accommodate all members statewide.

- **Reminder postcards:** Passport reinforces the importance of the HRA by mailing reminder postcards to members encouraging them to complete the questionnaire.
- **Automated telephonic messages:** For members who have not yet completed the HRA, Passport employs automatic telephonic auto-dialer campaigns as an additional reminder.
- **Member newsletters:** Passport provides HRA information in its newsletter, *MyHealthMyLife*, which is offered in both English and Spanish.
- **Member website:** Members can complete both the adult and pediatric HRAs on Passport's member website, MyPassportPlan, for easy and convenient access. The website is available in both English and Spanish.
- **New member page:** Passport's new member landing page includes completing the HRA as one of the seven (7) key steps a new member should take. A link to the HRA is embedded there for ease of access and completion.
- **Face-to-face meetings:** Often, members prefer to conduct the HRA in person, and Passport is flexible in accommodating their needs.
- **CHWs** perform HRA assessments in members' homes or other community locations to identify members' risk factors.



- **Embedded Care Advisors** at select provider offices or community health centers assist members with the HRA assessment as needed.
- **Members walk-ins** at a Passport office for assistance may be asked to complete an HRA after their problem has been resolved.

Passport realizes that members' health status or socioeconomic conditions may change over time, so the care management team reassesses the needs of members as new data/information is received or on a monthly basis. This reassessment ensures that Passport can provide the necessary services for continual health care improvement.

Once members complete the HRA, Passport's Care Connectors document the members' responses into Identifi. If any risk factors are detected, including those for special health care needs, action items are generated for the care management team to review. With this capability, our highly skilled registered nurse (RN) and behavioral health professional Care Advisors gain insights into the members' health status and begin to proactively engage with members for care management and coordination with their PCP. All HRA information is recorded at the time of receipt and stored within the centralized and secure system. Passport takes privacy of personal health information very seriously and enforces stringent protocols for accessing member information. Only care team members can view and update a member's information.

Over the last three years, 17,805 Passport members have participated in the Special Needs Care Management Programs.

2017: 3,340 members

2018: 6,973 members

2019: 7,392 members

Passport understands that a completed HRA is the first opportunity to understand the members' health status. With an initial view of members' condition, our Care Advisors can engage and enroll them into the appropriate Care Management program to begin their journey to better health.

Identifying and Stratifying ESHCNs for Comprehensive Care Management

HRAs are one critical piece of data to support identification of high-risk members, as are referrals from physicians within the network. Passport's philosophy, however, is that it is critically important to rapidly identify our special needs members and enroll them in the proper care management program as early as possible and not be dependent upon the completion of an HRA or a referral. Members are identified in multiple ways in addition to the HRA, including medical and pharmacy claims, laboratory results, EMR data, UM authorizations, our Care for You free 24-hour nurse advice line, state eligibility feeds and referrals from members themselves, caregivers, or family members, providers and community agencies.

To identify these ESHCNs, Passport uses an advanced technology platform that is deeply rooted in evidence-based medicine and is purposely built for identifying members' health risks and driving improved medical performance. To identify ESHCNs, we use a diverse data set. The platform derives insights from multiple sources, including enrollment and eligibility data; medical, pharmacy and behavioral health claims; laboratory results; HRA information; medical assessment screening results; data collected through clinical, UM, health management or health coaching programs; EMR data; and information from our Care for You 24/7 free nurse advice line. Other sources of data include referrals from physicians, caregivers, members themselves and hospital discharge planners.

Our behavioral health stratification methodology is different because it identifies members who may not have a behavioral health diagnosis documented on a claim. It does this by looking at pharmacy claims for medications that are typically prescribed to individuals with certain behavioral health diagnoses. The algorithm also picks up provider specialties that may indicate a serious behavioral health condition. Opioid risk is an inclusion in our behavioral health model as well. For example, a member with a known behavioral health diagnosis who is prescribed an opioid may be at higher risk of developing a substance use disorder, and thus would be included in the group of members stratified for high-risk behavioral health intervention.

Our high-risk maternity and newborn stratification methodology is continually developing to overcome the challenges related to identifying members early in their pregnancy. We use a combination of claims, lab results and prescription information. Our model uses a two-tiered matching algorithm to match a mom's pregnancy history with the baby's record. Using all of this information, we are learning to predict potential complications for both mom and baby, helping us to better target our outreach to the most at-risk pregnant women or new moms/babies. Passport also uses external data to detect any SDoH risk factors affecting our members to provide better comprehensive care management services.

The SDoH data sources include:

- U.S. Census Bureau's ACS, which tracks more than one hundred (100) data elements regarding education, poverty and housing status by specific neighborhoods

- U.S. Department of Transportation data, encapsulating their affordability index, walkability index, food access and supermarket availability by location
- EPA's Smart Location Database, which supplements our existing social economic and environmental information
- U.S. Department of Agriculture records on food scarcity and food deserts
- Data.gov information, with over 230,000 data sets on demographics, education, community and safety
- Department of Housing and Urban Development data that reports on housing needs by geography
- Google technology (e.g., the technology that allows users to locate amenities in Google Maps) to calculate distances to the nearest pharmacy, grocery store, physician's office and hospital, which may identify potential gaps in the community's access to health care

Identifying Homelessness Across Disparate Data Sets

Passport set out to identify housing insecurity across multiple data sources. Below is the breakdown of the primary data source for the identified cohort:

- 17%: Claims data
- 38%: Community-level data to map addresses to homeless shelters
- 21%: Natural Language Processing (NLP) on EMR data showing provider assessment of housing stability
- 10%: Patient-reported HRA data
- 14%: Consumer data to identify recent evictions

Our system integrates dispersed SDoH data sources at different levels (e.g., individual, census block, census track) across five (5) main domains (housing instability, transportation barriers, food insecurity, financial stress and health literacy), all of which are critical to the different types of individuals who qualify as having special health care needs. The platform creates a single SNI (with five [5] levels) that indicates members' risk that could impact their health outcomes. The advantage of having a single index indicating how an individual's social needs place health outcomes at risk is not only the ability to prioritize members, but also the simplification of the workflow for Care Advisors to integrate social support into clinical care management. We use the index to direct efforts and resources to the most at-risk members and pinpoint their individual needs.

Using Technology and Data Analytics for HRA and Stratification of ESHCNs

Based on the above data sources, we determine eligibility for our ESHCN program based on the following inclusion criteria:

Having one or more of the following primary diagnoses:

- Intellectual Disabilities
- Severe Cognitive Functional Impairment
- Emotional Disorder
- Gaucher's Disease
- HIV/AIDS
- Schizophrenia
- Alzheimer's Disease
- Amyotrophic Lateral Sclerosis (ALS)
- Ventilator Dependency
- Friedreich's Ataxia
- Spinal Cord Injuries and -*plegias* (mono, di, para and quadra)
- Spina Bifida
- Muscular Dystrophy

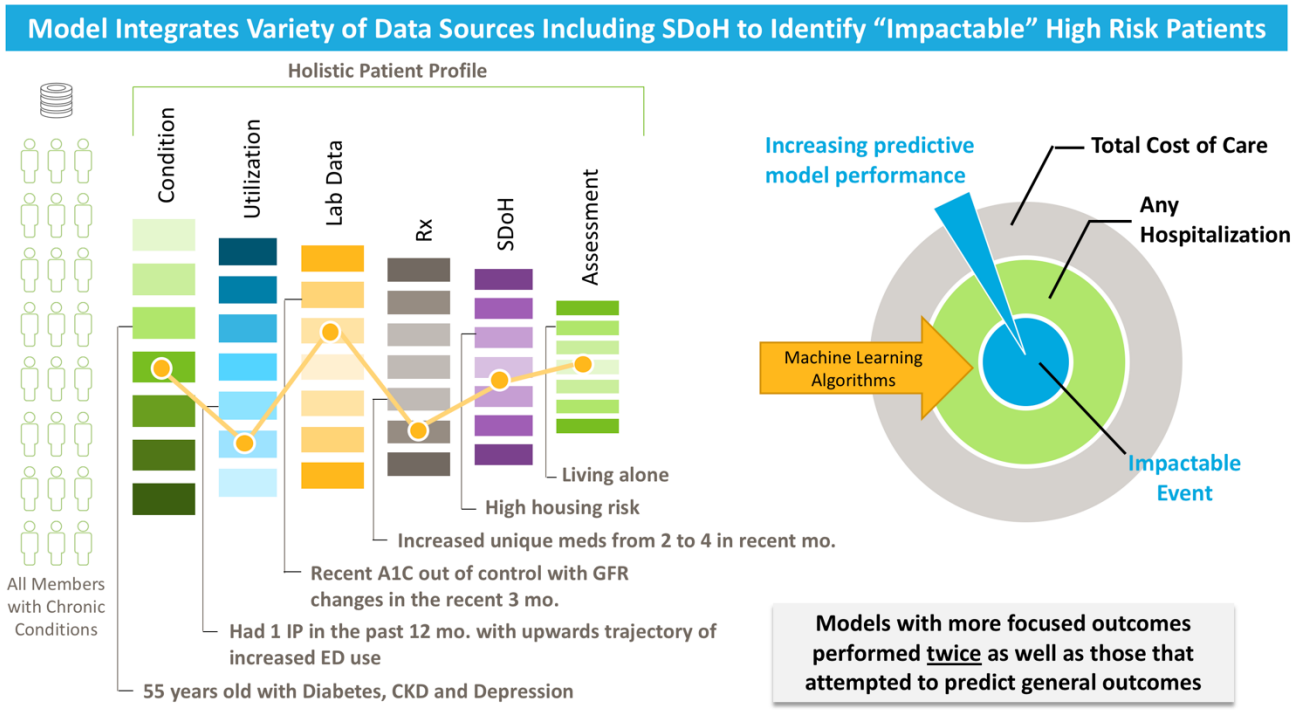
- Sickle Cell Disease
- Huntington's Disease
- Lewy Body Disease
- Parkinson's Disease
- Spinal Muscular Atrophy
- Fetal Alcohol Syndrome
- Attention Deficit Hyperactivity Disorder (ADHD)
- Epilepsy
- Down Syndrome
- Cerebral Palsy
- Autism
- Bipolar Disorder
- Substance Use Disorder
- Mood Disorders
- Anxiety Disorders
- Autism

Or other risk factors, including:

- Individuals with chronic behavioral health illnesses
- Children in, or receiving, foster care or adoption assistance
- Blind/disabled children under age 19 and related populations eligible for Supplemental Security Income (SSI)
- Adults over the age of 65
- Homeless (upon identification)
- Individuals with chronic physical illnesses
- Children receiving EPSDT special services
- Children receiving services in a Pediatric Prescribed Extended Care facility or unit
- Members in adult guardianship
- Members under the age of twenty-one (21) who require enhanced care coordination and are receiving services in a skilled nursing facility or private-duty nursing services in their family home or other community-based setting
- Co-occurring behavioral and physical health conditions

We understand that not every ESHCN requires the same intensity of care management or support. To effectively prioritize clinical outreach and management for our ESHCNs, we determine the predicted risk of a member incurring an avoidable acute event in the year following identification. We determine this risk level through a machine-learning algorithm that uses scientific factors to predict an impactable event. The data factors include member's medical and health condition, utilization rates for both medical and pharmacy, clinical data, pharmacy information, SDoH data, member health assessments and engagement levels, as illustrated in **Exhibit C.25-8**.

Exhibit C.25-8: Data Sources to Identify Impactable Events



Our predictive models outperform industry standards by taking a unique approach—emphasizing not only predictive accuracy but also timeliness. We design and deploy care interventions based on the predictive model's results. This ensures that not only that the right members are stratified, but that they are stratified early and at the most impactable moment, before their health condition becomes more serious.

The predictive models focus on member care, which is very different from typical payer models. Their risk stratification platforms have been designed to generate premiums rather than manage member care. The challenge in using a payer-designed risk stratification tool for member care lies in the potential generation of a large number of false positives, because these systems err on the side of predicting too many negative events to avoid unexpected costs to the payer. Thus, there is a risk of losing physician engagement in health management due to inaccurate predictions.

One of the most frequently cited measures of predictive performance is the model's *c-statistic*, which is the measure of the area under a receiver operating characteristic (ROC) curve. A c-statistic of 0.5 indicates a random chance at predicting a future event (e.g., a coin toss), while a value of 1 is a perfect predictor. A model with a c-statistic of 0.8 or higher is considered to have strong predictive ability. In 2012, the Mayo Clinic presented a meta-analysis of the performance of risk stratification methods at predicting inpatient and ED encounters at the Academy of Health Conference. Our c-statistic is 0.82, significantly higher than the rest of the industry and indicative of strong predictive ability.

Each time we receive new member eligibility, medical and social data, we recalculate the risk score, because we recognize that having a dynamic stratification process is critical to linking our member to the appropriate

level of care. Based on the risk score, members are either categorized as low risk or high risk in terms of their overall likelihood of incurring an adverse event in the near future.

C.25.b. ii. Process for screening and assessing individual Enrollee needs.

Passport's Screening and Assessment Process

Upon enrollment in the program, our Care Advisors and Health Educators complete an assessment with the member to determine the most appropriate care plan for their situation. The Care Advisors/Health Educators assess if the member is experiencing any ongoing conditions warranting a specialized treatment or level-of-care management. Our Care Advisors/Health Educators first conduct a comprehensive screening assessment (member needs assessment) of members in collaboration with their caregiver and provider. This assessment captures information regarding the member's demographics, home and living environment, level of caregiver support, health status, provider information and access, personal safety, social stressors or SDoH, barriers to care, need for long-term services and support (LTSS), connections to available community and government resources, and other relevant risk factors (lifestyle habits, educational and literacy needs, etc.).

The initial assessment/screening includes the following factors:

- Clinical history
- Medication adherence
- Utilization history, including inpatient admissions and ED visits
- Health status, including medical and behavioral health condition-specific issues
- Activities of daily living
- Presence of cognitive or functional limitations
- Mental and socioeconomic health status needs, preferences and barriers
- Cultural and linguistic needs, preferences or limitations
- SDoH
- Health risks and behaviors
- Visual and hearing needs, preferences or limitations
- Needed equipment, services and resources
- Caregiver availability and involvement
- Member's available benefits and community resources

Passport also offers its members additional health assessments and screenings to target specific medical issues, including the following:

- **Comorbidities assessment:** Members often develop other health conditions, including behavioral health issues, that affect their cognitive and physical abilities and have a major negative effect on the initially targeted condition.
- **Depression screening:** Program interventions or care referrals are initiated for those members who screen within target thresholds on the Patient Health Questionnaire-9 (PHQ-9) or indicate psychological distress that frequently and significant impacts their daily functioning.
- **Screening for child/adolescent psychosocial functioning:** The Pediatric Symptom Checklist-17 (PSC-17) is a parent/caregiver-completed measure that covers a broad range of emotional and behavioral problems and provides an assessment of psychosocial functioning. Program interventions or care referrals are implemented for those members who screen within targeted thresholds.
- **Anxiety screening:** Passport identifies members with indications of severe anxiety using the Generalized Anxiety Disorder screener (GAD-7). Interventions or care referrals are provided to those members who screen within the target thresholds.
- **Substance use disorder screening:** Passport identifies members with possible substance use disorder using the CAGE-AID tool. Interventions or care referrals are provided to those members who screen within the target thresholds.
- **Psychosocial assessment:** There are psychological factors that may negatively influence the member's adherence to the treatment plan or program interventions. Passport identifies social, emotional or financial barriers, and interventions are adjusted to meet the member's needs and increase their accessibility and engagement into the program.

Sticking with a Member and Breaking Down Barriers

Our behavioral health risk stratification identified Jack as a member with rising risk. During initial outreach, Jack was unsure about enrolling in the program. Using motivational interview techniques, Care Advisor Shannon Derrick was able to identify several ways to support Jack, such as finding him a PCP that fit his work hours. Jack agreed to participate in the program, even though he had been sober from alcohol and cocaine for 62 days, and he felt as though he had all the support he needed. During a scheduled follow-up call just a few weeks into the program, Jack shared with Shannon that he had relapsed, lost his job, and was currently intoxicated and using cocaine. He wanted to return to a detox center. Jack presented Shannon with multiple barriers to getting to a detox center. Jack was obviously unable to drive himself to detox. He did not want to ask anyone for a ride other than his father, who was working and unable to take him for a walk-in appointment. Shannon worked hard to find a detox center with an open bed. She coordinated with Landmark, who held an open bed and would provide an Uber ride for Jack. Jack refused the Uber, but Shannon was again able to coordinate with Landmark to adjust the admit time for Jack so his father could bring him to detox after work. Shannon got permission from Jack to call his father and share the information about the detox program. The member called Shannon from the detox center the next day to thank her.

Developing Member-Centric Action and Care Plans for Better Health Outcomes

Once the assessment is submitted within the Identifi platform, rules using evidence-based medicine and the member's response to the HRA areas of need are executed, and recommended clinical actions are created for our care management team to review. From these recommendations, the Care Advisor or Health Educator develops an individualized action plan or care plan tailored to the member's needs.

A care plan, designed for high-risk members, includes any member-specific preferences or barriers to their care, prioritized program goals, self-management activities, referrals to specialists or community-based services, a schedule for follow-up interactions, and a program assessment. For example, the care plan for a high-risk individual with sickle cell disease, with a secondary psychiatric condition, who is also homeless, would be organized around a multidisciplinary team effort to secure stable housing and address the member's behavioral health condition, while learning how to manage sickle cell disease. Other factors would be affecting behavior change to reduce pain crises and infection while addressing other social, environmental and behavioral barriers that adversely impact medication adherence and whole health.

For lower-risk members or those with less complex special needs, the care team creates an action plan focusing on the member's goals, personal preferences and care coordination needs. For example, we may identify a low-risk member, such as a child receiving EPSDT special services, in need of an additional pair of eyeglasses (after the Medicaid Vision Program has paid for the first two pairs in a year), who lives in a stable and supportive home with his parents and siblings. For this member, our action plan is primarily focused on care coordination through our care connectors team to facilitate his eyeglasses voucher.

In addition, the care team is responsible for identifying all relevant barriers preventing a member or caregiver from adhering to his/her physician's treatment plan and access to care. There are multiple forms of barriers, including physical or mental disabilities, financial, language, hearing, motivation, culture and confidence level, as well as SDoH. It is a core responsibility of the primary staff to identify options and solutions for mitigating and removing barriers. For example, the mother of the child in the low-risk example above speaks and understands only Arabic. The care team is responsible for working with Member Services to secure foreign language interpretation resources and staff to support her through the voucher process.

Passport's Care Advisor selects relevant interventions with the member or caregiver to create a tailored care plan that is consistent with the member's provider clinical treatment plan. Each care plan describes the member's medical problems, goals and interventions (PGIs) and includes specific medical and health details, including:

- Documentation of current medications
- Identification of barriers to the member meeting their goals
- Specific, Measurable, Attainable, Realistic, Timely (SMART) goals
- Member's and caregiver's prioritization of goals
- Member self-management plan

- Interventions to achieve identified goals
- Facilitation of member referrals to resources and a follow-up plan
- Education on Passport's benefits and community resources
- Monitoring and assessment of progress toward the goals of the care plan

Passport recognizes that members have different requirements and engagement levels. With our adaptable model, our Care Advisors/Health Educators can modify the care plans/action plans with graduated goals that can be targeted and prioritized by members and their providers. If a member's condition or situation changes, goals are easily adjusted to fit the needs. As an example, the low-risk member requiring an additional pair of eyeglasses may also present with signs of ADHD as the care team works with him and his mother to secure his voucher. In this case, the Health Educator may decide to adjust his action plan to include a referral and assessment of the child by a psychologist.

To track these changes and all interactions, our care team documents every case management action by saving the care notes and member correspondence directly into Identifi for easy tracking, access and viewing. Each member's medical history is retained and then integrated into their EMR for proper care coordination.

Members and their care support team are fully involved in care planning. The care support team can include family members, caregivers, member's PCP, formal and informal support or service providers, as well as others involved in the member's care or selected by the member. Together, they identify care planning participants, the method for participation in care planning, timelines and the method for information sharing. The Care Advisor uses Identifi to track care planning meetings, gather relevant information to support development of the care plan, and guide the member and care planning participants through the person-centered planning process.

As part of our care management process with ESHCNs, we also confirm that they have appropriate network access by ensuring that they have referrals to appropriate specialists, that providers accept our ESHCNs, and that ESHCNs are able to access the full spectrum of care, including vision, dental and behavioral health services.

C.25.b.iii. Approach to providing education to Enrollees and caregivers

Providing Education to ESHCNs Engaged in Care Management

Passport's clinical and communications teams work together to develop culturally competent educational materials specific to the unique needs of our members. Our award-winning health literacy materials are based upon CPGs and other evidence-informed, research-based knowledge available in the health care industry. We take care to ensure our member-focused materials are written at a sixth-grade reading level. Educational materials are available in various mediums, including videos and written materials on our website, audio topics available via our Care for You 24/7 free nurse advice line, and in printed materials.

Printed materials are disseminated to ESHCNs and their parents/caregivers/legal guardians both through the work the integrated care team performs with the ESHCNs who are engaged in care management, and more broadly to members who are not currently engaged in care management efforts, through community

engagement and education efforts. Many printed materials are available in English and Spanish, and we can translate any educational piece into the language the member speaks or reads, including Braille. The ten (10) most commonly spoken languages (other than English) among Passport members are:

5. Spanish
6. Arabic
7. Somali
8. Nepali
9. Swahili
10. Kinyarwanda
11. French
12. Vietnamese
13. Karen
14. Mandarin Chinese

Our member information is inclusive of health educational materials that cover topics including, but not limited to, asthma, diabetes, smoking cessation, depression, substance use disorder, maternity, healthy sleep, pre- and postnatal care, COPD, heart disease, foster care, obesity, and health prevention and promotion materials. Our materials reinforce our messaging around teaching self-management skills, so our ESHCNs can learn to cope with and manage symptoms of their conditions and move toward better health and quality of life.

Passport has an engagement initiative for new members to help us improve timely identification of ESHCNs. This initiative is focused on helping new members understand and use programs and supports available to them via Passport. More detailed information about our new member initiative can be found in the response in **Section C.12.e Member Services.**

Our new member engagement and education strategy includes the use of videos. Passport strives to keep its new members engaged throughout their first ninety (90) days on the plan. We have created a series of short instructional videos designed to guide our new members during this time. Video topics include:

- The New Member Kit, which walks members through all material they will be receiving in the mail and how these materials can help them
- The HRA form
- Seven simple steps for new members to complete during the new member onboarding process
- Choosing a PCP
- How to sign up for texts and emails, and how to follow Passport on social media
- The perks of being a Passport member and how to earn member rewards

Two of these videos, “Choosing a PCP” and “Earn Rewards,” recently won Digital Health Awards. These videos are available on our new member webpage and shared through Passport’s social media accounts. Passport also uses social media to assist with engaging and educating members.

Forming a Highly Skilled and Integrated Team Centrally Focused on ESHCNs

Our care management program fully supports the member and provider relationship. We understand this connection is vital in the development of the care plan, in the prevention of medical complications and incidents, and in creating a positive member experience. We encourage PCPs and specialists to be a part of the care management process.

Passport's practice is to form a highly integrated and member-centric team, including all clinical disciplines and specialties across the organization. The multidisciplinary team uses the broad clinical skills and expertise of a care team manager, Care Advisor, registered dietitian, social worker, clinical pharmacist, Health Educator, CHW, program coordinator, the member's PCP, and family or caregiver—all of whom are all centrally focused on the member. The team's approach is to identify barriers to care and action planning, to empower the member, to support behavior modification, to close care gaps and to coordinate care. Additionally, the team converges to discuss the member's **medication adherence level, incidents of medical complications, education level of condition (health literacy), physical functioning, emotional well-being, issues related to SDoH and barriers to the member receiving care.** Together, they provide the needed care management services for members to be successful in achieving their health care goals.

Using Program Interactions and Interventions for a Comprehensive Care Management Plan to Provide Support and Education for Engaged ESHCNs

Passport's PHM programs are focused on teaching members how to self-manage their conditions and navigate health care and social services systems independently. We use interventions tailored to members' specific condition(s), individualized needs and risk levels to promote health literacy and improved self-care and management of their conditions. These education-focused interventions include, but are not limited to:

- **Teaching members condition monitoring, including self-monitoring** (e.g., foot and skin care for patients with diabetes). This includes reminders about tests members should perform themselves or have their practitioner complete.
- **Teaching members treatment plan adherence** (including medication adherence) and progress tracking.
- **Teaching members how to communicate with providers** about their health conditions, self-management/condition-monitoring activities and care plan/goal progress. This includes how to prepare for a visit to a physician provider, such as writing down important questions/issues.
- **Sharing programs and materials for healthy behaviors:** Educational materials and programs encourage members to develop healthy behaviors (e.g., nutrition and activity) and reduce unhealthy behaviors (e.g., tobacco use).
- **Providing support to the caregivers:** Passport's care management team identifies types of support that members need to be successful in their care management program. With the member's consent, we deliver information to the caregiver to ensure they understand the member's condition so they can effectively provide the needed support. This includes:
  - Direct caregiver interaction—increasing caregiver's emotional resources to improve their ability to support the member.
  - External/community-based resources as appropriate (e.g., caregiver support groups, respite, development of coping skills).

    - Additional caregiver resources to address physical limitations, adaptive devices needs, barriers to meeting care needs and treatment requirements, visual or hearing impairment needs, as well as language or cultural needs.
- **Referrals to address resource gaps and additional education and support measures,** such as access to a registered pharmacist, a dietitian, behavioral health specialists and community resources to address SDoH and identify financial assistance resources. The Care Advisor also coordinates services such as durable medical equipment, home care and ancillary services for the member, leveraging local community resources.

During the program, the care team closely monitors and evaluates members to determine their level of progress and any barriers in achieving their goals. In cases where the member is having difficulties in adhering to the treatment plan, the care team identifies the root cause of the health barrier. Sometimes health barriers can be attributed to lack of knowledge or understanding by the member. Our Care Advisors work diligently to close gaps in knowledge or understanding in order to get the member back to advancing in their care plan goals.

Some of our more targeted educational interventions with ESHCNs are detailed in the following section.

Providing Education to ESHCNs Through Community Education and Engagement Efforts

Passport recognizes that not all ESHCNs will be directly engaged in care management efforts, and that many will need education and outreach to support their eventual engagement in Passport's care management programs. Passport has a multifaceted approach to outreach to all members to educate them on available benefits and the full spectrum of health, disease, social and environmental issues that are extremely germane to ESHCNs. Outreach techniques include:

- **New member welcome calls:** Our care connector outreach representatives conduct customer-friendly member welcome calls introducing members to Passport. During this call, the representative conducts the HRA, asking members questions about their health and well-being status and assisting in them in making an appointment with their PCP for an initial medical assessment.
- **Award-winning health literacy educational materials:** Passport's corporate communications team has specialized award-winning writers and designers to create member and provider materials. This team uses best practices and their years of experience working closely with the members, providers, pharmacies and community partners to produce educational materials. Over the years, this team has won numerous awards for health literacy and creative design.
- **Disease-specific mailings**, including a disease-specific assessment for new members.
- **Postcard reminders** for specific overdue screenings.
- Face-to-face contact with **embedded care managers** in high-volume PCP offices and hospitals.
- **One-on-one outreach** for high-risk members.
- **New Member Handbook**, which contains information about our special programs and their contact information.

- **Targeted telephonic outreach**, on-hold telephonic messages and automated outbound call technology.
- **Collaboration with community agencies** to host and participate in community events, such as health fairs and screening events.
- **Member newsletters:** Passport provides information in its newsletter, *MyHealthMyLife,* which is offered in both English and Spanish.

We also perform specialized outreach to provide our members with extended health education. For instance:

- **Member texting and emailing:** As a best practice in communicating health-related information, Passport leverages a new texting platform and a secure member portal. Outreach is done in collaboration with provider offices to reach members for visits, reinforcing the provider as the key relationship with the member.
- **Identifi Engage:** Passport is leveraging Engage, a mobile app supported on both Android and iOS platforms that is aimed at fostering member engagement to effectively manage the care and improve outcomes. Designed for members and their designated caregivers to easily interact with their care team, the secure mobile application provides bidirectional messaging (chat) capability between the care team and member. It also provides the ability to influence member behavior by pushing the right interventions to the member.
- **Health outcome campaigns:** Passport uses Interactive Voice Response (IVR) calls and live follow-up calls for health outcome campaigns and brochures for options outside the ED for addressing the management of chronic conditions with their PCP. Passport seeks out regular feedback about the effectiveness of communication.
- **Member outreach specialists:** Passport member outreach specialists work to build relationships between the PCP and the member. They make outreach calls to members on behalf of providers to understand why members are using EDs instead of their provider, and they educate the member on more appropriate options for care.
- **CHW program:** In 2018, we implemented a new program where our CHWs conduct face-to-face visits in the member's homes, in provider's offices and in community service organizations. CHWs serve as advocates in helping members to schedule doctor appointments, obtain the necessary resources to resolve SDoH, and assess for any literacy and interpretation services needed. Information is provided to the member, teaching them to become engaged in their health care and to take charge of making the resource arrangements.
- **Homeless services:** Passport provides ongoing face-to-face member/benefits education sessions throughout the year. These sessions are conducted at the various transitional and homeless shelters throughout the state. Special attention is given to those victims of domestic violence residing in emergency shelters.
- **Care connector outreach representatives** conduct customer-friendly member welcome phone calls, introducing members to Passport. During this call, the representative conducts the HRA, asking members questions about their health and well-being status, and assists in them in making an appointment with their PCP for an initial medical assessment.

- **Health Educators in the community:** Passport's team of Health Educators collaborate with organizations through the state, such as Health Access Nurturing Development Services (HANDS) programs, public libraries, social services agencies and others to provide education within communities on relevant health topics. Recent training topics provided by our Health Educators include vaping, nutrition, chronic disease management and bullying. Our Health Educators have an extensive library of curriculum they use to share knowledge with Kentuckians throughout the Commonwealth.

Most importantly, Passport recognizes that in order to engage individuals with special health care needs in the community, you must be in the community. Therefore, our community engagement representatives are out in our communities every day. Passport has documented a sample of the literally thousands of interactions that have taken place in local communities to address the full spectrum of health and wellness, community engagement and social/environmental issues across the highly diverse communities at the regional, county and city/town level. This sample of interactions is included in please see **Attachment A-1_Passport Community Engagement Examples** and is intended to serve as a description of the deeply embedded relationships Passport has across the state, not only with the geography but within each community.

When we talk about community, we are talking about *our* community, whether that is people who are homeless, refugees, immigrants, internationals, people who are deaf or hard of hearing, grandparents/families raising children, foster families, people who learn differently, individuals with substance use disorders, people in domestic violence situations, former inmates, those with disabilities or special health care needs, or individuals experiencing barriers to accessing care—no matter their race, ethnicity, language, gender identity or age.

"Over the past five (5) years, Passport has been an essential partner with Catholic Charities in providing culturally sensitive services to our shared refugee families. Catholic Charities has been fortunate to have Paige Kolok on site to be available to serve refugee families. Without this partnership, families would not be able to address their health care needs, which would most likely jeopardize their ability to thrive and enter the workforce. Paige Kolok has been an essential part of this program. Her welcoming demeanor and her expertise in providing culturally sensitive services has proven to be an excellent introduction for newcomers to the complex world of health care. This program exhibits Passport's commitment to serving at-risk and marginalized populations such as newly arrived refugee families."

Colin Triplett, Resettlement Director—Migration and Refugee Services, Catholic Charities

In these interactions in our communities, with our neighbors, we assist members in addressing their barriers to care, which could include:

- **SDoH** such as housing, clothing, food security, transportation, education, record expungement, accessibility and domestic violence/safety.
- **Health-related Issues** such as dental, wellness and behavioral health, prevention/health education, vision, nutrition, substance use, heart health, respiratory care and cancer care.
- **Communitywide issues** that create barriers to well-being, such as early childhood education, kindergarten readiness, school supplies, workforce-ready skills and after-school care.

We have served these communities for the past twenty-two (22) years with passion and enthusiasm because these are our neighbors, in our community. We are extremely proud of the impact we have had on our fellow Kentuckians and look forward to the opportunity to continue to do so well into the future.

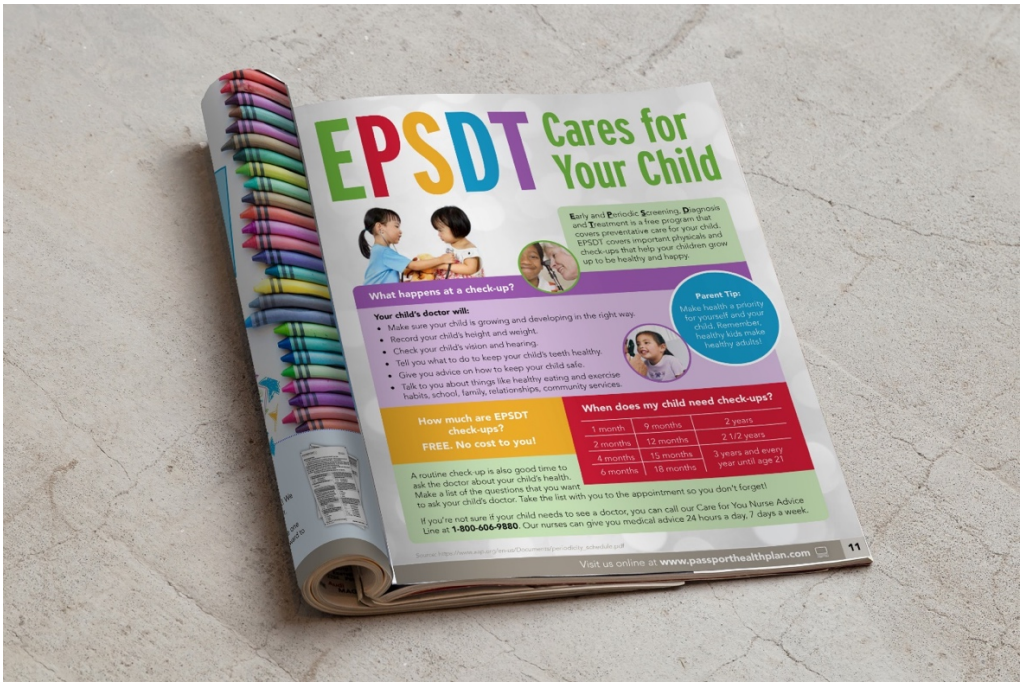
Some additional examples of education for ESHCNs are below.

Educating Young Members on the Importance of Early Periodic Screening and Diagnostic Testing

Education and guidance are critical components of the EPSDT program. Our Care Advisors educate our young members and their caregivers on proper nutrition, physical activity and risky behaviors related to sexual activity, alcohol, substance abuse and tobacco use. We also have targeted outreach efforts geared to EPSDT-eligible members who have not received the recommended schedule of health screens, immunizations and annual participation. The outreach efforts inform and stress the importance of EPSDT through various means, including:

- Postcard notifications are mailed to caregivers of all newborn members advising of EPSDT screenings.
- Auto-dialer system is used to contact members regarding the availability of preventive dental care, the recommended schedule for EPSDT screens and immunizations, and the importance of follow-up when referred for special services. For convenience, members have the option to speak directly to a care connector if they require additional information.
- Home visits are provided to members who are unavailable by phone.
- The Member Handbook offers information on our EPSDT program, member eligibility criteria, and an early periodic screening and diagnostic testing schedule.
- Information on our member website for the EPSDT program and offerings.
- Our member newsletter*, MyHealthMyLife,* offers informational articles on the importance of EPSDT screenings and immunizations, as illustrated in **Exhibit C.25-9.**

Exhibit C.25-9: Member Newsletter Articles on the Importance of EPSDT for Children



Engaging Members and Providers Through Education and Extensive Outreach Efforts

Our community engagement team is assigned to regional areas across the Commonwealth to provide health and wellness education and health screenings. The community engagement representatives and Health Educators hold events at local schools and civic and community centers to foster the early detection and testing for medical conditions affecting children in Kentucky. In 2018, our community engagement representatives conducted outreached to children and their parents at over 1,500 community events, addressing healthy nutrition and preventive and dental health, and they provided sports physicals. For example, in Floyd County, Kentucky, Passport participated in a "Backpack to School" event, providing free sports physicals, A1c testing for diabetes, dental services and cholesterol screenings to our members. Passport presented 800 free backpacks filled with much needed school supplies to the children at the event.

Provider engagement and education are essential elements to the success of our EPSDT program. Passport conducts orientation sessions for EPSDT clinicians regularly and provides them with ongoing support regarding the administration of EPSDT preventive care, billing and claims processes, the required components of a complete EPSDT screening, and the importance of outreach and education to EPSDT-eligible members and their families. As a part of educational efforts, we also conduct provider outreach visits, workshops and roundtable meetings, as well as offer educational materials such as the Quick Reference Guide, Provider Orientation Kit, EPSDT Orientation Kit, Passport Provider Manual, Provider EPSDT

Education Toolkit and information about Passport's provider portal website in order to support efforts to increase EPSDT participation, compliance rates and identified health outcomes.

Passport's community engagement team refers many ESHCNs to community agencies that have special intake processes to help them in crisis. These organizations include Women's Crisis Centers, Mental Health America of Northern Kentucky, Sun Behavioral Health, The Northern Kentucky Emergency Shelter, Family Promises Shelter and St. Elizabeth Hospital. We also refer individuals with special health care needs to the Brighton Center, a nonprofit organization whose mission is to create opportunities for individuals and families to reach self-sufficiency through family support services, education, employment and leadership. We also hold member education and outreach events at their centers. Our team collaborates with these agencies for community health meetings, holds one-on-one advocate meetings and provides their staff with health education meetings.

In addition, the Passport community engagement team works with the Disability Empowerment Conference, an advocacy group for individuals with special health care needs. Our team holds an annual forum to address the needs of this population, especially for the medically frail.

Providing Community Outreach Efforts and Health Education to the Homeless

As a part of the Pathways program, Passport develops relationships with and learns from other community homeless advocates. We have a long history with the Coalition for the Homeless. Since 1997, Passport has been a member of the Coalition and has worked with various homeless and transitional shelters throughout Kentucky. Our team performs quarterly outreach efforts to shelters, offering health and wellness education sessions. The curriculum includes information about the importance of preventive health, well-child visits and immunizations, how to choose a PCP, and instructions for accessing transportation and community resources. Our staff nutritionist and Health Educators conduct educational classes on health and wellness, proper nutrition and promoting healthy lifestyles to help members and their families.

Some homeless or transitional shelter houses provide specialized services for victims of domestic violence. We understand that survivors of domestic violence require supportive services to help them heal from the trauma of abuse and improve their economic security and well-being. Passport's team is there to help. Our caring and compassionate staff offers information on Medicaid, on our plan's medical and behavioral health programs and services, and on available community resources. It is critical for victims of domestic violence to have safe, stable housing to reduce their risk of both homelessness and future violence.

C.25.b. iv. Approach to providing transition support services.

Transition Care Program for ESHCNs

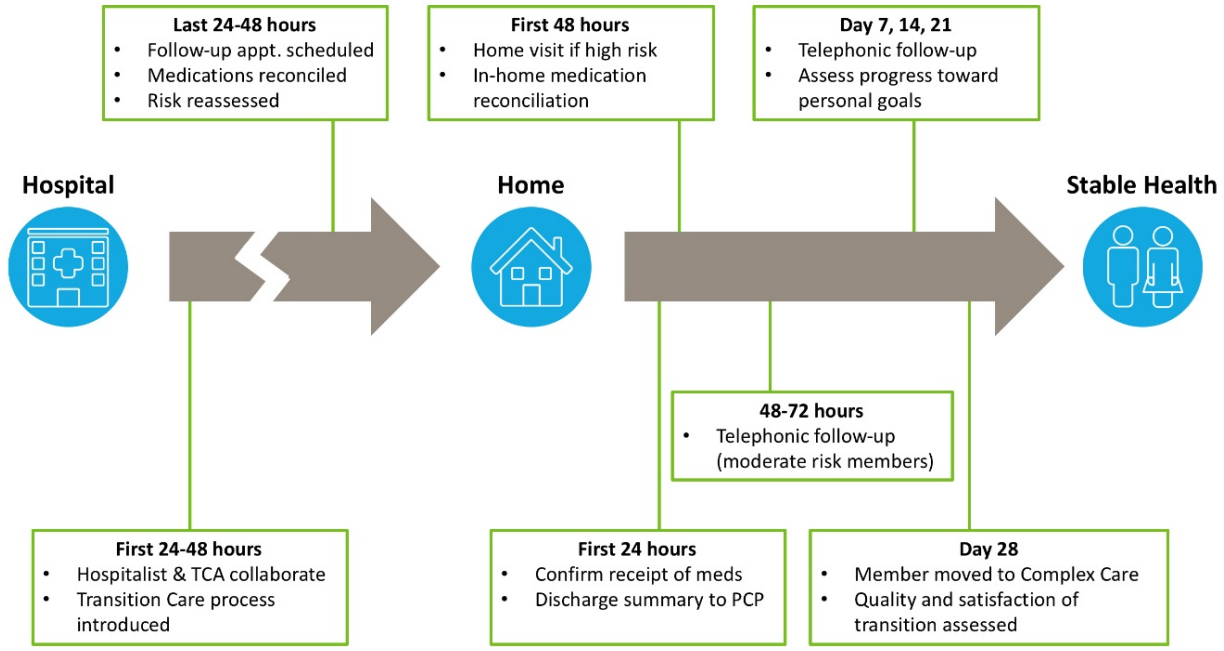
Passport provides a Transition Care program for our high-risk members to safely and seamlessly transition back to their home. Our care team develops a member-centric transition-of-care plan and coordinates the appropriate level of care to help our members remain in their home environment and have a lower risk for hospital or ED readmissions.

Passport's Transition Care program is designed with specific goals to improve the health of our membership. The program goals include:

- Improving medication adherence
- Providing high quality member care and reducing avoidable readmissions
- Improving adherence to the hospital discharge care plan
- Educating members about medical and behavioral diagnoses and self-management activities
- Improving care coordination for members across care settings
- Assisting the members in identifying questions or concerns they have about their diagnoses or treatment plan, and preparing them for an informed discussion with their provider
- Increasing member satisfaction rates and health outcomes

The Transition Care program initiates prior to a member's discharge from the hospital. Our Care Advisors and Health Educators work closely with the hospital discharge planning team to effectively coordinate and implement the discharge plan. Collectively, they provide proper continuity of care as members transition and achieve stabilized health, as illustrated in **Exhibit C.25-10.**

Exhibit C.25-10: Our Transition Care Program Process



After receiving the discharge notification, our Care Advisors and Health Educators contact the member within 24-48 hours to begin the enrollment process and schedule a telephonic or home visit. Every effort is made to make the members and their caregiver feel respected, comfortable and at ease. Our Transition Care team begins by taking the time to carefully listen to and answer the member's questions. We then perform an assessment to identify any special needs the member may have, determine any health risks,

reconcile their medications for adherence, and ensure the proper support resources are available. The assessment information is essential in developing the individualized care plan with the member, our team, the caregiver and the provider.

The care plan details the member's health status and goals, equipment required in the home, current medications and adherence plan, caregiver support needs, needed referrals to community resources, member education and health progress measures. Serving as a member advocate, the Transition Care team member arranges for any post-discharge outpatient provider appointments and plans for any special accommodations (e.g., caregiver support, durable medical equipment, medications and referrals to community resources). A key component of the Transition Care program is member education. The Transition Care team member thoroughly reviews the educational materials with our members, so they fully understand the information and can begin to successfully self-manage their condition.

During the process, the Care Advisor or Health Educator shares information with the member's providers to fully engage them in the development of the care plan, seeks providers' input for treatment, and conveys all information discovered through the care management outreach efforts. The team works to confirm that the member is receiving the necessary care and services for health stabilization.

Transitioning Members with SMI from an Inpatient Setting

Continuity of care following discharge from a psychiatric hospital, personal care home or other institutional setting is one of the most critical times for people with behavioral health needs. Passport, as a provider-sponsored plan, understands these high stakes and takes this risk very seriously. Every member who is leaving one of these institutional settings and moving into the community is assigned a Care Advisor or other care management team member for outreach. The team's responsibility starts at the time of admission, establishing contact with the facility to immediately engage so that discharge planning begins early. Passport uses the member's Person-Centered Recovery Plan (where applicable), level of care determination and UM criteria to assess and approve the member's transition of care and service needs.

The CM staff participates in transition planning and collaborates with the facility to review the discharge plan, work on behalf of the member to address barriers to completion and work directly with the member immediately after discharge to schedule the required follow-up appointments (and then remind the member of their scheduled follow-up appointments). A comprehensive physical and behavioral health assessment is scheduled within fourteen (14) days of the transition. This assessment includes a screening for medication adherence.

The care team verifies that the member's follow-up care appointment was kept and completed. If a no-show or reschedule occurred, the care team works with the member to identify and address the barrier to care that prevented the appointment from being completed or to reschedule the appointment with the same provider or, in some cases, identify a new provider and schedule the required visit.

Offering ESHCNs Prescribed Pediatric Extended Care for Nonresidential Health Care

Prescribed Pediatric Extended Care is a nonresidential health care for children from six (6) weeks through age twenty (20) with medically complex conditions requiring continuous therapeutic or skilled nursing supervision. A number of criteria can be used to describe medically complex conditions as "serious and complex." These could include severity of the illness, degree of impairment or disability, and level of need for comprehensive care management. A *covered disability* is defined according to the Americans with Disabilities Act (1990) as pertaining to persons with a physical or mental impairment that substantially limits a "major life activity," persons with a record of such an impairment, or persons who believe that others regard them as having such an impairment.

Prescribed Pediatric Extended Care Program (PPECP) is an alternative to in-home nursing for children with complex medical needs/conditions. This alternative program may allow up to twelve (12) hours of care, five (5) days a week. Services include skilled nursing; respiratory care; developmental and educational programs; nutrition; occupational, physical, and speech/language therapy; social services; recreation; transportation; nurse practitioner (NP)/advanced registered nurse practitioner (ARNP); and access to medical care and physicians.

There are four levels of care for individuals with special health care needs for Prescribed Pediatric Extended Care:

1. Level I is considered when the member has a single-system disease requiring four (4) hours of nursing services weekly, with a home health aide providing care and oversight during the day
2. Level II is considered when the member has multisystem disease requiring eight (8) hours of nursing services weekly, with a home health aide providing care and oversight during the day
3. Level III is considered when the member has both multisystem disease and developmental needs requiring an RN/licensed practical nurse (LPN) hourly
4. Level IV is considered when the member has high-tech multisystem needs requiring continuous, ongoing daily assessment and observation by RN/LPN

Partnering with Family Health Centers—Phoenix's Health Care for the Homeless

Passport partners with Family Health Centers—Phoenix's Health Care for the Homeless program, which conducts Louisville's common assessment team (CAT). The CAT conducts vulnerability assessments on homeless individuals to determine what type of housing is most appropriate. The assessment asks questions related to the individual's physical health, mental health, substance use and other vulnerabilities. Individuals with higher scores are more vulnerable and are appropriate candidates for Permanent Supportive Housing programs, which must take referrals from the CAT. Permanent Supportive Housing participants must have a chronic disability and be in need of case management services.

Since beginning in 2014, the CAT has conducted assessments on 5,570 adults and transitioned 2,413 individuals from homelessness to Permanent Supportive Housing, with thirty-two percent (32%) of CAT participants self-identified has having a chronic health condition, forty-eight percent (48%) with a physical disability, and fifty-two percent (52%) with a chronic mental health condition.

Partnering with the Community to Make Our Members a Priority

Richard* is a patient at Family Health Center (FHC) – Phoenix, which provides health care for the homeless. Richard has complex needs, is an amputee, and was recently hospitalized. Rhonda, a Passport Community Health Worker, received a referral from FHC, Richard was recovering from his recent hospitalization at Wayside Christian Mission Respite Care, where she is onsite weekly. Rhonda met with Richard and his sister, Susan (his caregiver), in person and completed an assessment. Rhonda learned that getting to and from appointments was a struggle for Richard because he did not have transportation. His wheelchair did not have a footrest, which made it even more difficult because he had to try to hold his leg up when being pushed or transported. The family's time at Wayside would be coming to an end soon, leaving them without shelter. Susan was without a job but was interested in finding one. Rhonda worked with Richard and his sister to develop an action plan to address their needs. Rhonda worked to find shelter at the Salvation Army for both Richard and Susan. She coordinated transportation services with Federated Transportation to get Richard to and from appointments. Project CARAT donated a power wheelchair so that Richard could travel without assistance. Rhonda was able to obtain clothing for Susan to wear to job interviews. She also helped the family to secure documentation from Richard's PCP to ensure his place on the Housing Authority wait list for permanent housing. She worked with Susan to get proof that she was his trained caregiver so she could reside with Richard and take care of him in the future.

*Member name was changed for privacy

Conclusion

Passport is dedicated to its ESHCNs. We have transformed our programs and developed innovative solutions to address these special needs members. Our team is constantly exploring ways to improve the quality of care in a cost-effective manner. Our model of care (i) offers comprehensive care, (ii) ensures that care is highly coordinated with members' providers for a seamless member experience, (iii) provides a tailored and member-centric approach to address their "whole person" needs, (iv) offers access to care through our vast provider network and, most of all, (v) ensures quality and safety for each and every one of our members.

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.

C.26 Program Integrity



C.26. Program Integrity

a. Provide a detailed summary of Contractor's proposed Program Integrity plan, including a discussion of the following:

   i. The Contractor's fraud and abuse detection/prevention program activities for employees, caregivers and providers, including reporting and follow-up, continuous monitoring of compliance, identification and reporting of issues to all required parties, and ongoing training.

   ii. An overview of the Regulatory Compliance Committee.

   iii. The proposed appeals process.

   iv. Proposed innovations for reporting data in the Program Integrity area. Provide examples of successful innovations implemented in Kentucky or other states.

b. Describe the Contractor's proposed approach to prepayment reviews.

Passport Highlights: Program Integrity

How We're Different	Why It Matters	Proof
Passport Identifi management information system (MIS) is an integrated custom-designed FWA program that uses a suite of analytics designed to identify aberrant claim patterns with a comprehensive claim and case management platform	• Fully integrated platform enhances our ability to identify and respond to FWA quickly and streamlines the management and coordination of our FWA program • Efficient tracking and reporting of overpayment identification and recovery activities for services including FWA, data mining, clinical audit, credit balance, subrogation and coordination of benefits (COB) • Prompt reporting of suspected fraud or abuse to the Program Integrity Unit (PIU) for further review and development	• In the past two (2) years, Passport PIU received twenty-three (23) internal referrals of member and provider aberrant claims patterns with three (3) resulting in fraud referrals to DMS • Created $871,000 in recoveries related to FWA activities • Integrated reporting from internal and several vendor recovery efforts
Passport ClarisHealth Pareo® Payment Integrity Ecosystem platform is unique	• Fosters visibility and transparency across the entire payment integrity ecosystem and processes for all providers and stakeholders • Facilitates advanced reporting analysis and detailed analytics • Maximizes recoveries and optimizes costs while minimizing provider abrasion	• Since implementation, performance improvements have included a two hundred twelve percent (212%) increase in number of concepts, 1,831% increase in number of Findings Letters, ninety-four percent (94%) increase in number of dollars identified, and a three hundred fifty-two percent (352%) increase in recoveries

Introduction



Passport is committed to maintaining program integrity through the promotion of ethical business conduct and the prevention and detection of fraud, waste or abuse (FWA). Our Program Integrity Plan has established internal controls, policies and procedures, and systems in place to detect and address unnecessary or wasteful practices or fraudulent activities in accordance with the requirements of applicable state and federal law, including Section 6032 of the Federal Deficit Reduction Act of 2005, 42 CFR § 438.600 to 438.610 and the requirements set out in Subtitle F, Section 6501 through 6507, of the Patient Protection and Affordable Care Act (PPACA) of 2010. Passport complies fully with the program integrity requirements and standards set forth in 42 CFR 438.608, our contractual requirements with the Commonwealth of Kentucky (Commonwealth), Department for Medicaid Services (DMS), and all other Commonwealth and federal requirements, standards, laws and regulations.

C.26.a. Provide a detailed summary of Contractor's proposed Program Integrity plan, including a discussion of the following:

C.26.a.ii. The Contractor's fraud and abuse detection/prevention program activities for employees, caregivers and providers, including reporting and follow-up, continuous monitoring of compliance, identification and reporting of issues to all required parties, and ongoing training.

Passport's Established Program Integrity Plan

Passport brings a complete solution to monitor, detect and protect the Commonwealth from FWA. The foundation of our comprehensive Program Integrity Program is Passport's responsibility to adhere to all applicable federal and Commonwealth laws and standards of conduct through the engagement and cooperation of Passport's Board and leadership, associates, provider partners, delegated vendors and members. We also work in partnership with DMS, the Office of the Inspector General (OIG) and the Office of the Attorney General's (OAG's) Medicaid Fraud Control Unit (MFCU) on matters related to program integrity. Collectively, we safeguard against FWA through documented policies and procedures, training, education and ongoing communications, tools and systems, stringent oversight and monitoring, and appropriate corrective actions.

The Passport Program Integrity Plan encompasses all DMS-required activity, as described below. The Program Integrity Plan includes written policies, procedures and standards of conduct that articulate our commitment to comply with all applicable federal and Commonwealth standards and is available for review as **Attachment C.26-1_Passport Program Integrity Plan**.

Documented Policies and Procedures

Passport is dedicated to the utmost integrity and compliance with the law. Written policies, procedures and standards of conduct document the expectations and commitment to comply with all applicable Commonwealth and federal standards that Passport associates, Board members and subcontractors must follow. Completion of required annual training by all associates includes a review of the policies outlined in **Exhibit C.26-1**.

Exhibit C.26-1: Passport FWA Policies and Procedures

Policy	Policy Summary
Code of Conduct and Ethics **Associates:** UHC-GEN-04 **Board Members:** UHC-BD-01	The Code of Conduct (Code) is a statement of ethical and compliance principles that guides daily operations. It provides evidence of our commitment to the lawful and ethical conduct of business, promotes lawful and ethical behavior by associates, and protects those who report violations of the Code with the Non-Retaliation Policy, which includes whistleblower provisions. Approved by the Board of Directors, the Code establishes that we expect associates, subcontractors, vendors and agents to act in accordance with law and applicable policies. It articulates our fundamental principles, values and framework for action within our organization. The Code sets the expectation that all associates and Board members carry out their responsibilities ethically and in a manner that avoids even the appearance of improper behavior. All associates sign a Code of Conduct and Ethics Statement upon hire and annually thereafter, acknowledging that they have received, read and understand the Code and the consequences for noncompliance.
Conflict of Interest **Associates:** UHC-GEN-03 **Board Members:** UHC-BD-03	The Conflict of Interest Policy is designed to identify and avoid potential or actual conflicts of interest and to protect our interests when contemplating entering into a transaction or arrangement that might benefit the private interests of an associate, Board member, or one of their immediate family members and where the potential for personal gain could interfere with or influence the performance of his/her work duties. When any potential or perceived conflicts of interest occur, it is required that they be reported, and the chief compliance officer, chair of the Board or the attorney for the Board (as applicable) must be contacted whenever there is doubt about any activity or relationship. To facilitate assessment of any perceived or actual conflicts of interest, we require annual conflict of interest disclosures. All associates complete a Conflict of Interest Questionnaire upon hire and annually thereafter; Board members complete it when they begin their term and annually thereafter. The questionnaire requires the disclosure of any known potential or actual conflict of interest and requires acknowledgment and agreement to disclose any future conflict of interest.

Policy	Policy Summary
Non-Retaliation **Associates:** UHC-GEN-05 **Board Members:** UHC-BD-05	The Non-Retaliation Policy protects associates and Board members who report suspected or actual occurrences of illegal, unethical or inappropriate activities, including possible violations of Commonwealth or federal law. It also prohibits any type of retaliation against an associate or Board member for reporting such activity. All associates sign an acknowledgment that they have received, read and understood the non-retaliation and whistleblower provisions of this policy upon hire and annually thereafter. Board members complete a Non-Retaliation Policy Acknowledgment when they begin their term as a Board member and annually thereafter.
Standards of Conduct for Contracted Entities (UHC-GEN-12)	The Standards of Conduct for Contracted Entities provides guidance on a range of business and ethical issues that Contracted Entities may encounter in their business activities with us. Upon execution of a contract with Passport, and at the time of renewal of a contract, each Contracted Entity must agree to the terms of this policy, UHC-GEN-03, UHC-GEN-04, UHCGEN-05, UHC-GEN-11 and UHC-GEN-33. Each Contracted Entity is responsible for ensuring that it is compliant with this policy, and for verifying that its subcontracted entities are also in compliance with this policy.
Program Integrity—Prevention, Detection and Investigation of Fraud/Waste/Abuse—(UHC-CO-08)	Policy and Procedure UHC-CO-08 sets forth procedures for the prevention and investigation of potential FWA in accordance with 42 CFR 438.608 and applicable Commonwealth and federal regulations. The policy includes established procedures for the Program Integrity Unit (PIU) to: • Identify instances of provider and member FWA. • Identify potentially abusive utilization patterns that may lead to FWA. • Receive, investigate and track the status of allegations of FWA received from members, providers or other sources, which may be made against our providers or members. Categorize cases as high, medium or low, with high priority cases involving: • Multistate fraud or problems of national scope, or FWA crossing partnership boundaries • High dollar amount of potential overpayment • Likelihood for an increase in the amount of FWA, or enlargement of a pattern

The standards for disciplinary action are included in the policies. Associates are required to attest to understanding of and compliance with the policies. Allegations of possible associate offenses and compliance violations are dealt with immediately through a joint effort of the director of Human Resources (HR) and the chief compliance officer (Policy/Procedures UHC-CO-37 and UHC-GEN-47). Corrective action is initiated immediately when warranted and can include sanctions from a verbal or written warning up to termination.

Everyone Is Responsible for the Prevention of FWA

Passport is committed to the prevention of FWA. Education, training and ongoing communications are integral parts of our Program Integrity Program. **All Passport associates, providers, subcontractors and Board members are educated on what FWA is, how to detect and report FWA, and what they can do to deter FWA. This includes the CEO, executive positions, administrative positions and members of the Board of Directors.**

Passport is an active participant at all quarterly MFCU meetings. In addition, Passport associates attend the Statewide Health Care Fraud Task Force Meeting and Training led by the U.S. Attorney's Office.

Training and Education

100% Compliance

The required annual trainings have a 100% completion rate,as verified by Internal Audit.

Substantive, ongoing FWA training and education ensures awareness and expectations for program integrity and provides the supports and tools for compliance. All associates receive mandatory annual proficiency-tested training that includes the following required courses:

- Fraud, Waste, and Abuse
- Code of Conduct
- Information Security
- Discrimination and Harassment Free Workplace
- Deficit Reduction Act, False Claims and Employee Protections (as whistleblowers and other federal and state laws as described in Section 1902 of the Act (42 USC 1396a(a)(68))
- Health Insurance Portability and Accountability Act (HIPAA) Privacy Standards

Representatives from Passport attend all trainings conducted by the Commonwealth/fiscal agent or other organizations providing FWA training and actively pursue training opportunities from the DMS Program Integrity Department and other agencies, such as OAG.

- Compliance staff:
  - Receive extensive HIPAA, general compliance and investigations training
  - Are encouraged to attend Certified Compliance & Ethics Professional (CCEP) and Certified in Healthcare Compliance (CHC) certification training, the industry standard for compliance professionals, after they have one (1) year of compliance experience
  - Attend Passport-hosted in-person discussions with HIPAA experts and a variety of webinars, seminars and other job-based trainings
- PIU staff participate in Centers for Medicare & Medicaid Services (CMS)-sponsored training by the Center for Program Integrity and the Healthcare Fraud Prevention Partnership (HFPP), as well as the Association of Certified Fraud Examiners and others
- Subcontractors are required to provide annual FWA training to all associates within the subcontractor's organization, with participation verified as a part of the pre-delegation and annual surveys

- Providers receive FWA education and training through appropriate channels, such as provider newsletters, webinars, conferences and workshops, and the Provider Manual on topics that include:
  - Billing practices and documentation
  - Performance assessment and auditing processes
  - Regulatory changes and Commonwealth communications
  - Funding source purposes and restrictions
- Members receive FWA education and information through the Member Handbook, the Passport website and annually in our member newsletter

In addition, in-person training presentations and seminars relating to company policies and procedures are regularly conducted along with our mandatory annual training. During the calendar year 2019, we conducted more than 76 in-person trainings of our Associates on detecting FWA. In addition, all Passport Associates can access several e-learning courses related to compliance. All Associates are notified of available training and policy and procedure changes relating to compliance through Passport's intranet and e-mail system.

Ongoing, Open Communications

Passport recognizes that the assistance and support of our associates and Board members is critical to program integrity efforts. **We foster dialogue about FWA throughout the company at all levels and in the board room**. It is important that all associates and Board members know where they can turn for a meaningful response without fear of retribution. **To help detect and report FWA, Passport has an open communication policy that is supported by its confidentiality and non-retaliation policies**. Associates, subcontractors and Board members are required to report suspected or actual occurrences of illegal, unethical or inappropriate activities, including possible violations of Commonwealth or federal law, and are informed that they can contact the chief compliance officer, Compliance department team members, management, the chair of the Board, or the attorney for the Board, as applicable. We regularly reinforce our Program Integrity Program and open communications policy in the following ways:

- Company email newsletters (*PassportNow*)
- Compliance Talk sessions conducted by the chief compliance officer
- Feedback from the Compliance Liaison Committee
- Question/answer sessions with the chief compliance officer
- Compliance presentations by the Compliance department and at other Passport departmental meetings
- Communications at all-staff meetings
- Actively advertise our Hotline: **1-855-512-8500** and **anonymous**
  E-mail: passportlistens@getintouch.com

Passport's Systems and Processes for Detecting FWA

Passport places a strong emphasis on prevention, the PIU proactively detects incidents of FWA, as required by 42 CFR 438.608, through the use of algorithms, investigations and record review, including member and provider grievances and appeals for the purpose of identifying potentially fraudulent acts. The PIU ensures that cases with the greatest potential program impact are given the highest priority. Prompt and timely corrective actions are taken when offenses are detected.

Internal Systems Controls to Ensure Payments Are Made Properly

Passport employs Identifi, an MIS that leverages a custom-designed FWA program that uses a suite of analytics designed to identify aberrant claim patterns with a comprehensive claim and case management platform, enabling efficient tracking and reporting of all recovery activity. The system identifies patterns of fraud and potentially wasteful or fraudulent claims and can pend claims from providers or for services to members who are being investigated for potential FWA. In short, our system is built to identify and pay only appropriate claims as specified by Commonwealth and federal law.

Program and Payment Integrity Processes to Detect FWA

Passport has processes that apply nationally recognized policies and complex claims-editing and analytical methodologies to detect and avoid inappropriate billing through several methods, including:

- **Claim Edits**: Our proprietary edits detect the potential for inappropriate billing or reimbursement prior to payment:
  - This process is supported by a retrospective solution—an array of analytics based upon a history of aberrant claim behavior and trends as well as updated state-specific provider sanctions and the latest in OIG fraud schemes.
  - After validation, the findings from retrospective analytics may be implemented into a claim edit solution to ensure future cost avoidance.
- **Data Analytics**: FWA is detected, avoided and mitigated through data analytics customized for Passport.
- **Predictive Analytics**: Patterns, trends, detected billing spikes and payment aberrancies are analyzed to identify opportunities for new FWA research and analytic development areas.
- **Medical Record Reviews**: Passport identifies potential FWA through analytics targeting overpayments and by substantiating the overpayments through medical records review.
- **Fraudulent Provider Trending**: System flags help detect the presence of FWA or overpayment behavior that may warrant further investigation, such as physical impossibility scenarios and opioid abuses, such as billing for:
  - Unreasonable hours
  - Treatment prior to the date of scheduled visits
  - Treatment after a member's date of death

  - Questionable services, such as services outside the scope of practice or for claims rendered by another provider
  - Services where the provider has ownership in the referred program or facility
- **Claim Selection and Medical Record Review**: Monthly retrospective claim selection reviews are conducted according to a specific reference library of known FWA trends and medical records examined thorough audits to determine presence of potential FWA.
- **On-Site and Desk Audits of Providers**: Passport investigators participate in a minimum of three (3) on-site visits per quarter, conducted upon approval by DMS, related to investigations of suspected fraud and abuse. Results are reported to DMS, including identified overpayments and recommendations per the process described in Policy PI.3.00.E: Provider On-Site Audits.
- **Monitoring of Potential Member Card Sharing**: Indications of member card sharing is monitored through comprehensive claims analysis, review of hotline calls and provider referrals. All credible allegations of card sharing are reported to regulatory bodies as required. We send eligibility cases to DMS for a determination and next steps, and we address suspected member FWA to the OIG. This process is outlined in Policy PI.5.00.E: Member Card Sharing Investigative Process.
- **Provider-Focused Claims Review**: If a provider is suspected of FWA, the following is an example of items reviewed and compared to providers within the same or similar specialties to identify outliers:
  - Previous billing and payment history
  - Reports of questionable billing practices
  - Education outreach conducted by the Provider Network Management Department related to an allegation
  - Laboratory referrals
  - Program policy and procedure violations
  - Prospective and retrospective claims for patterns and suspect activity
  - Prescribing habits, if applicable
- **Member-Focused Utilization Monitoring**: Encounter and prospective and retrospective claims data is reviewed for members suspected of FWA, for example:
  - The number of prescribers
  - Categories of medications
  - Duplicated services
  - Excessive or contraindicated services or treatments
  - Evidence of possible card sharing
  - Prescription history and pharmacy claims data in relation to the number and type of office visits and any evidence of possible drug seeking
- **Hotline Complaints/Referrals**: Calls and referrals received from the Compliance hotline identifying potential FWA are reviewed and investigated as appropriate.
- **Internal and External Referrals**: Passport analyzes and acts on referrals from other managed care organization (MCOs), Commonwealth or federal agencies, members, providers and members of the public as appropriate. We direct members or other internal or external entities/sources reporting potential FWA to the PIU for further analysis, validation and potential case initiation.

Internal and Subcontractor Monitoring

In fulfilling the requirements of the DMS contract and servicing members and providers, Passport currently uses a carefully selected and tightly controlled small set of subcontractors, such as Conduent for subrogation. Subcontractors are integrated as part of the service and operational model only in scenarios where their focus maximizes and supports better access, care, quality outcomes, service delivery and financial results. As Passport is fully accountable for the end-to-end delivery of our obligations to DMS, deep ongoing governance and performance management through a multilayered oversight function covers internal and subcontractor activities.

A straight line of accountability exists within the Passport organizational structure, beginning at the highest level with our Board of Directors to our CEO and executive team, and spreads throughout the organization. Members of Passport's executive leadership team (ELT) have a specific role in oversight of subcontractors and internal operations, as demonstrated in **Exhibit C.26-2**.

Exhibit C.26-2: Subcontractor Oversight and Internal Operations

Executive	Roles and Responsibilities	Responsible for
Chief Operating Officer **Shawn Elman**	Oversight of nonclinical contractual requirements: • Oversees service-level agreements (SLAs) • Ensures delegates meet the nonclinical needs of member, provider and DMS • Builds relationships for operational effectiveness • Sets operational priorities • Assesses delegates • Creates strong culture of compliance	• Avesis Third Party Administrators Inc. • Carenet Healthcare Services • CVS/Caremark Pharmacy • Evolent Health
Chief Medical Officer **Dr. Stephen Houghland**	Oversight of clinical contractual requirements: • Ensures delegates meet the clinical needs of member, provider and DMS • Builds relationships for clinical effectiveness • Promotes clinical collaboration • Sets clinical expectations • Escalates concerns Oversees quality program and ensures subcontractor adherence: • Assesses delegates • Creates a strong culture of compliance	• Beacon Health Options • Evolent Health

Executive	Roles and Responsibilities	Responsible for
Chief Compliance Officer **David Henley**	Oversight of delegated services model: • Delegated services manager • Reports plan, schedule and outcomes • Corrective action plans (CAPs) • Escalation of concerns • Reports through Compliance Committee and Board • Notifies DMS Ensures delegates adhere to expectations, including: • Applicable laws, regulations and guidelines • Compliance program requirements • Delegate assessment • Creating a strong culture of compliance	• Conduent • Evolent Health
Chief Financial Officer **Scott Worthington**	Oversight of all delegated services fiscal requirements: • Provides solvency review and oversight, including review of financial metrics • Oversees risk and bond requirements • Assesses delegates • Creates a strong culture of compliance	• Evolent Health

The ELT works closely with Passport's manager of Delegation Oversight, who manages the day-to-day delegation oversight of our subcontractors. The manager of Delegation Oversight works closely with the Delegation Oversight Committee (DOC) to oversee and monitor subcontractors' performance and compliance with contractual and National Committee for Quality Assurance (NCQA) accreditation requirements, as well as Commonwealth and federal law.

Subcontractor performance is further monitored through the Quality Medical Management Committee (QMMC). The QMMC provides oversight and input for quality improvement and accreditation activities throughout the health plan, provider network and subcontractor relationships. The QMMC oversees all activities of our DOC as it pertains to subcontractors relevant to NCQA accreditation. The DOC reports through our Compliance organization and is a central body in overseeing subcontractors to which utilization or quality management, credentialing, member services, provider services, claims operations and other administrative functions have been delegated. The DOC reviews all contractual metrics for each subcontractor, including SLAs, performance reports and quality improvement (QI)/utilization management (UM) reports (if applicable). It also reviews the annual delegation audit to ensure compliance with all federal, Commonwealth, Department and contract requirements, as well as any pre-delegation assessments prior to effective date of new delegation contracts.

The following are also in place to ensure performance is meeting all expectations and requirements:

- **Oversight Structure:** For each subcontractor, we have created an organizational design framework applied across all such relationships. This establishes a committee of named individuals responsible for the performance of the subcontractor:
  - Passport executive sponsor
  - Passport business owner
  - Operational leadership
  - Compliance liaison
  - Subcontractor manager employed for direct oversight of the vendor's performance and adherence to contractual requirements
- Contract measurements designed around DMS and service requirements.
- Passport holds subcontractors accountable to metrics and SLAs in line with DMS' contractual expectations, as well as our ingrained service ethic to support a smooth provider and member experience through operators with accountability to quickly drive resolution for any temporary disruption. SLAs are an integral portion of each subcontractor agreement and vary based on the services being performed and the DMS contractual requirements. Regular reporting expectations to Passport from subcontractors extend beyond SLAs and cover a variety of operational indicators. All Passport subcontractor agreements include language committing the subcontractor to compliance with all DMS requirements and to implementing and administering DMS-required changes. Subcontractors are required to provide data and reporting to the health plan, which is reviewed for completeness, accuracy and compliance.
- **Escalation and Remediation Protocols:** Passport's subcontractor agreements contain escalating action steps for noncompliance with contractual obligations and can include placing the subcontractor under a Letter of Concern, requiring a CAP with specific remediation requirements, or imposing financial penalties. By establishing the expectations at the time of contracting, Passport supports subcontractors' fulfillment of obligations to fully comply with DMS requirements.

Subcontractor Oversight

Passport has multiple control mechanisms and processes to detect FWA through subcontractor oversight and internal and subcontractor monitoring. The PIU works directly with our subcontractors' FWA team members to monitor and coordinate investigations. All subcontractors receive and fully understand the requirement to refer potential FWA allegations to Passport. Subcontractors are also required to provide their Program Integrity Program description in their annual reporting for Passport's review.

Delegation oversight audits are performed pre-delegation and annually thereafter. The surveys include specific requirements for controls relating to the identification of cases involving suspected FWA with potential multistate or national impact. The surveys also include audits of subcontractors' policies and procedures for validating active and unsanctioned status with the following:

- OIG List of Excluded Individuals and Entities (LEIE)
- Excluded Parties List System (EPLS)
- Kentucky Medicaid Excluded/Termed Provider List

Continuous Monitoring of Internal and Subcontractor Operations

Passport monitors both internal operations as well as those of its subcontractors on an ongoing basis. These continuous monitoring activities provide independent, objective assurance services to add value and improve operations.

The Internal Audit Unit completes an annual Enterprise Risk Assessment to evaluate the effectiveness of risk management, control and governance processes across the organization. Annual activities include performing independent reviews of internal controls over financial reporting and disclosures in compliance with requirements of the National Association of Insurance Commissioner (NAIC) Model Audit Rule. The Passport Model Audit Rule Program incorporates the identification of key controls within each process that ensure completeness, accuracy, validity and restricted access to prevent errors to the financial statements, confirm data integrity and protect corporate assets. Examples of processes reviewed include claims processing and payments, claims reimbursement, revenue and accounts receivable, and pharmacy claims and rebates. **The 2018 Model Audit Rule Program identified no material weaknesses or provider integrity-related deficiencies, and we expect the same outcome for 2019.**

The Internal Audit Unit also conducts corporate fraud and misconduct reviews in conjunction with the chief compliance officer. Formal audit reports are submitted to the Audit Committee of the Board of Directors for review and approval.

Investigating FWA

Passport's PIU conducts all FWA investigations in compliance with DMS requirements. If potential FWA activity is identified, the PIU requests medical records relevant to the case being investigated and, as necessary, will conduct a broader investigation, which may include an expanded time frame and a comprehensive review of the provider's claims history. The results of the investigation are reported to the appropriate regulatory agencies, and Passport will initiate recoveries, when required, as identified based on the final review and decision of each case. Provider accounts receivable activity is conducted pursuant to established policies and procedures. All account receivable activity aging over one hundred twenty (120) days, including for program integrity, is reported to DMS.

If post-payment review identifies potential FWA, the provider will receive a CAP. A provider suspected of committing FWA may also be terminated from our provider network.

A member suspected of committing FWA is referred to DMS. All activity is reported to DMS monthly on Report #72, Medicaid Program Violation Letters and Collections.

Passport follows cases from the time they are opened until they are closed and makes all information available to DMS upon completion, using the DMS-required form as documented in **Attachment C.26-2_ Policy UHC-CO-08 Program Integrity—Prevention, Detection and Investigation of FWA**. The PIU generates an investigative report for each case, including the following elements:

- Name and address of the subject
- Medicaid identification number

- Source of the complaint
- Statement of the complaint/allegation
- Date assigned to the investigator
- Name of the investigator
- Detail of the time frame reviewed and date of completion
- Number of member records reviewed and the total number of claims during the time frame reviewed
- Methodology used during the investigation
- Facts discovered by the investigation as well as the full case report and supporting documentation
- All exhibits or supporting documentation
- Recommendations, as considered necessary for administrative action or policy revision
- Potential overpayment, if any, and recommendation concerning the collection
- Any other elements identified by CMS for fraud referrals

On a quarterly basis and upon request, the PIU reports the following data elements to DMS and OIG in a Microsoft Excel format:

- Passport case number
- OIG case number, if assigned
- Provider/member name
- Date complaint received by Passport
- Provider National Provider Identifier (NPI), if applicable
- Source of complaint, unless there is a request to remain anonymous
- Date opened and name of the PIU investigator assigned
- Summary of complaint with the time frame reviewed
- If the complaint is substantiated or not substantiated (Yes or No)
- Passport action taken (most current update)
- Date referred to DMS (with code), as applicable
- Overpayment identified (if any)
- Date case closed

The reporting to DMS includes any activities generated by internal monitoring, internal audits, subcontractor activity and external audits. In accordance with Commonwealth law, Passport immediately reports incidents or allegations concerning physical or mental abuse of members to the Department for Community Based Services (DCBS).

In addition to measuring and improving quality, Passport also monitors care to ensure members are not receiving substandard care or care that could be harmful to their health. For example, program integrity violations that compromise quality of care have occurred around the country with regard to (1) the provision of unnecessary or risky services, (2) drug manufacturers who market drugs “off-label” for

unapproved use, or (3) providers who are paid for providing a set of services to members but fail to do so. When cases such as these are detected, Passport diligently works with officials on the investigation to minimize negative impact on members and manage financial Medicaid implications.

We continually assess and improve our program integrity efforts and are committed to working in partnership with DMS, OIG and OAG to achieve the best results possible.

Reporting FWA

Open lines of communication are critical to any successful Program Integrity Program. We encourage members and providers to call and request to speak directly to a Program Integrity investigator. Additionally, Passport and subcontractor staff are invited to report any concerns to Passport Compliance through our PHPCompliance@passporthealthplan.com email address or to reach out directly to any Program Integrity or compliance team member.

Passport has several established channels for individuals who want to report any FWA concerns or possible ethics violations, including associates, providers, members, subcontractors, stakeholders and community resources, as depicted in **Exhibit C.26-3.**

This information is prominently displayed on Passport's website, intranet site and in our Louisville office. Additionally, methods for reporting suspected FWA is published in the member handbook, on the member's ID card and in the provider manual.

Exhibit C.26-3: FWA Reporting Channels

Communication Channel	Action
Toll-Free Phone Compliance Hotline **1-855-512-8500**	FWA or compliance concerns may be verbally reported to an automated compliance hotline 24/7/365. Callers can leave a recorded message to report anonymously or provide contact information for a response.
Anonymous Email Inbox **passportlistens@getintouch.com**	FWA or compliance concerns may be reported in writing to an external email box. The vendor then forwards the anonymous message to staff within Passport's Compliance Department for further handling.
Website Form	Written FWA concerns may also be submitted through a web form.

Effective Response to FWA

Passport recognizes and acknowledges our responsibility for investigating, recovering, reporting and, where warranted, assisting with the prosecution of incidents involving FWA. We regularly meet with DMS, OIG, OAG and the other MCOs to discuss issues related to FWA prevention, detection and investigation and to keep the agencies abreast of our FWA activities, including any suspension and escrow of payments to a providers in Passport's network as a result of notification from DMS of a credible allegation of fraud in

accordance with 42 C.F.R. 455.23. Quarterly reports of any payment suspensions are submitted to DMS, as required.

Passport also participates in monthly collaboration calls with the other MCOs. Passport PIU has access to the HFPP, which allows the Program Integrity team to have access to informational presentations, Regional Information Sharing /sessions and fraud alerts.

If the PIU identifies potential FWA activity, the PIU investigates. The PIU's investigation may include a review of medical records or an on-site audit of the provider's office or facility. Finally, we communicate the results of the investigation to DMS through an investigative report.

Recoveries from Providers

Passport reports the results of its investigation to DMS and initiates the recovery of identified overpayments, where appropriate, with the approval of DMS.

When an overpayment is discovered, our dedicated PIU team sends the provider a letter requesting a refund and stating the reason and amount of the overpayment. If the provider does not provide a refund within the stated amount of time, the overpayment may automatically be recovered from future claim payments with approval of DMS. Further, Passport contracts with a collection agency, GB Collects, to recover balances that have aged past a mandated span of time.

Corrective Actions

Upon completion of an investigation into potential FWA, the PIU makes recommendations for case closure or appropriate corrective actions to DMS. Upon DMS approval, recommended corrective actions may include:

- Provider education in the form of written communication, telephone traiing or in-person counseling by Provider Network Management
- CAPs may be issued that identify the issue and stipulate required remediation plan
- Overpayment recovery
- Provider termination or suspension for violations as defined within the provider's contract
- Legal action
- Card sharing corrective actions may include the Commonwealth's request for member disenrollment, replacement of ID cards and payment recovery
- Disciplinary actions of an employee are initiated immediately when warranted and can include a verbal or written warning up to termination

Program Integrity Compliance

Verifying Billed Services

Passport's Explanation of Member Benefits (EOMB) program verifies members' receipt of the services billed by providers. In accordance with 42 CFR 455.20 and as documented in Policy/Procedure MS 70.0, we systematically identify a random sample of five hundred (500) Medicaid members each month for all claim types, such as medical, pharmacy, dental and vision. In collaboration with DMS, we retain a list of exclusions, using diagnosis codes for verification of services rendered the prior month.

A letter is mailed to each of the five hundred (500) members identifying the provider, services rendered and date of service. The letter requests the member call the Passport Member Services phone number included in the letter for confirmation of services or to advise of any noted discrepancies in services.

In addition, in compliance with DMS Program Integrity Policies and Procedures and NCQA guidelines, Passport's Credentialing and Recredentialing process also monitors for issues that may affect a provider's enrollment with the Commonwealth and our network, including verifying Medicare and Medicaid sanctions or exclusions through the state Medicaid agency or intermediary, Medicare intermediary, LEIE (maintained by OIG and available over the internet), Medicare Exclusion Database (MED), Federal Employees Health Benefits Plan (FEHB) published by the Office of Personnel Management, OIG, American Medical Association (AMA) Physician Masterfile, Federation of State Medical Boards (FSMB) or National Practitioner Data Bank (NPDB).

On-Site Review and Compliance with DMS Requests For Documents/Records

Passport complies with all aspects of on-site review requirements and DMS requests for documentation and records. The following examples illustrate Passport's historical adherence to on-site reviews and record requests:

- Annual reviews of Passport's operations have been conducted by DMS' designated External Quality Review Organization (EQRO) or Island Peer Review Organization (IPRO) every year since 1998.
- FWA case and process control reviews are subject to annual audit, and Passport incorporates any recommendations noted in the auditor findings to enhance our FWA efforts in a timely manner.
- Passport works in close cooperation with DMS and OAG. Passport has provided and will continue to provide documents pertaining to many OIG and OAG investigations.

Program Integrity Unit

The PIU implements Passport's Program Integrity Plan in compliance with its contract with the Kentucky Cabinet for Health and Family Services (CHFS) and DMS. The PIU is comprised of Kentucky-based associates and is responsible for:

- The identification of vulnerabilities
- The deterrence and detection of FWA
- Confidential investigations of all allegations of FWA

- Recoupment of overpayments
- Oversight of necessary corrective actions and dispute resolutions
- Managing member and provider appeals related to program integrity audits
- Conducting provider on-site audits
- Attendance at trainings and meetings offered by the Commonwealth
- Collection of outstanding debt owed to DMS
- Responding to DMS or Passport informational or reporting needs within the requested time frame
- Ensuring formal case tracking and case management of provider and member cases
- Management of FWA-related complaints to the internal compliance hotline
- Referring potential fraud to the state MFCU/DMS/OIG
- Providing recommendations to other departments regarding program improvement
- Making recommendations for changes to the policy

The PIU works in concert with state regulators and state and federal law enforcement to detect, deter and stop Medicaid fraud.

The PIU, through the chief compliance officer, receives and makes recommendations to the Board and executive leadership for improving and enhancing Passport's ability to prevent, detect and deter FWA, as well as making and receiving such recommendations to and from DMS. In addition, the PIU initiates and maintains network and outreach activities to ensure effective interaction and exchange of information both internally at Passport and externally with other MCOs and state and federal regulators.

Passport's Program Integrity Unit (PIU) team will include two investigators, fully meeting the requirements of the contract, that are physically located in our offices in Louisville and are 100% dedicated to Kentucky Medicaid. Program Integrity investigators possess valuable experience in healthcare and Medicaid; their credentials include:

- Certified Pharmacy Technician (CPT)
- Certified Professional Coder (CPC)
- Certified Professional Medical Auditor (CPMA)

The investigations team has performed thorough and effective investigations on behalf of Passport, resulting in identified overpayments as well as referrals to DMS and OIG. The investigators receive one-on-one training upon hire and then attend multiple events throughout the year, such as Regional Information Sharing Sessions sponsored by the HFPP, quarterly MFCU meetings, monthly MCO collaboration calls and webinars sponsored by organizations such as the National Health Care Anti-Fraud Association. The investigators have access to valuable tools, such as coding software and books, as well as direct oversight and supervision by management.

In addition to the investigators, Passport's Program Integrity team is comprised of a department manager, who has six (6) years in Medicaid and commercial claims auditing experience, and a senior director, who possesses thirty-three (33) years of health care investigation experience with ten (10) years specific to

Medicaid and multiple certifications, including Accredited Health Care Fraud Investigator (AHFI) and Certified Fraud Examiner (CFE). In addition, Passport's Compliance Department oversees and approves all FWA actions. With over thirty-five (35) years of combined experience, these leaders have the specific knowledge base in Kentucky Medicaid to make the appropriate decisions to protect both Passport's and the Commonwealth's Medicaid programs.

C.26.a.ii. An overview of the Regulatory Compliance Committee.

Passport's Program Integrity Program Is Structured for Mutual Success

While ultimate responsibility for program integrity and compliance with all contractual requirements rests with Passport's Board of Directors and Chief Executive Officer, Scott Bowers, the Program Integrity Program is also governed by Passport Chief Compliance Officer David Henley. Board of Directors, as the authority in governance of the Plan, through leadership of CEO Scott Bowers and Chief Compliance Officer David Henley, have charged Passport with the establishment of Passport's Regulatory Compliance Committee. This committee, overseen by CCO David Henley is fully accountable for the review and direction of the plan's program integrity efforts. This Committee meets quarterly, and reviews PIU activities, and approves of the Program Integrity Plan, the Medicaid Compliance Program, which details the oversight and monitoring of the Program Integrity Unit. One of the successes of the Regulator Compliance Committee was the establishment of the Medicaid Steering Committee, a sub-committee established for the purpose of review and discussion of the highly technical aspects of Medicaid operations. The Steering Committee then provides reports and makes recommendations to the Regulatory Compliance Committee. This technical advisory role allows the Regulatory Compliance Committee to function in more of a strategic role in seeking solutions to better address the needs of members and providers. Regulatory Compliance Committee

Regulatory Compliance Committee

Committee members are invited from across our entire organization and includes a multidisciplinary list of contributors. We believe that this helps strengthen the presence and awareness of Program Integrity at all levels of our Company, by not only involving compliance staff but true Passport business owners, each with their own perspective and ability to contribute. The Regulatory Compliance Committee, meets monthly, reviews compliance issues and communicates them internal and externally to Providers and Stakeholders. Members includes the following members:

- Chief Compliance Officer: David Henley
- HR Manager: Craig Feger
- Manager, Compliance: Crystal Smiley
- Vice President (VP) and Chief Medical Officer: Stephen Houghland
- Senior Director, Plan Development and Chief of Staff: Greg Pugh
- Manager, Information Security: Jason Payton
- Internal Auditor: Jordan Hall
- Managing Attorney, Regulatory Affairs: Josh Waltrip

- Manager, Delegation Oversight: Kimberly Hughes
- Compliance Trainer: Kristie Ingram
- VP, Health Integration: Liz McKune
- Director of Facility Operations: Mark Scrivener
- Manager, Operational Performance: Meredith Norris
- VP and Chief Financial Officer: Scott Worthington
- Chief Operations Officer: Shawn Elman
- Manager, Compliance: Tara Carnes
- Director, Compliance: Tracy Bertram
- Executive Assistant: Anita Phelps
- Director, Quality and Performance: Betsy Simpson
- Director, Pharmacy Medicaid: Carrie Armstrong
- Medical Director, Utilization Management: James Mumford
- Manager, PIU: Katelyn Haycraft

C.26.1.iii. The proposed appeals process.

Passport Program Integrity Appeals Process

While only a small number of appeals have been filed in regard to program integrity over the past two (2) years, the PIU addresses each one timely, thoroughly and compliantly, well thought-out thoroughly and in accordance with compliance requirements of the contract.

Program Integrity Provider Appeals Over the Years

Passport providers have filed very few program integrity-related appeals over the years:

fifteen (15) program integrity appeals since 2017.

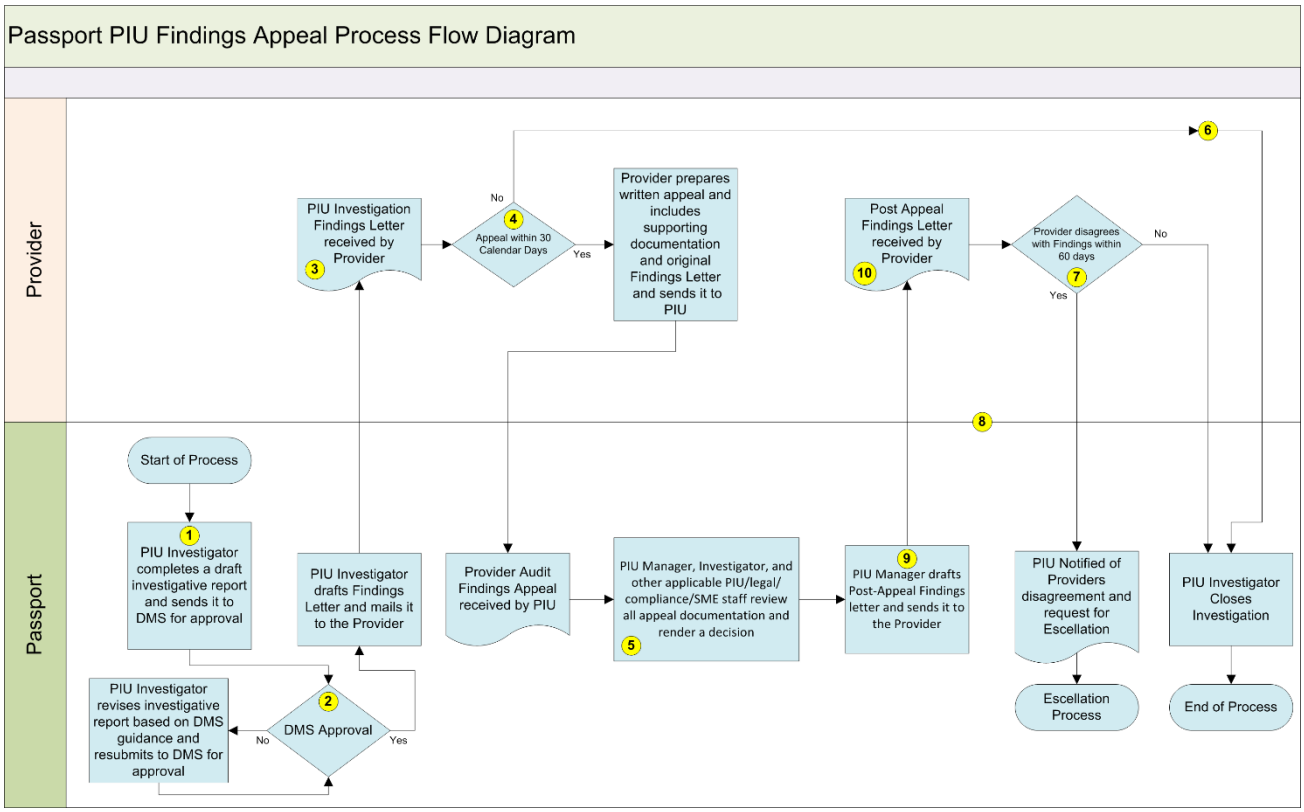
Passport's process begins with the Providers receive written notification of all program integrity audit determinations and have the right to appeal if they do not agree with the decision(s) noted within the letter. All provider appeals must be submitted in writing and be received by Passport's Program Integrity manager within thirty (30) calendar days of the determination notification. The written request for appeal must be accompanied with a copy of the audit report and any supporting documentation the provider elects to include, including the following at a minimum:

- Provider name
- Provider identification number
- Provider contact information
- Member name
- Member identification number
- A clear identification of the disputed items
- The date(s) of service
- A clear explanation of the reasons for contesting the outstanding amount due

As detailed in the Passport Provider Manual, upon receipt of all required documentation, Passport must review the appeal and uphold or reverse the decision within thirty (30) days, unless the time period is extended by fourteen (14) calendar days upon request of either the provider or Passport. Providers will receive written notice of the resolution of the appeal from Passport, which also includes the process to escalate if the provider disagrees with the determination of appeal, as applicable. At no time will punitive or retaliatory action be taken against a provider for filing an appeal or for supporting a member appeal.

Passport's Payment Integrity Appeals Process is not only important to our providers, it is beneficial to our members as it ensures that services they are receiving from the provider, and entitled to under Kentucky Medicaid, are correctly billed, ensuring the program remains efficient. , while ensure the program to be efficient. Additionally, the providers need the appropriate education in supplying audit claims, so an appeals process is necessary to make sure we are being fair with providers and giving them due process. So the appeals process allows providers the due process to supply additional information to help us understand if these issues are in fact FWA, as well as required by 907 KAR 1:671 (p6 of Attachment C.26-2 Policy UHC-CO-08 Program Integrity – Prevention, Detection and Investigation of FWA). Passport's **Exhibit C.26-5:** Passport PIU Findings Appeal Process Flow Diagram and the detailed steps below, describe our end-to-end PIU Findings Appeal process:

Exhibit C.26-5: Passport PIU Findings Appeal Process Flow Diagram



1. Once a Program Integrity investigation is complete the PIU will draft an investigative report to send to the DMS. This report summarizes the investigation, all findings, and requests permission to recover the identified overpayment and close the case (when applicable)
2. Once approval is received from DMS, a findings letter will be drafted and mailed to the provider in order to notify them of all audit results and any potential identified overpayment.
3. Findings letters give the provider claim by claim breakdown of each record reviewed, the claim paid and overpaid amounts, and provide education on missing documentation or billing errors. They also include detailed instructions of how to submit an appeal, the appeal process, and PIU contact information for any questions.
4. The provider is allotted 30 calendar days to submit a written appeal to any audit results. The written appeal must include supporting documentation with a copy of the original audit findings.
5. Once the provider's appeal is received, the PIU Manager, Investigator, and other applicable PIU/legal/compliance team members will review all appeal documentation submitted. The PIU may also enlist the assistance of a Passport Medical Director, Dental Director, or other subject matter expert on any questionable claim appeal decisions.
6. If a provider does not submit an appeal within the 30-day timeframe outlined on their letter, the PIU will assume that the provider agrees with all findings and continue with administrative actions, including recoupment.
7. If the provider needs additional time to submit an appeal, they may submit a request in writing to the PIU for an extension.
8. Once the appeal documentation is received the documentation is reviewed by PIU staff, and a determination is made on whether the documentation fully supports the claim billed. The original audit findings may be adjusted to reflect the newly submitted documentation. This could result in a reduction of the originally identified overpayment, changes in provider error rate, and overall audit results.
9. After the appeal review is complete, the PIU will draft an additional post-appeal findings letter that includes all original audit findings, with the original claim and overpayment breakdown, along with documentation of any changes or reductions in the overpayment.
10. The post-appeal letter will be sent to the provider and will include a process to escalate within 60 days should the provider disagree with the determination of appeal results.

C.26.a.iv. Proposed innovations for reporting data in the Program Integrity area. Provide examples of successful innovations implemented in Kentucky or other states.

Innovations in Reporting Program Integrity Data

As Passport focuses on leveraging systems and technology that make our operations more scalable and agile, we continually seek ways to advance our program integrity program. Actively using our real-time, industry leading, surveillance tools, our operations teams run algorithms, focusing on waste and error, to achieve a higher level of "payment integrity.

On a daily basis, our operations run algorithms, focusing on waste and error, in addition to the regular tips reports and data mining. To move from a reactive to a proactive FWA program, we have partnered with a leading anti-fraud vendor, ClarisHealth (through Amenity). As an analytics vendor for Passport, ClarisHealth offers solutions to health plans through an expanded third-party program called Pareo®. The Pareo® platform fosters visibility and transparency across the entire payment integrity ecosystem for all stakeholders, including third-party service providers. It assists in vendor management, maximizes recoveries and optimizes costs while minimizing provider abrasion. Pareo® has valuable overpayment tracking capabilities, advanced reporting analysis and the ability to perform detailed FWA analytics.

ClarisHealth performs routine analytics on Passport claims data, including hundreds of concepts that run regularly, looking for abuse, waste and payment errors. The team thoroughly vets each concept to ensure validity of the concept and integrity of the sample claims. In addition, ClarisHealth conducts analysis of the claims data, looking to identify situations of possible fraud.

Passport created a cross-functional team that includes representatives from our Claims, Provider Relations, Contracting, and Payment Integrity teams to review the outcomes from the ClarisHealth analytics. The overall objective of the cross-functional team is for more efficient, cost-effective and results-oriented FWA prevention. This cross-functional team reviews the concept and analytics outcomes and identifies which department should lead the team in a deeper review. The results from the concepts and analytics can lead to a full investigation, overpayment collection, provider education, system edits and more.

As shown in **Exhibit C.26-6**, since implementing ClarisHealth analytics in 2018, Passport has seen significant improvements across the board, including a two hundred twelve percent (212%) increase in the number of concepts, a 1,831% increase in the number of findings letters sent, a ninety-four percent (94%) increase in dollars identified, and a three hundred fifty-two percent (352%) increase in dollars recouped.

Exhibit C.26-6: Results Since Implementing ClarisHealth Analytics

	# of Concepts	# of Findings Letters Sent	Dollars Identified	Dollars Recouped
ClarisHealth 2019	25	6,682	$3.1 Million	$1,765,000
Optum 2018	8	346	$1,594,253	$390,036
Difference:	**213% increase** **17 additional concepts ran in 2019 than 2018**	**1,831% increase** **6,336 more overpayment letters mailed**	**94% Increase** **An additional 1.5 million identified in 2019 vs. 2018**	**353% increase in recoveries** **An additional $1,374.964 recovered in 2019 vs. 2018**

C.26.b. Describe the Contractor's proposed approach to prepayment reviews.

Passport's Approach to Prepayment Reviews

Passport understands the need to continually improve and use all tools available to fight FWA. Our current program is DMS approved and is fully implemented. Passport actively reviews and continually enhances the efficacy of this program. of our FWA programs, process and policies, and education of providers. Detailed in our prepayment policy, UHC-GEN-58 Prepayment, we focus on:

- High volume of services
- High cost
- Dramatic change in frequency of use
- High-risk, problem-prone areas
- Complaints
- Identification by DMS or any other federal or Commonwealth agency of a certain vulnerability in a service area

We will also use prepayment claim review to verify or confirm reputable suspicions of FWA and identify areas for additional development of medical policies and claim edits. In addition, Passport will use prepayment review as an educational tool to correct questionable billing practices and improve overall member and patient safety and experience.

We will send an advance written notice of prepayment review to the provider on or before the prepayment review begins. The notification will include:

- The specific reason for the review
- A comprehensive description of the needed documentation and how to submit the documentation to Passport
- The time frame for returning the documentation and the implications for not meeting the time frame
- Length of time for the prepayment review process, if determined
- Passport contract information
- Information for how the provider may contact and request removal of the prepayment review

Providers will be allotted forty-five (45) days to submit documents in support of claims under prepayment review. All prepayment reviews performed by or on behalf of Passport will be conducted within thirty (30) days of the date of request, in accordance with the requirements of Passport's contract with DMS. Passport will use prepayment reviews to confirm the medical records or documentation submitted by the provider substantiate the setting, level of service and procedures stated on the claim. Prepayment review may also be used when there is a sustained or high level of payment error or data analysis identifies a problem area related to possible FWA. As per the contract requirements, Passport will notify DMS of any provider placed on prepayment review.

Passport may select providers for Prepayment Review as a result of any circumstances suggesting potential fraud, waste, and abuse, including but not limited to post-payment review, high volume of services, high costs, dramatic changes in utilization or payment, high risk problem-prone areas, complaints, vulnerabilities identified by DMS or other Commonwealth or federal agencies, or other reasons identified by Passport or all applicable subcontractors.

The approval and denial rates of the providers placed on prepayment review will be regularly monitored, and providers will be given further education when their prepayment denial rates remain high. This education may consist of information on proper billing procedures, medical and payment policies, and documentation requirements. After educating the provider, if prepayment claim denial rates continue to be high, a recommendation may be made to terminate the provider from the network.

Conclusion

For over twenty-two (22) years, Passport has served the Commonwealth as a good steward and protector of Medicaid funds. Our Program Integrity Plan is built on best practices policies and procedures, refined over many years of exceptional service, and infused with best-in-class technologies. It spans every business and clinical domain within our organization. Program integrity is a priority within Passport and a requirement of our subcontractors. Our program has helped guard against FWA of Kentucky Medicaid services in compliance with the provisions of Medicaid managed care through the promotion of ethical business conduct and the prevention and detection of FWA. We look forward to having the privilege to continue serving Kentuckians while protecting the dollars placed in our trust.

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.

C.27 Contractor Reporting Requirements



C.27. Contractor Reporting Requirements

a. As indicated in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," the Department would like to leverage the contracted MCOs existing technologies and reporting capabilities to develop a comprehensive reporting package through a collaborative process. Understanding that ultimately the Department will define the reporting package, describe the Contractor's willingness to participate in such a collaboration, including a discussion of the following:

   i. Proposed reports and report templates that will result in a comprehensive, Department-accepted reporting package.

   ii. Proposed ideas for collaborating across MCOs to ensure consistent and comparable reporting using the same data definitions and specification can be achieved.

   iii. Requirement of Subcontractors to participate and or comply with this process.

b. Provide a detailed description of the Contractor's capability to produce reports required under this Contract, including an overview of the Contractor's reporting systems and capability to configure such systems to capture data according to reporting definitions and specifications as required by the Department.

c. Describe the Contractor's processes to review report accuracy and completeness prior to submission to the Department.

d. Provide examples of the Contractor's proposed:

   i. Processes for conducting comparative data analyses, interpreting trends, and summarizing findings in a manner that is easily interpreted by the Department.

   ii. Use of dashboard reporting to monitor, track, and evaluate performance metrics, including dashboard level data the Contractor proposes to submit to the Department. Provide a sample dashboard report.

   iii. Use of findings from reports to make program improvements and to identify corrective action.

e. Describe the Contractor's processes for monitoring, tracking, and validating data from Subcontractors.

f. Describe the Contractor's proposed process for the receipt, generation, interpretation, and provision of ad hoc reports requested by the Department.

Passport Highlights: Contractor Reporting Requirements

How We're Different	Why It Matters	Proof
Over the last twenty-two (22) years, Passport has gained extensive experience collecting data for, and reporting	• Long-term relationship allows greater insight into Department for Medicaid Services (DMS) needs	• DMS has solicited Passport feedback about new report implementation

How We're Different	Why It Matters	Proof

specifically on, Kentucky populations.	• We are equipped to provide informed and actionable data to DMS for performance assessment and decision-making
	• Trusted by providers, members, advocates, civic organizations, employer groups, educators and the Commonwealth
		• Passport reviewed data, developed programs and received DMS approval to pilot initiatives:
		  • Foster Care
		  • RiverValley Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
		  • Centerstone Kentucky (Seven Counties Services) Serious Mental Illness (SMI)

Passport continues to invest in storage, servers and production web server environments to support the program	• Unprompted capital investments support DMS programs	• Within the last nine (9) months, Passport added over 124 terabytes (TB) of solid-state drive (SSD) storage, added six (6) additional servers and expanded its production web server environments. Passport adds capacity as needed.
Passport is a provider-driven health plan with a unique, provider-informed perspective to reporting	• Our provider-driven legacy brings a diverse and valuable reporting viewpoint to the table	• Passport leveraged provider relationship with Leitchfield Pediatrics to develop specific, custom reports allowing for proactive scheduling and improved health and quality outcomes.

Introduction

As a DMS partner for the past twenty-two (22) years, Passport is already compliant with the requirements set forth in this request for proposal (RFP) regarding reporting. Passport is, and will continue to be, committed to reporting innovation and thoughtful data analysis to guide quality, cost-effective care for Kentuckians. Leveraging data insights for action is ingrained into Passport's culture. We use data to inform and refine our strategy and tactics, knowing that "what gets measured gets done"—promoting transparency and accountability.

Bringing continuity and long-term experience with DMS reporting requirements, we have evolved as the program has evolved and have continually refined and improved our ability to provide the commonwealth with timely, actionable reporting and analysis. Integrated reporting systems and functionality enable us to produce reliable and compliant reports meeting DMS specifications—including submission methods and timeline requirements—while remaining flexible enough to successfully tackle future reporting needs head-on. Our extensive reporting experience and measurement focus increases the value we provide to DMS, members and providers.

C.27.a . As indicated in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," the Department would like to leverage the contracted MCOs existing technologies and reporting capabilities to develop a comprehensive reporting package through a collaborative process. Understanding that ultimately the Department will define the reporting package, describe the Contractor's willingness to participate in such a collaboration, including a discussion of the following:

C.27.a.i. Proposed reports and report templates that will result in a comprehensive, Department-accepted reporting package.

Collaborative Development of a Comprehensive Reporting Package

Although currently compliant and working with our providers and partners, we are fully prepared to support DMS reporting requirements and time frames and are ready to serve as a collaborative partner in considering enhancements to provide meaningful insights and spur dialogue across managed care organizations (MCOs). Therefore, after contract award, Passport will participate in a collaborative process with DMS and other MCOs to establish a reporting package.

Reports and Reporting Templates for Inclusion in a Comprehensive Package

Our recommended approach to creating a comprehensive reporting package is to build from the list of scheduled reports to DMS (see **Exhibit C.27-1**) that currently meet contractual requirements, group existing reports by topic, and then identify additional needs as well as support comparison across MCOs. This could

serve as a springboard for additional report identification and both tactical discussions (template, fields, formats, values, time frame definitions, trending or snapshot, raw data or consolidated analyzed data) and strategic discussions (meaning, needs, goals) for reporting. We envision the ultimate reporting suite to include a broad range of financial, operational, clinical, population health, value-based results and medical economics reporting.

Exhibit C.27-1: List of Scheduled Reports

Functional Area	Reporting Topic
Clinical	• Authorization summary for standard, nonstandard and early and periodic screening, diagnostic and treatment (EPSDT) services • Detailed nonstandard and EPSDT services • Out-of-network visits • Utilization management (UM) response times • Pre-authorizations: Counts, approvals, denials, categories • UM analysis and intervention • Inpatient admit rates • Appeals detail: Claims • Appeals detail: UM • Grievance activity • Emergency department (ED) visit rates and reduction trending • Health risk assessments and completion rates • UM initiatives and measured impacts • Foster care and guardianship • Clinical programs, participation and impacts • Maternal and child health
Quality	• Quality summary and performance metrics • Quality improvement initiatives • Point-of-care report • Quality compliance (provider, practice and system level) • Healthcare Effectiveness Data and Information Set (HEDIS) files • National Committee for Quality Assurance (NCQA) and estimated Medicare STAR ratings

Functional Area	Reporting Topic
Provider/Network	• Provider additions: Total and by specialty • Involuntary and voluntary provider terms • Provider termination reasons • Provider directory • Practices with closed panels • Provider relations activity • Credentialing activities • Provider foreign language • Interaction turnaround times (adds, terms, changes, inquiries) • National Plan and Provider Enumeration System (NPPES) inconsistencies • Sanctions flags • Trending on provider population and growth • Denied network provider listing • Provider GEO access report
Operational	• Encounter data and submission statistics, timeliness/accuracy, completeness rate • Statutory claims report • Call center statistics, member services: Volume, Average Speed to Answer (ASA), abandonment, call types • Call center statistics, provider services: Volume, ASA, abandonment, call types • Top call driver trending and MCO comparison • Behavioral health call statistics, member and provider: Call volume, ASA, abandonment • Claims: Total paid and processed, type, speed, accuracy, per member • Auto adjudication • Claims quality rates: Financial and procedural accuracy with number and value of exceptions • Claims electronic data interchange (EDI) load rates • Prompt pay report • Coordination of benefits (COB) reporting
Member	• Membership volume/trends/category analysis • Disenrollment drivers • Regional analysis and comparisons • Member complaint detail • Satisfaction survey results • Engagement • Eligibility discrepancies/point-of-entry resolution
Audit and Compliance	• Corrective action plan updates • Senate Bill 20/independent review and associated hearing trending/monthly view • Internal audit oversight

Functional Area	Reporting Topic
Pharmacy	• Formulary management • Dispensing rates and statistics • Prescription trending
Fraud Waste Abuse (FWA)	• Member FWA • Provider FWA

In addition to this sampling of reports submitted to DMS, Passport uses numerous dashboards and preexisting data elements for internal measurement purposes, operations and quality work that could prove useful for insights to DMS. Examples of these dashboards and reports are discussed later in this section. The dashboards and reports are examples of active reporting tools Passport uses to monitor critical populations within its membership. We welcome the opportunity to collaborate with other MCOs and DMS to review these and reach agreement on a standardized reporting approach to further support the needs of our members.

Passport also prepares other reports, such as annual program evaluations, that employ both qualitative and quantitative approaches in order to develop comprehensive understanding about program outcomes, trends/patterns, gaps and barriers so we can arrive at opportunities for improvement during the upcoming review period. We propose that DMS and the MCOs review these Passport reports as well to determine if they should be included in a comprehensive standard reporting package.

C.27.a.ii. Proposed ideas for collaborating across MCOs to ensure consistent and comparable reporting using the same data definitions and specification can be achieved.

Collaborating Across MCOs to Ensure Comparability and Consistency

Passport commits to fully support a DMS-led collaborative effort to establish standard report templates for a comprehensive reporting package enabling MCO data sharing and comparison for the coming contract period. Passport offers, with DMS approval, to lead a collaborative effort with the MCOs centered specifically around fraud, waste and abuse reporting.

A possible list of other efforts leading to MCO collaboration include:

- Identifying key person(s) within each MCO who have subject matter expertise and decision-making authority to effectively participate in an active work group, which will likely require a combination of technical/analytical experts and business and operational leadership.
- Socializing and agreeing on targeted matters that a collaborative reporting suite help to improve (e.g., issues and trends such as opiate use, value-based payment, neonatal abstinence syndrome/neonatal opioid withdrawal syndrome (NAS/NOWS), tobacco cessation in adolescents, ED utilization, community engagement and preventable conditions).
- Conducting gap analysis against existing Department report sets as compared to the list of critical matters and priority areas identified in the previous bullet.
- Soliciting report concepts and format ideas for identified gaps or needed insights, including identification of meaningful data views and formats (such as granularity needed for trending).

- Creating a brief survey of the context of current metrics used within each MCO (e.g., the 22-item Clinical Development Key Performance Indicator Survey).
- Comparing and contrasting the overlapping data elements, as well as desired and captured fields.
- Consulting industry-standard definitions when building report processes that cut across MCO lines.
- Designing a benchmarking and validity check routine that also includes periodic and continuous review to ensure longevity of upholding comparability.

Collaboration with MCOs, including shared efforts to establish metric standards (e.g., routine reporting of data definitions, methods) and participation in continuous refinement of these efforts are not only of interest but are mutually beneficial and necessary.

Passport recommends the MCOs engage in ongoing conversation, specifically about the standardization of reporting, to ensure shared goals and objectives result in consistency and comparability of reporting to DMS. We undoubtedly share some similarities, as well as limitations, of metrics and data with other MCOs across the Commonwealth, and we are committed to exploring opportunities to facilitate meaningful change. We believe the first step will be establishing common ground by communicating "current state." Using common standards such as the American National Standards Institute/International Organization for Standardization (ANSI/ISO) and health care-specific guidelines (e.g., HEDIS) offers common language as a base for implementing standards without encroaching upon concerns such as proprietary technologies or trademarked methods.

Additional practical steps that can contribute to comparable reporting include sharing of definitions of the data elements, alongside the methods of how elements were sourced. Using industry standards as a basis for anchoring processes of data reports will further delineate replicability/reliability. When possible, these should be embedded in the produced report to assist version control. A brief but pointed analysis that identifies trends, patterns, outliers and significance of findings would provide a more insightful and reliable methodology, replicable across MCOs.

Passport recognizes that the long-term success of these efforts relies upon principled agreements. We are a proponent of more descriptive and detailed written plans that can be followed by all MCOs. The foundation of this should use industry guidance already in existence. Careful thought and development underpin achievable outcomes and results.

C.27.a.iii. Requirement of Subcontractors to participate and or comply with this process.

Subcontractor Participation in the Collaborative Reporting Process

Expanding on the strength of subject matter expertise brings tremendous value to the collaborative reporting process. As a provider-driven health plan, Passport brings a unique set of data, reports and perspectives to the table. Adding to our extensive subject matter expertise is that of our subcontractor partners. We maintain strong relationships and oversight of our subcontractors through our service level

agreements (SLAs) and contracts, internal auditing, and performance through daily, weekly, monthly, periodic and annual reporting that is reviewed for compliance. All subcontractors are under contract to support requirements (all future subcontractors will be as well) and are willing to support the collaborative reporting process through direct engagement, as well as through data and report deliverables. Our subcontractor agreements also require support of DMS reporting and other requirements. Throughout the effort, we will maintain clear and concise communication with all participants, including our subcontractors, to establish alignment. To ensure that subcontractor participation meets the expectations of the collaboration, we will track and document their activity as a component of our strong subcontractor oversight process. We recommend subcontractor participation in the report development and audit process to ensure data format and availability considerations are made broadly.

C.27.b. Provide a detailed description of the Contractor's capability to produce reports required under this Contract, including an overview of the Contractor's reporting systems and capability to configure such systems to capture data according to reporting definitions and specifications as required by the Department.

Passport's Report Production Capabilities

Passport complies with all current DMS reporting requirements. Passport has reviewed all reporting requirements outlined in RFP Section 37.0 of *Attachment C—Draft Medicaid Managed Care Contract and Appendices* and will comply by developing and submitting all required reports in accordance with DMS specifications and time frames, as outlined in **Attachment C.6-1_DMS Report Summary**. Our reporting infrastructure is in full place to support our compliance and is detailed below.

Passport's Report Systems

Passport's reporting philosophy focuses on two values in reporting and metrics: (1) data that is **valid,** (2) data that is **reliable,** and (3) data that is complete. As such, Passport collaboratively approaches reporting that upholds these tenets and offers visibility to non-proprietary methods and data definitions on reports and metrics supplied to DMS. Passport employs industry standards (ASQ/ANSI/ISO1, NCQA/HEDIS) that ensure reliable and valid data, and routinely referring to such standards is likely a meaningful method of collaborating across MCOs.

Passport currently uses a number of report templates that stem from multiple sources.

- **Identifi℠ software reporting** using the Identifi platform, a proprietary management information system, including its analytics package allowing for customizable routine and ad hoc reports that can be exported into user-friendly file formats (e.g., Microsoft Excel). These reports are often more operational in nature and focused on daily routine monitoring such as census, numbers of newly identified members and more.
- **Batch file requests incorporating Microsoft SQL Server (or similar) based reporting** (e.g., claims file data) that can also be exported into more user-friendly file formats, such as Excel. These report types often fulfill routine, regular requests involving large data sets and claims-based activity summaries.

- **Unique reports that result from database queries in an executable program language, typically Statistical Analysis System (SAS) or SQL**, and involve building unique queries with results designed to fit each unique request. The resultant report product typically is presented in widely accepted office software platforms, such as MS PowerPoint, Excel, Word or PDF.

Each of the methods and nonproprietary platforms described above will be shareable in some form and can be used to help further the discussion surrounding standardized and comparable data.

Passport is committed to full compliance with 42 C.F.R. 438.604 and uses established internal review processes for the certification and timeliness of data/reports, including delegation of signature authority by the CEO/CFO. This ensures that all certified reports are accurate, complete and truthful. We will adhere to the preliminary reporting requirements as set forth in Appendix D ("Reporting Requirements and Reporting Deliverables") of *Attachment C—Draft Medicaid Managed Care Contract and Appendices*. Passport will participate in related report activities (e.g., performance improvement projects [PIPs]) and share required reports with other agencies, such as the Department of Insurance (DOI), as requested. Should the DMS modify data and reporting requirements, we will implement the new modifications within reasonable time frames as required by DMS.

System Configuration to Ensure Data Capture as Defined and Specified

The Identifi enterprise data warehouse (EDW), used for our current DMS contract, serves as the primary source of data to support operational, financial and ad hoc reporting in compliance with DMS, CMS, and state and other federal agency requirements. The reporting stack leverages a wide range of data types that converge in the Identifi EDW for operational, financial and ad hoc reporting, including clinical data, Social Determinants of Health (SDoH), partnerships with external data sources, electronic medical records (EMR), electronic health records (EHR), third-party resources, administrative (payor) data, claims data and EDIs. Our data validation process allows all external data loading (batch or real-time messages) of the aforementioned data types to proceed through a series of loading steps, involving multiple staging tables of increasing complexity, in turn loading clean data into the final data mart for reporting purposes. This ensures that the data elements needed for required reports are captured within our EDW. Our Identifi EDW allows for automated reporting and analysis, as well as ad hoc report queries.

The reporting subsystem uses a MicroStrategy backbone that provides strong reporting and business intelligence capabilities, including advanced visualization and dashboarding for intuitive data presentation. The MicroStrategy semantic layer is connected to the Identifi EDW, allowing users to access data to create ad hoc reports, with a complete palette of graphical widgets to present the data in the most understandable manner. With this pairing of EDW integration with visual insight capability, users can segment, dice, roll up and drill down with ease. The Identifi platform's high configurability allows any necessary customization to respond to DMS-specific rules, workflows and data requirements. This includes prescribed reporting formats and frequencies as a part of a comprehensive reporting package to address all requirements of Appendix D, "Reporting Requirements and Reporting Deliverables."

Passport can provide a variety of report templates and required reports to DMS, CMS, and other state and federal agencies at the appropriate submission cadence. Passport uses (i) Identifi software's "canned" reporting, which is more operational in nature and focuses on daily routine monitoring, such as census, numbers of newly identified members and more; (ii) batch file requests, incorporating Microsoft SQL (or similar) based reporting, which are used to fulfill routine and regular requests involving large data sets and claims-based activity summaries; or (iii) unique reports that result from database queries in an executable program language, such as SAS or SQL.

Capabilities to Provide a Broad Spectrum of Reports

As noted, in addition to the various reporting templates and types of reporting platforms used, Passport can delineate its reports into qualitative, quantitative or a combination of the two. This provides DMS with powerful capabilities to discover trends and patterns to aid in decision-making and process improvement.

For financial reporting, Passport's financial services uses a combination of SAGE 50, Microsoft Excel and Microsoft Access to deliver reports to its financial management teams. The data for this reporting is generally sourced from our financial subsystem and the EDW and, as such, we generate reports to support cash management, funds flow, general ledger accounting, pro forma and financial statement generation, budget analysis and other financial requirements.

For population health and operational reporting, Passport's Data Analytics department leverages all claims and provider and eligibility data to surface insights and drive improvement via a suite of analytics services, embedded platform capabilities, and configurable business intelligence and reporting tools. As noted, our MicroStrategy business intelligence platform provides analytics capabilities. We geocode all members, providers and care sites on the Identifi platform, which allows for geospatial analytics, including maps of high-risk members and their attributed primary care providers (PCPs).

Identifi users can export reports and files in structured and unstructured formats, including Microsoft Excel, PowerPoint, Word or PDFs, as well as configure existing formats to meet presentation needs. The reports within Identifi modules provide interactive visual reports for optimal output within the module (e.g., targeted dashboards for providers in Identifi). They also can be exported in structured and unstructured formats, depending on the report.

Financial data elements corresponding to premium, capitation, incentives and so on can also be stored in the data warehouse for use in reporting and analytics. The analytics team builds financial summaries and generates reporting stacks that answer questions on plan profitability (e.g., medical loss ratio [MLR]), components of trend, drivers and opportunities. Reporting is flexible to segment data by rate cell, provider hierarchies, service delivery area and so on, and it highlights key cost and utilization metrics.

We have existing processes that will allow quick responses to new DMS requests, using key operational metrics that are already built. Any new report development adheres to the report development process steps described in Section 17 and adheres to the same rigorous quality assurance (QA) and control standards implemented across the entire reporting function.

As a provider-driven health plan, Passport possesses a unique, provider-informed perspective to reporting, allowing for improved health outcomes and workflows. For example, one of our providers, Leitchfield Pediatrics, uses an EHR that reverts all patients back to an open care gap at the start of each year, making it impossible to determine when a patient is truly due for a visit. We used claims data associated with the quality metrics from the previous year to develop reports to let Leitchfield Pediatrics know when members are eligible for the next visit. The visits can be scheduled proactively, and any patients with a care gap can be identified for outreach. Our collaboration allowed us to provide specific and custom reports to support practice operations and improve outcomes.

Data Storage Capability to Support Reporting

The Identifi Health Plan Administration (Idenfiti HPA) reporting SAS infrastructure consists of eight (8) physical server nodes, providing redundant analytical capacity. Each server has a private five (5) TB all-SSD working space on a dedicated EMC Unity 550 array. Each node also connects via redundant Strongest devices to a shared eighty-five (85) TB storage environment hosted on a NetApp all-SSD solution. There is capacity available on the NetApp solution to double the SAS shared storage, if required. The environment resides in a Tier III data center with redundant 1 GB circuits providing connectivity to both the internet and multi-protocol label switching (MPLS). The environment is kept in locked cages within a private pod in a co-location facility.

Passport's Identifi population health management component and its modules can be scaled both horizontally and vertically across the infrastructure to handle system demands and store large amounts of data for analysis, and for both standard and ad hoc reporting. Elasticsearch, Logstash, Kibana (ELK) stack log aggregation and monitoring technology monitors the system for availability, performance and load. Identifi servers are Azure Hyper-V virtual machines that allow us to scale the infrastructure if the system load exceeds current peak system capacity. There is no upper limit on number of users, lives or platform capacity. In fact, Passport recently made significant investment in the technical architecture underlying the application platform to enhance stability, improve performance and provide for data, usage growth and expansion. Within the past nine (9) months, Passport has installed a new NetApp storage platform, adding over 124 TB of SSD storage in the production data center, added six (6) additional servers (close to 3 TB in memory), and expanded the production web server environments.

The Identifi population health management platform uses a combination of Azure Cloud infrastructure and Hadoop Big Data capabilities to create a platform with elastic scaling capabilities. The Identifi platform has been tested to onboard data in the data warehouse from multiple sources and can process eligibility data related to 600,000 lives, 33 million historical and current medical claims data sets, and 8 million historical and current pharmacy claims data sets. The data warehouse is also able to process clinical data in real-time and batch processing mode, handling 22 million Admission, Discharge, and Transfer (ADT) transactions, 8 million lab transactions and 5 million Continuity of Care Document (CCD) transactions per month. The Identifi platform also runs monthly measure compliance calculations on members based on new data received, processing 6.5 million members every month to measure compliance across 1,400 measures. The

Identifi population health applications undergo performance and stress testing with every application release. This best practice has enabled the Identifi applications to support average daily transaction volume of 1.14 million transactions, peak daily transaction volume of 1.9 million, and total monthly transaction volume of 29.6 million, with an average transaction response time of 0.176 seconds.

Processing Requests for Standard and Ad Hoc Reporting

Passport employs a rigorous process that follows a desktop reference procedure and quick reference guide (**Attachment C.27-1_DMS Quick Reference Guide**), facilitating the intake of requests for standard and ad hoc reporting. As addressed in these documents, Passport's Compliance Department provides general oversight of DMS reporting requirements. All reports submitted by DMS are acknowledged through return email to the requester and logged by the compliance team, with their progress tracked daily.

A tight cross-collaboration and clear hand-offs between functional groups ensures a seamless, efficient approach to receiving requirements, reviewing and assessing the requirements, and reporting development, as well as subsequent testing and production. Standard reports can be produced using the Identifi platform by modifying just a few input variables as needed (e.g., time period, membership).

More complex ad hoc requests, requiring a unique database query in an executable program language (SAS, SQL) and follow-on analysis, are received through the Passport compliance team, prioritized and then produced. Production includes several QA cycles to ensure accuracy of the ad hoc report. The resultant report product typically is presented in widely accepted office software platforms, such as MS PowerPoint, Excel, Word or PDF.

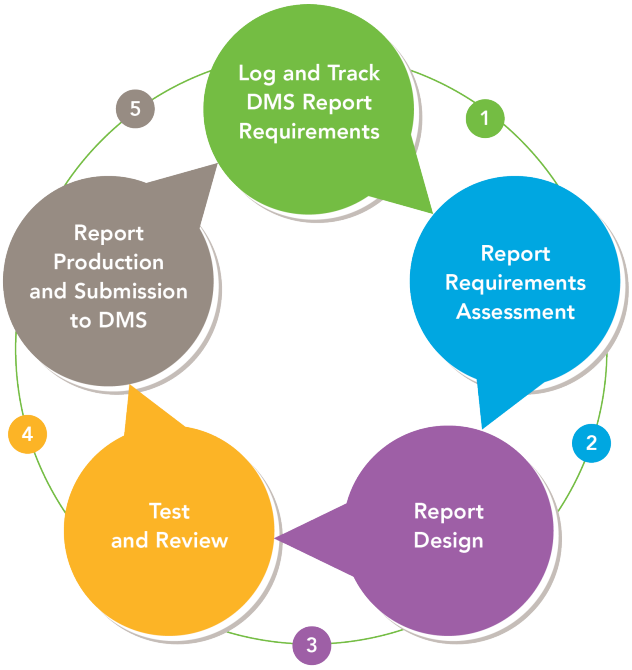
All report requirements are documented, and ad hoc and standard reports are stored to facilitate look-backs in case of inquiries, but also allow for training and seamless knowledge transfer.

C.27.c. Describe the Contractor's processes to review report accuracy and completeness prior to submission to the Department.

Ensuring Report Accuracy and Completeness Prior to Submission to DMS

Passport has submitted reports in compliance with reporting requirements to DMS for more than two (2) decades. Our process then, now, and in the future ensures that the submitted reports are accurate and complete and are submitted in the prescribed reporting formats and frequencies. We follow a repeatable process illustrated in **Exhibit C.27-2** and described below.

Exhibit C.27-2: Passport Report Development Process



1. **Log and Track DMS Report Requirements**: General oversight of DMS reporting requirements is the responsibility of Passport's Compliance Department. Report requirements are identified through several channels, primarily through the Medicaid Managed Care Contract with the Commonwealth. Other channels include contract amendments, formal communications with DMS and reporting requests that funnel to the compliance team from Passport's functional areas, as required via our internal processes

   Every report requested by DMS is logged and tracked by Passport's compliance team. The compliance team logs the following information for each report and monitors daily progress from the point of DMS request through submission to ensure it is submitted in the required time frame.

   - Report Name
   - Report Frequency
   - Report Purpose
   - Report Requirements
   - Accountable Passport Business Area
   - Accountable Passport Business Owner
   - Report Deadline to Compliance
   - Report Received Date in Compliance
   - Report Certification Received Date in Compliance
   - Responsible for Approval (Vice President or Delegate)
   - Date Sent for Approval
   - Approved Received Date
   - DMS Deadline
   - Submission Method
   - Date and Time of Report Submission to DMS
   - Emailed To (if Submitted via Email)
   - Date Compliance Returned to Business Owner
   - Extended Compliance Deadline
   - Reason for Return
   - Final Report Received Date

- Resolution of Returned Report
- DMS Extension Requested Date
- DMS Extension Due Date
- Extension Submitted to DMS Date
- Reason for Extension
- Extension Submission Date to DMS
- Date Revised Report Is Requested by DMS or Received by Business Owner
- Source of the Request for Revised Report
- Reason for Revision
- Revision Submitted to DMS
- Extended Compliance Deadline
- Received Date in Compliance of DMS Responses to Report 200 and Report 220

2. **Report Requirements Assessment:** Passport's analytics and reporting team reviews the requirements for each report in collaboration with the accountable Passport business area (e.g., Claims, Enrollment, or Grievance and Appeals), along with any functional areas that may be involved. Together, they assess the report purpose, the data and format requirements, frequency, and deadline for either the initial report (for recurring reports) or for ad hoc reports. Passport's analytics and reporting team documents the requirements and plans and executes the report design.
3. **Report Design:** Upon confirmation of the report requirements, our analytics and reporting team develops the report structure, documents the query methods and repeatable steps, and creates the Identifi configuration necessary to query the data from the EDW to populate the report as defined by DMS. The first QA review in the process is conducted to ensure the data query successfully achieves the requirements documented in the Report Requirements Assessment phase.
4. **Test and Review:** The second QA review for initial testing output is conducted by the data and analytics team and occurs in multiple environments, both within the database and by the user. This QA step reviews the report for completeness, formatting and repeatability (for ongoing reporting). Any noted adjustments are made by the data and analytics team. The report is sent to the accountable Passport business area, the compliance team, and other Passport subject matter experts for a third QA review. The third review validates the comprehensiveness of information, format and presentation, per the DMS defined requirements.
5. **Report Production and Submission to DMS:** Upon formal approval by the accountable Passport business area, the compliance team and germane functional areas, the report moves into production. Our compliance team verifies the reports are complete and accurate and ensures they are submitted to DMS via secure file-transfer protocol (FTP). All FTP submissions are confirmed for receipt via an acknowledgment. The submission to DMS includes a report attestation identifying and explaining trends, findings, outliers or anomalies. We ensure all of the requirements listed in our internal Report Review and Certification Checklist (**Exhibit C.27-3**) are satisfied prior to submission to DMS.

Exhibit C.27-3: Report Review and Certification Checklist

Report Review Checklist Item
Is reporting time frame extension required from Passport compliance and determined two (2) days in advance of delivery?
Does the reporting format exactly match the DMS template for this report?
If reliant upon subcontractor data, has subcontractor data been received on time? If not, has escalation to Passport compliance occurred?
Is a description of trends or major data changes required and, if so, provided?
Is there an update in reporting requirements since the last submission?
Is format of report validated against previous report submission?
Is the font style and point size set the same within the report?
Is the header row correct, and does it match reporting requirements?
Is Reporting Run Date correct for reporting time frame for submission?
Are the Reporting Period To and From dates correct for submission?
Is sort order correct on the report?
Are the report calculations validated in the formula cells for accuracy?
Is subcontractor data included in the report as required?
Does the summary period provided match the data submitted in this reporting period?
Was the second-level review completed, including review of the quality checklist?
Are DMS reporting reminders set up in Outlook for ongoing reports?
Upon delivery of the report, was the attestation form sent to Passport compliance?

Report Certification Checklist Item
Is the report certification submitted with the report?
Does the date of the certification match the reporting time frame?
Does the certification document a reason if service levels were missed?
Does the certification document variations from the last submission?
Who performed the second-level review of the Report Certification form?

All three QA reviews in the Passport report development process are conducted and repeated until the report satisfies all DMS requirements and meets Passport's high-quality standards.

Recurring Report Review and Oversight

Passport places a strong emphasis on compliance. We never consider a report "canned" or completely automated. Each report, whether it is routinely recurring or a one-time ad hoc report, is subject to the same QA check for completeness and accuracy, including data validation and reliability, comprehensiveness of information, and format and presentation, per the requirements defined by DMS.

C.27.d. Provide examples of the Contractor's proposed:

C.27.d.i. Processes for conducting comparative data analyses, interpreting trends, and summarizing findings in a manner that is easily interpreted by the Department.

Producing Analyses, Trending and Findings for Understanding

Passport approaches comparative analysis, monitoring and improvement in various ways. By focusing on multiple facets of the program (e.g., medical economics and operational compliance), we can manage service delivery holistically.

Passport Medical Economics Approach

Passport regularly conducts medical economics reviews to elucidate existing and emerging trends, and to explore areas of interest and opportunities for improving outcomes and performance. Each review cycle includes the following steps, with findings and recommendations presented in PDF or PowerPoint.

- **Cost and Utilization Assessment**

  A detailed review at the Setting and Service Category level, as well as benchmark comparisons, provide a critical first step for opportunity identification. By isolating the impact of cost and utilization on overall trends, and accounting for the impact of high-cost claimants on observed trends, various areas of interest emerge. These areas receive deeper analyses to explain trends and highlight performance and health outcome improvement opportunities, as well as cost savings.

- **Population Assessment**

  This assessment is closely tied to the operational performance metrics that guide plan operations and strategy. Continual evaluation of demographic changes over time allows for an assessment of enrollment trends and the delineation of high-cost claimant characteristics and trends, and it includes cohort analyses. These combined efforts and analyses monitor population dynamics and behavior, and they allow for specific views, such as the measurement of chronic disease burden among population.

- **Provider Network Assessment**

  This assessment provides an overview of the per member per month (PMPM), utilization and key performance indicator (KPI) trends by provider practices/regions/provider organization—if applicable, with options to drill down on key focus areas. Other sections allow review and assessment of facility-level reporting of inpatient trend drivers.

The analytics and reporting team also has capabilities and tools to validate the success of care management workflow processes, with a focus on highlighting areas of improvement. They regularly review and prioritize UM initiatives.

Passport also compares performance not just across Kentucky provider groups and facilities, but also to providers and facilities nationwide. Putting trends into perspective both locally and nationally allows greater insight in making recommendations for performance and outcome improvement initiatives.

Finally, we can address ad hoc report requests to assist DMS with issue resolution. For example, in August 2019 DMS asked for a report from each MCO detailing the number of claims that were submitted with a Submission Clarification Code (HCPCP Field 420-DK) for the period February 1, 2019 through July 1, 2019. This was necessitated to assist DMS with the issue of encounters thresholding for emergency and vacation fills for providers not enrolled with Kentucky Medicaid. Passport supplied he report within the request timeframes to help DMS determine the extent of its issues

C.27.d.ii. Use of dashboard reporting to monitor, track, and evaluate performance metrics, including dashboard level data the Contractor proposes to submit to the Department. Provide a sample dashboard report.

Employing Dashboards for Simplified Performance Tracking

Passport has numerous dashboards and preexisting data elements currently used for internal measurement purposes, operations and quality work. The following dashboards and reports are examples of active reporting tools Passport uses to monitor critical populations within its membership.

- **Passport's Cost and Utilization Dashboard** (see **Attachment C.27-2_2019 Passport Cost Use Dashboard Sample**) focuses on important cost, utilization and enrollment metrics to help us understand and manage care. The report consists of two sections:
  - **Performance Dashboard:** Showing overall trend and key metrics
  - **Management Report:** Providing in-depth information on cost and utilization by major category, place of service, provider specialty and user-defined variables

- **Passport's Obstetrics (OB) Dashboard** (see **Attachment C.27-3_2019 Passport OB Report Sample**) helps users understand key cost and utilization dynamics of pregnant members and the resources that are required for members during pregnancy through childbirth. The report includes a high-level summary of pregnancies and deliveries with follow-on sections addressing:
  - **Pregnancy:** This section focuses on the events from conception up to but excluding delivery. Mothers are profiled for age, risk and quality metrics for prenatal care. Costs are also quantified for select risk factors and attributable primary care and OB providers.
  - **Delivery:** This section focuses on the events related to delivery, including delivery methods, birth weights, birth events, complications and costs associated with delivery.
- **Passport's Readmission Report** (see **Attachment C.27-4_2019 Passport Readmission Report Sample**) allows us a better understanding of readmission rate trends for the total or specific subsets of population. The report consists of multiple sections providing different views into the data to provide a comprehensive view of readmissions in the context of different time periods, diagnosis (medical vs. surgical), facilities and follow-up care upon discharge into the primary care setting.
- **Passport Pharmacy Dashboard** (see **Attachment C.27-5_2019_Passport Pharmacy Report Sample**) provides a detailed overview of key trend drivers associated with pharmacy utilization and spend. The report reviews drug substitution opportunities and medication adherence, and it examines specific categories of pharmacy use, such as behavioral health. Other key views include possible fraud, waste and abuse indicators and member safety data in the context of drug interactions.

The dashboards outlined above are just a few of the dashboards we generate through our Identifi platform. We propose to work with DMS after contract award to identify dashboard-level data for DMS consumption.

C.27.d.Iii. Use of findings from reports to make program improvements and to identify corrective action.

Driving Improvements with Report Findings

Report findings are used to identify opportunities and drive actions for improvement. Passport conducts ongoing reporting oversight that includes a review of metrics for each report monitored. Reviews identify trends, findings, outliers or anomalies. Metrics identified as opportunities or that are out of expected ranges are escalated to operational area leadership for further investigation. A determination of root cause is made, and corrective actions are defined and proactively implemented.

An example of improvement from analysis is Passport's issuance of a Corrective Action Plan (CAP) related to call center SLAs that occurred in August 2018. Passport's call center experienced a sixty percent (60%) increase in call volume over a seven (7) month period that impacted our SLAs for metrics such as speed to answer and abandonment rate. The increase was driven by various external factors related to Kentucky HEALTH, as well as several internal operational items:

- The onboarding of a significant group of Passport member and provider services representatives, in conjunction with a new system implementation, increased call handle time
- Passport experienced slow system performance that negatively impacted call handle time in the first quarter of 2018
- Providers' acclimation to Passport's new provider portal generated inquiries that led to a forty-two percent (42%) increase in calls to our Provider Services Call Center

- A new Vendor implementation and systems migration caused a decrease in Passport's auto-adjudication rates and drove an increase in calls to the Provider Services Call Center
- Passport experienced eligibility load issues that resulted in a higher than anticipated number of calls to our Member and Provider Services Call Centers

Passport enacted short- and long-term actions to remediate the issues and regain compliance with the reporting SLA requirements that included:

- Providing overtime for Passport member and provider services representatives
- Staffing model refinements
- More aggressive recruiting and hiring efforts
- Provider outreach by Passport's provider relations team
- Adjustments to workflow queue policies and procedures to better address inbound provider requests and minimize follow-up phone calls to providers
- Initiatives to increase auto-adjudication rate
- System architecture and capacity improvements to increase processing speed and overall system performance

These actions resolved the identified issues, and Passport regained compliance with DMS SLA requirements.

C.27.e. Describe the Contractor's processes for monitoring, tracking, and validating data from Subcontractors.

Monitoring, Tracking and Validating Subcontractor Data

Passport's Delegation Oversight Department and Internal Audit Department each perform regular metric audits, using raw data to validate the reports provided by our DMS-approved subcontractors. The Delegation Oversight Committee reviews monthly metrics for adherence to SLA requirements and inconsistencies in trends that may require further investigation. Reports that are currently monitored and tracked are listed in **Exhibit C.27-4**.

Exhibit C.27-4: Scheduled Reports to DMS

Report Cadence	Report Title	
Weekly Reporting	• Involuntary Provider Terms • Voluntary Provider Terms • Encounter Files	
Monthly Reporting	• Provider Directory • Denied Network Provider Listing • Provider Termination Report (including Reason for Termination) • Provider Network Listing • Proprietary File • Statutory Claims Report • Encounter Activity Report • Appeals Detail Report—Monthly and Quarterly	• Member Complaint Detail and Summary—Monthly and Quarterly • Practices with Closed Panels and Written Summary to Address Providers not Meeting Contractual Standards—Monthly and Quarterly • CAP Updates (if Applicable)

Report Cadence	Report Title	
Quarterly Reporting	• Appeals Detail Report—Monthly and Quarterly • Member Complaint Detail and Summary—Monthly and Quarterly • Practices with Closed Panels and Written Summary Plan to Address Providers Not Meeting Contractual Standards—Monthly and Quarterly • Quality Summary Report • Encounter Data Submission Report • Quality Program Work Plan • UM Program Work Plan • Quality Committee Minutes • Provider Relations Activity Summary • Authorization Summary for Standard, Nonstandard and EPSDT Services	• Detailed Nonstandard and EPSDT Services • Out-of-Network Visits • UM Response Times • UM Committee Minutes • UM Analysis and Intervention • Credentialing Activities Summary • Provider Summary Report • Provider GEO Access Report • Provider Access Summary Report • Provider Foreign Language Report • Call Center Statistics—Member Services • Claims Processing Summary • Prompt Pay Report
Annual Reporting	• Quality Program Evaluation • Quality Program Description • Compliance Program Evaluation • Compliance Program Description • Fraud Program Description • UM Program Evaluation	• UM Program Description • Claims Program Evaluation • Claims Program Description • Claims Program Work Plan • HEDIS Files—Bimonthly and Annually • Quality Program Work Plan UM Program Work Plan

As documented in Passport's policy UHC-GEN-33, Delegated Entity Oversight (**Attachment C.19-10_Policy UHG.GEN.33 Delegated Entity Oversight**), Passport holds weekly and monthly operating meetings with subcontractors to ensure open communication and timely resolution of any known issues or concerns. During our regular meetings with each subcontractor, Passport ensures that all relevant DMS reporting requirements are received and acknowledged by the subcontractor. For transparency and overall compliance, the subcontractor presents current metrics and briefs Passport on any open issues. This is to ensure a healthy and productive discussion of any issues, performance on contract deliverables, and accuracy/timeliness of reports.

Passport's validation efforts include review of selected subcontractor transaction during each annual NCQA oversight audit; monitoring utilization levels that could suggest a subcontractor is providing incomplete data; and file scrubbing to ensure our necessary fields are populated and include valid data in the proper formats such as NPI numbers, diagnosis codes, etc.

In addition, the Identifi platform and operational support surrounding data migration effectively exchanges and validates data from subcontractors (e.g., pharmacy, dental/vision, behavioral health) to support Passport operations and reporting requirements. Our data migration teams work directly with each subcontractor to align data file layouts/business rules, transfer mechanisms/frequencies, historical data

expectations and expected control tools for data reconciliation. This information is then leveraged to build extract, transform and load (ETL) processes to combine the subcontractor data feeds with the medical claims data to provide a holistic financial picture for our membership.

C.27.f. Describe the Contractor's proposed process for the receipt, generation, interpretation, and provision of ad hoc reports requested by the Department.

Producing Ad Hoc Reports for DMS, Legislative, Internal/External Quality Committees and Other Partner Requests

Passport currently fully supports DMS ad hoc reporting requirements and is transparent in communication regarding identified strengths and limitations of ad hoc reporting whenever encountered, including identified barriers and solutions with updated expected time frames. Passport places the same strict report development processes on ad hoc reporting as it does on routine reports submitted to DMS to ensure timely, accurate and complete information. As described above, this includes:

- Logging and Tracking DMS Report Requirements, including Due Dates
- Assessing and Clarifying the Report Requirements
- Developing the Report Design
- Testing and Reviewing the Data Output
- Producing the Report and Submitting It to DMS

The Identifi reporting platform uses a MicroStrategy backbone to provide robust reporting and business intelligence capabilities, including advanced visualization and dashboard capabilities that are connected to the Identifi EDW, allowing business intelligence users to access the data to create ad hoc reports.

Passport's compliance team uses a standard procedure (**Attachment C.27-6_DMS Inquiries 2018)** to track and monitor ad hoc requests. In addition, the same quality assurance reviews noted above are conducted until the ad hoc report satisfies all DMS requirements, meets Passport's quality standards and is signed off for approval by all reviewers in the process for production. Once the ad hoc report receives formal approval by all applicable reviewers, it is logged in the compliance database and securely submitted to DMS via FTP or another DMS-requested delivery method. To promote the effort to standardize comparable reporting across MCOs, we will align ad hoc reporting with the new effort of creating valid and reliable reports across MCOs as the process becomes defined and implemented.

An example of Passport's ad hoc reporting process noted above is the August 2019 DMS request for assistance with the issue of encounters thresholding for emergency and vacation fills for providers not enrolled with Kentucky Medicaid. DMS asked at that time for a report from each MCO detailing the number of claims that were submitted with a Submission Clarification Code (HCPCP Field 420-DK) for the period of February 1, 2019 through July 1, 2019. Passport supplied the report within the request timeframe to help DMS determine the extent of their issues.

To promote the effort to standardize comparable reporting across MCOs, we will align ad hoc reporting with the new effort of creating valid, reliable and complete reports across MCOs as the process becomes defined and implemented.

Conclusion

Passport brings twenty-two (22) years' worth of continuity and long-term reporting experience to ensure DMS achieves its program goals. We are already compliant with the reporting requirements contained in this RFP, and we are committed to thoughtful analysis to drive high quality, cost-effective outcomes. We are ready to support DMS efforts to standardize a suite of reports across MCOs and look forward to participating in this effort. Our focus on measurement and strong reporting capabilities increases the value we provide to DMS, members and providers.

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.

C.28 Records Maintenance and Audit Rights



C.28. Records Maintenance and Audit Rights

a. Describe the Contractor's methods to assess performance and compliance to medical record standards of PCPs/PCP sites, high risk/high volume specialist, dental providers and providers of ancillary services to meet the standards identified in Section 38.1 "Records Maintenance and Audit Requirements" of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

b. Describe the Contractor's approach to prevent and identify data breaches.

c. Describe the Contractor's approach to conducting Application Vulnerability Assessments as defined in Section 38.6 of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

Passport Highlights: Records Maintenance and Audit Rights

How We're Different	Why It Matters	Proof
Twenty-two (22) years as a trusted steward of confidential Kentucky Medicaid medical records and other sensitive data	• Protecting records is essential to building trust among our membership	• Ongoing compliance with state and federal guidelines, Health Insurance Portability and Accountability Act (HIPAA)/Health Information Technology for Economic and Clinical Health Act (HITECH) and Passport policy • Ninety-eight percent (98%) of Passport practitioners exceed the required average compliance score of eighty percent (80%)
Dedicated on-site cybersecurity and threat resolution team	• Data breach prevention and mitigation is key to safeguarding sensitive member, provider, and DMS data • A local team allows for higher integration of system and business process monitoring and immediate response times	• Passport has never had a data breach • Passport has never had a cybersecurity data disclosure • IT security risks and potential incidents are mitigated in under 24 hours

Introduction

Passport has been trusted to serve Kentucky Medicaid recipients for over two decades. As a steward of this trust, we have woven accountability, security and confidentiality in all levels and aspects of the organization. These values are extended into our relationships with providers, employees and contractors to prevent data breaches and ensure safe handling of member information.

C.28.a. Describe the Contractor's methods to assess performance and compliance to medical record standards of PCPs/PCP sites, high risk/high volume specialist, dental providers and providers of ancillary services to meet the standards identified in Section 38.1 "Records Maintenance and Audit Requirements" of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

Provider Medical Record Standards

Passport implements medical record-keeping standards that cover confidentiality, organization, documentation, access and availability of records. We have adopted National Committee for Quality Assurance (NCQA) standards, as approved by the Department for Medicaid Services (DMS), as well as those required by the state and federal entities requiring records retention identified within the request for proposal (RFP) and all attachments (e.g., Section 38.1, Records Maintenance and Audit Requirements, of RFP Attachment C, Draft Medicaid Managed Care Contract and Appendices). Passport revises its standards as needed to conform to new NCQA, federal or state, or DMS recommendations. Providers must agree to these requirements in their contract, as included in attachments, such as the provider requirement to forward the medical record of a member when he/she changes primary care provider (PCPs), and the requirement to have ongoing access to Passport's standards via the Provider Manual (see Section 4.5 of the Passport Provider Manual in **Attachment C.17-2_Passport Provider Manual.**)

Passport ensures medical record confidentiality policies and procedures comply with state and federal guidelines, HIPAA/HITECH and as outlined in **Attachment C.28-1_Policy QI.0333.E.KY Medical Records Standards and Review**. Documentation in the medical records is confirmed to be timely, legible, current, detailed and organized to permit effective and confidential member care and quality review. Complete medical records include but are not limited to medical charts, prescription files, hospital records, provider specialist reports, consultant and other health care professionals' findings, appointment records, and timeliness of services provided to the member. These standards also apply to specialists, dental providers and providers of ancillary services. We require that the member record be signed by the provider of service. PCPs are contractually obligated to forward member records to a member's new provider if a member changes his/her PCP. The records must be forwarded to the new provider within 10 days of the member authorizing the transfer with signature.

Passport ensures provider compliance with medical record-keeping standards by performing regular audits. These audits are conducted periodically by Passport's Quality Assurance team and at least every three (3) years. The team executes on-site reviews of practitioners' offices, procedures and chart samplings. We also use our internal controls and data reporting to ensure compliance standards and regulatory requirements

are being met or exceeded. We transmit our findings through provider interaction meetings, our quality committees and with DMS. These audits typically:

- Demonstrate the degree to which providers are complying with clinical and preventive care guidelines
- Allow for tracking and trending of individual and plan-wide provider performance over time
- Include mechanisms and processes that allow for the identification, investigation and resolution of quality of care concerns
- Include a mechanism for detecting instances of overutilization, underutilization, and misutilization

In addition, we contractually require our subcontractors and providers to comply with record management requirements.

Practitioners must achieve an average score of eighty percent (80%) or higher to be considered in compliance. All findings are logged and maintained in a database to facilitate detailed analysis. Ninety-eight percent (98%) of Passport practitioners exceed the required average compliance score of eighty percent (80%) and are exempt from the review cycle for three (3) years. We monitor practitioners who score less than eighty percent (80%) through a corrective action plan and reevaluation process as outlined in **Attachment C.28-1_Policy QI.0333.E.KY Medical Records Standards and Review**.

Our subcontractors and providers are also contractually required to comply with records management requirements, which are monitored through annual on-site delegation audits that include a review of policy and procedures and record management requirements.

C.28.b. Describe the Contractor's approach to prevent and identify data breaches.

Prevention and Identification of Data Breaches

Passport takes the use, disclosure and security of our data, specifically personal health information (PHI), seriously. As part of our HIPAA/HITECH-related precautions, we have implemented the following rules and practices to limit data access and exposure:

- All employees who support Passport are required to:
  - Use programmed access cards to enter restricted areas of the Passport campus
  - Never use portable information storage devices, unless specifically approved and arranged by the IT department
  - Dispose all hardcopies of PHI, personally identifiable information (PII), confidential or sensitive information into company-organized shred containers for secure disposal
  - Comply with all applicable password policies and procedures on data privacy and security
  - Follow special guidelines for electronically handling PHI, PII, confidential or sensitive information

- All Passport employees and contractors are trained to:
  - Digitally lock the screen after 15 minutes of inactivity
  - Physically lock away the computers if the workstation is unattended
  - Never share passwords or building access cards
  - Use the provided secure keyword to encrypt all confidential (PHI, PII, etc.) emails
  - Ensure Passport electronic devices, including laptops or mobile devices, are encrypted at all times when traveling and are not left unattended in a visible location or in an unlocked vehicle
  - Immediately report any suspected cybersecurity incidents or lost/stolen equipment to Passport IT and/or Compliance
- All Passport employees and contractors are prohibited to access:
  - Websites that are electronically analyzed and identified to be a security threat
  - File-sharing websites that could easily share unintended data
  - Off-site printers (all printing must take place on Passport premises)
  - Cloud-based email accounts or cloud storage services (i.e., Google, Yahoo, Dropbox, etc.)
  - Administration rights to install software other than software approved by Passport IT
- Other audit oversight controls include:
  - Monthly workstation assessments to confirm no restricted information is at risk of exposure
  - Annual refresher training on privacy and security for all employees supporting Passport
  - Provider data protection education, data handling provisions in the provider agreements and periodic provider data management audits
  - Cybersecurity awareness training

Passport also maintains active breach monitoring through technological tools and vetted processes. We have installed Network Intrusion Detection appliances on both the perimeter and internal Local Area Network (LAN), which are monitored twenty-four (24) hours a day, seven (7) days a week throughout the entire year. In addition to intrusion detection, we also use log correlation and system event monitoring. Our data loss prevention (DLP) technology enforces policy restrictions on data at rest and data in motion. Last, we have protocol filtering on network ingress/egress access points. All of these active monitoring components work together to keep Passport's systems and data protected.

Handling Accidental HIPAA Disclosures and HIPAA Breaches

If an employee accidentally sends a fax to an incorrect recipient, sends an email containing PHI to the wrong person, or any other accidental disclosure of PHI has occurred, the incident is reported to our Privacy Officer. The Privacy Officer determines what actions need to be taken to mitigate risk and reduce the potential for harm. Specifically, the incident is investigated and a risk assessment is performed to determine the probability of PHI having been compromised, the level of risk to individuals whose PHI has potentially been compromised and the risk of further disclosures of PHI. Following the risk assessment, the risk is managed and reduced to an appropriate and acceptable level. If the Privacy Officer concludes that a breach has occurred, under the HIPAA Breach Notification Rule (45 CFR §§ 164.400-414), the Privacy Officer will ensure, where appropriate, that notifications are sent to DMS, the impacted individuals, a media notice is issued and a report of the breach is sent to the Department of Health and Human Services' Office for Civil Rights (OCR).

Staff Support for Information and Data Security

Passport's cybersecurity team is also on hand to monitor and resolve data security threats. This on-site response team is trained to react quickly and effectively in the event of sensitive security incidents. In addition to response, the team studies and stays current with the latest security news, trends and training to stay prepared for emerging threats. Passport collaborates with its partners on data security matters and plans to perform compliance and IT-driven tabletop exercises with its partners in which it will simulate threat responses, communications and resolutions of real-world security incidents.

Information protection is a paramount priority for Passport. For this reason, we have a Compliance Hotline that is available twenty-four (24) hours a day to employees or contractors who want to report an actual or potential data exposure.

We also have an on-site compliance team, HIPAA Privacy Officer and security officer who offer an open-door policy when it comes to potential breaches of information or other compliance-related matters. In addition, we have a coordinated effort between Passport's compliance and IT teams for all privacy and security efforts, and we have a coordinated effort between Passport and its subcontractors relative to HIPAA privacy and security matters.

Our prevention and identification protocols include notification to required parties, including:

- Law enforcement as needed
- Mandatory incident management review and remediation
- Other forensic best practices within the data security guidelines
- Additional technical and physical safeguards
- Monitoring of our network, platforms and encrypted data stores

C.28.c. Describe the Contractor's approach to conducting Application Vulnerability Assessments as defined in Section 38.6 of the RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

Internal Vulnerability and Penetration Testing and Audits

Passport takes a holistic approach to security and performs multiple levels of vulnerability testing, penetration testing and external auditing procedures. We conduct static and dynamic vulnerability and penetration testing on the entire network infrastructure, including the servers housing the applications. Our security testing model consists of ongoing vulnerability and penetration testing of various layers of our infrastructure, including the underlying applications, and a rotating annual external assessment of our full security program and HIPAA/HITECH risk by qualified third parties. In addition, we have incorporated security testing during our development processes, and it is part of our Software Development Life Cycle (SDLC). Despite not having any off-site web applications processing PHI (for network security reasons), part of this ongoing assessment is performing a full Open Web Application Security Project (OWASP) Top 10 (e.g.,

Injection, Cross-Site Scripting [XSS], Sensitive Data Exposure) compliance test of our custom web applications.

During the course of security testing, any vulnerabilities discovered, application or otherwise, are remediated based upon severity and risk priority according to the Common Weakness Scoring System (CWSS) classification system. Any changes to production applications are first vetted through our Change Advisory Board (CAB). The CAB consists of various IT leadership roles, including but not limited to security, infrastructure and data leadership. During regular weekly CAB meetings, the CAB reviews the proposed changes for potential risks and chooses to approve or deny the proposed change to the application.

We have a set of policies and procedures related to information security vulnerability and penetration testing guidelines. These policies and procedures comply with the framework established in the HITRUST Common Security Framework (CSF), which ensures compliance with multiple regulations, including HIPAA/HITECH, International Organization for Standardization (ISO)/International Electrotechnical Commission (IEC) 27000, National Institute of Standards and Technology (NIST), etc. An example of this extensive testing is our assessments performed on the Identifi platform. We have conducted a HITRUST self-assessment to identify our current compliance and use our vulnerability tests to not only identify issues but to remediate items based on severity and risk under our risk management and disaster recovery programs.

Identifi Platform Penetration and Vulnerability Testing

Passport uses the Identifi platform and interfaces for various operational and clinical functions. We execute its external penetration and vulnerability testing through GuidePoint, its web application security vendor.

GuidePoint performs manual penetrations tests (MPTs) annually and automated static code analysis (SCA) quarterly to ensure Identifi is free from common vulnerabilities. The GuidePoint program tracks vulnerabilities and their mitigations across software releases to present a holistic view, over time, of the resilience of the application against various attack vectors as defined by OWASP. Special emphasis is placed on the OWASP Top 10 vulnerabilities, including Structured Query Language (SQL) injection, XSS, and parameter tampering/server-side input validation.

Passport adheres to OWASP guidance for classification and remediation patterns to manage common web application vulnerabilities. Each new release of the Identifi application is assessed by Evolent Health's (a Passport partner and vendor) Web Application Security team to evaluate any impact to the risk profile of the application so that new risks can be mitigated. We scan for vulnerabilities on all systems and perform remediation within thirty (30) days. Application vulnerabilities discovered through our web application security program are remediated based upon severity and priority according to the CWE classification system.

All Identifi application components are currently VL5, the highest level of certification offered by GuidePoint. GuidePoint tests for the following at minimum:

- Injection
- Broken authentication and session management
- XSS
- Insecure direct object references
- Security misconfiguration
- Sensitive data exposure
- Missing function level access
- Cross-site request forgery (CSRF)
- Using known vulnerable components
- Invalidated redirects and forwards

Conclusion

Data security and integrity is at the core of Passport. Our dedicated team employs stringent processes and protected systems to maintain secure, tested and audited medical records and other sensitive data for the ongoing safety of our members. It has been our commitment and responsibility, and a Passport priority in all levels and aspects of our organization. We are proud to say that we have never had a major breach in our twenty-two (22) years supporting the community and our members.

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.

C.29 Use Cases



USE CASE 1

Rhonda is a 30-year-old Enrollee who recently learned that she was pregnant after visiting the Emergency Room, by ambulance, with severe nausea and dehydration. She has a history of high-risk pregnancies. Of 5 pregnancies she has experienced one (1) live birth, three (3) miscarriages occurring early in the second trimester, and one (1) abortion in her teens. In addition to her history of complicated pregnancies she smokes a half pack of cigarettes per day and drinks approximately 2 -3 beers /week.

During her pregnancies, Rhonda sporadically kept prenatal visits and had a history of noncompliance with routine care instructions. Rhonda was shocked to learn that she was pregnant since she delivered a baby girl ten (10) months earlier. Her daughter, Amanda, was born at 32 weeks and was in the NICU for three (3) weeks. Amanda is feeding well and is steadily gaining weight. With that pregnancy, Rhonda experienced post-partum depression and was concerned whether she could care for Amanda. Rhonda's closet family is in Texas, but visits are infrequent. She recently separated from an abusive partner who provides minimal financial and emotional support. Rhonda and Amanda sought safety in a family shelter on three (3) different occasions after her partner threatened to harm Amanda.

Rhonda became upset upon learning she was pregnant again and kept telling the ER nurse that it could not be true. She explained that she just moved out her apartment after splitting with her partner and was staying temporarily with friends. Rhonda does not have reliable transportation and often relies on friends to provide rides to the pediatrician and grocery shopping.

The ER nurse recommended that Rhonda talk with her OB/GYN and her MCO about her options. Rhonda's electronic medical record was updated, and a referral was made to her OB/GYN.

Describe how the Vendor would address Rhonda's situation including a detailed description of prenatal programs and Quality Improvement Initiatives. At a minimum, address the following programs and services:

a. Applicable evidence-based Care Management practices;

b. High risk pregnancy initiatives;

c. Health Risk Assessment and Care Planning;

d. Environmental assessment;

e. Behavioral Health Services;

f. Family planning;

g. Enrollee and family engagement;

h. Linkage to community resources and support;

i. Social Determinants of Health;

j. Provider engagement; and

k. Transportation

Passport's Innovative Population Health Management Approach

In our 22-years of providing population health management services to the Commonwealth, Passport has remained firmly committed to improving the health and quality of life for our members – it is our mission. We have earned the trust of our members by:

- Providing whole-person care that integrates physical, behavioral, social and emotional wellbeing into an evidence-based self-management and empowerment approach
- Building a trusting relationship between care teams and members who require personalized attention and no "cold handoffs" or "fend for yourself" referrals
- Engaging providers across specialties to ensure a singular treatment plan and continuity of care

For members like Rhonda, these principles are core to their ability to take control of their own health and the health and wellbeing of their families. They are woven into the following description of how Passport would address Rhonda's situation, from identification and initial assessment to delivery of integrated services.

Timely Connection to Rhonda through Emergency Department Navigators

Rhonda's situation is urgent. Her newly revealed pregnancy, her history of miscarriages, her post-partum depression, her lack of connection to the health care system and her unstable housing situation place her at great risk of falling through the cracks. The Emergency Department (ED) where Rhonda sought care has an assigned Passport Emergency Department Navigator, who connects with Rhonda while she is in the ED and refers her to Passport's Care Management team. The ED Navigator opens a new case in IdentifiSM, Passport's integrated information system, which includes Rhonda's responses to an assessment, case notes and updated contact information. This action triggers an alert for Passport's Care Team Lead who will begin the intake process.

Passport's Real-Time Identifi[SM] Platform Stratifies Rhonda as High-Risk

Req C.29-1.b

Although she has not recently accessed care, Rhonda had previously received many services from Passport. Through the real-time integration of prior program participation, assessment, clinical, and claims data, we had already identified Rhonda as high-risk if she were to become pregnant again. Prior to her daughter Amanda's birth and admission into the neonatal intensive care unit (NICU) ten months ago, Rhonda and Amanda were enrolled in the **Mommy Steps Maternity and Newborn Care program**, Passport's maternity program to support women through their pregnancy. The program has a primary focus on **high risk pregnancy** with initiatives to address low birth weight and infant mortality. Through this program, Rhonda developed a trusting relationship with her Mommy Steps Care Advisor, who helped stabilize Amanda's health during the first 28 days of her life and safely transitioned Rhonda and Amanda from the hospital to home. Through this interaction, information on Rhonda's smoking and drinking habits and her noncompliance with routine care was captured in Identifi[SM] through the program's comprehensive assessment.

Our advanced machine learning algorithms had categorized Rhonda as "high-risk" for future pregnancies in our Identifi[SM] system because of the following risk-factors:

- Recency of prior live birth (within last year) with NICU admission
- History of adverse outcomes in pregnancies (3 miscarriages)
- History of smoking and drinking (from Mommy Steps assessment)
- Low socioeconomic indicators based on her current address (e.g. income and education)

This information is stored within the Identifi[SM] platform so when the Care Manager Lead opens the referral from the ER Navigator, she can see the information from the ED Navigator, Rhonda's past history and the output of the stratification algorithms identifying Rhonda for Passport's **Mommy Steps Maternity and Newborn Care program. For high-risk pregnancies** like Rhonda's, Mommy Steps focuses on prevention of complications by providing support, connection to the community, and care coordination between the member and provider to increase compliance with Passport's Perinatal Care Clinical Practice Guidelines. These **evidence-based guidelines are based on the American College of Obstetricians and Gynecologists (ACOG) Guidelines**.

Req C.29-1.a

Personalized Outreach and Comprehensive Assessment to Understand Rhonda's Medical, Behavioral and Social Needs

Once we identify Rhonda as a member who would benefit from our Mommy Steps Maternity and Newborn Care program, we continue the outreach process, including telephonic outreach and "boots on the ground" case finding. Given that Rhonda had developed a close relationship with her previous Care Advisor, we assigned Rhonda's case to the same Care Advisor within Identifi[SM], who attempted outreach to Rhonda using the updated contact information from the ED Navigator. Unable to reach Rhonda after repeated attempts, we were able to successfully contact her designated emergency contact – her sister in Texas – sourced from her Mommy Steps case report within Identifi[SM]. Through this connection, we learned that Rhonda had moved again since her ED admission and we were able to get a new cell phone number. **Rhonda was glad to hear from her Care Advisor, on whom she had once relied so heavily**, and re-enrolled into the Mommy Steps Maternity and Newborn Care program.

Req C.29-1.g

Our Care Advisor meets with Rhonda by phone to complete a comprehensive **health risk assessment (HRA)**. Because Rhonda's previous assessments and case notes are available through Identifi, her Care Advisor can shorten the intake and assessment process by using her time with Rhonda to make updates to her previous responses. In addition to understanding Rhonda's current pregnancy symptoms, including the dehydration and nausea that brought her to the ED recently, this process uncovers the following:

Req C.29-1.c

- **Behavioral health**: Through valid and reliable screenings such as the Patient Health Questionnaire 2 and 9 (PHQ-2, PHQ-9) for depression; Generalized Anxiety Disorder -7 (GAD-7) for anxiety; and CAGE-AID, for alcohol and drug use, we learn that Rhonda is:

  - experiencing post-partum depression and anxiety related to her ability to care for Amanda
  - smoking and drinking in quantities that have increased over time
  - suffering from emotional stress from recently separating from an abusive partner
- **Environmental Assessment:** We learn through a home visit that she just moved out of her apartment after splitting with her partner and is staying temporarily with friends, living on couches with no safe place to remain during the day and limited access to high quality food and water

Req C.29-1.d

- **Other social determinants of health:** Rhonda does not have reliable **income** or **transportation**

Req C.29-1.i

- **Nutritional habits:** We learn that Rhonda is not taking prenatal vitamins and is not getting the nutrition she and her baby need to maintain a healthy pregnancy

In addition to assessing Rhonda's needs, our Care Advisor also assesses the needs of Amanda who was born at 32 weeks' gestation. She is now ten months old and needs **early and periodic screening, diagnosis and treatment (EPSDT) and good preventative care**. Assessing Rhonda and Amanda together through the same Care Advisor ensures that we can effectively coordinate both Rhonda's and Amanda's care.

Req C.29-1.a

Coordinated Execution of a Holistic Care Plan for Rhonda and Amanda

The initial assessment triggers several action items for specific members of our Mommy Steps interdisciplinary care team. All actions are coordinated through our RN Care Advisors, who have an average of 15 years of experience in perinatal nursing and have been trained in **Trauma Informed Care**. All documentation will be captured in Identifi℠ and made available for the entire care team to ensure seamless coordination with Rhonda and her providers. These action items are summarized in **Exhibit C.29-1** below and described in more detail in the sections that follow:

Req C.29-1.a

Exhibit C.29-1. Summary of Katy's Action Plan to Address Her Immediate Needs

Action Item	Team Member	Follow-up
Engage Providers & Family	Mommy Steps RN Care Advisor (Team Lead)	Notify Rhonda's PCP and OB/GYN, obtain input on her Care Plan and schedule follow-up pre-natal appointments; engage Amanda in care
Refer to Behavioral Health	BH Care Advisor /Licensed Clinical Social Worker (LCSW)	Address interpersonal safety concerns, depression and substance use
Provide Education & Coaching	Mommy Steps RN Care Advisor	Provide education and coaching on proper nutrition, medications, prenatal vitamins
Refer to Social Work	Social Worker / Community Health Worker (CHW)	Locate and facilitate stable housing and transportation; explore employment opportunities; educate on how to sign up for Supplemental Nutrition Assistance Program (SNAP) food benefits and assess

Action Item	Team Member	Follow-up
		for eligibility for community resources for child's needs (ex. clothing, diapers)
Provide education and coordination on EPSDT	Care Coordinator	Assist Rhonda in following through with any outstanding developmental screenings and immunizations for Amanda

Engage Providers & Family

Rhonda does not live near family, and she does not have a strong support system, therefore, **strong engagement with all of her providers** is critical. As a provider led organization, we understand the importance of working *with* providers. Passport's Care Advisor would immediately **contact Rhonda's OB/GYN** through written notice of engagement in the program and a direct phone call. Together, they ensure Rhonda has all pre-natal appointments scheduled and initiate a high-risk protocol with perinatology involvement and progestin therapy (e.g. 17-Progesterone). **Passport's Progestin Therapy Program**, **developed in 2015 by our Maternity Medical Director using evidence based guidelines**, in collaboration with community OB/GYN providers on our Women's Health subcommittee, supports practitioners and members in educating them about the benefits of progestin therapy to reduce the incidence of further premature births. This program was vetted by the Women's Health Committee, approved by the Quality Medical Management Committee and accepted by the physician led Partnership Council.





The program includes an active surveillance process to evaluate members by physical exam, history, and/or ultrasound cervix measurement to identify members who have had spontaneous preterm deliveries and/or are identified with a shortened cervix. Passport pays an additional fee to the OB/GYN for evaluation of cervical length. Rhonda, who has a history of preterm delivery with a current singleton pregnancy, will be offered weekly 17-Progesterone injections from 16-37 weeks of gestation, administered in the provider's office or at home. Rhonda will also be monitored for shortened cervix to evaluate for the need for cerclage. Our Care Advisor will share the team's plan for addressing her barriers to care **including stable and safe housing, transportation and nutrition**. Additionally, the Care Advisor will identify and **engage a Primary Care Physician (PCP) to ensure continuity of care** for Rhonda post-partum. Through close collaboration with her providers, we ensure a single treatment and care plan for Rhonda that is holistic and coordinated to enable a healthy pregnancy and delivery.



Although Rhonda's closest family is her sister in Texas, our Care Advisor will encourage Rhonda to reach out to her for support. During this conversation, Rhonda reveals that she shares a cell phone with her roommate, making it difficult to call her sister for support or make calls when she would like. Rhonda's Care Advisor discusses **Passport's free SafeLink phone resource**, which allows her to get a free smart phone with 350 minutes monthly and helps her fill out the application. This will allow **Rhonda to call and text her sister more frequently for support and companionship** during and after her



pregnancy. This will also create a much safer situation for Rhonda, as she will be able to call her provider if something were to go wrong in her pregnancy.

Integrate Behavioral Health Services to Address Psychosocial Barriers to Care

We recognize the relationship that exists between a member's state of mind (e.g., depression, anxiety, addictions) and physical health status. Our Model of Care is founded on the understanding that human health and welfare are strongly influenced by behavior and social circumstances. As a critical member of our multi-disciplinary team, **our Behavioral Health (BH) Care Advisor, a licensed clinical social worker,** works together with the RN Case Advisor and Rhonda to address her interpersonal safety concerns, depression and substance use. Rhonda's case is brought to Passport's Integrated Care Rounds, consisting of licensed psychologists, licensed clinical social workers, and obstetricians to finalize her integrated care plan. With oversight from Passport's Behavioral Health Advisory Committee, Rhonda's BH Care Advisor takes the following actions:

Req C.29-I.e

- ***Interpersonal safety***: To address Rhonda's emotional stress from her abusive partner, our BH Care advisor facilitates her engagement with the *Kentucky Coalition Against Domestic Violence (KCADV) and the Center for Women and Families*. Through this connection, Rhonda joins a women survivor of domestic violence group to talk with others about her experience in her most recent relationship.
- ***Stable housing***: Through KCADV, the BH Care Advisor is able to immediately secure emergency shelter – a temporary, safe space that houses adults and their dependent family members who are fleeing an intimate partner violence situation – as she initiates the longer-term process of finding stable housing. The BH Care Advisor works with the Center for Women and Families and the Coalition for the Homeless to ensure Rhonda is on the waiting list for Housing and Urban Development housing options.

Req C.29-I.h

- ***Depression and Substance Use***: Once Rhonda has/acquires a safe and secure living space, our BH Care Advisor begins to address Rhonda's depression and related smoking and alcohol use. The BH Care Advisor creates a non-judgmental space for Rhonda to share her concerns and support Rhonda in finding better ways to cope with her feelings, solve problems, set realistic goals and respond to situations in a positive way. Through working with Rhonda, our BH Care Advisor identifies several interventions that could help Rhonda, including:

Req C.29-I.e

  - ***Peer support:*** Engaging with other pregnant mothers who are experiencing similar symptoms is an important component to Rhonda's healing. The BH Care Advisor works through the RN Care Advisor to engage Rhonda's OB/GYN (to ensure one point of contact for the provider) and identify any internal groups or workshops about behavioral health needs during pregnancy. She identifies an upcoming workshop at the provider's office and helps Rhonda secure transportation and arrange for her friend to watch Amanda so she can attend.
  - ***Specialized Counseling***: Rhonda's BH Care Advisor has also connected her with a therapist with extensive experience working with women who have behavioral health issues during pregnancy. The therapist believes Rhonda would benefit from a medication consult for her depressive symptoms. In coordination with the RN Care Advisor, Rhonda's therapist communicates back to the OB/GYN about the symptoms she is seeing and why she recommends considering use of medication. Together, Rhonda and her OB/GYN discuss the risks, benefits, and side effects of antidepressants during pregnancy and agree to start Rhonda on a low dose of sertraline as it has

fewer side effects, she has taken it in the past with a positive response, and it is one of the safest antidepressants for an expectant mother.

- ***Smoking Cessation & Alcohol Abstinence***: Through her counseling sessions, Rhonda realizes that her smoking and drinking habits are intimately tied to her feelings about her former partner. Using the **5A's model for current or recent tobacco use or substance misuse**, the BH Care Advisor provides education on risks to her unborn child as well as Amanda's risk for Sudden Infant Death Syndrome (SIDS) and lung infections with smoke exposure. The Care Advisor also lets Rhonda know about 1-800-QUIT-NOW, the Kentucky Quit Now Support Line, and with Rhonda's permission, refers her to a cessation program in her area. Her **BH Care Advisor also engages Rhonda's sister** in Texas to create a natural support system for Rhonda to use when she feels like smoking or drinking.

Rhonda's current depressive symptoms increase the likelihood that she will experience post-partum depression after her second birth. Knowing this, her Care Advisor sets a reminder in Identifi℠ to rescreen for symptoms post-delivery with periodic re-screenings thereafter. Once Rhonda's depressive symptoms begin to resolve during pregnancy, her Care Advisor will encourage her to talk with her therapist about how to prepare for a possible recurrence after the baby is born so she has a plan of action ready. By addressing Rhonda's mental *and* physical state, she will be more open and responsive to education and coaching aimed at improving her own physical health and wellbeing.

Provide Tailored Education & Coaching to Empower Rhonda in Her Own Health

In addition to medical and behavioral services, a critical component of Rhonda's care plan is rooted in building self-management skills to ensure long-term success. Through **evidence-based care - management practices**– such as **Motivational Interviewing, Positive Affect Induction, and Attribution Retraining** – our Mommy Steps RN Care Advisor works with Rhonda to develop a **Care Plan that identifies personalized goals and a symptom response plan**. For Rhonda, who has a history of missing prenatal visits and noncompliance with routine care instructions, our Care Advisor works with Rhonda to set small and achievable goals, empowering Rhonda to improve adherence with prenatal vitamins and proper nutrition. For example, Rhonda knows the importance of taking her prenatal vitamins but often forgets or cannot afford refills. To empower her, our Care Advisor sets a goal of taking vitamins every day for 1 week. She helps Rhonda set a time of day that works with her schedule. To support adherence, they collectively come up with a plan to put her vitamins on her nightstand with a glass of water the night before and set an alarm on her phone for 9am. The Care Advisor also sets a reminder for herself in Identifi℠ to help Rhonda refill her vitamins, working with her OB/GYN, before her 90-day supply runs out. Through each goal, our Care Advisor meets the member where they are to teach them how to take control of their health.





Address Social Determinants of Health to Ensure Rhonda's Adherence to Care

The link between **social determinants of health (SDoH)** and health outcomes is well established. Accordingly, our Mommy Steps care team includes a social worker, who has been intimately



involved in the local community for eleven (11) years and has a deep understanding of available resources to support Rhonda. Passport has also developed the Social Needs Index, which identifies the most critical social needs for someone like Rhonda to prevent an adverse birth outcome – transportation to prenatal care and access to high quality food. Additionally, we have adopted the Healthify Social Service Directory, which provides our care team with the most reliable community resources that have been thoroughly vetted and updated. Through these resources, intimate knowledge of the community, and coordination with Rhonda's involvement with the KCADV, our social worker was able to address these needs:

Req C.29-I.h

- **Access to high quality food:** We enrolled Rhonda in the *Kentucky Food Benefits/Electronic Benefit Transfer (EBT)*, which helps people buy enough food for healthy meals. Rhonda was provided an EBT card that can be used to buy food at participating stores located near her, increasing Rhonda's food buying power.
- **Transportation:** For Rhonda to keep her prenatal visits, attend her peer support groups, and buy healthy foods, she needs reliable transportation. Our social worker/CHW enrolled Rhonda in local **transportation assistance program**, through Leslie Knott Letcher Perry Community Action Council, Inc. (*LKLP Community Action Council)*, that offers non-emergency Medicaid transportation to prenatal visits and public transportation through monthly discounted or free Transit Authority of River City (TARC) passes for Louisville and surrounding areas.

Req C.29-I.k

- **Income:** The social worker knew that for long term success Rhonda would need to find additional sources of income. Rhonda shared some of her employment desires and barriers. It was determined that the first step would be for Rhonda to enroll in a job program that would help build skills and assist with seeking employment, like one of the programs offered through Kentuckiana Works.

As an additional resource, Rhonda will also be made aware of community baby showers in her local area. These events offer Rhonda baby clothes and supplies that she will need to take care of her child. Rhonda has lost much of the equipment she used previously due to her unstable housing and lack of transportation.

Long-Term Planning and Continuity of Care for Rhonda and Amanda

Once Rhonda's current situation is stable and she is progressing, the care team can begin to address Rhonda's longer team needs to ensure continuity of care for her and Amanda and prevention of a similar situation in the future. This includes post-partum visits with **family planning**, social support resources, and prevention efforts for Amanda.

- **Post-partum visits & family planning:** The Care Advisor will educate Rhonda about family planning options to prevent another unplanned pregnancy with regular post-partum visits and long-acting reversible contraception (LARC). She will work with Rhonda's OB/GYN to reinforce these messages during prenatal visits with the goal of starting LARC before she leaves the delivery hospital. If that is not possible, we will continue to share options with Rhonda during post-partum visits, where she will be screened and treated, if necessary, for post-partum depression.

Req C.29-I.f

- **Additional social support:** Rhonda, like all members engaged in the Mommy Steps program, would be referred to **Health Access Nurturing Development Services (HANDS)**, if appropriate, which will provide Rhonda support for the first two (2) years of the baby's life. If Rhonda qualifies for the Healthy Start program and gives consent, she would be referred and assessed for participation during follow up interactions.

- **Early and Periodic Screening, Diagnosis and Treat (EPSDT) Program:** Our care coordinator would support the Mommy Steps Care Advisor in coordinating Amanda's participation in Passport's EPSDT program to ensure she has all the preventive high-risk prematurity and early intervention developmental screenings she needs to assess her developmental progress. Amanda would have a separate case that is linked to Rhonda's within the Identifi℠ platform, allowing for the same care team to communicate with Rhonda about both hers and Amanda's care plans, to build trust and to keep actions, visits and call schedules coordinated.

Req C.29-1.g

We will continue regular check-ins with Rhonda and her children for six (6) months post-delivery, or as needed. The bond between the Care Advisor and member is often so strong after going through the pregnancy together that Rhonda will likely continue to call her when she has questions, which is welcomed. During this period, the Care Advisor is also actively coordinating with Rhonda's PCP and Amanda's pediatrician to ensure a smooth transition from her OB/GYN.

As a Kentucky provider-led organization and member of the community, we understand the diverse and ever-changing needs of our members like Rhonda. To meet those needs, we are continually evolving our population heath model and care management programs – including expanding our member engagement strategies to meet members wherever they seek care, using better data and analytics to identify members with multiple needs earlier, case finding techniques rooted in our knowledge of the community, comprehensive assessments with evidence-based screenings, and integrated care plans that are executed in partnership with our multi-disciplinary care teams and providers.

USE CASE 2

Katy is a 20-year old female who is taking classes at a local community college while living at home with her mother to help take care of her younger brother. Katy's mother works two (2) jobs and has difficulty finding time to shop for and prepare healthy meals. Katy does not assist with grocery shopping or meal preparation. Katy is significantly overweight and rarely exercises. Most of her meals are from fast food restaurants and she only occasionally eats vegetables or fruit. Recently, Katy became light-headed after eating lunch and was taken to an urgent care center by a friend. The provider asked Katy about her symptoms and whether this has happened before. Katy stated that the dizziness happens frequently after meals and she is always thirsty. The provider asked Katy if she has diabetes and Katy stated she did not think so. She told the provider that she has not seen a doctor since she was in middle school. The nurse took Katy's vital signs and a blood glucose reading. Katy's blood glucose reading was elevated, and her blood pressure was 162/90. Her BMI was computed to be 32.6. The provider recommended that Katy contact her MCO to find a PCP as soon as possible before her condition worsened and she ended up in the Emergency Room. Katy contacted her MCO's Enrollee Call Center and explained her situation. Describe the Vendor's Enrollee engagement process and Care Management. At a minimum, address the following:

a. Evidenced based practices for Care Management;

b. Health Risk Assessment and Care Planning and monitoring;

c. Provider engagement;

d. Cultural competency;

e. Patient engagement and education;

f. Community resources; and

g. Social determinants of health

Katy's story is one that is too often heard across the Commonwealth. Many Kentuckians, like Katy, have gaps in care that are often not treated appropriately or go untreated and many also lack the understanding of the importance of routine preventive care, regular visits with a primary care provider (PCP), and health-promoting behaviors. To support these members on their paths to better health and wellbeing, we focus on ensuring that there is "no wrong door" for members when asking for help; activating members in their health; and engaging providers to collaborate on care plan development and execution.

Passport has a critical opportunity to engage Katy and initiate her health journey through her inbound call to Passport's Call Center, which triggers several actions that must be tightly coordinated and action-oriented to gain Katy's trust and provide her with the confidence she needs to take control of her health. These interactions and downstream interventions are described in more detail below.

Taking Immediate Action Upon Katy's Call for Help

Our no wrong door approach to ensuring members can access the services they need, when they need them, regardless of the type of service being requested, is important to our whole-person care model. Katy's initial call to Passport's Call Center is answered by one of our Care Connectors (CC) – a member of our Member Services team – who thoroughly assesses Katy's needs and makes each one a priority for immediate action or follow-up. After verifying Katy's identity and eligibility, our CC creates a safe, judgement-free space for Katy to voice her concerns and needs. Through **active listening and empathetic responses**, the CC recognizes that Katy has an acute medical issue that needs attention, that she hasn't seen a doctor in approximately six (6) years, and she was frightened by her recent dizzy spell that landed her in the urgent care center and the mention of "diabetes" by the provider.

Req C.29-2.e

The CC is also aware that engaging with the health care system for the first time in her (near) adult life can be overwhelming and it will be easy for Katy to return to old habits if she isn't engaged in a way that works for her. Hearing the sympathy in the CC's voice for what she experiences, the praise the CC gives her for taking the first step, and the promise that the CC can help connect her to the care she needs, **puts Katy at ease.** To **build trust**, the CC knows that an **early 'win' with Katy** is needed to show that together they can make progress, so the CC quickly moves to addressing her first ask, which is to find a primary care provider (PCP) as the urgent care provider had requested.

Identifying a Primary Care Provider (PCP) and Scheduling an Appointment

Our CC confirms her current address and phone numbers and finds that Katy has moved to another address. The CCH also adds Katy's mother as her additional contact/support person. Within the Identifi™ platform, the CC is able to see that Passport's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) team had attempted to outreach to Katy's mother (using the old phone number) to confirm Katy received her well-child exams. The CC also confirms that she does have an assigned PCP, Dr. John Smith, that her mother likely chose on enrollment, but realizes that his office is quite far from her current home. Katy also indicates that she would prefer a female doctor. Our CC quickly identifies a female PCP nearby who is accepting new patients. With Katy on the line, the CC conferences in the **PCP office to schedule an appointment** in one week that works with Katy's class and home schedule. After disconnecting with the

Req C.29-2.c

provider office, our CC confirms with Katy that she has reliable transportation to attend her PCP visit and there are no other barriers to her keeping her appointment. Our CC documents these changes and makes notes in the Identifi™ platform to ensure the information can be shared with anyone who is part of Katy's care team.

Once the PCP visit is scheduled, our CC can hear the anxiety in Katy's voice begin to diminish. The CC takes this as an opportunity to more deeply assess the other aspects of her health through Passport's **Health Risk Assessment (HRA**), a Medicaid-specific tool specifically designed to determine the following:

Req C.29-2.b

- Demographic information including current contact information, culture, race, ethnicity, education level, language preferences and living arrangements
- Physical health status regarding activity levels, use of assistive devices and assistance with daily living activities
- Medical history addressing diagnosed chronic conditions, medication use, dental care, and any recent emergency room visits
- Behavioral health status for identification of behavioral health conditions (i.e., bipolar disorder, schizophrenia, depression, and anxiety) and medication use
- Lifestyle conditions regarding a history of smoking, alcohol use or substance abuse
- Barriers to health including safety, accessing medications, getting to doctor appointments and the ability to manage personal finances
- Social determinants of health – food, housing, clothing, employment, and transportation needs

Req C.29-2.e

Katy is pleased to hear that she will **receive a $15 gift card** in the mail for completing the HRA today and makes sure to answer the questions as accurately and completely as possible. Our CC listens carefully to ensure that he clearly documents all of Katy's responses are clearly documented and starts to gather appropriate next steps. While the CC realizes that Katy does not have a documented diagnosis of diabetes, her current symptoms, recent urgent care visit, and poor eating habits, make her a good candidate for Passport's Condition Care program. The CC explains that there is an **evidenced-based care management** program specifically designed for her that focuses on **health education, self-management support, and care coordination**, all in close collaboration with her PCP. Katy is intrigued and wants to learn more about the program. The CC offers to conference in a member of the care management team, but Katy must get started on her homework so they pick a time tomorrow that a Condition Care Health Coach can follow up with her. Our CC sends an action item through Identifi™ to our Care team to ensure a member of the care team follows up with Katy at the specified time.

Req C.29-2.a

Before ending the call, the CC lets Katy know to watch for a new member ID card in the mail with her new PCP listed and makes sure she knows that the Passport contact phone numbers for the Call Center and the 24/7 Nurse Advice line are on the back of her ID card, in case she has any questions or is feeling dizzy again especially before her upcoming PCP visit. The CC also mentions the Passport enrollee website and online

member handbook and offers to mail her a hard copy that provides information on access and coverage for medical visits and medications to support her healthcare needs.

Engaging Katy In Our Condition Care Diabetes Program

A Health Coach (HC) from our Condition Care program receives the alert to follow-up with Katy. Prior to reaching out to her at the agreed upon time, the HC accesses Identifi™ to review Katy's information (including her new PCP), her responses to the HRA, and the CC's case notes, which include her upcoming PCP visit and her concern around a future diagnosis of diabetes. The HC determines that Katy is likely a good candidate for our evidence-based diabetes care management program that also addresses pre-diabetes. The HC determines Katy's specific care gaps, including a few immunizations, and gathers pre-diabetes-specific educational materials to share when Katy is ready.

At the scheduled time, Katy receives a call from our HC, who mentions the CC by name (to show continuity) and explains that the HC is a heath coach whose job is to **help Katy understand her medical issues and symptoms, help her overcome barriers to good care, and help her feel better**. The HC explains the role of the care teams at Passport, and how the HC will coordinate with Katy's PCP so that everyone is working together to help Katy meet her goals. Katy agrees to enroll in the program and the HC completes the informed consent process.

Req C.29-2.e

Comprehensive Assessment and Personalized Goal Setting

The HC reviews his/her understanding of Katy's case – Katy is glad that she doesn't have to repeat her story and HRA responses. As she's doing so, the HC is asking more detailed questions to **further assess her physical, behavioral (including a Patient Health Questionnaire-2 (PHQ-2) screening for depression), social, environmental, and nutritional needs**. Through this comprehensive assessment, the HC identifies the following areas of focus: increasing activity levels, access to healthy foods, and assessing her home environment as a barrier to good self-care. Through **Motivational Interviewing and other evidence-based techniques**, the HC elicits a few personalized goals from Katy that are meaningful, yet attainable changes. For example, it's hard for Katy to go to a gym because when she's not in class, she is watching her little brother. So together, Katy and her HC agree that she will park on the other side of campus and walk to her classes for the next week and then check back in to see how she felt.

Req C.29-2.b

Req C.29-2.a

The HC follows up with Katy the next week to hear that Katy met her goal of walking across campus to class and feels great about it. The HC encourages her to do it again this week and mentions that every 3rd Tuesday of the month is 'Tasty Tuesday' at her **local YMCA during which they hold FREE cooking classes** where everyone may participate in preparing, cooking, and eating healthy foods. The HC offers a waiver for Katy and her little brother who can come with her and play basketball while she is taking the class. Katy has never really cooked much before but is willing to try it. During the conversation, Katy admits that she is nervous about her PCP visit the following day. She has never gone to the doctor alone before and is not sure what to expect from an adult clinic.

Req C.29-2.f

The HC walks her through what to expect and lets her know there will be paperwork to fill out and questions to answer, similar to the questions she answered during their initial call. The HC also offers to have one of Passport's Community Health Workers meet her at the office to help with whatever she needs. While Katy declines the offer, she does agree to the HC calling the practice in advance to share any relevant details. The HC **calls the PCP office** to let them know that Katy is coming in the next day and is feeling a little overwhelmed. She also **shares the relevant components of Katy's history** and lets the practice manager know that she will be following up after the visit to see how it went.

Req C.29-2.c

Collaborating with Our Providers on an Integrated Care Plan

Req C.29-2.c

After Katy's PCP appointment, her HC follows up to understand the **PCP's clinical assessment of Katy and the recommended treatment plan**. The PCP feels that she is pre-diabetic, but that both her pre-diabetes and high blood pressure can be turned around if she truly engages in an aggressive low salt, healthier whole food diet and exercise regimen. It will be a big lifestyle change, but the alternatives are medications and a definitive diagnosis of diabetes. The PCP asks for help in to getting her going and helping her stick with it. The PCP will follow up with Katy in 3 and 6 months to see how she is tracking.

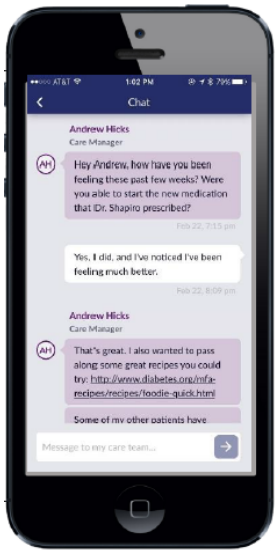
At her next check-in with Katy, the HC hears a similar message – Katy is ready to make a change but doesn't know exactly how to get started. The HC assures her that she already has begun by walking to class and attending the cooking class at the YMCA (which she really enjoyed!). The HC is encouraged by Katy's early self-motivation but understands that without initial intense education, intervention, and regular follow up, Katy is unlikely to make the necessary changes needed to prevent a diagnosis of diabetes.

Together, they **update Katy's care plan** with the following components:

Req C.29-2.b

- Consultation with a registered dietitian to help Katy build on her enjoyment of the cooking class through heart healthy, low sodium recipes and answer questions about how food choices impact her symptoms
- Daily food journal to document eating intake, types of foods, exercise duration and activity, and weekly vitals including weight and blood pressure
- Weekly coaching check-ins for one month (1) moving to every other week for three (3) months to review her journal, solve problems or barriers, and log vitals, which are shared with her PCP
- Community engagement to support weight loss and nutritional support

Exhibit C.29-2.
Identifi℠ Engage



Katy prefers texting so to facilitate communication, her HC sets her up on Identifi℠ Engage, Passport's mobile application that support bi-directional communication through a chat function (see **Exhibit C.39-2**). In addition,

connecting Katy with local resources to support these goals is critical to her success in achieving improved health and quality of life.

Partnering with Our Communities to Ensure Sustainability

Req C.29-2.f

Passport is deeply embedded within our communities with literally thousands of interactions that have taken place in local counties, cities, and townships to address the full spectrum of health and wellness. In addition to leveraging Passport's established partnerships across the state, our HC can use our online social service directory that consists of thoroughly vetted local resources that offer the most reliable services to our members. Using this tool, the HC identifies the following local resources for Katy in eastern Kentucky:

- **Pikeville YMCA:** Katy goes back to the YMCA for Tasty Tuesdays and meets a friend who is also trying to lose weight and eat better. They agree to try YMCA group Zumba classes together. The HC arranges for a highly discounted membership based on her Medicaid and student status.
- **Farmacy**: Passport joined a unique local movement through provider group Mountain Comprehensive Health Corporation and local community partners in Eastern Kentucky to implement an innovative program called Farmacy. With Farmacy, members diagnosed with diabetes, obesity, and/or hypertension (and falling below 100% of the Federal Poverty Guidelines) can receive a prescription from their doctor for fresh fruits and vegetables.

Req C.29-2.g

The HC also takes time to understand the cultural dynamics of Katy's household and understands the sense of obligation Katy feels to her mother and brother that often result in putting her own health last on her list or priorities. The HC introduces her to several options for childcare that she can share with her mother to create opportunities for Katy to focus on her health. Passport adheres to the national culturally and linguistically appropriate services (CLAS) standards for cultural competence in Health Care settings, and Passport's Diversity and Inclusion team are available for consultation with the HCC if he/she needs to better understand factors specific to Katy's situation.

Req C.29-2.d

Monitoring Katy's Progress to Successfully Graduate from Our Program

While we understand that not all members can successfully graduate from care management, we strive to empower our members to achieve their personalized and program goals within a specified time frame. Prior to graduation, we ensure Katy's PCP is informed on her progress and needs to ensure continuity of care and after graduation, we monitor Katy's progress and if needed, will offer her a "booster" to get back on track.

Continuity of Care Through Continual Provider Engagement

Req C.29-2.a

Our HC actively coaches and monitors Katy for four (4) months. The goal of the sessions is for **Katy to teach back the information shared in each meeting** and verbalize the effect of the information on her weight loss goals. Successful completion of the program is demonstrated by the Katy's dedication to making healthier decisions in her diet and exercise habits. The sessions also address any questions, concerns, or new barriers Katy is experiencing related to her healthcare needs. The **outcomes of these sessions are regularly communicated to her PCP** along with her post-graduation symptom response plan. Katy also sees her PCP upon completion of the program to have her weight, blood pressure and blood sugar checked. The PCP also suggests Katy seek routine dental care. Katy calls our Member

Req C.29-2.c

Services team using the 1-800 number on her Passport ID to better understand her dental benefits and schedule an appointment.

Active Monitoring of Katy Through Data Analytics and Quality Reporting

Req C.29-2.b

After Katy successfully graduates from the program, Passport has several systems and processes in place to **monitor needs and prompt outreach** to Katy if she needs additional support:

- **Risk Stratification**: Now that Katy has been an active participant in our care program, any unplanned utilization or out-of-range lab values will trigger a re-stratification into our program
- **Primary Care Engagement**: Administrative data is continuously to identify whether Katy is staying engaged with her PCP through regular appointments
- **Quality Care Gaps**: Standard quality gaps (e.g., well visits or screenings) are continuously reported to our PCPs so that they can reach out to Katy when she needs preventive care.

At Passport we recognize the importance of the member in this case study who reaches out to us for help and who isn't actively engaged in the provider health care system. We understand that this unique responsibility and opportunity falls to us, and we are committed to identifying those members and providing high quality care and services to support them in their journey to better health.

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

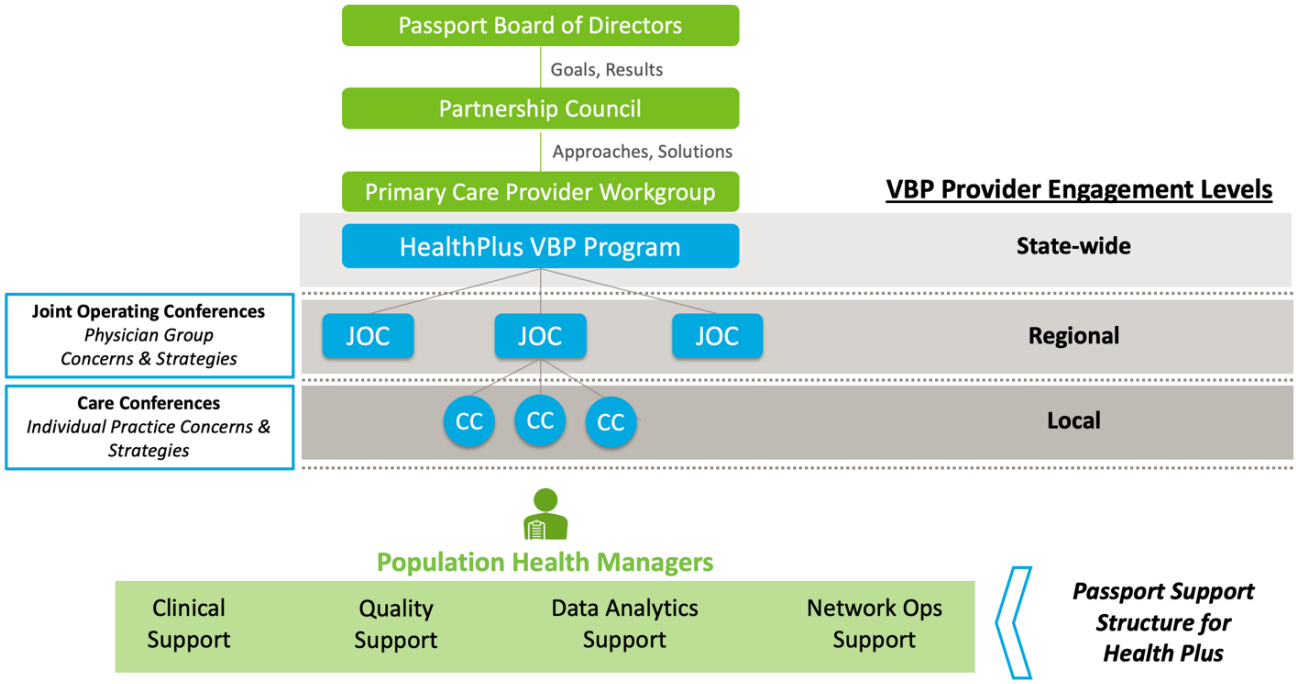
Req C.29-3.a

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.

D. Implementation Plan



D. Implementation Plan

1. Describe the Vendor's proposed approach to support the readiness review process, and include the following information:
    a. A proposed Program Implementation Plan beginning from Contract Execution through ninety (90) days post go live, including elements set forth in the Contract, such as:
        i. Establishing an office location and call centers.
        ii. Provider recruitment activities.
        iii. Staff hiring and a training plan.
        iv. Developing all required materials.
        v. Establishing interfaces to other Information Systems operated by Subcontractors, the Department, or others as required.
    b. Proposed staffing to support implementation activities and readiness reviews.
    c. An overview of system operational implementation requirements and related milestones.
    d. Required MCO, Department, and other resources to ensure readiness.
2. Describe potential limitations or risks that the Vendor has identified that may impact planning and readiness and indicate the Vendor's proposed strategies to address those limitations and risks. Include examples of similar situations the Vendor has encountered with prior readiness planning and resulting solutions.

Passport Highlights: Implementation Plan

How We're Different	Why It Matters	Proof
Passport has collaborated with the Department for Medicaid Services (DMS) to successfully implement new health care programs for Kentuckians over the past twenty-two (22) years.	• We know Kentucky and have existing infrastructure (people, processes, technology, providers) in place. Our experience reduces risk to DMS and allows us to focus our implementation efforts on continuing to enhance our ability to serve members and providers. • We successfully implemented programs to expand coverage for Kentuckians.	• Recognized eight (8) times as top-performing Medicaid plan by the National Committee on Quality Assurance (NCQA). • Successful launches: KY Medicaid managed care program (1997), KY Children's Health Insurance Program (CHIP) program (1998-99), KY Affordable Care Act (ACA) expansion (2013), implemented statewide coverage in July 2014.
We conduct comprehensive mock internal readiness reviews to proactively identify gaps before readiness review.	• Enables issue resolution prior to readiness review. • A smoother transition for providers, members and DMS.	• Passport invested over 11,000 hours developing a comprehensive program for Kentucky HEALTH. We conducted a program implementation readiness review to verify our efforts and were the only managed care organization (MCO) selected by DMS to demonstrate readiness to the Centers for Medicare and Medicaid Services (CMS).

Introduction

The Passport team first implemented Medicaid health plan operations in Kentucky in 1997 and continues to serve Kentuckians today. We are a low-risk, high-value option for DMS, with a mature provider network, trained and experienced staff, innovative operational systems and technology, and we are successfully providing services to our members today. We are Kentuckians, with deep roots in our communities and extensive experience with Kentucky Medicaid.

Accordingly, for the Jan. 1, 2021 go-live, our implementation efforts are primarily focused on:

a) Delivering a suite of enhancements designed to optimize the experience for our providers and members
b) Complying with new requirements of the Medicaid program being procured with this request for proposal (RFP)
c) Executing on a comprehensive communication, training and readiness plan for all operational staff, subcontractors, members and providers

D.1 Describe the Vendor's proposed approach to support the readiness review process, and include the following information:

a. A proposed Program Implementation Plan beginning from Contract Execution through ninety (90) days post go live, including elements set forth in the Contract, such as:

i. Establishing an office location and call centers.

ii. Provider recruitment activities.

iii. Staff hiring and a training plan.

iv. Developing all required materials.

v. Establishing interfaces to other Information Systems operated by Subcontractors, the Department, or others as required.

Supporting the Readiness Review Process

Passport has partnered with DMS since 1997, with the shared common goal of operating a successful program for Kentucky members, providers and DMS. To continue this partnership, we have developed a Program Implementation Plan at the milestone level (please see **Attachment D-2_Passport Health Plan Program Implementation Plan**), that is based on a thorough review of the RFP deliverables and draft MCO contract to ensure that all services and systems will be fully operational by readiness review and, ultimately, go-live. Passport has also identified what is already in place, what is in place that might require additional refinement, and what is new pertaining to its systems, processes, clinical programs and operations. Our many years of working with you in Kentucky, with these members, taught us that less transition and disruption to the system is better. It also provides DMS with less risk than a full transition to a new entity that would have to implement all systems and processes, potentially at a high cost to the program.

Approach

Passport's program implementation approach is grounded in the Project Management Institute's Project Book of Knowledge, found at www.pmi.com. The internationally recognized framework provides guidance and best practices for planning, measuring and overseeing complex projects and programs over their entire life cycle. Our flexible, capable approach ensures appropriate capacity and internal controls are in place to accommodate the enhancements needed for the new contract.

The program implementation is led by an implementation lead and program management office. The effort is organized by domains, as illustrated in **Exhibit D-1** to bring together end-to-end functions and create connection points between implementation, operations and IT. The overall program is overseen by an Executive Steering Committee charged with ensuring successful implementation.

Exhibit D-1: Implementation Domains

Claims	Configuration (Benefits, Pricing); Provider Data Management; Claims Workflow; Accumulators; Encounters; Payment Integrity
Customer Service	Call Center (Member & Provider); Portals (Member, Provider); Fulfillment
Enrollment/Finance	Eligibility & Enrollment; Client Finance
Clinical	Utilization Management; Appeals; Care Management
RASQ	Risk Adjustment; Quality
Reporting & Analytics	Operational; Financial; Regulatory/Compliance; Actuarial Services
Data Integration	EDI, Interfaces with Subcontractors, Enterprise Data Warehouse, Data Extracts
Platform	Identifi℠ Population Health Management System & Identifi℠ Health Plan Administration (HPA), Technology Infrastructure
Operational & Market Readiness	Network Development, Provider Contracting & Services, Community Engagement, Marketing, Compliance

Our implementation lead uses a Program Implementation Plan as the primary planning and control framework to monitor progress and ensure that the project remains on time and is meeting specifications. Subject matter experts, project managers, business analysts and integration quality testers are assigned to each domain and are responsible for delivery from project initiation to project close.

Our implementation plan includes a seven-phase project approach as described in **Exhibit D-2,** including initiation, requirements, execution, testing & DMS readiness, training & operational readiness, go-live, and warranty/transition to operations. We have already kicked off our implementation efforts and will continue through ninety (90) days post go-live.

Exhibit D-2: Implementation Phases

Phase	Activities
1. Initiation	Project team formation, project chartering and kick-off.
2. Requirements	Finalizing the detailed requirements for the defined project scope, outlining specific timelines for each set of requirements and preparing for execution. Developing comprehensive operational and market readiness plans, including development of a comprehensive change management and communications strategy.
3. Execution	Developing the solution designs and building and configuring the solutions as per the defined project scope and business requirements. Developing and refining program policies and training/communication materials.
4. Testing & DMS readiness	Conducting system and end-to-end testing to validate build and configuration against requirements and solution design. Finalizing desktop procedures, training/communication materials, and policies. Conducting compliance review, mock readiness reviews and full DMS readiness review.
5. Training & operational readiness	Communicating changes to providers and other external stakeholders. Onboarding new staff and training current Passport team members on new policies and procedures and enhancements to the provider and member experience. Initiating the transition from implementation to operations process.
6. Go-Live	Operational launch. Launching the Command Center and continuing execution on transition from implementation to operations process.
7. Warranty/transition to operations	Conducting daily Command Center, actively monitoring performance against service-level agreements (SLAs) and projections, with focus on rapid issue resolution. By the end of the warranty period, completing the process of transition from implementation to operations, assessing lessons learned and adjourning the implementation team.

The implementation lead holds each domain accountable for hitting the key milestones for all deliverables and ensures the team members use standardized measurement values, reporting methodologies, and templates to facilitate communication, analysis and accountability. A project tollgate approach will be used to move the project from each phase to the next at the domain level, ensuring that the critical deliverables for each phase have been completed as required. Key implementation and operational leaders will be required to sign off to move the project domain to the next phase. This will include an in-depth review of documentation (e.g., requirements, solution design documents) prior to build and configuration to mitigate risk.

In addition, the implementation team uses executive dashboards indicating the project's status to provide clear transparency to Passport's Executive Steering Committee. Our executive dashboards use a color system comprised of red, yellow, green (RYG) to clearly communicate whether each workstream is on track or requires immediate mitigation. A sample of this executive dashboard is shown in **Exhibit D-3.**

Exhibit D-3: Sample Implementation Dashboard-Status/Progress by Domain

Overall Status: On Track
Implementation Lead: Rich Rutherford

Passport Status Report for Week Ending X/X/XX

Summary:

Domain	Status	% Complete	Next Key Milestone (Target Completion)	Comments, Risks & Blockers
Claims	On Track	90%	Sample milestone – X/X/XX	
Customer Service	On Track	90%		
Enrollment & Finance	On Track	90%		
Clinical	On Track	90%		
RASQ	On Track	90%		
Reporting & Analytics	On Track	90%		
Data Integration	On Track	90%		
Platform	On Track	90%		
Operational & Market Readiness	On Track	90%		

We are open and transparent about progress to enable the Executive Steering Committee to communicate and collaborate effectively with all key stakeholders to achieve program goals. While we are heavily focused on preventing implementation problems, we recognize that unanticipated issues do arise. When unanticipated issues occur, it is critical that the Executive Steering Committee is armed with the information needed to drive rapid resolution both within Passport and in collaboration with DMS. We also recognize the importance of being able to keep DMS, our providers and our members well-informed throughout our implementation. This is accomplished through open dialogue in frequent status meetings, as well as through dashboards and written updates and provided at an agreed-upon cadence. Examples include:

- **Summarized Progress Updates:** As noted, updates are provided in the form of an executive dashboard, outlining the overall status of each domain, progress against key milestones, key dependencies needed to accomplish the milestones, critical risks and leadership actions required.
- **Risk & Issue Report**: The implementation team will maintain a risk and issue log and will review it with the Executive Steering Committee weekly to ensure rapid mitigation.
- **Action Item Tracker:** The identification, management and closure of action items will be maintained to ensure successful implementation. Action items will be captured as part of meeting notes and tracked in the Action Item Tracker. They will then be reviewed in the weekly project meeting. Action items will be escalated as necessary and will follow a change management/risk escalation process.
- **Decision Tracker:** Key decisions will be logged in a decision tracker maintained by Passport's implementation team. Decisions will be reviewed by the Executive Steering Committee to ensure decisions are communicated at all levels. Final decisions regarding scope and implementation approach will be signed off on by the Executive Steering Committee.

Passport will use an enterprise portfolio/project management tool, Clarizen, to manage the full implementation life cycle across all domains. Clarizen is a secure, scalable platform that allows for seamless management of complex projects. The platform has been used to create our Program Implementation Plan (**Attachment D-2_Passport Health Plan Program Implementation Plan**) and will be used to maintain detailed project schedules; document risks, issues and decisions; assign specific tasks; and develop audience-specific reports across all work items that can be utilized by Passport and DMS (e.g., milestones, key tasks, due dates, etc.). Clarizen will provide transparency and visibility in the implementation through real-time updates and links to reports and dashboards.

Passport is honored to have served the Kentucky Medicaid population since 1997 and will comply with all provisions of the MCO Contract as we continue to serve these members in the future. As an operating plan, Passport understands the Commonwealth, our members and providers, and brings that knowledge and infrastructure in a way that guides a seamless implementation. Our dedicated implementation team ensures that all services and systems will be fully operational by readiness review and the new contract start date of Jan. 1, 2021.

Program Implementation Plan

As noted, the Program Implementation Plan acts as our primary framework for outlining the strategy and tasks for implementing new RFP and MCO Contract deliverables. The Program Implementation Plan includes all elements set forth in the contract and enables Passport to quickly bring its current Medicaid operations up to revised 2021 compliance. Given our existing footprint, we believe we are well positioned to leverage our present infrastructure and operating experience to enable a seamless, low-risk implementation.

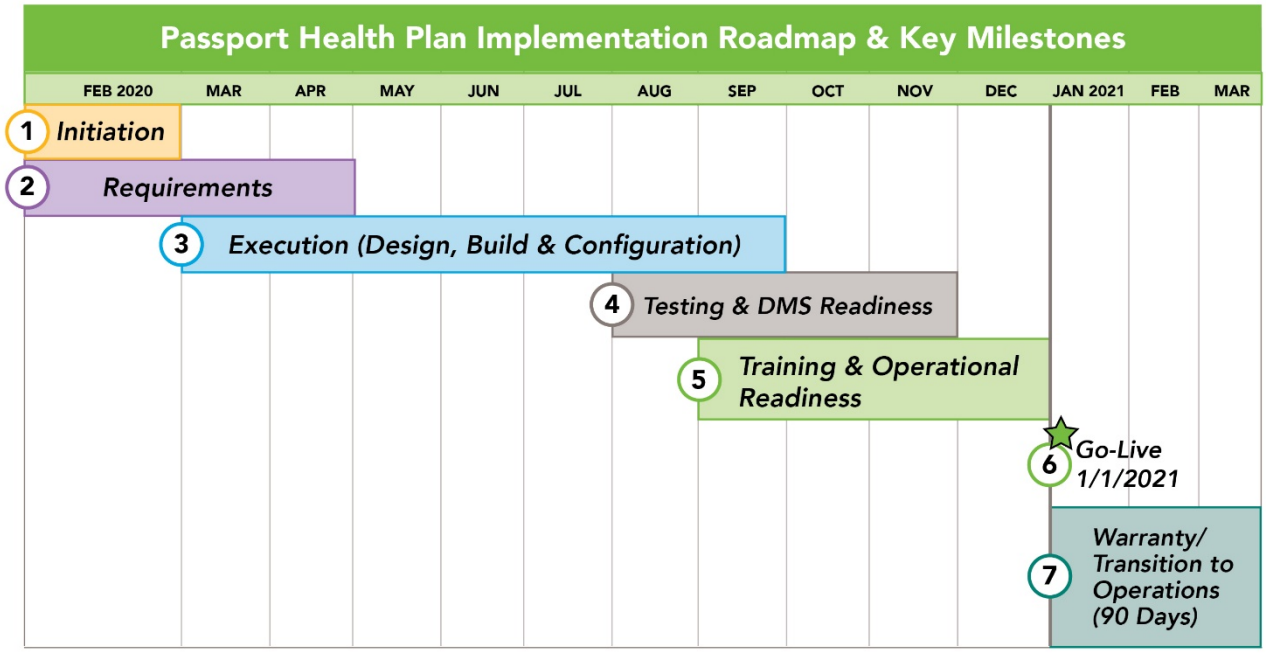
Passport has a continuing commitment to and focus on delivering a suite of high-impact initiatives designed to improve health outcomes and enhance the provider and member experience. We also recognize and stand ready to implement and comply with all new 2021 MCO requirements. To that end, **Exhibit D-4** highlights certain implementation initiatives tied to delivering high impact for our 2021 go-live as well as two examples of the MCO 2021 Contract Requirements we will also be implementing.

Exhibit D-4: Implementation Initiative Highlights

Area	Initiative Highlights
Improve health outcomes	• **Teladoc**: Enable 24/7 access to medical and dermatological services for all of our members, with a projected go-live in the third quarter of 2020 • **Social Needs Index**: Equip the care team with additional information about social needs via the Social Needs Index, enabling them to address the stressors in a member's life which are impacting the member's short- and long-term health outcomes • **Kentucky Health Information Exchange (KHIE):** Collaborate with KHIE to develop mechanism to enable ingestion of admission, discharge, and transfer (ADT) data by the Identifi℠ Population Health Management solution to better support whole-person care • **Quality Management:** Enhanced strategies and interventions for addressing quality gaps (e.g., additional provider incentives, member outreach)
Enhance member experience	• **Mobile App**: Expand smartphone application availability to the full membership of the plan and enable members to perform a wide variety of health plan functions (e.g., search a provider directory, view status of claims and accumulators) to foster increased engagement • **Workforce Development**: Provide GED support benefits for Passport members who do not qualify for the Commonwealth's program
Enhance provider experience	• **Value-Based Payments**: Refine and expand the use of value-based incentives as outlined in detail in C.18. Provider Network • **BH Claims Processing:** Insource behavioral health claims processing • **Auto-authorizations:** Launch auto-authorization rules to streamline the authorization process for select services with qualifying criteria • **Smart Gold Carding:** Streamline the authorization review process for high quality providers to encourage expanded access to services for members
2021 MCO Contract requirements	• **High-Cost Drug Stop-Loss Program**: Implement the stop-loss program in alignment with requirements to enable the partial reimbursement of certain covered high-cost pharmaceuticals for the contract year • **Reporting**: Support DMS' reporting requirements; serve as a collaborative partner in considering new or enhanced reports that provide meaningful insights and spur dialogue across MCOs

As noted in **Exhibit D-2: Implementation Phases**, our implementation is organized into seven (7) key phases. Each of the phases must be completed on time to enable Passport to deliver a successful Jan. 1, 2021 go-live. **Exhibit D-5** illustrates the overall timelines for each phase across all domains and inclusive of all implementation initiatives. This high-level view enables the implementation lead to be able to communicate how the various phases are expected to progress and anticipated downstream impacts should any delays occur.

Exhibit D-5: Implementation Roadmap and Key Milestones



Attachment D-1_Program Implementation Plan Phases and Key Milestones, provides a more detailed view of the project roadmap depicted above in **Exhibit D-5**, outlining key implementation milestones in each of the domains in accordance with the domain-centered implementation model. It reflects the fact that, as an existing plan, Passport has completed the foundational work needed for a successful Jan. 1, 2021 go-live. It also shows the key milestones we are tracking for an on-time delivery of high-impact initiatives and 2021 compliance requirements, certain of which are highlighted in **Exhibit D-4**. For example, in **Attachment D-1_Program Implementation Plan Phases and Key Milestones**, the claims domain reflects Passport's existing medical claims processing operations, as well as the milestones related to our investments to insource behavioral health claims processing to enhance the provider experience.

Attachment D-2_Passport Health Plan Program Implementation Plan exhibits the full Passport Program Implementation Plan, covering the comprehensive set of tasks required to ensure a successful implementation of the new regulatory requirements and planned provider and member experience enhancements for the Jan. 1, 2021 go-live. While Passport does not require a full-scale implementation for the 2021 MCO Contract, we are investing in initiatives across every domain to improve health outcomes and enhance our provider and member experience. Our Program Implementation Plan is thorough and ensures

that we will address all operational areas potentially impacted in the implementation of these high-impact initiatives. **Exhibit D-6** provides a snapshot of the level of detail contained within the Passport Program Implementation Plan.

Exhibit D-6: Snapshot of Passport Program Implementation Plan

3788	**2. REQUIREMENTS**	**62 d**	**02/03/20**	**04/28/20**	
3789	**Requirements Review**	30 d	02/03/20	03/13/20	
3790	Review Requirements	3 d	02/11/20	02/13/20	Project Stand-up Complete
3791	Review Discovery Materials	30 d	02/03/20	03/13/20	
3792	**Stakeholder Analysis**	54 d	02/13/20	04/28/20	
3793	Develop Stakeholder Analysis template	2 d	02/13/20	02/14/20	Core Team Kickoff
3794	Review Stakeholder Analysis template with Core Team	2 d	02/17/20	02/18/20	Develop Stakeholder Analysis template
3795	Update Stakeholder Analysis template	1 d	02/19/20	02/19/20	Review Stakeholder Analysis template with Core Team team
3796	Identify impacted stakeholder groups (Core Team input)	5 d	03/16/20	03/20/20	Review Discovery Materials, Update Stakeholder Analysis template
3797	Confirm impacted stakeholder groups	3 d	03/27/20	03/31/20	Identify impacted stakeholder groups (Core Team team input)
3798	Schedule stakeholder interviews	2 d	04/01/20	04/02/20	Confirm impacted stakeholder groups
3799	Conduct stakeholder interviews	5 d	04/03/20	04/09/20	Schedule stakeholder interviews
3800	Complete stakeholder group analysis	2 d	04/10/20	04/13/20	Conduct stakeholder interviews
3801	Review Stakeholder Analysis (Core Team)	3 d	04/14/20	04/16/20	Complete stakeholder group analysis
3802	Update Stakeholder Analysis	2 d	04/17/20	04/20/20	Review Stakeholder Analysis (Core Team)
3803	Develop analysis summary	3 d	04/21/20	04/23/20	Update Stakeholder Analysis
3804	Review analysis summary	1 d	04/24/20	04/24/20	Develop analysis summary
3805	Finalize Stakeholder Analysis	2 d	04/27/20	04/28/20	Review analysis summary
3806	**Provider Communications**	30 d	02/20/20	04/01/20	
3807	Perform Deep Dive / Discovery	5 d	02/20/20	02/26/20	Execute Kickoff Meeting
3808	Gather Requirements	15 d	02/27/20	03/18/20	Perform Deep Dive / Discovery
3809	Obtain Sign Off & Approvals	10 d	03/19/20	04/01/20	Gather Requirements
3810	*MILESTONE: Provider Services Requirements Finalized*	*0 d*	*04/01/20*	04/01/20	Obtain Sign Off & Approvals
3811	**Community Engagement**	30 d	02/20/20	04/01/20	
3812	Perform Deep Dive / Discovery	5 d	02/20/20	02/26/20	Execute Kickoff Meeting
3813	Gather Requirements	15 d	02/27/20	03/18/20	Perform Deep Dive / Discovery
3814	Obtain Sign Off & Approvals	10 d	03/19/20	04/01/20	Gather Requirements
3815	*MILESTONE: Community Engagement Requirements Finalized*	*0 d*	*04/01/20*	04/01/20	Obtain Sign Off & Approvals

Establishing an Office Location and Call Centers

Passport has strived to achieve the Commonwealth's goals with the support of nearly six hundred (600) highly dedicated and skilled people. Our team of talented professionals is primarily located within Kentucky to provide a local, high-touch member experience. Our training programs reinforce our commitment to delivering exceptional provider and member services and are outlined in greater detail in the Staff Hiring and Training section, below.

Plan operations are located at 5100 Commerce Crossings Boulevard in Louisville. We also maintain a primary call center with over one hundred twenty (120) staff in the same location that first went live in 1997. In Prestonburg, we maintain a satellite office that houses some claims, community engagement and provider network management staff.

We also acquired a twenty (20)-acre site in west Louisville at 18th Street and Broadway and are working to identify an aligned developer to help us create a state-of-the-art Passport Health and Well-Being Campus to serve the needs of the local community. When complete, it will also provide a new corporate headquarters for Passport's staff and operations.

We continuously forecast, assess and adjust our staffing to ensure we remain in compliance and will continue to do so. We will also leverage our extensive experience to evaluate the anticipated total impact on our operations and call center after the MCO contracts are awarded to ensure that we can maintain the same high standards for serving our provider and member stakeholders throughout the go-live period and beyond.

As part of our Program Implementation Plan, we will establish and implement detailed provider and member outreach and call center plans for the enrollment period, warranty period and post-warranty period:

- **Provider and Member Outreach**: We will develop and implement a comprehensive transition communication plan for both providers and members by the end of September 2020 to proactively answer anticipated questions resulting from program changes. As part of this plan, our provider relations team will engage directly with providers to ensure we are meeting their needs and can rapidly adjust our communications to address any issues surfacing. We will also leverage existing processes for onboarding new members enrolling with Passport from other MCOs and for new providers contracting with Passport.
- **Tools and Technology**: In addition to utilizing personalized individual communications, we will customize messaging on the provider portal, member portal and the interactive voice response (IVR) system to share key messages and address issues. We will monitor all incoming contacts and refine messaging in real time as needed.
- **Call Volumes:** We anticipate an uptick in call volumes following the award announcement, in the weeks prior to go-live, and in the early part of 2021, as it is historically our busiest time of the year. We will evaluate historical annual call trends as well as data from past transitions (e.g., ACA expansion) to estimate expected call volumes.
- **Staffing:** We will determine the level of staffing needed to meet our call center SLAs (e.g., average speed to answer, percentage answered within thirty (30) seconds, abandonment rate) given expected call volumes and our proven Passport staffing ratios. Should additional staff be needed, we will onboard and train the staff needed to ensure we can remain in compliance, as we are today. We will hire and onboard in two (2) tranches as needed given the latest call volume forecasts and productivity:
  - Recruit in August for mid-September hire
  - Recruit in October for mid-November hire

We will monitor activity throughout the go-live and adapt as needed to provide a positive provider and member experience.

Provider Recruitment Activities

As a trusted DMS partner, we already have a provider network in place with longstanding relationships. Passport currently serves approximately 300,000 Kentuckians statewide with a comprehensive provider network that includes approximately 32,000 providers across the following provider types: 9,100 primary care providers (PCPs) (2,500 of which are pediatricians), 17,000 specialists, 2,200 ancillary providers, 3,700 behavioral health providers, and one hundred thirty (130) hospitals. Our locally based provider-contracting and provider-relations representatives continue to provide in-person, one-on-one education and assistance to facilitate contracting, credentialing and accurate and prompt claims payment. These factors, coupled with our historical provider ownership and focus, will reduce the potential for the provider abrasion often present in a full-scale provider network build, and substantially lower risk to DMS.

Passport, founded as a provider-driven plan and continuously governed by and responsive to providers, is a leader in provider network development. Our strategy to ensure a comprehensive statewide network across

all provider types includes extensive analysis, personal recruiting and contracting with a variety of quality and value reimbursement programs.

Passport assesses network adequacy on an ongoing basis to identify and close gaps, increase provider capacity by provider type, and seek opportunities to improve access for members. Monthly, our Provider Network team applies Quest Analytics tools, an industry-standard platform that combines dynamic time and distance access stands with our minimum contractual provider requirements to evaluate our overall network adequacy and identify gaps based on standards. Quarterly, we review claims data to identify all out-of-network providers seen by members during the period, which further helps identify gaps. The Provider Network team also reviews access-related feedback from members, referring providers, care managers and utilization managers, as an early warning system of changes in member need that may necessitate network recruitment response.

Passport relies on traditional recruitment tactics in its overall network development such as meetings, e-mail and traditional mail contact, telephone calls, meet-and-greets and formal presentations. We develop target lists of providers from our analysis of specific geographic areas and specific provider types, leveled by our monthly analysis, described above. We also target providers using a variety of sources including existing Passport provider recommendations, member requests, direct provider inquiry, and focused geographic and specialty searches.

Passport also employs several unique approaches to address specific network gaps that are identified and to maintain its high-quality network. For example, Passport is offering a suite of value-based payment models that meets providers where they are on the quality continuum and encourages and rewards both small and large practices. Passport will soon also offer Teladoc services twenty-four seven (24/7) statewide to ensure primary care access and reduce emergency department (ED) dependence. Through Teladoc, the nation's leading provider of virtual visit services, we anticipate that we can offer medical and dermatology virtual visits to our entire membership twenty-four seven (24/7) by the third quarter of 2020. Not only will Teladoc serve as a resource for members who live in primary care shortage areas, it will help in statewide efforts to reduce our members' unnecessary use of the local ED. Passport will also continue to leverage our community partnerships to reach and recruit providers in underserved and nonurban areas. By keeping our finger on the pulse of the communities we serve, we are better positioned to recruit providers for Kentucky's Medicaid Program.

Passport's commitment to continuous evaluation, innovative value-based payment offerings, relationship development and in-depth provider support will enable Passport to continue delivering on its commitment to network adequacy, value and high-quality care.

Staff Hiring

As a Kentucky-based organization, Passport is proud to provide the vast majority of our staffing opportunities to Kentucky residents. Staff supporting Passport reside in thirty (30) Kentucky counties, spreading our employee footprint across the Commonwealth and allowing us to keep a finger on the pulse of what is happening in our local communities. This priority on local staff allows us to better serve our members and providers by being more familiar with their unique, regional needs. It also allows us to tailor our approach to best meet the needs of DMS and provides nearly five hundred fifty (550) jobs to stimulate the Kentucky economy. We are a proud Kentucky employer, building on many years of excellence and investing in our staff to meet the evolving needs of the Commonwealth.

We will reevaluate our staffing needs in every operational area to ensure we will maintain our high standards of service for our providers and members given the Kentucky Medicaid award decisions, the new MCO Contract requirements, and the planned program enhancements. For each operational area, we will review anticipated changes in both work volumes and skill sets and leverage the existing pool of local talent to meet our staffing needs. Assuming Passport membership volumes are comparable to current volumes, it is anticipated that Passport will need to increase its staff in the following areas:

- Claims adjudication—based on the insourcing of behavioral health claims.
- Reporting and analytics—based on the expanded reporting to capture greater member insights and meet compliance requirements.

Should membership volumes increase significantly with the 2021 MCO Contract award, we anticipate that additional staff will also be needed across other areas, including population health management, pharmacy, Utilization Management (UM) and member and provider services. As noted, we will evaluate staffing in every operational area upon award of the 2021 MCO Contract.

Staff Training

Passport invests heavily in training its staff—at initial onboarding, for continuing education and to support all program changes—to enable them to successfully deliver on Passport's important mission. Our training programs will be focused on onboarding new hires and training existing staff on updated policies and procedures, our planned provider and member experience enhancements, and any change in Passport's provider and member scope.

We have a dedicated Training and Development Team that is comprised of instructional designers, technical writers, and instructional specialists (trainers) who are responsible for developing and delivering comprehensive training to Passport employees to ensure they are set up to be successful in their roles. The training programs available to Passport employees include instructor-led training tailored to operational roles, classroom learning activities and exercises, system demonstrations, web-based skills training, online course overviews, as well as self-taught reading materials.

New employees will have access to an onboarding tool to help guide them and allow them to quickly get up to speed in their roles; they will receive extensive training on our company, including its culture and its

service-oriented mission. In addition, new employees will either attend an instructor-led course or will leverage departmental/role-based training materials and job shadowing available to them.

Health Plan Administrative Training. Instructor-led courses vary in length from two (2) to four (4) weeks on average and are available for the following health plan operational areas: claims, configuration, provider data and network management, enrollment and payment integrity, among others. New or existing Passport employees are eligible for these courses. The goal of these courses is to get the employee familiar with the basic functionality and foundations of their operational roles. The curriculum for these courses typically includes an overview of the company and department the team member belongs to, an outline of basic workflows for the role, an understanding of how each role interacts with other departments, demonstration of our system, hands-on exercises and job shadowing. At the end of each course, each participant is expected to demonstrate what they have learned by passing written and practical exams.

Utilization Management, Case Management and Population Health Management Training. Passport has a comprehensive Utilization Management, Case Management and Population Health Management Training program for clinical and nonclinical staff. For newly hired team members, the process begins with new hire onboarding and orientation, followed by a comprehensive curriculum using different methods, lasting approximately four to six (4-6) weeks. All training is based on Adult Learning Theory and developed by instructional designers in partnership with clinicians. Participants complete pre-work leveraging a learning module system (LMS), which is online. Modules are assigned and all activities recorded and time stamped. LMS modules use video demonstration, lecture and interactive sessions. Important topics such as self-management, motivational interviewing and clinical program overviews are presented. Face-to-face sessions build upon the pre-work and provide in-depth training on programs, platform, workflows, policies and procedures, tools and more. Upon completion of the pre-work and classroom training, the team members are partnered with a preceptor who provides mentoring and support as they demonstrate their new skills. Preceptors are team members who have demonstrated excellence in practice and must complete a formal training to serve in this capacity. A sample training plan for UM staff is shown in **Exhibit D-7**.

Exhibit D-7: Sample UM Staff Training Plan

MODULE NUMBER	TRAINING COURSE NAME	INTAKE COORD.	NURSE CA	MD REVIEW	APPEALS COORD.	APPEALS NURSE	GRIEVANCE COORD.	GRIEVANCE NURSE
UM Module 1A	Introduction - Passport Overview of UM	X	X	X	X	X	X	X
UM Module 1B	UM Staff, MDs, Contact information	X	X	X	X	X	X	X
UM Module 1C	How to Access SharePoint, QRGs, Training site, Policies, SOPs, Learning-LMS	X	X	X	X	X	X	X
UM Module 2A	UM Basics, Fundamentals-Process	X	X	X		X		X
UM Module 2B	Medicaid Foundation	X	X	X	X	X	X	X
UM Module 2C	UM Metrics & Reporting	X	X	X				
UM Module 3	UM Additional Topics, Processes	X	X	X	X	X	X	X
UM Module 4	Denial Review, Denial Letter Writing	X	X	X				
UM Module 5	UM Quality/Compliance, Auditing	X	X	X	X	X	X	X
Identifi Module	Identifi Review Foundations Module	X	X	X	X	X	X	X
Identifi Module	Identifi Review Building Cases Module	X	X					
Identifi Module	Identifi Review Clinical Process Module		X	X				
Identifi Module	Identifi Appeals Module		X	X	X	X	X	X
Identifi Module	Identifi Complaints Module			X	X	X	X	X
NCQA Module	NCQA Overview Presentation	X	X	X	X	X	X	X
Identifi HPA Module	Identifi HPA Training	X	X					
InterQual Module	InterQual Inpatient Acute Hospital		X	X		X		X
InterQual Module	InterQual SNF		X	X		X		X
InterQual Module	InterQual IRF		X	X		X		X
InterQual Module	InterQual LTAC		X	X		X		X
InterQual Module	InterQual Home Health		X	X		X		X
InterQual Module	InterQual Procedures, Imaging, DME		X	X		X		X

Ongoing Training and Support. Training team members provide continual support to fellow Passport employees with supplemental training or by the development and maintenance of documentation. Documentation is provided to Passport employees to assist with their daily operations such as policies and procedures, desktop procedures, job-aids, training manuals and/or standard operating procedures.

Passport employees also have access to a central repository of training materials that allows them to further grow in their roles and careers. Continuous education and improvement are important and, as Passport employees master their foundational knowledge, they are provided opportunities to expand their knowledge and skills by enrolling in a course or partaking in self-taught reading or online recordings.

Development of Material to Support the Program

Passport has an existing library of approved, award-winning materials developed by its in-house, Kentucky-based communications teams that Passport uses to engage with providers, members, employees and the community and to support program requirements. These materials are broad-based and include:

- Member education and communications:
  - New member onboarding ninety (90)-day plan
  - New member videos
  - Population health management (PHM) program collateral including brochures, letters and videos
  - Regulatory letters
  - Member Handbook
- Provider-facing materials
  - Provider Manual
  - Materials on PHM programs and engagement approaches
  - Regulatory letters
- Employee training and compliance materials
- Program policies and procedures
- Desktop procedures and job aids
- Training modules

We will evaluate all existing materials in our planned Transition Communications Center to optimize impact, to align with Passport's latest programs, and to ensure compliance with the latest regulations.

Passport also uses various methods to continually adapt our materials to reach Kentucky Medicaid's various populations and audiences effectively, such as:

- Use of local focus groups.
- Use of best practices to meet the needs of various Kentucky stakeholders (such as specific cultural nuances and language needs).
- Collaboration between internal subject matter experts and teams.
- Use of data from past communications to determine effectiveness.
- Use of local talent and visuals.
- Kentucky Medicaid regulations.

Communications experts in individual departments are typically responsible for helping determine the content and distribution methods of their requested materials. However, our Transition Communications Center and central creative services teams will assist in the content review, printing and fulfillment process throughout the implementation.

Our extensive existing supporting material, coupled with our depth and breadth of experience in Kentucky, means that we are ready as needed to deploy new and refined materials to successfully support the new contract. The development of new and refined materials, focused on critical updates and program enhancements, is built into our Program Implementation Plan. New and updated materials will be coordinated with DMS for approval.

Interfaces with Other Information Systems

Our core Medicaid business interfaces are longstanding and in place, lessening the risk associated with a full-scale implementation. We will validate any new or modified interfaces through extensive testing as part of our internal readiness review prior to the Commonwealth's readiness review.

As part of our core Medicaid business, over two hundred fifty (250) data interfaces have already been set up to support the Kentucky Medicaid business. This includes data exchanges to the subcontractors discussed in Section C.01 Subcontractors. During the implementation process at Passport, the dedicated Data Integration team works through extensive and detailed requirements and discovery sessions where requirements are gathered. Internally, these requirements are then solutioned to ensure every requirement is satisfied and presented as part of the Implementation Solution sessions. These solution sessions are held internally with our subject matter experts (SMEs) from each of the domains to provide a complete and thorough end-to-end solution. These requirements and solutions are reviewed and approved before entering the execution phase.

Once approved, the requirements and solution documents are analyzed at a deeper technical level and detailed design/tech spec/gap analysis documentation is generated by our systems analysts. These detailed design documents are then provided to the software engineers to build out the interfaces. Once developed, these interfaces are first tested by a group of functional testers who focus on the specific data-level requirements of each interface. Once tested and approved by the functional testers, the interfaces are then handed over to the Integration Quality team that then manages the end-to-end testing of the data flow using the interconnected interfaces.

End-to-end testing (E2E) focuses on the validation of inbound/outbound interfaces by ensuring that data (provider/contract, member, claims, etc.) accurately flows to/from the interfaces in accordance with the Business Requirement and Technical Specifications documents. In addition, Interface E2E testing entails testing with vendors/subcontractors. The testing engagement involves a common test strategy (scenarios) and data set that both entities review and execute against and the execution results of which are collectively reviewed. Testing occurs in multiple iterations until a mutual determination of success is agreed to, that will thereby result in the closure of the joint testing cycle.

Enhancements to the Passport Program for 2021 as described in this RFP response (including KHIE and the behavioral health claims insourcing) will follow the process outlined above for any Interface enhancements/updates.

D.1.b. Proposed staffing to support implementation activities and readiness reviews.

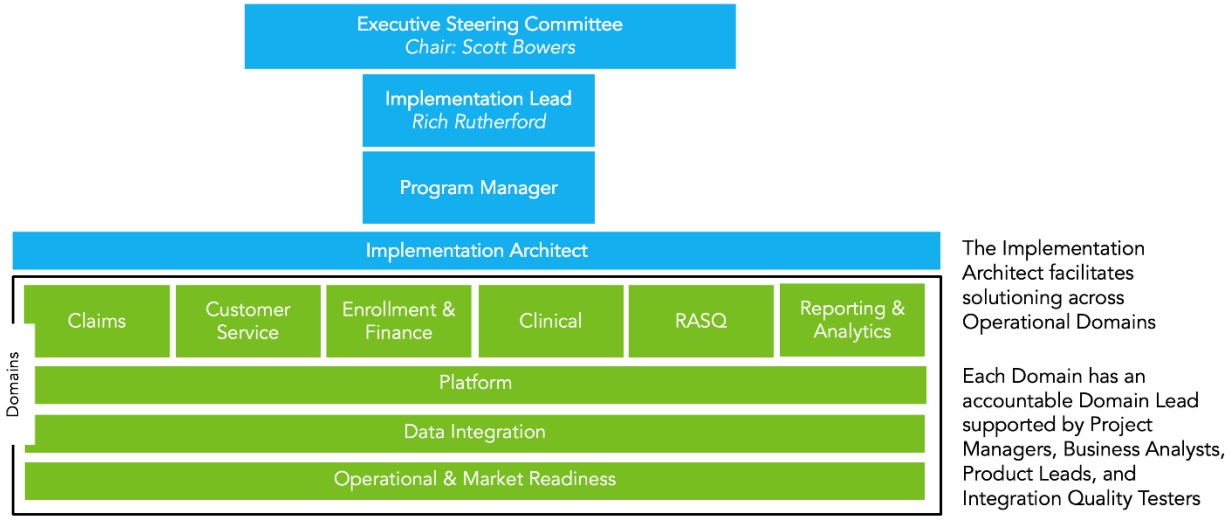
Staffing to Support Implementation and Readiness Reviews

Passport draws from its talented team of Kentucky Medicaid and health plan experts in every area of current operations to support the implementation and readiness review effort. This includes the implementation program management office (PMO) to manage the overall readiness effort, domain teams staffed with seasoned operational and technical experts, and an implementation architect to ensure the overall solution designed will effectively meet the needs of the market, all overseen by an Executive Steering Committee of Passport executives. Members of the Executive Steering Committee have oversight and accountability for the performance of their assigned operational areas and ensure that new contract requirements are seamlessly implemented in their operations. They are also accountable for ensuring that provider and member interests are reflected in decisions made through implementation. Collectively, we will continue to apply our deep health plan knowledge and local expertise to ensure successful delivery and readiness.

Implementation Lead Rich Rutherford, RN, BSN, PMP oversees our implementation and readiness review activities. Rich is a seasoned project management professional and has leveraged his nursing background to lead several successful health care program implementations. Rich draws from his twenty (20) years of experience to ensure a successful readiness review and go-live, minimizing risk to DMS, members and providers.

Rich is supported by a program manager and our implementation PMO and receives oversight from our CEO, Scott Bowers, and an Executive Steering Committee charged with ensuring the successful implementation. Rich and our program manager manage implementation activities but, ultimately, responsibility and authority for the implementation rest with Scott Bowers, as depicted in **Exhibit D-8**.

Exhibit D-8: Implementation Oversight and Organization Structure



Implementation lead and program manager responsibilities are reflected in **Exhibit D-9**.

Exhibit D-9: Implementation Lead and Program Manager Responsibilities

Role	Responsibility
Implementation lead	This resource serves as primary point of contact for executive leadership on the implementation. This role oversees a PMO, program managers and project managers dedicated to the implementation. This role also drives collaboration among the key stakeholders across domains to: • Drive accountability for the quality of overall service delivery for the implementation. • Oversee the development of the end-to-end project plan. • Ensure deliverables are met as per contractual agreements. • Oversee the communications of the overall implementation progress, risks and mitigation plans. This role leads the coordination of all delivery resources and activities across the implementation domains through a coordinated set of project management tools.
Program manager	This role serves as the primary day-to-day point of contact for implementation teams across the operational domains. This role is accountable for the oversight of the following: • Facilitates the development of a consolidated project plan across operational domains. • Manages the production of deliverables and the delivery timeframes across the domain project managers. • Brings rigor to risk management to identify and communicate project risks early in the process and facilitate subsequent issue resolution. • Oversees the overall implementation progress, risks and mitigation plans and identifies and mitigates impacts across domains and workstreams. This role interfaces with project and domain teams to maintain consistent understanding of project status and identify variances to plan

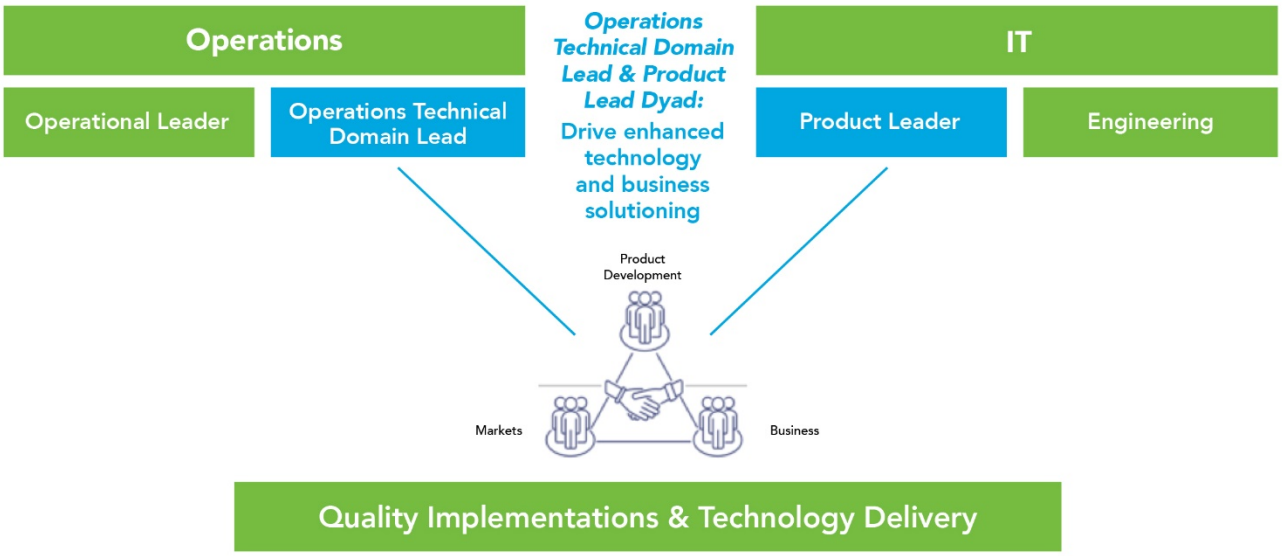
Each of the domains will have one or more individuals serving in each of five (5) key roles, as outlined in **Exhibit D-10**.

Exhibit D-10: Roles Within each Domain

Role	Responsibility
Operations technical domain lead	Responsible for leading the success of individual domains by providing subject matter expertise for operational functions and technology by collaborating with the Operations and IT teams. The role is accountable for: • Guiding the implementations through the definition of requirements, solutioning and testing with the product manager, project manager, business analyst and testers. • Defining and standing up the operations, including training, reporting needs, standard operating procedures (SOPs), SLAs, etc. • Facilitating domain-specific implementation committees and driving decisions during the implementation.
Product lead	Responsible for the design and development of product enhancements by collaborating with the operations technical domain leads and business analysts
Domain project manager(s)	• Coordinates the day-to-day delivery of the team members of the domains within the implementation structure. • Supports communication and collaboration between implementation and operations teams. • Drives the maintenance of the overall domain plan, risk and issue log, and status reports.
Business analyst(s)	Supports the domains through gathering documentation, authoring solutions designs and building solutions: • Creates business requirements documents • Defines acceptance criteria • Collaborates on design definition/documentation • Creates inventory of current state process flows • Documents new state process flows
Integration quality tester(s)	Responsible for testing the configurations and all their related components, data loads, infrastructure and workflow(s).

The **operations technical domain lead** and **product lead** play central roles in ensuring alignment between Operations and IT as part of a dyad with the product leads, as depicted in **Exhibit D-11**. As a senior-level operational lead, the operations technical domain lead, supported by domain-specific business analysts and testers, will serve as the operational SME to guide requirements and operational stand-up, thus ensuring operational accountability and expertise are engrained in the implementation. The operations technical domain lead and the product lead for the domain will collaborate prior to and during implementation to identify any capability gaps and to determine solutions to close them.

Exhibit D-11: Operations and Technical Delivery Alignment

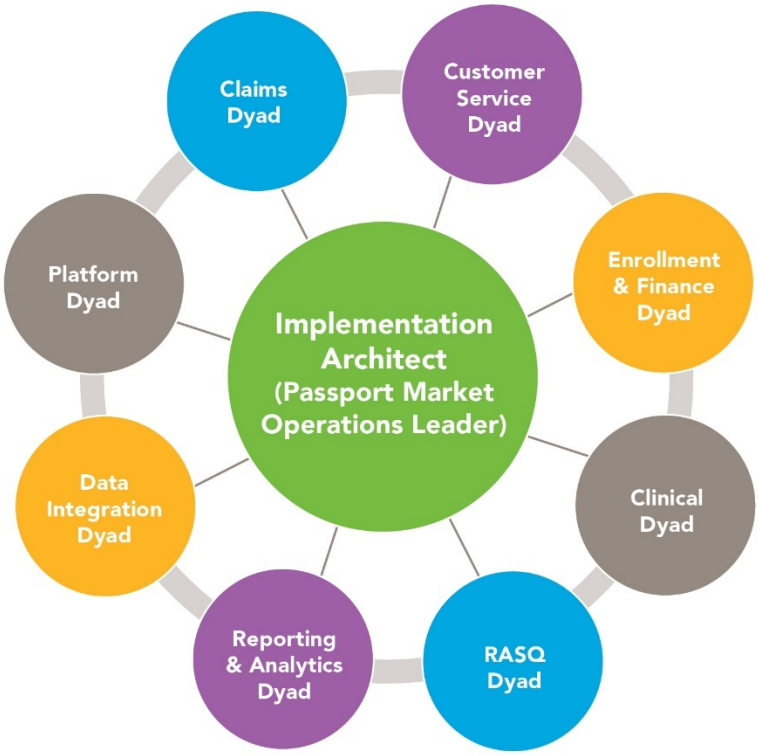


Finally, the implementation architect connects the domains to ensure the overall solution meets the needs of the Kentucky Medicaid providers and members, as described in **Exhibit D-12** and depicted in **Exhibit D-13**.

Exhibit D-12: The Role of the Implementation Architect

Role	Responsibility
Implementation Architect	This role will be filled by the senior market operations leader and acts as the hub for the overall solution being delivered, by spanning across all domain teams: • Is responsible for driving solutioning across domains to ensure processes are designed using a holistic, end-to-end approach. Includes facilitating business owner and domain lead sign-off on all nonstandard processes to ensure seamless execution upon go-live. • Ensures sustainable processes are developed during the implementation phase and the correct staffing model is identified to execute on all new and refined processes. Allows market leader to assess any nonstandard processes and make determination of potential staffing impacts. • Ensures processes put in place enable adherences to both SLAs and regulatory requirements. • Responsible for establishing plan to transition progressively to operations.

Exhibit D-13: Implementation Architect as the Hub Connecting All Domains



The PMO collaborates with the Executive Steering Committee to champion specific member and provider needs within their functional areas. The PMO will support implementation activities. Readiness reviews will be supported by all hands—the PMO, Executive Steering Committee, and MCO clinical and operational staff.

To ensure stable post-go-live operations, we will stand up a Command Center at least 15 days prior to go-live to serve as a centralized entity to track status, identify issues and mitigate risks. This solution will group key resources to speed the identification and resolution of issues.

The Louisville-based Command Center will be comprised of business owners, key stakeholders, and delegate points of contact (POCs) for each operational team and will operate throughout the ninety (90) day warranty period post go-live. The Command Center has an established escalation path to ensure efficient communication and involvement of appropriate business owners and support teams for issue resolution.

The Command Center will monitor the health of operations using a set of reports with key operational metrics to aid in the rapid identification of issues, as shown in **Exhibit D-14**. Sample report templates are shown in **Exhibit D-15** and **Exhibit D-16**.

Exhibit D-14: Command Center Operational Metrics Monitored

Command Center Metrics Monitored

Solution Team	Report	Report Content/Metrics	
Call Center	Call Performance Report (member and provider)	# call received # called answered (CSR, IVR) # calls abandoned Abandon rate # calls answered in 30 seconds	% of calls answered in 30 seconds Average hold time Average call time Call backs
Enrollment & Eligibility	Enrollment Processing Dashboard	# of eligible members # of terminated members # of ID cards mailed	% of members with PCP assigned Date of last eligibility file load
Claims	Claims Aging Report Claims General Summary Report	# of claims received # of claims processed # of claims in inventory Inventory dollar amount Claims aging (0-7 days, 8-14 days, 15-21 days, etc.)	Claim level detail # of paid claims # of pending claims/line count Total claims/line count
Pharmacy	Claims Summary Report Plan Performance Report CVS Call Center Report	# paid claims # rejected claims % paid # reversed claims	Top rejection codes UM coverage determinations (approved, denied) and TAT (hours) Pharmacy call center stats (ASA, talk time, abandoned calls, hold time, etc.)
Utilization Management	Daily summaries of UM activities	# of calls received # of calls handled Turnaround Time / Queue Status Average speed of answer Abandon rate SVC Level	# of calls for Identifi issues # of calls for phone line issues # of requests received # of approvals # of adverse determinations
Appeals & Grievances	Identifi Appeals Detail Report Identifi Complaints Detail Report	Case details for appeals and complaints	
Care Management	Report of issues logged in JIRA related to Care Management	Access issues Care team training issues	Workflow issues Functionality issues

Exhibit D-15: Sample Report Template for Call Center Operations Monitoring

	Member Daily Call Stats														
Date	Total Calls Received	Total Calls Answered BY CSR	Total Calls Answered by IVR	Total Calls Answered	Number of Calls Abandoned	Number of Calls Answered within 30 Seconds	% of Calls Answered in 30 Seconds	Abandonment Rate	Average Hold Time min.sec	Average Call Time min.sec	Number of Members who Elected Call Back	Number of Successful Call Backs	Average Talk time of Call Backs (min:sec)	Average wait time of Call Backs (min.sec)	Longest time in queue of Outbound Calls
30-Dec															
31-Dec															
1-Jan															
2-Jan															
3-Jan															
4-Jan															
5-Jan															
Week 1															
6-Jan															
7-Jan															
8-Jan															
9-Jan															
10-Jan															
11-Jan															
12-Jan															
Week 2															
Jan															

Exhibit D-16: Sample Report Template for Pharmacy UM Operations Monitoring

UTILIZATION MANAGEMENT - COVERAGE DETERMINATIONS

CVG DETERMINATIONS	JAN 07	JAN 08	JAN 09	JAN 10	JAN 11	JAN 12	JAN 13	JAN 14	JAN 15	JAN 16	YTD
TOT DETERMINATIONS	0	0	0	0	0	0	0	0	0	0	0
APPROVED	0	0	0	0	0	0	0	0	0	0	0
DENIED	0	0	0	0	0	0	0	0	0	0	0
EARLY CLOSE	0	0	0	0	0	0	0	0	0	0	0
TURNAROUND (HRS)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
APPROVAL RATE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

APPEALS	JAN 07	JAN 08	JAN 09	JAN 10	JAN 11	JAN 12	JAN 13	JAN 14	JAN 15	JAN 16	YTD
TOT DETERMINATIONS	0	0	0	0	0	0	0	0	0	0	0
APPROVED	0	0	0	0	0	0	0	0	0	0	0
DENIED	0	0	0	0	0	0	0	0	0	0	0
EARLY CLOSE	0	0	0	0	0	0	0	0	0	0	0
TURNAROUND (HRS)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
APPROVAL RATE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

All issues identified are logged into our Jira tracking system. The POCs will be the intake points for all known issues and responsible for logging and maintaining them throughout the day. The Command Center will have a dedicated room for the team to congregate and hold stand-up meetings and calls. During Command Center operations, the PMO will facilitate regular communications to interested stakeholders in order to minimize external distractions and keep the Command Center team focused.

While the market and plan operations teams are deeply embedded in the implementation, Passport executes a formal implementation-to-operations handoff plan to ensure the smooth transition from the implementation to the operations phase. Planning and execution of the formal handoff plan take place in tandem with the implementation and continues until ninety (90) days after go-live. **Exhibit D-17** describes the high-level components of the plan. The overall objective is to ensure operational stabilization and strong performance through the execution of structured implementation close-out activities. The transition culminates in executive program reviews conducted as the ninety (90) day post-go-live milestone approaches to ensure operations is ready to fully assume control of the new program elements.

Exhibit D-17: Implementation to Operations: Key Components for 2021 Go-Live

Milestone	Owner	Timing	Description
Training	Training & Development, PMO	Start up to 90 days pre go-live	Series of training sessions focused on BH claims processing, clinical program enhancements, Social Determinants of Health (SDoH), mobile application support, expanded provider network, and changes in policies and procedures
Reporting	Analytics Implementation Team	Up to 30 days before go-live to 60 days post go-live	Transition new and refined reports to analytics operations team after reports tested with live production data post go-live
Clinical	Clinical Implementation & Operations Teams	Up to 30 days before go-live to 60 days post go-live	Transition new and refined programs to clinical operations teams, and ensure that providers and members are well cared for throughout and beyond the transition to operations
Interfaces	Data Integration	Up to 60 days post go-live	Transition new and refined interfaces to IT operations team after interfaces tested with live production data post go-live
Integration Quality Go-Live Review	Integration Quality, PMO	30 days pre go-live	Review of testing status, critical defects and any outstanding tasks
Command Center Reporting	PMO & Market Operations	Start 15 days prior to go-live and continue 90 days post go-live	Daily Command Center reporting, post go-live issue resolution
Domain Status Review	PMO, Operational Domain Leads	Up to 30 days post go-live	Review implementation domain status with market operations, outlining any outstanding tasks or issues requiring resolution
Maintenance Meetings	Market Operations	Up to 60 days post go-live	Incorporate expanded 2021 capabilities into weekly, bimonthly and monthly maintenance meetings: Market operations, operational performance reviews
Executive Program Reviews	PMO, Executive Steering Committee	90 days post go-live	Executive review of implementation retrospective and formal warranty period closure (with handoff of implementation to ongoing operations)
Implementation and Warranty Period Close-Out (90 days post go-live)			

D.1.c. An overview of system operational implementation requirements and related milestones.

System Operational Implementation Requirements and Milestones

Passport understands and will comply with all the Management Information System (MIS) requirements as described in Section 15.0 of *Attachment C—Draft Medicaid Managed Care Contract and Appendices.* As noted, we are well positioned to leverage our present infrastructure to enable a seamless, low-risk implementation. Passport has identified what is already in place, what is in place that might require fine-tuning, and what is new pertaining to our systems, processes, clinical programs and operations.

Our considerable experience working in Kentucky with DMS and with our population, taught us that less transition and disruption to the system is better and that every system change has corresponding effects on other areas. It also provides DMS the ability to focus more on operations from go-live, versus a full transition to a new entity that must build each capability from scratch, potentially at a higher risk for implementation issues.

As background, in 2016 we proudly transitioned to the Identifi platform, an MIS designed to support population health via the Identifi population health management system, followed in 2017 by the transition to support health plan administration via Identifi Health Plan Administration (HPA). Transitioning to the Identifi platform was a strategic investment to enable Passport to optimize operational performance and most effectively support our providers and members. At the core of Identifi is the member-centric Identifi enterprise data warehouse (EDW) and strong data integration and orchestration components that seamlessly combine administrative (payer), clinical, provider and self-submitted data from multiple, disparate sources powering a suite of fully interoperable modules designed for value-based care.

Identifi and its subsystems are **fully functional today** and meet the requirements of the current DMS Contract. Identifi currently meets the guidelines and specifications of the Commonwealth, including required interfaces. Identifi subsystems also meet or exceed all Kentucky Medicaid Managed Care Program subsystem requirements, such as:

- Enrollee/member
- Third-party liability
- Provider
- Claims/encounter processing
- Financial
- Utilization data/quality improvement
- Surveillance utilization review
- Reporting
- Testing

Identifi is scalable to accommodate additional member populations, an expanded provider network and new program requirements, as demonstrated recently with Kentucky HEALTH. Passport was proud to serve as the Kentucky showcase MCO to CMS. We worked collaboratively with both DMS and contracted vendors to demonstrate our readiness to execute new Medicaid program requirements, including 834 file consumption, corresponding plan mapping for the Kentucky HEALTH population, and automated delivery and monitoring of data extracts. Our MIS stands ready to execute on current and future program requirements.

For the new contract, Passport's system operational requirements relate to enhancements designed to deliver on new 2021 compliance requirements and enhance the provider and member experience, as noted above, rather than a full-scale implementation. This will significantly reduce risk for DMS.

Attachment D-2_ Passport Health Plan Program Implementation Plan provides a comprehensive list of tasks required to ensure a successful implementation of the 2021 MCO Contract and planned enhancements for providers and members, as further described earlier in **Exhibit D-4**. The plan is organized by domain and project phase, and it provides key milestones, detailed descriptions, start and end dates, durations, and dependencies for all tasks required to ensure readiness. In our domain-centered model, tasks associated with system operational implementation are incorporated into each of the relevant domains within the Program Implementation Plan (e.g., configuration of benefits and provider contracts for accurate processing of BH claims can be found in the claims domain). By organizing the Program Implementation Plan by domain, Passport is able to ensure system-related tasks are handled in a close partnership between technology and operational teams, thus ensuring operational accountability and readiness.

In **Exhibit D-18**, we display a high-level view of system operational milestones given the planned enhancements and 2021 new compliance requirements.

Exhibit D-18: System Operational Milestones for 1/1/21 Go-Live



D.1.d. Required MCO, Department, and other resources to ensure readiness.

Required Resources to Ensure Readiness

Passport's successful implementations overt the last two decades of operating a Medicaid health plan in the Commonwealth underscore the importance of a high level of engagement and dedication from our resources, DMS and subcontractors. For example, we invested over 11,000 hours developing a comprehensive program for Kentucky HEALTH, with our plan staff keeping our subcontractors and DMS engaged throughout the process. Our efforts were confirmed during our program implementation readiness review, as Passport was the only MCO selected by DMS to demonstrate readiness to CMS.

MCO resources: As noted, we convened an implementation PMO to oversee our preparations for readiness review and go-live for this contract. The PMO will work in collaboration with the current MCO operational teams throughout the implementation through the operations technical domain leads. This PMO reports to the Executive Steering Committee and is empowered to drive all necessary activities to ensure success. As noted, we also deploy a Command Center after go-live with the authority and expertise to address all post-go-live issues. Every health plan function is responsible for ensuring readiness, demonstrating our capabilities during both internal and DMS-readiness reviews.

Commonwealth resources: Our previous implementation experience with DMS illustrated the power and importance of our DMS partnership. We will closely work with DMS resources, including a technology lead, an encounter data SME, the Commonwealth's medical director and other Commonwealth staff to ensure compliance to Commonwealth requirements, align goals and communicate progress.

Subcontractor resources. As detailed in *Proposal Section C.01, Subcontracts*, Passport has comprehensive processes to manage its subcontractors and hold them accountable to ensure all implementation timelines and deliverables are completed on time and are of high quality. Passport will continue to monitor all ongoing subcontractor activities and ensure subcontractor performance meets expected standards. In addition, the Passport implementation team will initiate weekly formal check-ins with Beacon Health operations teams, as well as executive-level forums to ensure that all migration activities related to the insourcing of the BH claims are successfully delivered on time.

Outside resources. Given the depth and breadth of our experience with the Medicaid program in Kentucky, we are confident we have the in-house expertise to successfully meet the commitments of the RFP and draft contract. In the event that we do not, however, Passport is prepared to engage outside resources and national experts to ensure a smooth transition. We are committed to this community and recognize that sometimes fresh perspectives improve our ability to cost-effectively serve members.

Passport has over two (2) decades worth of historical knowledge and awareness to know that in order to have a successful implementation, all parties (Passport, DMS and subcontractors) must partner and work closely with one another. We look forward to continuing this partnership with DMS resources to collaborate on implementation timelines, deliverables, system interfaces and readiness review.

D.2. Describe potential limitations or risks that the Vendor has identified that may impact planning and readiness, and indicate the Vendor's proposed strategies to address those limitations and risks. Include examples of similar situations the Vendor has encountered with prior readiness planning and resulting solutions.

Limitations/Risks Impacting Planning and Readiness & Mitigation Strategies

As a currently operating Kentucky Medicaid MCO, Passport is uniquely positioned to meet the requirements of the new contract with minimal risk. We are the proven, time-tested option and a valued provider of managed care services to the Commonwealth and our members. We do, however, recognize that there are risks inherent in any implementation, and we have instituted key organizational and process improvements to mitigate them.

Based on our extensive implementation experience, we have outlined specific risks, their potential impact, and our mitigation strategies below:

Risk No. 1

Risk description: Production data files (e.g., enrollment/eligibility data) are not provided in the anticipated format or contain unexpected data values.

Potential impact: File issues can result in delays in loading data, potentially impacting critical operations. If Passport is not able to load eligibility files in a timely manner, new members may not be loaded into Identifi in a timely manner, impacting the production and distribution of ID cards as well as the ability for a provider to pre-authorize services. As another example, if ADT data is not transmitted in the standard, expected format, Passport could miss the opportunity to engage members admitted to the hospital as part of the Transition Care clinical program, potentially impacting preventable readmissions.

Mitigation strategy: An extended stabilization phase keeps implementation resources engaged after go-live, allowing us to quickly remediate unanticipated production data issues. Experience has taught us that production data does not always conform to specifications, and it is difficult to anticipate every scenario. As a result, we load and test new production data feeds upon receipt in test environments to ensure it conforms to expectations. Should the file have issues, we are able to rapidly communicate the issues to the organization providing the file for rapid mitigation. We continue to staff implementation testing resources until we have achieved stability and consistency on each file type received. The implementation team may transition it to operations only after clean files have been received multiple times.

Risk No. 2

Risk description: Passport is dependent on external parties for test and production data files. Delays in receiving file layouts, sample files for initial analysis, full test files or production data can impact implementation timelines and operational readiness.

Potential impact: Passport is reliant on third parties (e.g., KHIE) for providing accurate sample and test data that is representative of future expected data for the development of new data ingestion feeds. Any delays in receiving the file layouts or any files in the development and testing phases can cause cascading delays to

downstream tasks, risking the quality and timeliness of the data ingestion. Further, delays in receiving timely production data for go-live can put downstream operations that depend on the data at risk.

Mitigation strategy: Passport employs several strategies to mitigate the dependency on third parties to provide sample or production data in a timely manner. During implementation, Passport holds weekly status calls with each data provider or subcontractor to communicate expectations related to receipt of sample or production data, discuss progress against the planned timelines, and surface issues that could cause delays. If an issue cannot be resolved within the weekly status meeting, it will immediately be escalated through the PMO for assistance and, ultimately, to the Executive Steering Committee. Based on past experiences, most issues risking delays can be effectively managed within the implementation team and PMO, but executive escalation is utilized as needed to ensure timely delivery.

Risk No. 3

Risk description: Data feed processing may result in higher-than-anticipated system load, either due to large data file size or data not passing standard validation tests.

Potential impact: System load issues can result in delays in loading critical data for downstream processes, impacting health plan operations for members and providers, such as new member enrollment, authorization of services and claims payment.

Mitigation strategy: Advance planning and testing for new data loads is important for ensuring that the existing technology infrastructure can handle anticipated peak loads and anticipated data quality within expected time frames. We test the impact of new incoming data files on system performance and throughput using near production-size loads in test environments to assess job behaviors and compare run times to expectations. Advance testing allows us to determine whether additional capacity may be needed before a file goes to production. We also develop and apply additional system performance and database monitoring to run during production jobs to identify when interventions may be required (e.g., memory, average load time, system resource contention). Lastly, we also conduct a post go-live evaluation to ensure production behaviors are holding to expectations in order to quickly identify required adjustments.

Risk No. 4

Risk description: Insufficient operational subject matter expertise in implementations creates risk around the quality of the implementation.

Potential impact: When operational SMEs are not deeply involved in implementation, requirements and solution designs may not accurately reflect the needs of the business or be sustainable long term.

Mitigation strategy: As outlined in the domain approach above and in **Exhibits D-1, D-10** and **D-11**, we have organized our implementations around domains and hold the operations technical domain leads accountable for the success of their broad-based domains. They are responsible for providing the subject matter expertise for their operational domain and for ensuring the needs of our key internal and external stakeholders are met, from requirements through handoff to operations. They are also responsible for ensuring that we have engaged operational leaders at the table as needed throughout the implementation, Furthermore, by filling the implementation architect role with the senior market operations leader, we

ensure sustainable processes are designed using an end-to-end perspective and will meet SLAs and regulatory requirements.

Risk No. 5

Risk description: When resources are formally accountable for in both implementations and operations, daily operational issues often require immediate attention and can shift focus away from critical implementation activities.

Potential impact: A dual focus on implementation and operational work has the potential to impact the quality and timeliness of implementation delivery. Given the interrelated natures of the domains, delays in one domain are likely to impact delivery in other domains, putting the full implementation at risk. Further, team members may feel the need to cut corners on quality to deliver on time, risking long-term operational performance.

Mitigation strategy: Passport's domain-centered implementation model brings together teams of operational leaders, product leaders, project managers, business analysts and integration quality testers who are dedicated to implementation. By designating dedicated implementation resources across key functions, we ensure our implementation teams can maintain a strong focus on meeting timelines and quality expectations throughout the implementation.

Risk No. 6

Risk description: Insufficient executive leadership involvement in implementations can pose a significant risk to the success of the implementation.

Potential impact: When executive leadership is not actively engaged in implementations, issue resolution lags, internal and external stakeholder engagement is more limited, and successful handoffs to operations are less likely. This is especially true for large, complex implementation projects involving stakeholders across the organization and external parties.

Mitigation strategy: Executive sponsorship is key to the success of all major implementations. As noted above and as depicted in **Exhibit D-8**, we have placed ultimate responsibility and authority with Scott Bowers, the CEO of Passport. He also serves as the chair of our Executive Steering Committee, which is comprised of executives representing each of the key domains and corporate functions. The implementation lead and program manager meet weekly with the Executive Steering Committee to review progress, risks and issues. The Executive Steering Committee is empowered and accountable for clearing barriers and ensuring successful implementations.

Passport also strongly believes that open lines of communication between the plan and DMS are essential during the implementation period. To that end, we employ the following strategies to foster a high level of transparency and collaboration.

Formal status meetings: Passport will continue to participate in regular status meetings with DMS to review project progress to date. Weekly meetings follow a pre-set agenda, which is distributed to regular attendees before the meeting. To create effective communication, we follow an agreed-upon agenda, which includes

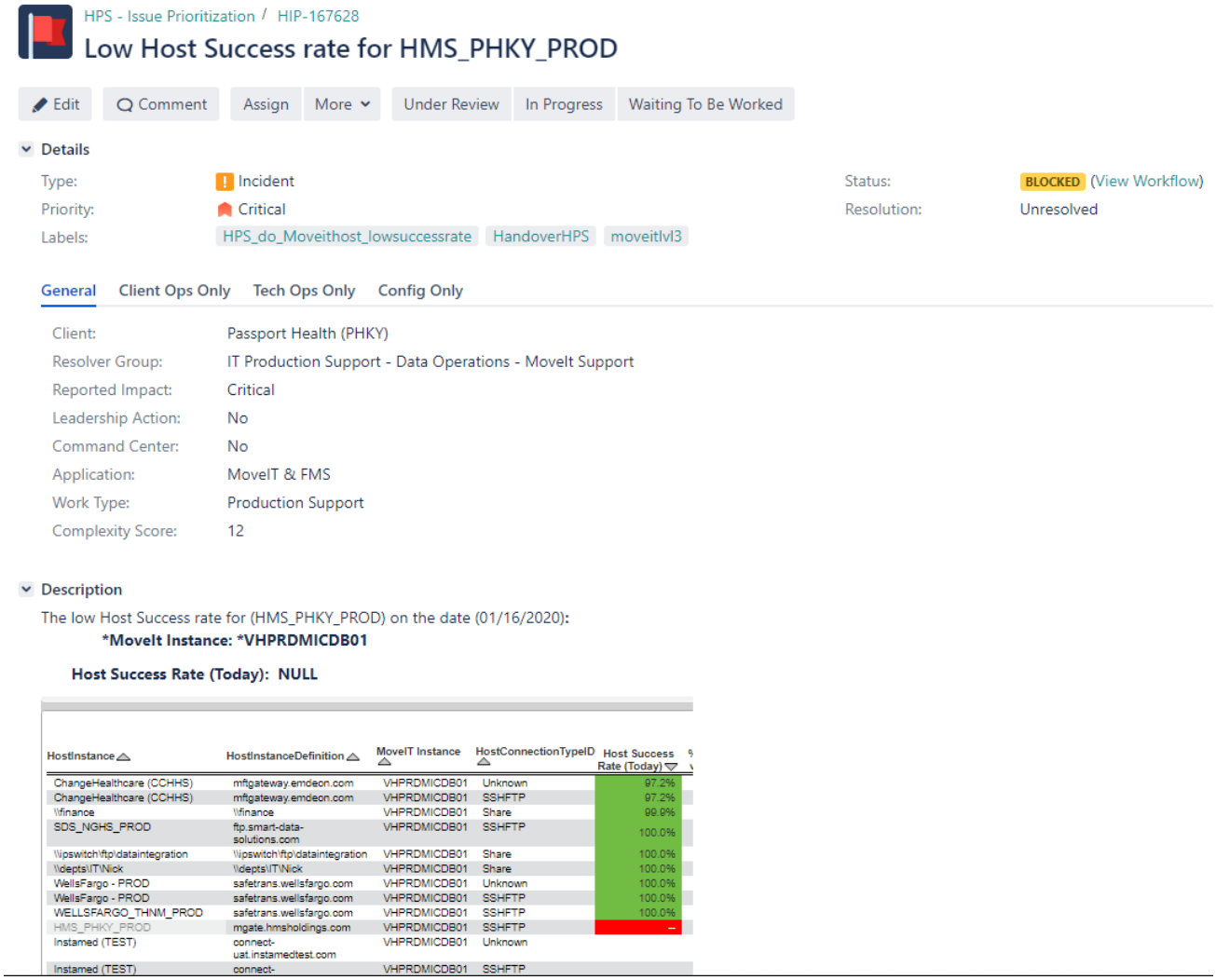
time for open communication on the most pressing issues and discussion of, at a minimum, transition or management and operations activities, the implementation schedule and open issues.

Open-door policy: An integral component of our overall contract and project management responsibilities centers on promoting frequent, open communications and a collaborative management style between Passport and DMS. Although we adhere to requirements for formal status meetings and reporting, we likewise encourage frequent informal communications among project staff members. Informal communications often promote quick problem resolution and effective decision-making, as well as a positive team spirit and a productive working environment. Regular project communications are a key method of ensuring clarity on project status, actions, risks and roles. Passport uses several tools to effectively communicate progress, decision points, action items and risks to all members of the implementation team. Meetings, status reports, operations reports and shared issue tracking create an environment of trust. Awareness of project progress, successes, issues and risks are essential to overall project management and Commonwealth satisfaction. Passport will continue to promptly respond to Commonwealth questions and directives.

Readiness Planning Risk Mitigation Example No. 1: File Monitoring Process

Passport is committed to risk mitigation and issue prevention and has mature processes in place to do so. For example, during our migration to the Identifi platform, we identified an issue related to the transmission of files. Transmission status was incompletely monitored, so if transmission problems occurred, it was not apparent at the time of transmission. To ensure this type of issue did not recur and that incoming and outgoing file exchanges occurred as expected, Passport established file monitoring logs to provide information on anomalies that may require attention. Examples of anomalies detected by this process include missing files, missing file transmissions, abnormally small/large files, and too few/many files. By reviewing monitoring logs for potential issues, our technical support and market operations teams can proactively detect and investigate issues that may require action to remedy in order to minimize the impact to plan operations. As part of the implementation, Passport will establish monitoring for any new file exchanges and modify monitoring parameters for existing file exchanges as required. **Exhibit D-19** illustrates the file transmission issue as logged in Jira.

Exhibit D-19: Jira File Transmission Issue Tracking



HPS - Issue Prioritization / HIP-167628

Low Host Success rate for HMS_PHKY_PROD

Edit | Comment | Assign | More | Under Review | In Progress | Waiting To Be Worked

Details

Type: Incident
Priority: Critical
Labels: HPS_do_Moveithost_lowsuccessrate HandoverHPS moveitlvl3
Status: BLOCKED (View Workflow)
Resolution: Unresolved

General | Client Ops Only | Tech Ops Only | Config Only

Client: Passport Health (PHKY)
Resolver Group: IT Production Support - Data Operations - MoveIt Support
Reported Impact: Critical
Leadership Action: No
Command Center: No
Application: MoveIT & FMS
Work Type: Production Support
Complexity Score: 12

Description

The low Host Success rate for (HMS_PHKY_PROD) on the date (01/16/2020):

***MoveIt Instance: *VHPRDMICDB01**

Host Success Rate (Today): NULL

HostInstance	HostInstanceDefinition	MoveIT Instance	HostConnectionTypeID	Host Success Rate (Today)
ChangeHealthcare (CCHHS)	mftgateway.emdeon.com	VHPRDMICDB01	Unknown	97.2%
ChangeHealthcare (CCHHS)	mftgateway.emdeon.com	VHPRDMICDB01	SSHFTP	97.2%
\\finance	\\finance	VHPRDMICDB01	Share	99.9%
SDS_NGHS_PROD	ftp.smart-data-solutions.com	VHPRDMICDB01	SSHFTP	100.0%
\\ipswitch\ftp\dataintegration	\\ipswitch\ftp\dataintegration	VHPRDMICDB01	Share	100.0%
\\depts\IT\Nick	\\depts\IT\Nick	VHPRDMICDB01	Share	100.0%
WellsFargo - PROD	safetrans.wellsfargo.com	VHPRDMICDB01	Unknown	100.0%
WellsFargo - PROD	safetrans.wellsfargo.com	VHPRDMICDB01	SSHFTP	100.0%
WELLSFARGO_THNM_PROD	safetrans.wellsfargo.com	VHPRDMICDB01	SSHFTP	100.0%
HMS_PHKY_PROD	mgate.hmsholdings.com	VHPRDMICDB01	SSHFTP	–
Instamed (TEST)	connect-uat.instamedtest.com	VHPRDMICDB01	Unknown	
Instamed (TEST)	connect-	VHPRDMICDB01	SSHFTP	

Readiness Planning Risk Mitigation Example No. 2: Call Center Monitoring and Mitigation Efforts

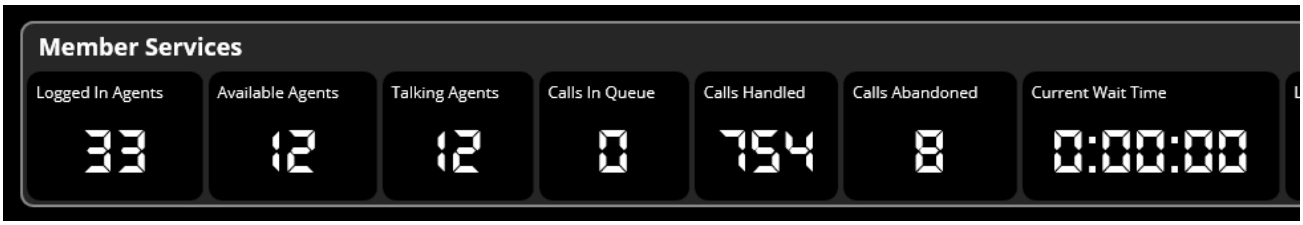
As noted in the section “Establishing an Office Location and Call Centers” (see p. 10), we continuously forecast, assess and adjust our staffing to ensure we remain in compliance. Our daily call monitoring shows performance against SLAs, as well as tracks against our expected total monthly forecast. This view as displayed in **Exhibit D-20** serves as an early warning system, identifying potential trends for investigation and mitigation.

Exhibit D-20: Daily Call Volume and Performance Monitoring Report

B	C	D	E	F
Call Center Status	**1/16/2020**	**1/13/2020-1/17/2020**	**Total January**	**Projection/Forecast calls for January**
Member Services Combined- Calls Presented	1223	5531	15960	25,000
Member Services Combined- Calls Handled	1214	5429	14101	
Member Services Combined- ASA - 30 seconds	0:06	0:15	0:16	
Member Services Combined- 80% answered w/in 30 seconds (%)	96.45%	89.59%	88.43%	
Member Services Combined- Abandonment Rate - <5%	0.03%	0.05%	0.05%	
Member Services Combined- Average handle time	5:54	5:59	5:55	
Provider Combined-Calls Presented	1187	5071	14472	24,500
Provider Combined Calls Handled	1176	4968	14371	
Provider Combined -ASA - 30 seconds	0:13	0:23	0:21	
Provider Combined-80% answered w/in 30 seconds (%)	93.62%	89.33%	85.60%	
Provider Combined- Average Abandonment Rate-<5%	0.05%	1.00%	1.33%	
Provider Combined-Average handle time	6:43	6:41	6:46	

Another critical call center operations management activity is conducting the real-time monitoring of call volumes and wait times using the Cisco Call Queue, as shown in **Exhibit D-21**. With the Cisco Finesse dashboard, we are able to adjust staffing as needed throughout the day for both providers and members.

Exhibit D-21: Cisco Call Queue



When the call queues indicate issues, we rapidly analyze them and trigger the following near-immediate mitigation activities:

- **Add staff and adjust queues.**
  - Add cross-trained member or Provider Call Center representatives to additional queues in real time. All provider services representatives are cross-trained to support member calls. Experienced member services representatives are also cross-trained to support select provider inquiries (e.g., eligibility checks, change in member PCP).
  - Add support staff team (including call center trainers, managers and supervisors) into queues.
- **Update social media accounts** (e.g., Facebook) to address breaking issues.
- **Update IVRs**: We are able to update messaging for inbound callers within the hour to address potential concerns and direct providers and members to the best path for resolution.

In 2019, we had several situations that required significant mitigation efforts:

- **Call center flu outbreak**: In February 2019, half of Passport's call center representatives called in sick due to the flu. We were able to successfully trigger our key mitigation strategies—sending more simple provider inquiries to member services agents and adding support staff to the phone queues—and still meet our compliance goals for the month of February.
- **Kentucky HEALTH ID cards**: The Commonwealth required new ID cards to be sent for Kentucky HEALTH to the majority of Passport members by the end of June 2019. Call volumes skyrocketed, as

members were confused as to why they had received the new ID cards. Passport immediately created member messaging for the IVR about the new ID cards and obtained DMS approval to use it. Passport also adjusted staffing queues and allocations, as well as utilized the support staff to better address member concerns.

Readiness Planning Risk Mitigation Example No. 3: Handoff to Operations Process

As discussed in D.1.b, Passport executes a formal implementation-to-operations handoff process to ensure the smooth transition of the program from the implementation phase to the operations phase. Missed handoffs can create operational performance risk and often result in stressful situations for the operations teams as unexpected issues arise.

The overall objective of the process is to minimize the risks associated with the handoff to operations by ensuring operational stabilization through the execution of structured implementation close-out activities. The process uses a checklist-driven approach based on a comprehensive inventory of activities to be considered when operationalizing a major new program to ensure no activities required for market readiness to manage operations are overlooked.

Planning for the transition to operations begins during implementation and is overseen by a designated individual within the market services team. During transition planning, the market services lead will work with the implementation lead and program manager, as well as market operations leadership, to set target dates and assign owners for each handoff activity. The market services lead will facilitate biweekly status meetings with the implementation program manager and market operations leadership to assess progress against the plan and ensure handoff activities are completed.

As noted in **Exhibit D-18**, each domain is expected to review the implementation domain status with the relevant operations teams. In addition, each domain is expected to complete the activities outlined in **Exhibit D-22**. The project manager(s) assigned to each domain will manage the codification of the required information and organize formal handoff transition meetings in conjunction with the market services lead. The operations technical domain lead will be responsible for obtaining sign-off from the relevant operations and technical leaders for their domain to declare the handoff as complete.

Exhibit D-22: Implementation Close-Out Activities Checklist

Area	Content
Open Tasks	List of all open tasks in project plan with: • Owner of task • Targeted due date • Status of task • Notes, documented for transition
Open Deliverables	List of all open deliverables in project plan, with: • Owner of deliverable • Target date for completion • Status of deliverable • Notes • Link to current version or related deliverables

Area	Content
Open Risks/Issues	List of all open risks/issues, with: • Owner—who is driving mitigation plan • Target date for closure • Status • Jira link, and link to related issues in Clarizen
Artifacts/Documentation	List of all implementation artifacts/documentation for domain (e.g., BRDs, solution designs, report inventory), with: • Original source • Purpose • Comments/categorization • Link to artifact in SharePoint or Confluence
Unique Processes	List of all unique operational processes created or utilized for implementation • History—what caused process to be created • Notes • Applicable next steps • Link to process documentation SharePoint or Confluence
SLA Requirements	List of all new MCO Contract SLAs, with: • Precise definition/formula • Standards for hitting performance • Potential penalties

Ultimately, the Executive Steering Committee is accountable for ensuring a successful handoff and ensuring that strong operational performance is maintained throughout the implementation to ongoing operations.

Conclusion

Our many years of serving Kentuckians has provided us with extensive implementation advantages; proven operating systems; a large, statewide provider network; a high-performing local team; and significant experience working with members and stakeholders throughout the Commonwealth. Passport's continued success in the Commonwealth is premised upon a foundation of standard project management techniques and a carefully prepared project implementation plan to ensure a low-risk, smooth transition to the new contract. We are committed to delivering a successful implementation to deliver on 2021 MCO requirements and to providing an exceptional experience to our Kentucky Medicaid members and providers alike.

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

E. Emergency Response and Disaster Recovery Plan



E. Emergency Response and Disaster Recovery Plan

Describe the Vendor's proposed emergency response and disaster recovery plan, including a summary of how the plan addresses the following areas:

1. Essential operational functions and responsible staff members.
2. Plans to ensure critical functions and continuity of services to Providers and Enrollees will be met.
3. Staff training.
4. Contingency plans for covering essential operational functions in the event key staff are incapacitated or the primary workplace is unavailable.
5. Approach to maintaining data security during an event.
6. Communication methods with staff, Subcontractors, other key suppliers, and the Department when normal systems are unavailable; and
7. Testing plan.

Passport Highlights: Emergency Response and Disaster Recovery Plan

How We're Different	Why it Matters	Proof
20+ years of maintaining mission critical systems that serve the Commonwealth of Kentucky	• Our core MIS and all subsystems are already configured to meet the requirements of DMS and are currently functioning within the guidelines and specifications of the Commonwealth	• Passport has passed all DMS contract compliance audits that addressed Business Continuity/Disaster Recovery Plan (BC/DRP) capabilities and readiness
Ongoing independent third-party review of Emergency Response/Disaster Recovery Plan and supporting technologies	• Provides an unbiased approach to risk management • Recommendations facilitate the continuous quality improvement of our Emergency Response and Disaster Recovery Plan and Test Plan • Provides periodic actionable business and vendor business continuity risk mitigation recommendations • Ensures that all recovery systems and processes are maintained for peak performance and reliability	• Business Impact Analysis Report

Introduction

Kentuckians Serving Kentuckians

Planning for a disaster is of vital importance as Passport Health Plan's (Passport) management is responsible for the safeguarding of personnel, the protection of assets, the compliance with regulatory rules, regulations and purchasers, and of course, business continuity. Therefore, the Passport Business Continuity & Disaster Recovery Plan (BC/DRP) is a proactive measure to eliminate management's need to formulate and coordinate a plan of action when an emergency occurs. The BC/DRP ensures that necessary planning has already been done during the documentation phase prior to an emergency. All affected parties will have prior knowledge of their responsibilities during a disaster and consequent technology resumption efforts.

The ultimate purpose of the BC/DRP is to ensure that Passport can recover from a service interruption, of any nature or duration, in a timely and efficient manner, to emerge as a viable corporate entity able to effectively care for our members following the event. The plan and oversight include any functionality that has been sourced and provided by subcontractors, ensuring that key business functionality including, but not limited to, member and provider services, care management, claims adjudication, accounting, human resources and payroll can be recovered and resumed.

In addition to traditional sources of business interruption, Passport considers pandemic disasters in our emergency response and disaster recovery plan. Pandemics are defined as epidemics or outbreaks in humans of infectious diseases that can spread rapidly over large areas, possibly worldwide. There are distinct differences between pandemic planning and traditional business continuity planning. When developing business continuity plans, Passport typically considers the effect of various natural or man-made disasters that may differ in their severity. These disasters may or may not be predictable, but they are usually short in duration or limited in scope. Pandemic planning presents unique challenges to Passport. Unlike natural disasters, technical disasters, malicious acts, or terrorist events, the impact of a pandemic is much more difficult to determine because of the anticipated difference in scale and duration. The nature of the global economy virtually ensures that the effects of a pandemic event will be widespread and threaten not just a limited geographical region or area, but potentially every continent. In addition, while traditional disasters and disruptions normally have limited time durations, pandemics generally occur in multiple waves, each lasting two to three months. Consequently, no individual or organization is safe from the adverse effects that might result from a pandemic event. Due to these differences Passport recognizes the importance of a Pandemic Business Plan that focuses on addressing the unique challenges posed by a public health crisis. Passport's Pandemic Business Plan is included as part of our core Business Continuity Plan.

Describe the Vendor's proposed emergency response and disaster recovery plan, including a summary of how the plan addresses the following areas:

E.1. Essential operational functions and responsible staff members.

Passport is prepared to continue essential operational functions following an emergency or disaster through its BC/DRP. Passport's BC/DRP includes Information Technology (IT) disaster recovery planning involving the following operational environments and facility operations for primary locations and/or local office locations:

- Telecommute options for key staff
- Computing and information systems including the following:
  - Recovery of mission-critical applications: accounting, human resources and payroll
  - Recovery of email system and data
  - Recovery of Internet connectivity
  - Recovery of business/office applications and data
  - Recovery of remote-access capabilities and wide area network (WAN) connectivity

Passport's BC/DRP is designed to address all possible scenarios that could result in an interruption of services that support key and critical business functions. While we take great care in selecting and implementing technologies and services that have full redundancies, with no single point of system-fault failure, our BC/DRP has been designed to address service outages of any nature should they occur. These outages can be short term or long term and could include events such as the following:

- Failures of site-related component technology (e.g., server, router, switch)
- Vendor service failures or outages (e.g., Software as a Service [SaaS]/Infrastructure as a Service [IaaS] cloud services)
- Software-capability outages resulting from change deployment (e.g., deployment of new code resulting in the failure of a function)

In addition to outages and disaster scenarios that could occur at primary locations or local office locations, the Passport BC/DRP has been designed and tested to address worst-case scenarios that would render these locations inoperable or unavailable, causing an interruption that would last for as long as six (6) weeks. For purposes of this plan and policy, an emergency can include circumstances such as the following:

- Key staff are incapacitated
- The primary workplace(s) is unavailable
- The normal system(s) is unavailable

The scope of disaster considered in this plan is such that Passport's facility, key personnel, computing equipment, information systems and telecommunication systems cannot continue to function. This plan assumes that the facilities, data and telecommunication center at the Passport corporate office have experienced a disaster and all facilities, computing equipment, information systems, and telecommunication systems are out of service.

The Passport BC/DRP and recovery plan objectives and goals include the following:

- Providing recovery notification to Passport employees, providers and members as soon as possible
- Recovering essential functions within four (4) hours after a disruption
- Maintaining close communications with key personnel
- Returning to normal operations as soon as possible

This plan has been created to lead the restoration team through the tasks necessary to achieve the following:

- Provide facilities for operations for a limited number of staff
- Perform the following tasks to restore key IT and systems operations:
  - Ensure adequate, comparable hardware and software is available
  - Recover data, as needed, from backup and recovery systems
  - Reinstall software if necessary
  - Reestablish operating procedures
  - Ensure that critical application systems complete their cycles
- Restore Call Center/telephone operation

The BC/DRP's Recovery Time Objective (RTO) is set with duplicated replication running at fifteen (15) minute increments for core applications and four (4) hours for full recovery through the following:

- Redirecting calls coming through the business lines and 800 lines to the recovery site
- Failover of critical applications and systems to redundant data center facilities

This BC/DRP is designed to provide direction for managing and protecting the confidentiality, integrity and availability of Passport's information assets per regulatory requirements such as the Health Insurance Portability and Accountability Act (HIPAA). In accordance with Passport information security policies and procedures, this Information Security Program includes administrative, technical and physical safeguards to protect Passport information assets. Unauthorized modification, deletion or disclosure of information assets could compromise Passport's mission, violate individual privacy rights and possibly constitute a criminal act. Our chief operating officer has the key overarching responsibility for implementing the BC/DRP. Other responsible staff members include leadership of essential operational functions including those listed in **Exhibit E-1**:

Exhibit E-1: BC/DRP Responsible Staff Members and Responsibility

Primary Owner	Backup Owner if Primary is Unavailable	Responsibility
Chief Executive Officer	Chief Operating Officer	Overall Operations and public relations
Chief Operating Officer	Member Services Manager	**Disaster declaration, BC/DRP Plan execution.** Overall facility, IT, and Operations recovery

Primary Owner	Backup Owner if Primary is Unavailable	Responsibility
Chief Compliance Officer	Compliance Director	Overall CMS and DMS communications
Chief Financial Officer	Finance Director	Overall Finance recovery
Chief Medical Officer	VP Clinical Operations	Overall Pharmacy, Population Health, Quality, and Utilization Management recovery
Chief Marketing & Communications Officer	Marketing Director	Overall external communications and public relations
Management Information Systems Director	IT Operations Manager	Information Technology and Telecommunications recovery
	IT Security Officer	Maintains data security and integrity
Human Resources Director	HR Manager	Staff communications
Compliance Director	Compliance Manager	Subcontractor communications
Marketing Director	Marketing Controller	Media relations and communication
Provider Network Management Director	Provider Services Manager	Member/Provider portals recovery
Facilities Director	Facilities Coordinator	Facility recovery
Finance Director	Finance Controller	Finance systems recovery
Finance Controller	Senior Accountant	Finance systems recovery
Pharmacy Services Director	Pharmacy Services Manager	Pharmacy services recovery

E.2. Plans to ensure critical functions and continuity of services to Providers and Enrollees will be met.

Technology Plans

Passport oversees and operates a robust MIS. The BC/DRP plan ensures that the MIS and its subsystems remain fully operational in the event of an incident. The MIS and its subsystems are already configured to meet the needs of DMS and are currently functioning within the guidelines and specifications of the Commonwealth. Passport's MIS meets or exceeds all requirements of the Kentucky Managed Care Program, including member (services, third-party liability coverage, provider interface, reference, encounter/claims processing, financial and utilization/quality improvement. Our plan meets all applicable compliance and regulatory requirements as well as the requirements of our enterprise risk management program. For this section we will use the term Member in lieu of Enrollee.

In planning for business continuity and disaster recovery, certain instructions must be outlined, such as authority planning, RTOs, critical dependencies, manual workarounds, etc. Staff perform a variety of functions daily, including, but not limited to, the following:

- **Core Business Functions:** These are the functions directly related to delivery of services. They include, but may not be limited to, eligibility processing; claims receipt, adjudication and payment, along with associated banking functions; member and provider Call Center operations; utilization management (UM) functions; and provider data management.

- **General and Administrative Functions:** These functions include sales and marketing, human resources, finance and related control functions, compliance, facilities management and IT.
- **Operations:** Passport is responsible for operational continuity and will have overall authority to direct the activity of the departments covered in its BC/DRP. Passport's Operations team will work with other members of the Disaster Recover Committee to determine when functions will resume, the location, and any communication that should be shared with external parties (as related to business operations continuity).

In 2019, Passport completed a Business Impact and Information Technology Operational Analysis to identify critical business functions of the organization and the potential impact of a disruption of services. This analysis provided Passport with a categorization and prioritization of critical applications, identification of internal and external application dependencies, identification of the amount of time required to restore business functions as well as the acceptable amount of data loss, and the estimated resources necessary to meet the critical business recovery objectives.

The Application Operational Dependency Analysis grouped applications into three (3) key categories, in order of priority, in establishing continuity of services to providers and members. Please see our response to item four (4) of the RFP question for specific elements of the execution of the recovery procedure.

- **Tier 1—Mission Critical:** These applications have been identified as vital to business operations.
  - These are applications that are member-facing and critical to servicing members and providers, including the following:
    - Member and provider Contact Center(s)
    - Website(s) with provider directories
    - Member and provider portals
    - Tier 1 applications have been categorized with the highest priority to ensure member access to care.
- **Tier 1.5—IT Support for Tier 2 and Tier 3:** Recovery of these applications are required to operate the Tier 2 and Tier 3 applications and systems.
  - These are internal applications and critical IT systems, which includes the following:
    - Email
    - Fax service
    - Telephone connectivity
    - IT support systems
- **Tier 2—Business Vital:** These are the applications that support the operation of the business but are not immediately critical to core business processes.
  - These are applications that are not necessary for members to have access to care, but rather support business functions that do not have an immediate response for the member or provider, such as the following:
    - Claims systems
    - Financial systems

        - Grievances and appeals
        - Reporting systems
        - Records management systems
- **Tier 3—Business Non-Critical Utility Applications:** This category represents applications that support business operations but are not critical to the core business processes.
    - These are applications that are not necessary for members to have access to care, but rather support business functions that do not have an immediate response for the business, such as:
        - Intranet
        - Human resources systems
        - Accounting functions
        - Marketing systems

In 2020, Passport will conduct a gap analysis of the previous Business Impact and Information Technology Operational Analysis to ensure all changes to the organization are in line with the BC/DRP.

Monitoring Subcontractors

Passport carefully monitors the business continuity and disaster recovery capabilities of all subcontractors providing or contributing services that support critical Tier 1 through Tier 2 services. As part of Passport's delegation oversight responsibilities, we require all subcontractors to perform the following:

- Provide their updated BC/DRP annually
- Cooperate with on-site assessment of their BC/DRP capabilities, processes and supporting policies and procedures
- Submit Corrective Action Plans (CAPs) if gaps are identified or an unacceptable outage has occurred
- Address areas of risk
- Provide annual business continuity and failover testing outcome reports

For management and oversight of subcontractors, please reference **C.1 Subcontracts** response.

People Plans

In addition to the MIS solutions described, Passport has also established plans to address staffing needs to ensure that requirements for continuity of services to providers and members will be met. Passport will minimize risk to its employees at the workplace, communicate company-wide efforts and support of the workforce, and consider alternative work arrangements to support the stability and productivity of staff and services through the following process:

1. Key leaders within the organization determine when, how and who will make decisions regarding office closures.

2. Passport assesses the risk to employees of keeping any given office open. Passport identifies the essential business activities of the organization and prioritizes those positions considered critical to sustain service delivery.
3. Passport identifies how essential business activities can be maintained if large numbers of personnel are absent. Areas of focus include cross-training, telecommuting, etc.

Passport identifies core people/leaders within the organization and their backups (communicated across senior management). Please see Table E.1, under question 1 above for a full listing of titles and areas of responsibility.

1. Passport's leadership team works to identify how critical incident team members maintain a safe environment (e.g., use of masks) so that they are able to communicate member and provider issues.
2. Passport determines how to maintain the productivity of healthy employees with healthy families who are absent due to caregiving issues caused by mandatory school closings.
3. Passport also determines how to maintain the productivity of healthy employees who are absent due to government-authorized quarantine or movement restrictions.
4. Passport's corporate Human Resources department identifies existing resources that may be needed to support the workforce, including the Employee Assistance Program (EAP) and other benefit resources focused on building the resilience of employees.

E.3. Staff Training

Staff and key personnel training are essential to the successful implementation of a Business Continuity Planning Program. Passport's staff is trained on the contents of the plan, including the tiering of disasters, the prioritization of recovery for business functions, and the procedures taken in enacting our emergency plan. Staff are trained on the research and communications chains involved in disaster recovery functions.

The Passport Chief Operations Officer or their designee maintains the master copy of the BC/DRP in their electronic policy management system to promote business continuity and ensure all staff is aware of changes to our disaster response protocols. Training modules that include disaster scenarios are utilized for awareness activities. Training is required for all new hire employees and must be completed annually to reinforce the importance of business continuity and disaster recovery activities as outlined below.

As part of our overall plan, each department or critical function is required to participate by developing a sub-plan that details the specifics of their operations and what needs to be addressed, that ties directly into to the overall plan. Key roles and stakeholder responsibilities are also reviewed during this training. Contact information for key personnel is also shared. Since the Contact Center is our most critical function, all contact center staff are trained on how to respond in a disaster scenario depending on the severity of the disaster. Emergency meeting location preparedness is reviewed, and drills are performed to ensure staff and workforce can evacuate buildings and facilities in the event of a disaster. Staff are instructed to meet at designated safety zones outside and away from the building until such time that Passport leadership and or local emergency services officials deem it safe to return to the workplace. Employees are trained on all

relevant emergency situations including building fire, severe weather, natural disaster, violent intruder and are provided step-by-step response guides and posters that continue to reinforce trainings as well as promote appropriate safe responses to emergencies. **Exhibit E-2: Emergency Action Safety Guide** below provides a sample of one of these many safety guides.

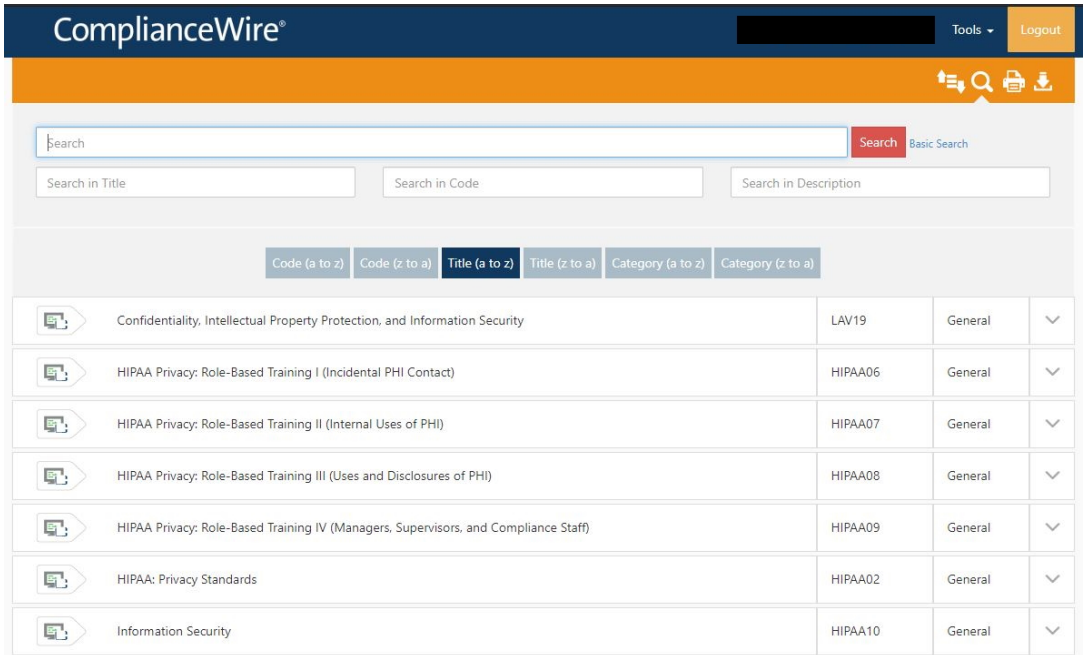
Exhibit E-2: Emergency Action Safety Guide



Passport carefully monitors staff training through our Compliance Management System (CMS), which captures when each employee or subcontractor accesses and completes each training module. Where appropriate, training modules include competency testing that assesses the employee's knowledge and comprehension of the training subject matter and requires a minimum score threshold to pass the test. In cases in which employees fail to achieve a passing score, they are given the ability to retake the test or the entire course. Our CMS provides a dashboard that reports on training compliance across multiple departments and domains. Employees failing to complete courses within the stipulated time frames automatically receive reminders when they are approaching training due dates, and when they have exceeded them. Notification and escalation rules are configured within our CMS to send notification to an employee's immediate supervisor if the employee is delinquent on completing a required training. Our CMS supports full version control management of all our training materials and maintains full traceability of all changes and approvals.

Please see **Exhibit E-3:** Compliance Management System (CMS) example below.

E-3: Compliance Management System (CMS) example



E.4. Contingency plans for covering essential operational functions in the event key staff are incapacitated or the primary workplace is unavailable.

Contingency Plans for Key Staff

If key staff are incapacitated and unable to fulfill their roles and/or responsibilities assigned to them as part of the BC/DRP, designated alternates will fulfill these roles and responsibilities. In order to cover essential operational functions, Passport conducts on a regular basis with department leaders the exercise of identifying essential/non-essential staff. As part of this exercise, the following outcomes are determined:

1. Identify employees working from home/remotely
2. Identify employees that are scheduled to be in the office
3. Identify primary and secondary points of contact for each department and notate whether those employees are working remotely or in the office

For details see the People Plan in Section 3 above.

Contingency Plans for Alternative Workplace Locations

Passport's two (2) primary business locations are in Louisville and Prestonsburg, Kentucky. In the event of an incident or disaster that would render either office unavailable, Passport's emergency operations procedures calls for employees to evacuate the building and immediately assemble at the designated congregation area away from the building. This evacuation and assembly plan assure the safety of our employees, while creating space to allow emergency personnel to access the locations.

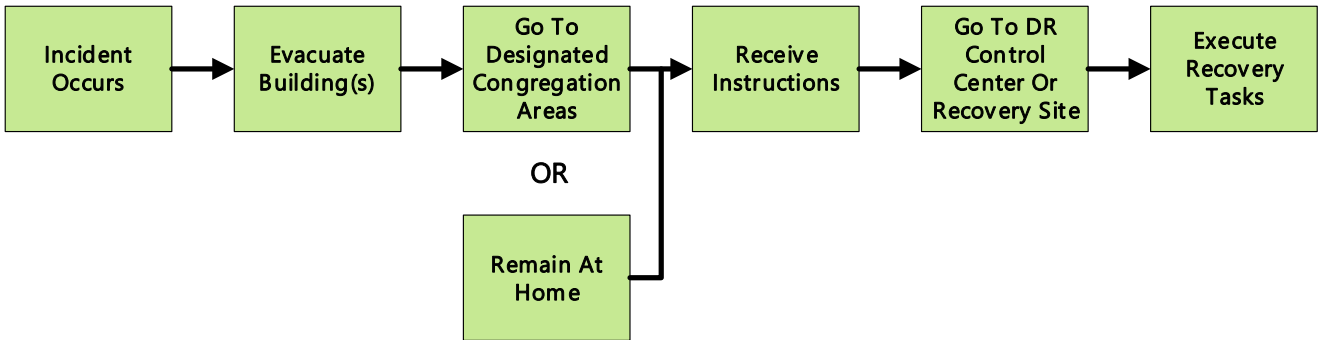
In the event Passport primary locations are unavailable all Passport staff have the ability to securely:

1. Work from home/remotely
2. Work from temporary alternative locations
3. Work in any WIFI enabled location

Recovery Procedures

The sequence of events shown in **Exhibit E-4** is to be followed prior to implementing any assigned disaster recovery responsibilities. This procedure is necessary to ensure that all Passport employees, and key personnel, are accounted for after the onset of the emergency condition. The primary responsibility is to move to the congregation area or remain at home to receive additional recovery instructions and information.

Exhibit E-4: Initial Sequence of Events



Return to Normal Operations: Reconstruction Plans for Re-Recovery at Original Location

The recovery will depend on the severity of the issue and its impact to the business. For example, recovering the business from a total loss resulting from a natural disaster will require different strategies and procedures than a less severe event like a systems outage.

The recovery process will always follow this methodology once the disaster scenario ends:

1. Full evaluation of damage or degradation
2. A mitigation plan is created and executed on to address damage or degradation
3. After greenlighting restoration, the systems will be returned to normal state
4. After action review is then performed

Information Technology (IT) is empowered to monitor the process and implement Passport's post-disaster recovery procedures. The plan for post-disaster recovery and reconstruction should have, as part of its

policy objectives concerning business recovery, not just the objective of restoring normal business activity but that of making it more resistant to such disruptions should disaster strike again. Determining exactly which measures are appropriate and effective in accomplishing this mission is an essential function of the planning process.

After Action Review (AAR)

An after-action review (AAR) is a qualitative review of actions taken to respond to an emergency as a means of identifying best practices, gaps and lessons learned. Following an emergency response to disaster scenario, an AAR seeks to identify what worked well or not and how these practices can be maintained, improved, institutionalized and shared with relevant stakeholders.

Various types of damage assessments performed during the early recovery period provide opportunities to assess the effectiveness of any previous mitigation efforts.

Implementing strategies requires the elaboration of priorities, and the establishment of priorities must be based on clear criteria. Risk assessment is a critical factor in establishing those criteria because considerations related to protection of employees and critical facilities will inevitably drive these priorities.

Hazard mitigation is an implicit function of all other objectives of the plan for post-disaster recovery and reconstruction. Nonetheless, mitigation needs to be highlighted in the plan in order to achieve the visibility and priority it deserves. As a policy objective, mitigation should be seen as posing the following two (2) sets of opportunities that deserve distinct treatment:

1. Those pursued during the pre-disaster period and programmed into daily operational activities and budgets on an ongoing basis
2. Those created as an immediate result of a natural disaster and that must be acted upon in a timely manner during the recovery and long-term reconstruction periods.

Finally, hazard mitigation works best as a policy objective of local planning when it is completely integrated into the comprehensive plan, such that it becomes a normal assumption behind all daily planning activities.

E.5. Approach to maintaining data security during an event.

Passport recognizes the importance of keeping all information confidential and has made data security a key component of our policies and procedures, including our BC/DRP. Due to the nature of Passport's BC/DRP configuration, privacy and security standards are continually in force and never diminished. Passport has a multifaceted approach to security, incorporating physical, application, Internet, electronic, administrative and clinical transaction security. This includes many tools and processes to ensure proper oversight is maintained. The Information Security Program includes the following high-level capabilities:

- Network intrusion detection appliances on both the perimeter and internal local area network (LAN), monitored 24/7
- Intrusion detection, log correlation and system event monitoring
- Data Loss Prevention (DLP) technology that enforces policy restrictions on data at rest and in motion

- Protocol filtering on network ingress/egress access points
- User credential management and access oversight
- Data encryption and virtual private network (VPN) mandates
- Transport Layer Security (TLS)/Secure Sockets Layer (SSL) encryption for appropriate Internet and VPN traffic
- Continuous auditing of information systems via internal and third-party examiners
- Comprehensive system hardening through configuration restrictions and patch management implementation
- Ongoing security awareness and compliance training for all Passport employees

Uninterruptible power supply (UPS) backup and on-site generators are primed, fueled and tested monthly. Electrical, smoke and fire alarms are monitored 24/7 and configured to alert personnel in the event of an incident. All system health and temperature readings, as well as physical and environmental controls, are configured to alert as necessary and are monitored continuously.

Passport uses various methods to ensure the maintenance of data security on a regular basis. These measures will continue to provide data security during an event. One such method is Passport's use of access profiles to restrict access to data. These profiles are typically segmented by job class, ensuring that workforce members can successfully perform duties while reducing the chances of inappropriate exposure of protected health information (PHI). Access is granted through a rigorous process that requires management approval. A user account is disabled after a predetermined number of failed access attempts, and system administrators then must validate the user's identity before unlocking the account.

In addition, Passport promotes physical security by maintaining exhaustive security practices related to our facilities and ensuring that all staff are trained as new hires and then annually on these practices. Our physical security practices include the following:

- Remote cameras continually survey the outside of the building.
- Each employee is issued a photo identification badge, and badge information is maintained in a computer system that is updated in real time to restrict access.
- The security system records all activity for all identification cards.
- Physical access to all data centers is severely restricted to authorized employees or escorted guests only.
- Guest passes are restricted, and all guests must be verified and accompanied by an employee.
- All computer screens are to be locked when employees are away from their desks.
- All portable PCs and mobile devices are locked in a desk or secure area or taken home when employees leave for the day.
- All sensitive documents are locked in secure desk drawers or cabinets and not left on desks or printers.

The MIS captures and stores a comprehensive set of data about our members and providers. We maintain several years of data and are constantly creating new and innovative ways to collect and use data. Our goal

is to continuously monitor, assess, report and improve the data we collect and analyze—which allows us to make better-informed decisions for our members. This improves member care and optimizes cost-effectiveness. For 22 years, Passport has successfully and securely exchanged data with our business partners/subcontractors and DMS. We consider our secure interfaces one of our strengths and continue to search for innovative and automated ways to securely transfer data when needed.

Passport focuses on stringent protocols and supports multiple HIPAA-compliant file formats—and requires the same from our trading partners. Data exchanges between DMS, providers and vendors occur through dedicated point-to-point (P2P) connectivity, secure VPNs or encrypted SSL connections over the Internet. Passport uses the MoveIT DMZ and MoveIT Central products to perform job scheduling, automation, status monitoring, exception alerting, logging and reporting of secure file transfers inside the organization and with other organizations. This software suite allows for extensive file transfer automation capabilities to support business functions 24/7.

Passport routinely self-audits performance, security and operational controls and participates in DMS and regulatory audit processes annually. Requests for access or documentation are processed within prescribed time frames, and any subsequent follow-up or suggested actions will be agreed upon and executed.

System Redundancies

Data Centers

Passport has system redundancies at multiple sites with the ability to ramp up as needed in the event of an outage and has the capacity to perform operational functions at multiple sites across the country.

Our primary and backup data centers are approximately 1,100 miles apart. This distance and geographic diversity greatly reduce the possibility of both sites being impacted by a single natural disaster or event. In the current configuration, the primary data center for Passport is Flexential-Louisville, with Flexential-Denver as the backup site. The goal of the network design is to be fully active-passive, meaning that both Louisville and Denver maintain equivalent network, compute and storage systems in a high-availability configuration. Since Louisville is the primary worksite location for Passport, equivalent network connectivity shall be maintained from it to both the Louisville and Denver data centers. Dedicated connectivity is established between the Louisville and Denver data centers to support the services required to deliver the desired state of availability—simple replication or complete application and system mobility. The passive (failover) site serves as a backup that is ready to take over as soon as the active (primary) site gets disconnected or is unable to serve.

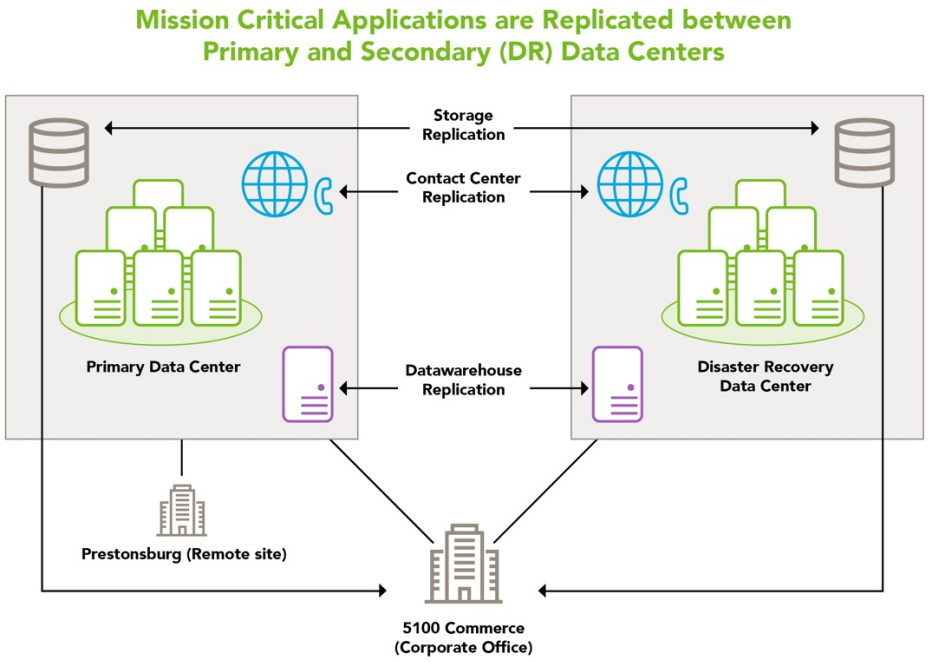
Our Flexential-Louisville primary and Flexential-Denver backup sites maintain the highest level of annual security and operational compliance and certifications, which includes the following:

- PCI DSS (See **Attachment E-1_2019 PCI DSS AOC**)
- HIPAA Compliant
- HITRUST CSF Certified (see **Attachment 60.E-2_Flexential-2018-HITRUST Certificate** and **Attachment E-3_Flexential-2019-HITRUST Interim Letter**)
- SOC 1, 2, and 3 Type 2

- ISO 27001 (see **Attachment E-4_Flexential-2019-CORP ISO 27001 Re-Issue Certificate**)
- NIST 800-53
- EU-U.S. Privacy Shield Framework
- FISMA High Suspicious Activity Report (SAR) (see **Attachment E-5_Flexential-2019-FISMA High SAR**)
- ITAR

Passport's Application Operational Dependency Analysis grouped applications into three (3) key categories as described previously to ensure critical functions and continuity of services to providers and members will be maintained in the event of an incident or disaster. Many of the Tier 1 applications are web-based SaaS; however, there are several mission-critical applications based in the Flexential-Louisville data center. The operational and backup plan for these applications and systems are significant. From a technical perspective, the high-availability environment within Flexential will ensure continued operation and availability. If Flexential-Louisville becomes unavailable, applications and systems are backed up and replicated to Flexential-Denver. **Exhibit E-5** on the following page presents an overview of our redundant data centers.

Exhibit E-5: High-Level Enterprise Network Architecture



For restoration of servers, Passport uses EMC, Zerto and VMware solutions:

- The primary data center is in Louisville, Kentucky
- The data center recovery site is in Aurora (Denver), Colorado

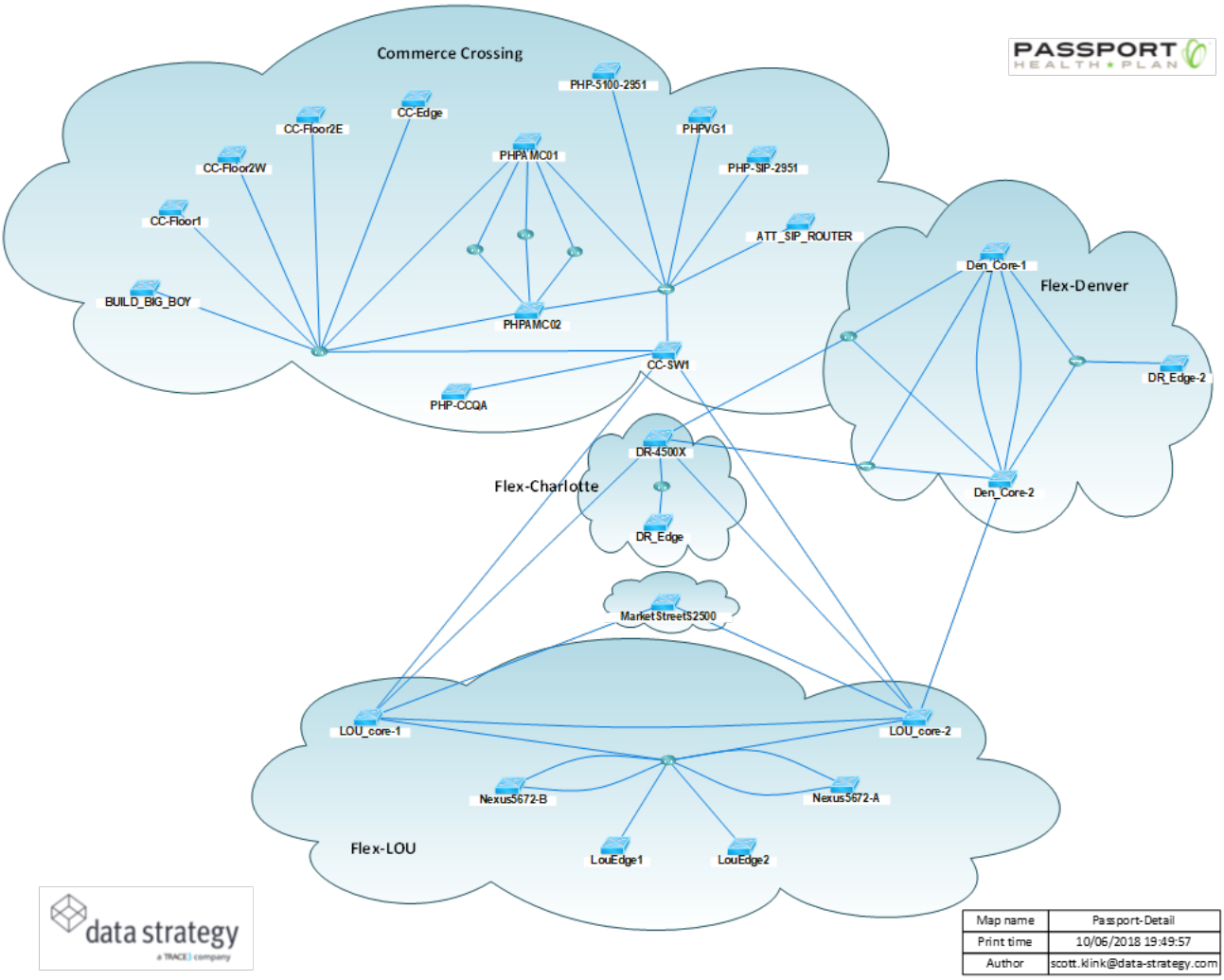
The following is a summary of the locations and interconnectivity for the Passport network:

- Commerce Crossing—main office
- Two primary data centers—planned for an active/passive operational state
  - Active—Flexential Louisville

- Passive—Flexential Denver
  - Passport plans to operate workloads from the Denver data center continuously
  - Two satellite offices
- Prestonsburg, Kentucky, interconnected via a layer-two P2P connection

Exhibit E-6 shows the detailed interconnectivity of all Passport locations and equipment.

Exhibit E-6: Passport Location and Equipment Interconnectivity Diagram



Voice Carrier Services Connectivity and Gateway Location

Telephone services to Passport are delivered on Session-Initiated Protocol (SIP) to a Cisco Unified Communications voice gateway currently operating at the Passport corporate office. The Cisco Unified Communications Systems and Contact Center servers and software are redundant and operating at Flexential-Louisville.

Call Center agents have the capability to work remotely—the Unified Contact Center Express agent can operate with a Cisco softphone endpoint, effectively enabling agents to work anywhere that supports secure connectivity to Passport network services.

E.6. Communication methods with staff, Subcontractors, other key suppliers, and the Department when normal systems are unavailable.

The chief operating officer or his/her designated alternate will have sole responsibility for declaring a disaster and will ensure that the disaster notification procedure is initiated.

The chief operating officer will identify a disaster recovery control center location and notify each individual identified in the contact list. Each responsible leader will notify his/her managers and their staff.

If normal systems (i.e., email, Internet connectivity) are not available, we will use a pre-populated contact list of key personnel's mobile phones, landlines, personal email addresses and preferred personal communication methods (i.e., social media and instant messaging).

Disaster Calling Procedure

The initiator of a disaster notification will first call police, fire or other emergency services as appropriate and will then attempt to call an individual in the roles identified. The first individual contacted is responsible for calling the members in his/her area and notifying the initiator of the results of these efforts. Each member on the list is responsible for notifying managers and staff members of his/her respective department. If the initiator cannot reach a particular individual on the list, he/she will continue to attempt to call additional people. Each person on the list will report results back to the initiator.

Notification to Members and Providers

The Marketing and Communications department is responsible for notifying Passport providers and members regarding the occurrence of a disaster event and operation in disaster mode. This department is also responsible for providing updates as well as notification when normal operation mode is reestablished.

Notification to Subcontractors

The chief operations officer or his/her alternate will communicate with each of our subcontractors in order of priority/criticality, following the Subcontractor Notification Plan. This plan includes a prioritized list of key personnel and leadership, as well as primary and secondary contact information including contact method (phone, email, text message and/or internal business units with direct contact).

Notification to Federal and State Regulators

The chief compliance officer is responsible for notifying the appropriate federal and state agencies regarding the occurrence of a disaster and operation in disaster mode. Key staff at each agency will be contacted based on a notification tree that includes primary and secondary contacts and methods (phone, email, text

message). The chief compliance officer is also responsible for providing updates as well as notification when normal operation mode is reestablished to stakeholders including, but not limited to, the following:

- Centers for Medicare and Medicaid Services
- Kentucky DMS
- Kentucky Department of Insurance (DOI)

E.7. Testing plan

On an annual basis, the Passport Information Technology (IT) department investigates and tests the overall recovery and backup operations process, including the Information Systems and Telecommunications components of the plan. Results of this investigation and testing are reported to leadership and the plan is updated accordingly. The plan is reviewed, updated and distributed to stakeholders at minimum on an annual basis or after substantial system or business changes. All subcontractors are contractually required to participate in the testing and evaluated jointly and independently for failure points or best practices that can be shared. This includes our hosting data centers.

Background

In accordance with State and Federal regulatory requirements, Passport has developed and implemented a comprehensive Business Continuity and Disaster Recovery (e.g., BC/DRP) testing plan. As part of our annual testing and due diligence, testing procedures (or BC/DRP drills) are conducted in core business areas to test the effectiveness of the DR/BCP.

This goal of this testing on the continuity of critical/core business services is to ensure they would not be interrupted, or that the appropriate mitigation plans are in place to address disruptions in a timely manner. During the testing, IT system failover is evaluated, and interviews are conducted with core business areas to ensure they would easily be able to talk through BC/DRP process and the related procedures.

Testing Scope and Methodology

The scope of this type of test includes a disaster scenario affecting the Passport corporate office and data center both located (separately) in Louisville, KY. As a part of the testing, the BC/DRP team reviews the following: Evacuation procedures and drills, notification procedures, determining how data privacy and security would be maintained during the testing, and operating the business in a timely fashion from a remote location. The BC/DRP team consists of key members from the Information Technology, IT Security, and Compliance teams.

The methodology for this testing is a question and answer style interview, following the reading of the scenario, which the affected business team receives for the first time during the testing process. The questions are not shared prior to the test, since the goal is to make the testing format as real as possible. The BC/DRP team also collects documentation from the affected business team (being tested) regarding their departmental Disaster Recovery and Business Continuity plans to confirm compatibility with the core DR/BCPs.

In addition to the core business area testing, the IT team conducts an annual failover test to a full alternate data center. The goal of this testing is to evaluate the IT team's ability to resume business operations using an alternate data center if the primary data center becomes unavailable. The performance of the drill is measured by the ability to meet two primary requirements: Recovery Time Objective (RTO) and Recovery Point Objective (RPO). The baseline metrics for meeting these RTO/RPO requirements are documented as part of the DR/BCP.

During alternate-site failover testing, the IT team will maintain and update a DR failover checklist. Each checklist begins with an inventory of networking and systems equipment, services and applications. Regarding the networking, key infrastructure—such as routers, switches, security and optimization devices—are included in the drills to ensure that recovery or repair efforts produce functional networks, systems and core services. This testing also considers carrier-level access and equipment, and media and system failures. Each core business area will have a delegate selected prior to the technical failover testing phase. It will be the responsibility of the business delegate to communicate throughout the testing process and report on how his/her team's services were impacted (if at all) during the failover.

Testing Outcome

Once each phase of the testing has completed, a post-mortem review will be conducted internally by the BC/DRP team. This meeting will consist of the BC/DRP team (e.g., IT, Security, and Compliance), but may also involve other areas of the business (depending on the scope of the test). A report will be produced outlining the testing process and results; and documenting the findings / recommendations for future actions.

As a part of this final review process, results of the test will be compared against pre-established baseline metrics (i.e., RTO/RPO) to determine what actions and/or recommendations will be needed to improve the BC/DR process. These results will be documented in the testing outcome final report in a pass/fail manner with comments included where appropriate.

Passport will comply with all requirements contained in Attachment C, Medicaid Managed Care Contract. Particularly relevant for this section are the CHFS Security Requirements of Appendix Q. The Appendix contains suggested Disaster Recovery drill suggestions. Passport will evaluate each of the suggested drills and, where not already included in Passport's testing, will incorporate them.

Conclusion

Passport's Emergency Response/Disaster Recovery plan serves as a comprehensive resource that is implemented to assure that all critical personnel, systems and processes are resilient and continue to serve Kentuckian's in the event of an emergency. As our overall Emergency Response and Disaster Recovery Plans are available at our operational sites and those of our subcontractors, we invite DMS on-site to review them at length prior to the award of the contract. We appreciate the opportunity to present our BC/DRP and answer DMS's specific questions and look forward to continuing our 22 years of uninterrupted service to the Commonwealth.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

F. Turnover Plan



F. Turnover Plan

Submit a detailed description of the Vendor's proposed approach to providing turnover planning, as it relates to the Contract resulting from this RFP, in the event of Contract expiration or termination for any reason, including the following:

1. A summary of the support the Vendor will provide for turnover activities, and required coordination with the Department and/or another Vendor assuming responsibilities.
2. Approach to identifying and submitting all documentation, records, files, methodologies, and data necessary for the Department to continue the program.
3. Resources and training that the Department or another contractor will need to take over required operations.
4. Methods for tracking and reporting turnover results, including documentation of completion of tasks at each step of the turnover.
5. Document and verify how all data is securely transferred during a turnover ensuring integrity of same. Maintain the CIA concept in turnover, Confidentiality, Integrity, and Availability.

Passport Highlights: Turnover Plan

How We're Different	Why It Matters	Proof

Passport has collaborated with the Department for Medicaid Services (DMS) to successfully implement new health care programs for Kentuckians over the last twenty-two (22) years.	• In the unfortunate circumstance in which turnover must occur, Passport would continue the same level of collaboration that has been established throughout our long history to ensure the transition is as smooth and seamless for DMS, the other managed care organizations (MCOs), our members, our providers and other key stakeholders as possible.	• Many successful launches:
		  • KY Medicaid managed care program
		  • KY CHIP program
		  • KY Medicaid expansion

Passport's Turnover Planning Is Specific to the Termination Conditions

Submit a detailed description of the Vendor's proposed approach to providing turnover planning, as it relates to the Contract resulting from this RFP, in the event of Contract expiration or termination for any reason, including the following:

F.1. A summary of the support the Vendor will provide for turnover activities, and required coordination with the Department and/or another Vendor assuming responsibilities.

Passport has over twenty (20) years of local experience and local leadership—Kentuckians serving Kentuckians—and we will ensure that DMS, the new MCOs and our members and providers have our full commitment in the event of a required turnover. Fundamental to a smooth transition is collaboration with DMS and any new MCOs, formal governance over transition activities, rigor to execution against a plan and clear alignment of roles and responsibilities.

If a circumstance arises in which a turnover must take place, Passport will submit an official Turnover Plan to DMS for review and approval within ten (10) days of receiving the notice of termination from DMS. The dates of tasks and milestones in the Turnover Plan will be based on the time frame of the cutover that is determined by DMS.

The Turnover Plan will be tailored to the situation regarding the turnover and the content; involved parties and required activities may need to vary. For example, the details and tasks/milestones of the Turnover Plan could be different if we are transitioning to one or many MCOs. Passport assures DMS that whatever scenario is driving the turnover, we will work collaboratively with all parties involved.

The Turnover Plan will detail the proposed schedule, activities and resource requirements associated with the turnover tasks, including any records and information that need to be exchanged. It will outline relative roles and responsibilities of all parties involved, including DMS and other MCOs. The Turnover Plan will include the following:

- Passport's approach to educating DMS or the new MCOs' staff on the operation of our business processes and activities
- Passport's approach and schedule for the transfer of data and information
- Passport's quality assurance (QA) processes to monitor all turnover activities across the organization and its subsequent services areas
- Governance and status communication structures
- Member and provider communication plans, including messaging and methods
- All obligations required to be performed by Passport. For instance, under the contract, Passport will complete the following:
  - Arrange for the transfer of member records related to authorizations and care management to other MCOs, as appropriate
  - Resolve member grievances and appeals of claims with dates of service prior to the termination date, including those grievances and appeals filed on or after the termination date
  - Maintain financial responsibility for member appeals of adverse decisions by Passport regarding the treatment of services requested prior to termination, which are subsequently upheld on behalf of the member
  - Support run out for all claims incurred for dates of service prior to termination
  - Submit encounter data for all claims incurred for dates of service prior to termination

- Submit all reports necessary to facilitate the collection of pharmacy rebates, including assisting in the resolution of all drug rebate disputes with the manufacturer for all claims incurred prior to the termination date
- Submit performance data with a due date after termination but covering a reporting period prior to termination and any updates required to reflect run-out activities
- Promptly provide DMS with requested information regarding any unpaid claims submitted by out-of-network providers and arrange for the payment of such claims
- Provide DMS with all information requested in the format and within the time frames set forth by DMS, which shall be no later than thirty (30) days after the request
- Take the actions necessary, or as directed by DMS, to protect Passport's property related to the contract, which is in Passport's possession and in which DMS has or may acquire an interest
- Maintain all records for audit and inspection by the DMS, Centers for Medicare & Medicaid Services (CMS) and other authorized government officials in accordance with terms and conditions specified in the contract, including the transfer of all such data and records, or copies thereof, to DMS or its agents as may be requested by DMS. Prepare and deliver any reports, forms or other documents to DMS as may be required pursuant to this contract or any applicable policies and procedures of DMS

Passport will also have continuing financial obligations. Upon turnover, Passport will remain responsible for claims incurred after the termination date in the following instances:

- For all members until midnight on the last day of the calendar month for which a capitation payment has been made by DMS
- For all infants of female members who are still in the hospital after birth until the infant is discharged
- For members receiving inpatient hospital services who are hospitalized on the termination date until the member is discharged

Overall Responsibility for Implementing and Carrying Out the Turnover Plan

Passport's CEO, Scott Bowers, will have the overall responsibility and accountability for the execution of the Turnover Plan to ensure its success. The Turnover Plan will be managed by the Passport turnover liaison, David Henley, Passport's chief compliance and security officer. The turnover liaison will be the main point of contact for DMS and the other MCOs and will be responsible for responding to DMS and MCO inquiries related to the transition. In addition to the turnover liaison, we will assign a fully dedicated turnover program manager. The turnover program manager will be responsible for driving the daily execution and management of the detailed Turnover Plan; tracking, managing and remediating risks and issues; and communicating and reporting status weekly to the Turnover Executive Steering Committee.

As the fully accountable owner, Mr. Bowers will work with the teams that are outlined next to ensure that all contract requirements are met and that the Turnover Plan is accomplished within the time frames outlined in the Turnover Plan.

- DMS
- Joint Turnover Committee:
  - This is a committee that will be formed and composed of key Passport, DMS (as needed) and new MCO(s) staff members who will collectively execute the activities to complete the Turnover Plan.
- Passport Turnover Executive Steering Committee:

  - This is a committee that will be formed and composed of key executives from Passport. The committee will provide oversight and leadership to ensure that a smooth transition takes place by providing direction, making decisions, remediating risks and issues and removing barriers. Mr. Bowers, CEO of Passport, will chair this committee.
- Passport turnover liaison:
  - The Turnover Plan will be managed and represented to DMS by the Passport turnover liaison, Mr. Henley, Passport's chief compliance and security officer. The turnover liaison will be the main point of contact for DMS and the other MCOs and responsible for responding to DMS and MCO inquiries related to the transition. The turnover liaison will report directly to the Passport Turnover Executive Steering Committee.
- Passport turnover team:
  - This is a team that will be formed and composed of key cross-functional leaders from Passport who will perform the activities outlined in the plan. Wherever possible, the same individuals who led the Passport initial implementation will serve on the turnover team, leveraging their extensive expertise and experience in Kentucky to accomplish a smooth transition. Please see **Exhibit F-1** for a list of the key functional areas and further details on specific turnover responsibilities.
- Passport turnover program manager:
  - This is a fully dedicated program manager who will be responsible for driving the daily execution and management of the detailed Turnover Plan; tracking, managing and remediating risks and issues; and communicating and reporting status to the Turnover Executive Steering Committee.

Exhibit F-1: Passport Health Plan's Organizational Departments Responsible for the Turnover Plan

Turnover Staff and Responsibilities	
Department	**Turnover Responsibilities**
Care Management/ Disease Management	Ensure continuity of care for all members and assist in transitioning members with complex conditions to the new MCOs' providers, including managing care and working with the new MCOs to transfer members after the termination date, if dictated by the member's condition and approved by DMS.
Claims	Manage the run out of claims according to the contract schedule, ensuring timely payment to providers; in coordination with IT, data management and the turnover team, ensure that all transferred claims data are accurate and shared in a timely manner with DMS and the new MCOs where required.
Community Engagement	Work to support the community and members through the transition in answering questions, providing transition materials and communicating important transition information with a focus on personal connections and guided, tailored experiences.
Compliance and Legal	Review all activities and documentation to ensure that all contract requirements are met.

Turnover Staff and Responsibilities	
Department	**Turnover Responsibilities**
Data Management	Lead the development and QA efforts for the data transfers required from the enterprise data warehouse (EDW) to DMS or the new MCO(s). Data analysts will develop mappings for MCO data to industry standards and formats, perform data validation and certify the data to collaborate with the new MCO(s) for the handoff of the requirements to transfer Passport data into the new MCO(s) data warehouse as needed. Additional data support comes from the following subject matter experts (SMEs): • Administrative data SMEs: Expertise in plan account structure, eligibility, medical claims and pharmacy claims files formats and processing and authority to approve the construct and delivery of file formats for these data types • Clinical data SMEs: Expertise with Admission, Discharge, Transfer (ADT); lab; and Continuity of Care Document (CCD) data and systems and authority to approve requirements for data interfaces Provider data SMEs: Expertise with provider information, data and systems and authority to approve requirements for data interfaces
Encounters	Manage and provide ongoing data transactions for encounters submissions through run out.
Learning and Education (L&E)	Work with our internal departments to assist in developing a training program for new MCOs' staff and DMS as needed and work with the Joint Turnover Committee to determine the best method of training.
Member Services	Ensure that all member services functions, including call center operations, are efficiently and effectively transferred to the new MCOs.
Provider Relations	Ensure that Passport's providers receive timely notification and are supported in making the transition to the new MCOs, as well as continue to provide comprehensive support and information to providers about claims payments. Identify potential global training opportunities from direct provider interactions.
QA	Review all transition activities and formulate activity-specific testing plans and aligned SMEs and testing resources. Participate in the turnover team and the Joint Turnover Committee to ensure that all deliverables are met to their intentions.
Utilization Management (UM)	Serve as an SME on current processes, staffing and UM materials, as well as a liaison between the new MCOs and Passport. The manager will assist in educating the new MCOs on our existing program designs (e.g., workflows, program descriptions, metric development) and liaise between the parties to provide access to key information.

Required Coordination with the Department and/or Another Vendor Assuming Responsibilities

The success of a transition, including the timely completion of the Turnover Plan, will require the cooperation of DMS and the new MCO(s). This will involve clearly defining individual participants and committing to their participation in joint planning, coordination and execution of respective duties in accordance with the schedule outlined in the plan. It will require partnership, timely and accurately communicating needs and issues and actively participating in requirements and testing discussions.

A primary forum to drive this collaboration and overall program governance with DMS and the new MCO(s) will be the Joint Turnover Committee composed of Passport and the new MCO(s) staff, along with DMS staff, as needed. In this forum, the teams will collaborate on key turnover tasks and oversee all Turnover Plan operations, including education and training as needed on the operations of our current business processes and activities central to a transition. The Joint Turnover Committee will work to make necessary adjustments to ensure that the Turnover Plan meets all requirements and is acceptable to all parties. The plan will clearly outline the respective roles and responsibilities of each group and accountability for tasks.

Passport Will Work with the Department Toward a Smooth Transition in the Interest of Our Members and Providers

Members will be at the center of our planning, communication and transition activities and focused reviews will incorporate member experience into transition plans. Leaders from our Customer Service, Provider Relations, Enrollment, Information Technology, Claims, Finance, QA, Marketing Communications, UM, Care Management and Disease Management departments will serve on the turnover team, providing valuable information and insight concerning how we can accomplish the transition with the least disruption of services to members.

Passport will ensure timely, culturally competent and clear communications to members about the upcoming transition well in advance of the new MCOs' effective date. Our UM, Care Management, Disease Management and Community Relations departments' staffs will be available to assist members in making a positive transition, complete with all the medically necessary services and supports they need to feel comfortable during and after the transition. Our UM and care management staff and care coordinators will also ensure that all member service plans and authorizations are updated and shared with the new MCO in advance of the transition.

For members requiring Complex Care, in the latter stages of a risky pregnancy, or with other special requirements, we will work with the new MCO to provide continuity of care, even past the termination date, if needed.

The provider lens will also be central to planning activities, and the Turnover Plan will detail the support our provider relations and provider network management teams will offer. Passport will inform our providers of the transition well in advance through multiple channels and train them concerning how to communicate the transition to their members effectively, as well as directly address their primary areas of concern, such

as claims payment. Robust training modules will prepare provider network management and provider call center staff to address these support needs effectively.

As stated earlier, and to stress the importance, members and providers will be at the center of our planning, communication and transition activities. They are our neighbors and the heart of our mission-oriented business, and we will do everything that we can to ensure that they are not negatively affected by the transition.

F.2. Approach to identifying and submitting all documentation, records, files, methodologies, and data necessary for the Department to continue the program.

In 2017, Passport underwent a significant system transformation project to transition our member, claims, provider management and business support systems to a different base platform. As part of this initiative, Passport systematically and granularly cataloged all departments, systems, data, files, information exchanges and processes required to run a Medicaid health plan.

Passport is in a unique position in that overhauling and redefining our business in 2017 created a ready to leverage template for an exceptionally similar endeavor of turning over the health plan. As part of the 2017 initiative, Passport gathered and cataloged the requirements to transition the plan, built a project plan based on the deliverables and was able to fully execute on the plan, creating a baseline of recent experience in thinking comprehensively and executing large-scale systematic and process change.

In a turnover scenario, Passport will leverage this referenced transition project plan and its detailed artifacts as the baseline and work with each department to update deliverables with any changes. Passport understands that at a minimum, the materials that will need to be exchanged are claims history, authorizations, provider information, member case notes, regulatory material and any other material required to support both providers and members. In addition, Passport will work with DMS and the MCO(s) to determine any additional material that will need to be delivered. The Passport turnover team (**Exhibit F-1)** would be deeply involved in this effort and audits for their respective areas, which would be spearheaded by data operations.

F.3. Resources and training that the Department or another contractor will need to take over required operations.

Resources

The most valuable resource Passport has is its employees, as they are local, knowledgeable and experienced Kentucky-based staff members who are deeply committed to the well-being of Kentucky Medicaid members. In the event of a termination-triggering turnover, Passport will support DMS and the new MCOs' efforts to hire or retain Passport's employees as long as it does not put into jeopardy the run-out obligations that Passport has.

Training

In the event of turnover, beyond the natural communication and training that may arise during collaboration with the Joint Turnover Committee, Passport could provide training to DMS or the MCO(s) to ensure a smooth transition for our members and providers. Passport could provide the same comprehensive core curriculum used to train and educate our own staff to guide the consideration of potentially appropriate topics. One recommended training would cover the Passport member and provider experiences, benefits and plan structures. By bringing awareness to things like the authorization requirements, value-added benefits and overall benefit plans, new MCOs could proactively consider notable changes to the member or provider experience and prepare specific outreach or communications to support a smooth changeover. We feel that these are key so that the new MCOs can proactively consider them in their onboarding materials.

Sample topics from our internal training programs are summarized in **Exhibit F-2** and illustrate training categories that could be further considered based on the audience or situation.

Exhibit F-2: Overview of Passport's Comprehensive Training Modules

Training Program	Brief Description
Passport Training	Covers key topics important to serving the Kentucky Medicaid population, including demographics and health status, covered benefits, relations between Passport and the Department, state and federal Medicaid laws and regulations, cultural competency and advanced directives.
Cultural Competency Training	Teaches our employees that culturally competent care can break down barriers and improve outcomes for our members. Identifies how to deliver culturally and linguistically competent care and includes information about health care considerations for various cultures and unique needs.
Member Services Call Center Training	Provides a comprehensive training program to ensure that calls are handled consistently and are of high quality.
Marketing Staff Training	Includes a careful review of the DMS marketing guidelines, as well as state and federal guidelines, and reinforces training with monitoring of events and presentations, as well as secret shopper activities to ensure compliance.
Provider Services Call Center Training	Provides a comprehensive classroom training program to ensure that calls are handled consistently and are of high quality.
Provider Network Representatives Training	Provides a comprehensive training, which includes multiple systems, DMS contract requirements, Provider Manual expertise and expectations for provider interactions, as well as shadowing of a tenured provider relations specialist as a mentor.
Population Health Management and	Provides comprehensive training for clinical and nonclinical staff. UM training consists of new hire onboarding, initial job-specific training, training for National

Training Program	Brief Description
Utilization Management	Committee for Quality Assurance (NCQA) requirements and quick reference guides. Training methodology consists of e-learning module prework and in-person classroom training with assessment learning checks throughout. Preceptor training is also part of the learning process.
Claims Management Training	System training that focuses on hands-on experiences supplemented with feedback and coaching by experienced trainers.

F.4. Methods for tracking and reporting turnover results, including documentation of completion of tasks at each step of the turnover.

During the turnover, the turnover program manager will use the Turnover Plan as the primary planning and control framework by which to assess whether the project remains on time and meeting specifications. Project workstreams will be created to accomplish the Turnover Plan's goals and bring necessary focus to distinct areas. The turnover program manager will hold each workstream accountable to the Turnover Plan's schedule and deliverables and ensure that the team members are using standardized measurement values, reporting methodologies and templates to facilitate communication, analysis and accountability.

The turnover program manager will report directly to Mr. Bowers, Passport's CEO, for quick decision resolution, as well as work daily directly with the new MCO(s) and DMS to ensure all activities are monitored and transparent, thus ensuring continued support for our members, providers, Kentucky Medicaid and the selected MCO(s) during the transition.

The turnover program manager will provide a status report with health indicators to communicate clearly whether each workstream is successfully on track. In addition, executive dashboards indicating the project's status to provide clear transparency to DMS, the MCO's and the Passport Turnover Executive Steering Committee will be used. Please see **Exhibit F-3** for illustrative views of these tools.

Exhibit F-3: Sample Status Report Template

Passport Weekly Status

Contract Status:

Implementation Lead: TBD

Workstream Status

Workstream Name	PM	Start Date	Go-Live	Current Status	% Complete	Status Update
Staffing/Training				On Track	100%	
Rediness (Regulatory)				On Track	100%	
Provider Network/Provider Dir.				On Track	100%	
Change Management /Communciation Strategy				On Track	100%	
Model of Care/BH				On Track	100%	

Current Status Update

Pulls from program/contract level executive update field.

Key Milestones

Status	Project Milestone	Domain	Workstream	Due Date
	Mock CMS Readiness Review			*4/25/19*
	Client Kick-Offs Complete			*5/16/19*
	CMS Readiness Review			*7/9/19*
	Reporting Exhibit (Lee Sign-Off) NCQA Delegation Agreement			*7/9/19*
	Enrollment Period Reporting Go-Live			*10/1/19*
	Day-1 Reporting Go-Live			*1/1/20*
	Transition To Operations Complete			*2/3/20*

Key Issues *(Critical Issues and High Risks Require Escalation)*

Active Issues

Title	Severity	Description	Executive Reporting Update	Business Owner	Client Owner	Due Date
TEST | Test Issue 2	**Critical**	*TEST | Test Issue 2*	This Exec Reporting Update section is to be updated by the Workstream PM. This is for Test Issue 2.	TBD	TBD	*4/25/19*
TEST | Test Issue 1	**High**	*TEST | Test Issue 1*	This Exec Reporting Update section is to be updated by the Workstream PM. This is for Test Issue 1.	TBD	TBD	*5/16/19*

Key Risks *(Critical Issues and High Risks Require Escalation)*

Active Risks

Title	Risk Classification	Description	Response Plan	Executive Reporting Update	Business Owner	Client Owner	Due Date
TEST | Test Risk 1	**High Risk**	*TEST | Test Risk 1*	This Response Plan Description section is to be updated by the Workstream PM. This is for Test Risk 1.	This Exec Reporting update section is to be updated by the Workstream PM. This is for Test Risk 1.	TBD	TBD	*4/25/19*

Key Tasks Due This Week

Name	Domain	Workstream	Start Date	Due Date	% Complete	Expected Progress %	Current Status
Part C Reporting			4/5/19	4/17/19	0.00%	100.00	Off Track
Part D Reporting			4/5/19	4/17/19	0.00%	100.00	Off Track
Review BCP MSA for Reporting Scope			4/1/19	4/19/19	0.00%	93.33	At Risk

Key Tasks Due Next Week

Name	Domain	Workstream	Start Date	Due Date	% Complete	Expected Progress %	Current Status
Reporting Deliverable Prep for Mock Readiness			4/18/19	4/25/19	0.00%	16.67	At Risk
Regulatory & Compliance Reports			4/3/19	4/26/19	0.00%	73.08	At Risk
OOAG Reporting			4/18/19	4/26/19	0.00%	14.29	At Risk
Business Signoff on Inventory Completeness			4/26/19	4/26/19	0.00%	0.00	On Track

Passport will use an enterprise portfolio/project management tool called Clarizen to manage the full turnover life cycle across all workstreams. Clarizen is a secure, scalable platform that allows for seamless management of complex projects. The platform is used to create and maintain detailed project schedules;

document risks, issues and decisions; assign turnover-specific tasks; and develop audience-specific reports across all work items that can be used by Passport, DMS and other MCOs (e.g., milestones, key tasks, due dates). Clarizen will provide transparency and visibility in the turnover through real-time links to reports and dashboards. It is also used to automate standard status reports and create workflow processes, which increases productivity and reduces duplication of work. This platform will centrally manage all aspects of the turnover.

To ensure suitable tracking and reporting related to the turnover, the Passport transition team will create a Turnover Plan within Clarizen. The overall structure will be organized by workstreams, which will be inclusive of DMS and other MCO(s) as applicable. The transition program manager will be responsible for the overall project management aspects of the turnover effort and reporting out project status, risks and issues on a weekly basis.

Each workstream will follow a schedule construct that will include the phases outlined in **Exhibit F-4**. A project tollgate approach will also be used to move the project from each phase. Key turnover leaders from the MCO(s) and Passport will be required to sign off to move the project to the next phase. This includes an in-depth review of documentation (e.g., project scope, resources, risks, issues, decisions, quality and communication). The documentation will be maintained and updated throughout the turnover as needed for accurate reference and use.

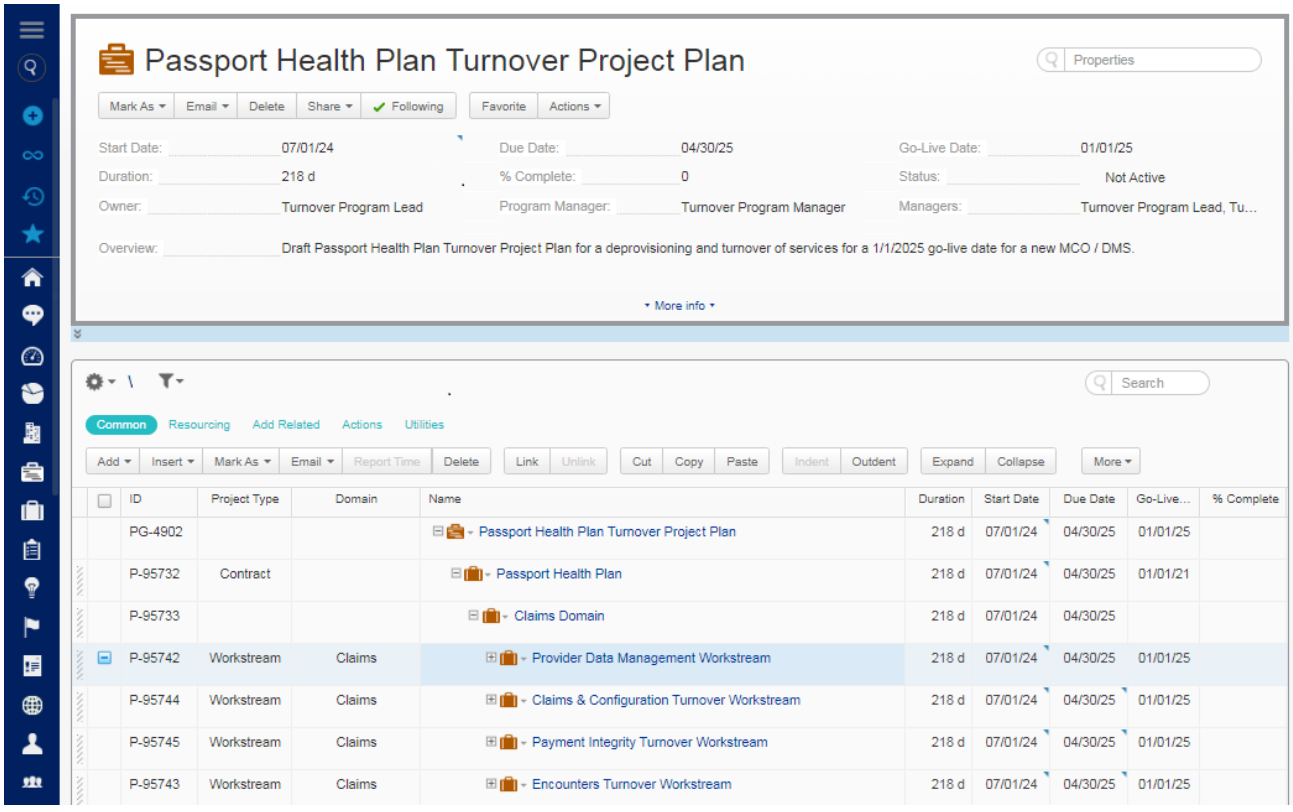
Exhibit F-4: Turnover Plan Project Approach

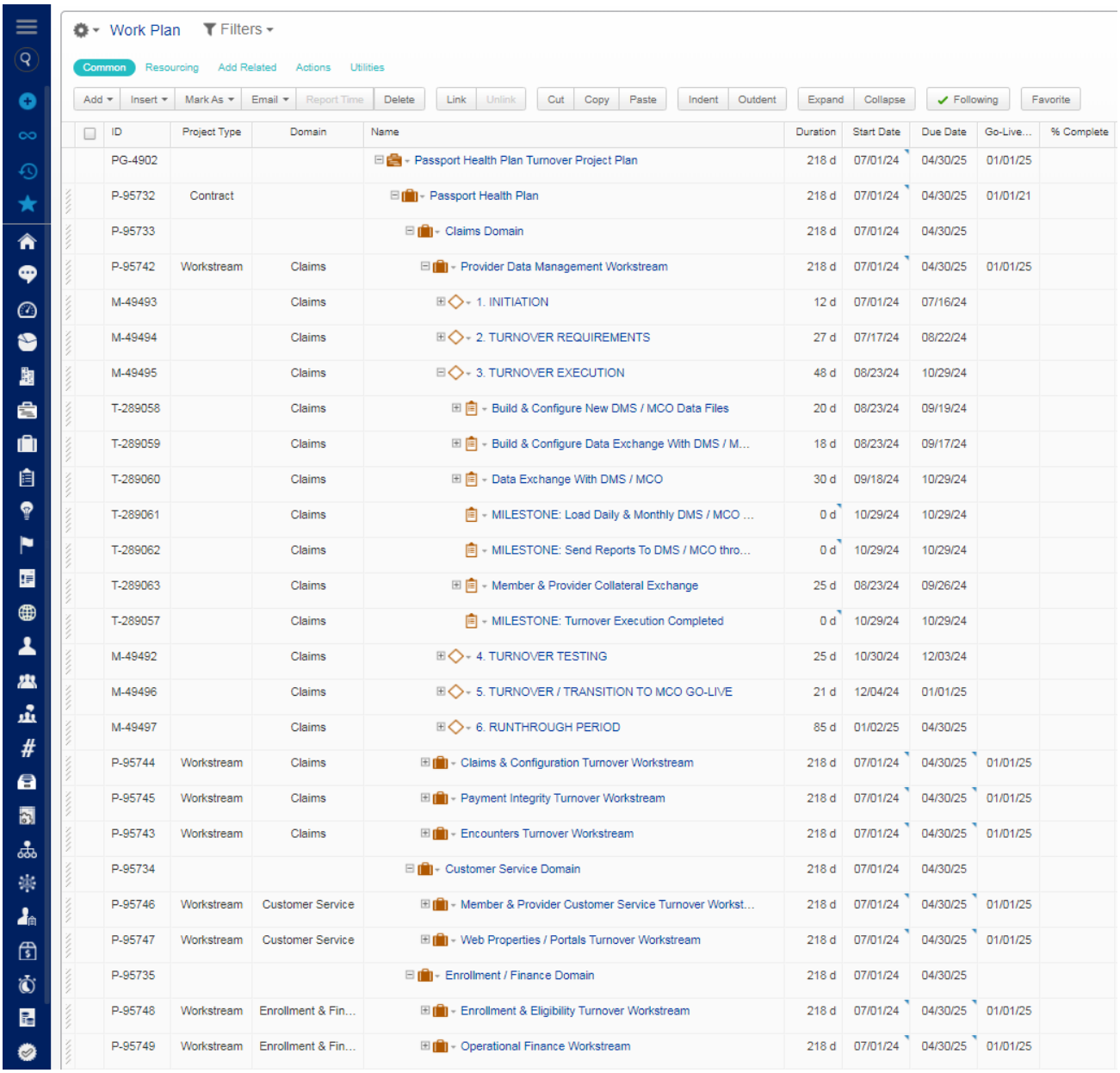
Phase	Activities
1. Initiation	• Form turnover project teams (e.g., Joint Turnover Committee, Passport Turnover Executive Steering Committee, Passport Turnover Committee) • Define turnover project charter and finalize scope • Hold kickoff meeting • Define the detailed work breakdown • Assess risk • Identify resource requirements and accountable parties • Finalize the schedule • Update project templates (e.g., status reports) for Turnover Plan activities
2. Requirements	• Exchange critical business information and data exchange standards with DMS/MCO(s) • Conduct discovery sessions • Determine the key member and provider materials needed • Document and obtain sign-off on data exchange requirements
3. Execution	• Conduct joint (DMS, MCO and Passport) workstream meetings • Complete data and material exchange • Build and configure data exchange files • Provide key member and provider materials • Track the progress of required action against the defined Turnover Plan

Phase	Activities
4. Testing	• Conduct QA checks for data exchange and MCO(s) system configurations • Support MCO(s) end-to-end testing of systems • Conduct readiness activities for turnover/transition to MCO(s) go live
5. Turnover/Transition to MCO(s) Go Live	• Assist in training of MCO(s) staff • Transition to MCO(s) • Provide post-turnover support to DMS and MCO(s) for a mutually agreed-upon warranty period • Determine post-go-live support staff needed • Adjourn turnover project teams

Within Clarizen, the turnover program manager will create detailed task-level information. Schedules will include multiple fields, but at a minimum will include task name, domain, duration, start date, due date, predecessors, resources and percent complete. The turnover program manager will apply task dependencies in the workstream schedules, as well as cross-workstream dependencies. Through the application of cross-workstream dependencies, we will be able to accurately determine the critical path across the entire turnover effort. In addition, this clear view across the full project reduces project risks overall. Please see **Exhibit F-5**.

Exhibit F-5: Sample Workstream-Level Schedule View in Clarizen





Work Plan | Filters

Common | Resourcing | Add Related | Actions | Utilities

Add | Insert | Mark As | Email | Report Time | Delete | Link | Unlink | Cut | Copy | Paste | Indent | Outdent | Expand | Collapse | Following | Favorite

ID	Project Type	Domain	Name	Duration	Start Date	Due Date	Go-Live...	% Complete
PG-4902			Passport Health Plan Turnover Project Plan	218 d	07/01/24	04/30/25	01/01/25	
P-95732	Contract		Passport Health Plan	218 d	07/01/24	04/30/25	01/01/21	
P-95733			Claims Domain	218 d	07/01/24	04/30/25		
P-95742	Workstream	Claims	Provider Data Management Workstream	218 d	07/01/24	04/30/25	01/01/25	
M-49493		Claims	1. INITIATION	12 d	07/01/24	07/16/24		
M-49494		Claims	2. TURNOVER REQUIREMENTS	27 d	07/17/24	08/22/24		
M-49495		Claims	3. TURNOVER EXECUTION	48 d	08/23/24	10/29/24		
T-289058		Claims	Build & Configure New DMS / MCO Data Files	20 d	08/23/24	09/19/24		
T-289059		Claims	Build & Configure Data Exchange With DMS / M...	18 d	08/23/24	09/17/24		
T-289060		Claims	Data Exchange With DMS / MCO	30 d	09/18/24	10/29/24		
T-289061		Claims	MILESTONE: Load Daily & Monthly DMS / MCO ...	0 d	10/29/24	10/29/24		
T-289062		Claims	MILESTONE: Send Reports To DMS / MCO thro...	0 d	10/29/24	10/29/24		
T-289063		Claims	Member & Provider Collateral Exchange	25 d	08/23/24	09/26/24		
T-289057		Claims	MILESTONE: Turnover Execution Completed	0 d	10/29/24	10/29/24		
M-49492		Claims	4. TURNOVER TESTING	25 d	10/30/24	12/03/24		
M-49496		Claims	5. TURNOVER / TRANSITION TO MCO GO-LIVE	21 d	12/04/24	01/01/25		
M-49497		Claims	6. RUNTHROUGH PERIOD	85 d	01/02/25	04/30/25		
P-95744	Workstream	Claims	Claims & Configuration Turnover Workstream	218 d	07/01/24	04/30/25	01/01/25	
P-95745	Workstream	Claims	Payment Integrity Turnover Workstream	218 d	07/01/24	04/30/25	01/01/25	
P-95743	Workstream	Claims	Encounters Turnover Workstream	218 d	07/01/24	04/30/25	01/01/25	
P-95734			Customer Service Domain	218 d	07/01/24	04/30/25		
P-95746	Workstream	Customer Service	Member & Provider Customer Service Turnover Workst...	218 d	07/01/24	04/30/25	01/01/25	
P-95747	Workstream	Customer Service	Web Properties / Portals Turnover Workstream	218 d	07/01/24	04/30/25	01/01/25	
P-95735			Enrollment / Finance Domain	218 d	07/01/24	04/30/25		
P-95748	Workstream	Enrollment & Fin...	Enrollment & Eligibility Turnover Workstream	218 d	07/01/24	04/30/25	01/01/25	
P-95749	Workstream	Enrollment & Fin...	Operational Finance Workstream	218 d	07/01/24	04/30/25	01/01/25	

Following the completion of all turnover activities, Passport will provide DMS with a turnover results report that documents the completion and outcomes of each turnover deliverable. The turnover results report will be provided within thirty (30) calendar days.

F.5. Document and verify how all data is securely transferred during a turnover ensuring integrity of same. Maintain the CIA concept in turnover, Confidentiality, Integrity, and Availability.

Passport's Approach and Schedule for the Transfer of Data and Information

During the turnover, Passport will provide timely, complete and accurate data and information, ensuring the efficient administration of Passport's obligations under the contract while transitioning our members to another MCO. A written process will be developed and approved by Passport, DMS and the new MCO(s). Records that are outside of our contractual obligations or proprietary will need to be negotiated as needed. All information, data and/or records in any form will be provided through secure means, ensuring that the data is protected at rest, in movement and during delivery. All data transferred will be tracked and require acceptance documentation. Passport will retain copies of all information required by federal and state laws regarding records retention.

In observation of the concepts of confidentiality, integrity and availability, we will work with DMS or the new MCO prior to any transfer of data to reach agreement on the scope, format and need for such data transfers. Passport has already established secure and compliant data exchanges with DMS to fulfill our obligations under the contract. Currently, Passport focuses on stringent protocols and supports multiple Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant file formats; and we require the same from our trading partners. Data exchanges between DMS, providers and vendors occur through dedicated point-to-point connectivity or secure virtual private networks or encrypted secure sockets layer (SSL) connections over the internet. Passport uses the MoveIT DMZ and MoveIT Central products to perform job scheduling, automation, status monitoring, exception alerting, logging and reporting of secure file transfers inside the organization and between other organizations. This software suite allows for extensive file transfer automation capabilities to support business functions 24/7/365.

All hardware and software necessary to support the transfer of information during the turnover process will be tested prior to the transfer, including reports and data transmission and receipt. For data transfers, Passport will implement an efficient transfer process to DMS or the new MCOs/contractors from our Identifi℠ platform management information system (MIS) and any third-party software we use for the performance of the contract. The Identifi platform, and its enterprise data warehouse, use HIPAA-compliant electronic data interfaces (EDIs) and industry-standard (and American National Standards Institute [ANSI]-compliant) health care data and message formats and standards. The platform also uses industry-standard formats and coding for its data. By using these industry standards, Passport ensures that it will submit all HIPAA-compliant data and information necessary to transition operations in a safe and secure manner, including the following:

- Data and reference tables
- Data entry software
- License agreements for third-party software and modifications if required by DMS
- Documentation relating to software and interfaces
- Functional business process flows

- Operational information, including correspondence, documentation of ongoing or outstanding issues, operations support documentation and operational information regarding subcontractors
- Passport will also provide DMS the data, information and services necessary and sufficient to enable DMS to map all managed care program data from Passport's systems to the replacement systems of DMS or a subsequent contractor, including any comprehensive data dictionaries

Conclusion

Since the beginning of Passport's relationship with DMS, Passport has been committed to the well-being of our members and our provider community. In the event of a termination, Passport will retain its core member and provider focus, working in cooperation with DMS and any new MCOs to ensure a smooth and effective transition.

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.

G. Kentucky SKY



G.1 Executive Summary



G.1. Executive Summary

a. Provide an Executive Summary that summarizes the Contractor's proposed technical approach, staffing and organizational structure, and implementation plan for the Kentucky SKY program. The Executive Summary must include a statement of understanding and fully document the Contractor's ability, understanding and capability to provide the full scope of work.

b. The Contractor's statement of understanding of the unique needs of Medicaid Enrollees in the Commonwealth enrolled in the Kentucky SKY program;

c. An overview of the Contractor's proposed organization to provide coordinated services for the Kentucky SKY program;

d. A summary of the Contractor's strategy and approach for administering services for Kentucky SKY Enrollees;

e. A summary of the Contractor's strategy and approach for establishing a comprehensive Provider network able to meet the unique physical and Behavioral Health needs of Kentucky SKY Enrollees; and

f. A summary of innovations and Trauma-informed initiatives the Contractor proposes to implement to achieve improved health outcomes for Kentucky SKY Enrollees in a cost effective manner. Include a discussion of challenges the Contractor anticipates, how the Contractor will address such challenges, and a description of the Contractor's experience with addressing these challenges for similar contracts and populations.

Passport Highlights: Executive Summary

How We're Different	Why It Matters	Proof
Passport is the only managed care organization (MCO) with **22 years** of experience serving foster youth in Kentucky	• The Kentucky SKY population has complex care needs, often coupled with care coordination challenges	• Deep knowledge of the evolving challenges faced by this population across the Commonwealth since 1997 • For more than two decades, the local Passport staff has aligned members with Kentucky-based resources • Established, tailored and flexible services for youth in foster care
Passport is establishing a distinct, state-wide organizational unit comprised of dedicated Kentucky SKY staff	• Kentucky SKY members will receive services focused solely on their unique needs	• Dedicated organizational unit, including a foster care coordination team of nurses and behavioral health professionals accountable to a Kentucky SKY management structure
Passport requires providers and staff serving Kentucky SKY members to complete an exclusive, comprehensive training and education program	• Those serving the Kentucky SKY population must understand the unique needs of this very vulnerable population, the role of the guardian and the requirements of the Kentucky SKY program	• Passport partners with local experts, such as University of Kentucky College of Social Work's Training Resource Center and Pastor Edward Palmer to deliver relevant, Kentucky SKY curriculum
Passport ensures provider readiness for employing trauma-informed care (TIC) throughout all regions of Kentucky	• Providers are at different levels in their understanding and ability to implement TIC	• Passport assesses a provider and tailors education and training to ensure a provider's TIC readiness • Passport requires all staff interfacing with Kentucky SKY members to complete TIC

Passport integrates the High Fidelity Wraparound Model of care into Kentucky SKY member care plans, whether they have complex care needs or not	• The MCO, the youth, family and agency staff, and all providers are active and aligned in coordinating care for Kentucky SKY members.
	• High Fidelity Wraparound certification of Passport Care Coordinators ensures that all care coordination is conducted with an evidence-based approach
		• Passport's High Fidelity Wraparound pilot has proven, positive results, including:
		  • 150% increase in children reconnected with their family
		  • 13% reduction in total cost of care
		  • 38% reduction in non-behavioral health expenses
		  • 6% reduction in pharmacy costs

Introduction

Passport is honored to have the opportunity to respond to the Department of Medicaid Services' (DMS') Kentucky Supporting Kentucky Youth (Kentucky SKY) Request for Proposal. For more than two decades, we have been the only local Kentucky-based health plan that is solely dedicated to government-sponsored programs. This unique position allows us to be intimately familiar with and focused on our vulnerable Kentucky SKY members and improve their health outcomes. It also enables us to have a deep understanding of the different communities that our members reside in, from the urban areas of Jefferson County to the rural areas of Letcher County. Regardless of where our members reside, we connect with community agencies to offer accessible resources to remove our members' barriers to effective health care.

Since our founding as the Commonwealth's first partner in Medicaid managed care and foster care, we have been a steadfast partner working along our agency partners and Kentucky health care stakeholders. We serve as a consistent, transparent and energetic voice for Kentucky SKY members and their providers. The Passport team has been committed to meeting the DMS mission to improve the health of all Medicaid members in a cost-effective manner. We remain highly devoted to the mission and look forward to continuing our long-standing partnership with the Commonwealth in order to foster good health for Kentuckians.

G.1.a. Provide an Executive Summary that summarizes the Contractor's proposed technical approach, staffing and organizational structure, and implementation plan for the Kentucky SKY program. The Executive Summary must include a statement of understanding and fully document the Contractor's ability, understanding and capability to provide the full scope of work.

Passport's Technical Approach to Meeting Our Kentucky SKY Member's Needs

Passport has been serving Kentucky SKY members since 1997. We have grown to be the second largest Medicaid MCO in the Commonwealth, with more than 300,000 total Medicaid members, including over 5,000 members, comprised of adoption, foster care, former foster care, Juvenile Justice and disability-related youth. Currently, Passports serves approximately 3,200 foster care members who are actively receiving care management and/or related services.

Over the years, we have developed and enhanced our programs and services to meet the growing and complex needs of this special population. We employ a Population Health Management (PHM) model that uses a holistic High Fidelity Wraparound model based on the latest evidence-based medicine for improved health outcomes. Passport firmly believes in the Department's definition that a High Fidelity Wraparound Approach "aims to achieve positive outcomes for children and youth who are experiencing behavioral health concerns by providing a structured, creative, and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child/youth and family." And, we have evidence that the approach is highly effective.

We are one of the first health plans in Kentucky to pilot the High Fidelity Wraparound approach as part of a care management program. The High Fidelity Wraparound 10 principles enable our staff members to draw upon the perspectives of all the people involved in a young person's life, giving priority to the voice of our members and their guardians. Our adaptable model of care is flexible to meet the changing needs of our young members. It is embedded with evidence-based guidelines for our members to receive high quality care management services in a timely manner.

In 2015, Passport recognized the complex needs of foster children to provide intensive care management services using a High Fidelity Wraparound approach. We understand that foster children who experience multiple placements are at risk for serious behavioral health (BH) issues, which can lead to entering a group home, psychiatric hospital or 24-hour BH treatment facility. Therefore, we decided to conduct a pilot program providing intensive care management for children and youth in foster care. For the initiative, we sought partnership with two local provider organizations, Centerstone Kentucky (formerly Seven Counties) and ResCare. We focused on 60 high-risk foster care children between the ages of four and 17.5 years old who had experienced three or more placements due to their BH needs within 24 months. Our goals were to increase the foster child's health and well-being, provide permanency in the family home, engage in community placement and provide needed support to the guardian. The pilot program period was 24 months with a six-month follow-up period.

This pilot resulted in a reduction in the total cost of care, increased BH visits, reduction in non-BH expenses and pharmacy costs and significantly decreased Child and Adolescent Function Assessment Scale scores (lower scores indicate improved functioning). Most importantly, the pilot resulted in increased family placements. Through this intensive effort, our dedicated team learned a great deal from the successes and challenges that together informed our proposed programs specifically designed to accelerate successful implementation and to further improve outcomes for Kentucky's SKY members. Our experience with this pilot program makes Passport uniquely qualified to provide ongoing and expanded support for foster care children under the Kentucky SKY program.

Passport employs an integrated technology platform with sophisticated algorithms and data to identify, engage, manage and measure our members' care management and care coordination services. Through technology, team and processes, we are able to meet members' medical and BH needs. We collaborate with various community agencies and use data-driven tools to locate resources to address our Kentucky SKY members' social determinants of health (SDoH) needs. By taking a holistic approach, Passport is able to foster better health for Kentuckians. Our ambition is for them to thrive and grow into adulthood. Passport's management information system (MIS) and its subsystems are fully operational and already configured to meet the needs of DMS; they are currently functioning within the guidelines and specifications of the Commonwealth, including required interfaces. Our MIS meets or exceeds all Kentucky Medicaid Managed Care program subsystem requirements, including member/member, third-party liability, provider, reference, claims/encounter processing, financial, utilization data/quality improvement, surveillance utilization review, reporting and testing. The company's existing integration with DMS, providers and vendors provides continuity and reduces risk for all stakeholders since a new implementation is not required with Passport.

Our technical approach also includes a provider-driven model, where local physicians are deeply involved in our organizational structure and decision-making. Our provider-owners are members of our Board of Directors, and providers are key members of our Quality committees. With their insights and experience, we can leverage their expertise in making Passport a better health plan for our members.

The final component of our technical approach is an end-to-end member experience. It comprises seven elements: enrollment, member services, provider network, reimbursement, PHM, quality management and information technology. These elements work together to form a seamless member experience for our Kentucky SKY members.

Local and Dedicated Team Provides Holistic Services to Our Kentucky SKY Members

With our extensive history and experience with DMS and serving Kentucky youth, Passport is a unique and differentiated health plan. One of our competitive advantages is that we possess a deep knowledge of Kentucky SKY members. We understand that many of them have Adverse Childhood Experiences (ACEs), which can cause severe trauma that significantly impacts members' quality of life. Furthermore, if the member's trauma is left untreated, it can result in serious health care issues over time. We also acknowledge that numerous Kentucky SKY members have fragmented health care that often stems from ineffective health care, poor clinical outcomes, overutilization of services and consequently high health care cost. The Passport team is designed and organized to meet the needs (including the Medically Complex) of Kentucky SKY members, their families and guardians.

More than 600 highly dedicated and skilled staff support Passport for the entire Medicaid membership, including Kentucky SKY members. As a local plan, we have 89 percent of these staff members residing in Kentucky and Southern Indiana. Our team spans from many functional areas across the organization, with staff members highly trained and skilled at providing holistic member-centric care to our young Kentucky SKY members. Our primary clinical leaders, Dr. Stephen Houghland (Chief Medical Officer), Dr. Elizabeth McKune (Vice President of Health Integration) and Dr. David Hanna (Executive Director of Kentucky SKY) received medical or doctoral degrees from Kentucky's major universities. Together, they have over 75 years of professional working experience. With their advanced clinical education and vast work experience in the Commonwealth, our primary clinical leaders have a deep understanding of our provider community and the unique needs of our Kentucky SKY members.

Another one of our distinctions is the local and long-tenured Passport team members who interact with our members and providers on a daily basis. Our call center representatives, based in Louisville, offer a local, high-touch experience to the members and providers they serve. The team frequently receives accolades from our members, praising the excellence performance of our member call center representatives.

Through its Community Health Workers, Passport increased member engagement levels by 41% and program graduation rates by 110%.

Passport's Provider Relations Representatives are geographically assigned to work in their local communities. With their deep knowledge of the area, they are able to develop collaborative relationships with local providers by frequently meeting with them and offering education and training, ongoing support in answering their questions and resolving issues in a timely manner. The Provider Relations team also works directly with the Department for Community Based Services (DCBS) and Social Service Workers (SSWs) to help find providers, facilities and services that can be engaged quickly to assess and begin primary care, specialty medical and the behavioral and physical therapy/occupational therapy/speech therapy that is required to get the care our members need when they need it. Our team has a deep understanding of the needs of this special population that only comes with extensive training and vast work experience.

Our Community Health Workers (CHW) and Care Navigators provide extensive training and ongoing education for clinical best practices and approaches for engaging with members and coordinating their care programs for optimal clinical outcomes. CHWs conduct face-to-face visits with our members – whether it is in their homes, provider offices, community organizations or another convenient location for them. Serving as member advocates, CHWs help members with scheduling doctor appointments, providing health education and instruction, obtaining necessary resources for their SDoH needs and assisting with language and literacy issues. In a pilot study, we found that when our CHWs have face-to-face connections with our members, the member engagement levels increased by 41 percent, and their clinical and support program graduations rates improved by 110 percent compared to other members in care management.

Passport's community outreach is a key part of its member engagement and activation strategy. All across the Commonwealth, we meet members where they are – at play, church, the local meeting places they value. Our Community Engagement and Health Equity programs are unapparelled in their scope, touching the lives of thousands of members each year. For example, in 2019, Passport's Community Engagement team collaborated with 649 community agencies and connected with 249,263 individuals through more than 5,000 outreach events. The team works diligently to uphold strong, collaborative relationships with our community partners and local advocates by conducting in-person meetings, presentations and staff trainings. Through each interaction, we build trust with our members that leads to higher member engagement rates. This empowers our members to engage in their health care decisions and eventually learn to self-manage their condition.

Furthermore, we know how to support Kentucky SKY members through our community connections. For example, our Equity, Diversity and Inclusion team consults on how to accommodate members in a culturally competent way, which is imperative when a child is placed with a multicultural foster family. The Community Engagement team works to find community and social needs resources that are willing to partner with us for respite, parenting and peer support, housing accommodation, nutrition and other resources. These resources are invaluable to our members, especially when they are acutely placed in a

different living environment, and the member and/or family members needs immediate social and community support and services.



To serve the needs of the Kentucky SKY population, Passport is establishing a separate unit within its larger organizational structure specifically dedicated to Kentucky SKY. This unit will be under the direction of an Executive Director who reports to the Passport Chief Medical officer (CMO), both of whom serve on the Executive Leadership Team (ELT) for Passport. A full description of the organizational structure is below. In addition to Kentucky SKY-specific staff and roles, all staff who might touch Kentucky SKY-related functions (e.g., all provider network representatives, all customer service line staff), will be fully trained in the unique needs of our Kentucky SKY members and Passport's approach to serving them.

The Passport team is unique and distinctive in many ways. Many of our staff members have more than 15 years of experience and are long-tenured employees. During this time, they have adopted Passport's long-standing company culture of being dedicated to our mission and treating our members with compassion and respect. By putting the member first in everything we do, we have developed trust and confidence with our members. Passport is truly a differentiated health plan made up of "Kentuckians serving Kentuckians."

Please refer to Section G.1.c for Passport's company organizational charts.

Implementing the New Kentucky SKY Program for a Seamless Member Experience

Passport has partnered and collaborated with DMS with the shared common goal of operating an excellent program for Kentucky foster care members, providers and DMS. We have developed a Kentucky SKY program implementation plan at the milestone level that is based on a thorough review of the Request for Proposal (RFP) deliverables as well as the draft MCO contract to ensure that all services and systems will be fully operational by readiness review and ultimately go-live.

Passport has been honored to service the Kentucky foster care population and will continue to comply with all provisions of the MCO contract as it continues to service them in the future. The plan will act as our primary framework for outlining the strategy and tasks involved in implementing new RFP and MCO contract deliverables. The program implementation plan includes all elements set forth in the contract and enables Passport to quickly bring its current operations up to revised 2020 compliance, given its current footprint. We believe we are well positioned to leverage our operating experience within the Commonwealth to enable a seamless implementation mitigating disruption to members and providers.

- Establishing an office location and call centers:
  - Passport has been established in Kentucky since 1997, with its main office and call center located in Louisville.

- Provider recruitment activities:
  - Passport has a complete provider network that meets existing network adequacy requirements, including pediatricians, family practitioners, BH providers and providers with expertise in TIC. Private childcare providers with licenses to provide Medicaid services are also in network. The network will be updated accordingly based on new RFP and/or MCO contractual requirements.
- Staff hiring and a training plan:
  - Passport has demonstrated success in hiring and retaining qualified and experienced staff and will meet all requirements for sufficient staffing of the contract. All staff involved in the Kentucky SKY contract will receive training in the unique needs of Kentucky SKY members and other required content areas in keeping with the RFP and/or MCO contract requirements.
- Developing all required materials:
  - Passport has an existing library of approved required materials that will be updated accordingly based on new RFP and/or MCO contractual requirements. Specifically, in collaboration with the Department, Passport will develop materials for training of the Department and sister agencies, law enforcement officials, judges and providers per requirements of the RFP and/or MCO contractual requirements.
- Establishing interfaces to other information systems operated by subcontractors, the Department or others as required:
  - Passport has established interfaces with existing subcontractors and other relevant systems and will further design and implement an information management system for integrating all components of the delivery of care to Kentucky SKY members, including the DCBS TWIST system (The Workers Information System) based on new RFP and/or MCO contractual requirements.

Passport's team of dedicated implementation professionals have many years of experience with implementing Medicaid programs. Our ELT and program manager will leverage our seasoned Medicaid experts and do whatever is necessary to ensure the readiness review and go-live stages are on time and of high quality.

Passport's program implementation approach is grounded in project management industries' recognized methodology. The overall program implementation will be led by a program manager and broken into key operational component projects called workstreams with workstream leads. The overall program will be holistically overseen by an Executive Steering Committee charged with ensuring the successful implementation.

Our implementation plan includes a multipronged project approach that includes:

- **Initiating** – forming the project team, developing a project charter and initiating the project kick-off phase
- **Planning** – finalizing the project scope, defining the detailed work requirements, assessing any risks, identifying the resource requirements, finalizing the project schedule and preparing for the implementation
- **Executing** – performing the actual work required by the project definition and scope
- **Monitoring, control and project close** – delivering the project, performing project assessment and lessons learned, transitioning to ongoing Passport operations

Our program manager uses the program implementation plan as the primary planning and control framework by which to assess whether the project remains on time and meeting specifications. We create project work streams with highly talented professionals to accomplish the implementation plan goals. The Program Manager holds each work stream accountable to the implementation plan deliverables and ensures the that team members are utilizing standardized measurement values, reporting methodologies, and templates to facilitate communication, analysis, and accountability.

The implementation team uses a color-coded system to clearly communicate whether each work stream is successfully on track. Additionally, the implementation team uses executive dashboards indicating the project's status to provide clear transparency to Passport's Executive Leadership team. Passport's ELT is ultimately accountable to our governing committees, Partnership Council and Board of Directors for ensuring that we execute a cost-effective and on-time implementation that is seamless to members and providers.

A project tollgate approach will be used to move the project from each phase at the workstream level. Key implementation and operational leaders will be required to sign-off to move the project to the next phase. This will include an in-depth review of documentation (i.e., project scope, resources, risks, issues, decisions, quality, communication and budget documents).

Passport aims to collaborate and partner with DMS with the goal of continuing to operate an excellent program for Kentucky SKY members, providers and DMS. As an operating plan, Passport understands the Commonwealth, members and providers, and it brings that knowledge and infrastructure in a way that should benefit a seamless implementation. Our dedicated implementation team ensures that all services and systems will be fully operational by readiness review and the new contract start date of January 1, 2021. The implementation plan will act as our primary framework for outlining the strategy for implementing the RFP and contractual deliverables.

Passport understands the full scope of work for Medicaid services as outlined in the Request for Proposal and Draft Medicaid Managed Care Contract. We have documented our abilities and capabilities in our proposal response to effectively meet the health care needs of Kentucky SKY members.

G.1.b. The Contractor's statement of understanding of the unique needs of Medicaid Enrollees in the Commonwealth enrolled in the Kentucky SKY program;

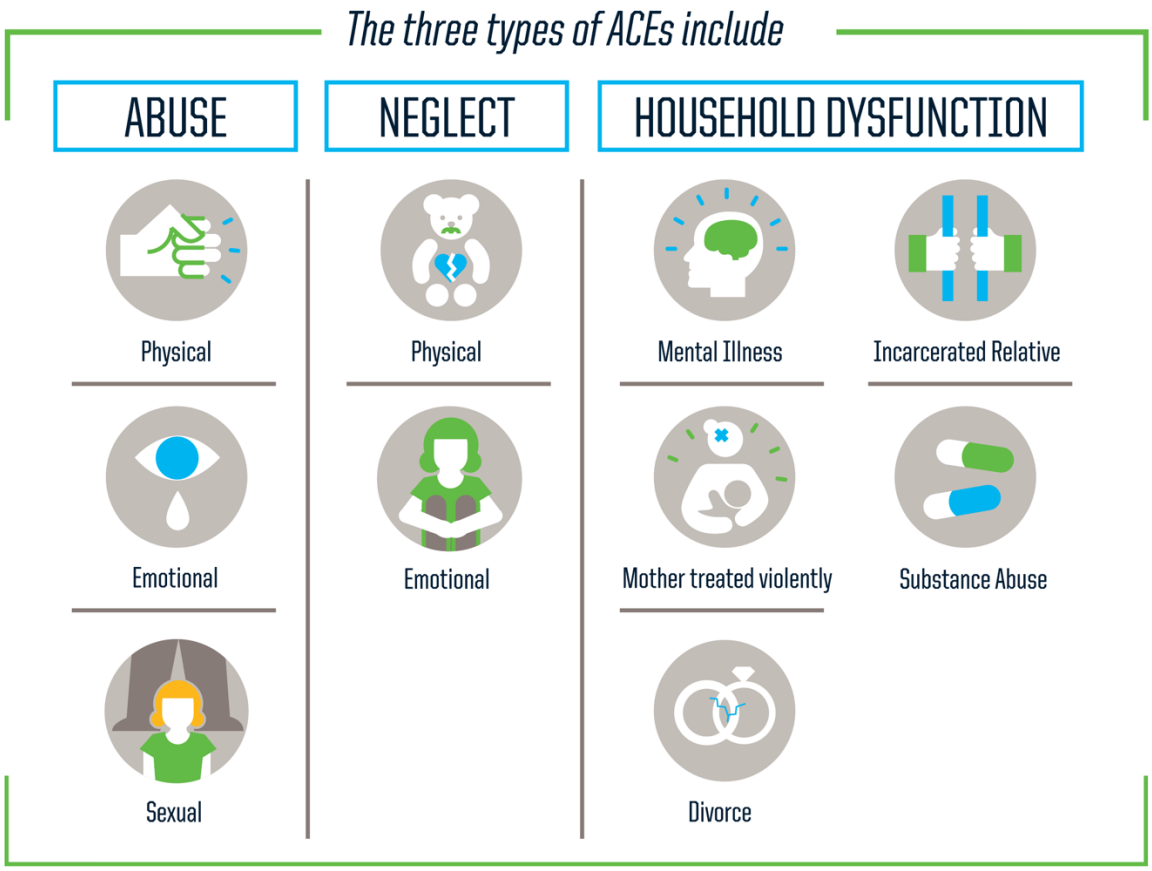
Understanding and Addressing the Unique Needs of Kentucky SKY Members

Passport understands that Kentucky faces challenges with the current foster care situation in the Commonwealth. We recognize that the number of foster children is currently hovering above 9,500, and an additional 14,000 are included in the Kentucky SKY program through adoption assistance, former foster youth and Department of Juvenile Justice (DJJ) dually committed. Many Kentucky SKY children and youth

come from environments where poverty and other barriers related to critical SDoH create barriers to them achieving a quality life.

As a result, these children often experience ACEs such as abuse, neglect and household dysfunction, as illustrated in **Exhibit G.1-1**. These ACEs cause significant and long-term health issues that can sadly continue throughout their lifetime. Furthermore, children with ACEs tend to not be able to regulate their emotions and behavior, and without proper treatment, they may resort to criminal activity, drop out of high school and suffer long-term health conditions when they become older.

Exhibit G.1-1: Foster Children and Adverse Childhood Experiences

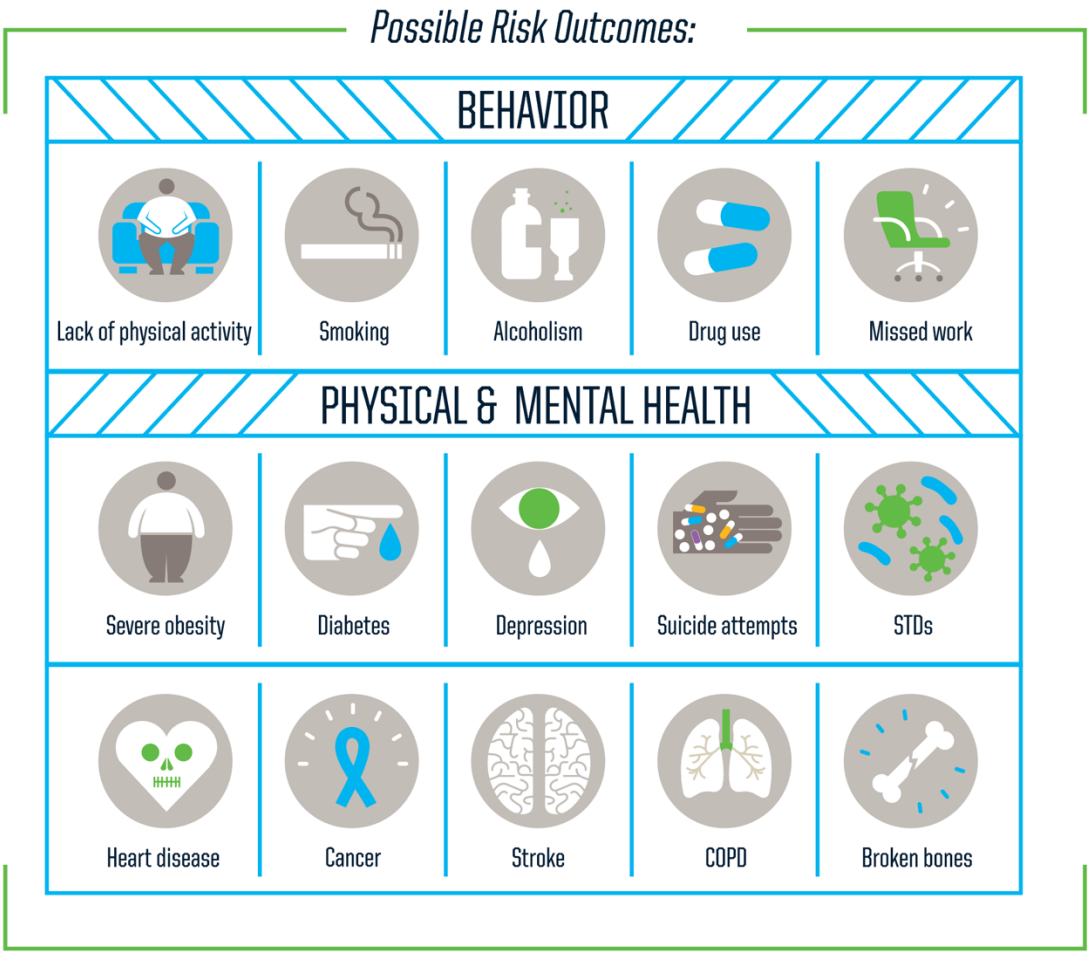


Passport understands that ACEs are the major contributing factors to children being placed in foster care. When parents are struggling with medical, BH or personal issues, it limits their ability to care for their children. Many times, the household situation becomes dysfunctional and becomes detrimental to the child's safety, especially for infants and toddlers. Unfortunately, when this occurs, the child or youth must be removed from the home, and the children no longer have a place to call "home." This is a traumatic and life-altering situation for them. They often become frightened, scared, worried and/or anxious without knowing where or when they will be placed. Some youth are fortunate to have their grandparents or other relatives to assume responsibility and take care of them. For others, this opportunity is not available for them, and they are placed in foster care.

As a result of their abusive or neglectful home environment, many children enter foster care with complex health needs. This includes higher levels of physical, oral and BH problems than the general pediatric population. The 2018 Kentucky SKY Advocate Report indicates that youth who have been abused or neglected are more likely to be diagnosed with a mental illness, such as oppositional defiant disorder, conduct disorder, depression, post-traumatic stress disorder and anxiety.

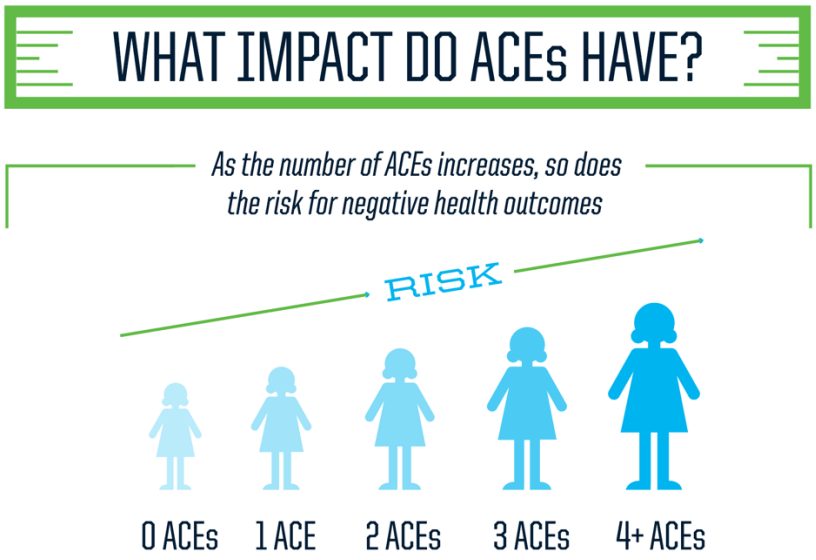
Unfortunately, many foster children are not able to be reunited with their biological families. Some are adopted into a new family, while many Kentucky youth experience frequent moves that can affect their overall health. Over the years, we know their drivers of poor health are often caused by combinations of malnourishment and developmental challenges, chronic illnesses and psychiatric struggles, as well as histories of disjointed and duplicative care resulting in unnecessary (and sometimes harmful) medications and procedures. If left untreated, these youth can develop possible long-term health problems, such as heart disease, cancer and stroke. To compound the situation, they can also have a high risk of developing risky lifestyle behaviors, such as smoking, drug use, alcoholism, etc., as illustrated in **Exhibit G.1-2.**

Exhibit G.1-2: Foster Children Are More Likely to Develop High-Risk Health Conditions Later in Life



It is also widely known that as a child or youth experiences more ACEs, the higher the risk for health issues increase as he/she ages, as illustrated in **Exhibit G.1-3.** Passports understands the negative impact that ACEs have on Kentucky SKY members. We believe that it is essential to obtain members' health information as quickly as possible. Then, using our advanced technology and analytics, we can **identify** their medical, BH and SDoH risk factors. With the member and his/her care team working together, we can develop a tailored care plan, **engage** in the care planning process, properly **manage** the member's care and **measure** the clinical results and outcomes.

Exhibit G.1-3: The Effects of ACEs Increase as Children and Youth Grow Older



There are other factors that contribute to the complexity of health care in this special population. Foster children many times do not have a stable home environment. They tend to move frequently in the foster care system to new environments and communities. These frequent transitions make it difficult for foster children to establish a stable medical home base, receive appropriate health care and have proper continuity of care.

Likewise, the individuals caring for foster children also face difficulties. Guardians and providers often do not know the child's full medical and developmental history. It is challenging for guardians, without a medical history, to ensure that the foster child's health care needs are met. As a result, foster children often do not receive the proper required care, go untreated or experience overutilization of health care services.

Research has shown that children in the foster care system have a higher rate of utilization of services than children in the general population, including a higher rate of utilization of the most expensive and most restrictive services available in the continuum of care. A 2005 study by the Center for Health Care Strategies, Inc., found that children in foster care were more likely than other high service utilizers (such as children on Temporary Assistance for Needy Families [TANF] or Supplemental Security Income) to use more

restrictive/expensive service types, including residential treatment/group care, inpatient psychiatric treatment, emergency department (ED) services and therapeutic foster care, as listed in **Exhibit G.1-4.**

Exhibit G.1-4: The Mean Health Expenditures Nationally for Children in Medicaid Using BH Services

	All Children Using BH Services	Temporary Assistance for Needy Families	Foster Care	Supplemental Security Income/Disabled
BH Services	$4,868	$3,029	$8,094	$7,264
Physical Health Services	$3,652	$2,053	$4,036	$7,895
Total Health Services	**$8,520**	**$5,082**	**$12,130**	**$15,159**

The CHCS also found children in foster care represented only 3.2 percent of children in Medicaid, but they represented 15 percent of children in Medicaid using BH services. They also represented almost 13 percent of Medicaid children using psychotropic medication and 42 percent of foster children using psychotropic medications who were prescribed antipsychotics.[1]

For over two decades, we have supported and placed many foster youth across the Commonwealth. During this time, our team has interacted and provided services to thousands of youth members. Cases such as Kimberly, Shakira, Kirk, Enrico, Mary, Julie and Amanda (described in Section G.13) are unfortunately very familiar to us. Each one of them remind us of many actual Passport members in foster care and the juvenile justice system. With our vast experience, our team has the expertise to directly touch the lives of these vulnerable children and address the difficulties they face. Our Clinical Care Management team uses a holistic, member-centric approach, while providing unwavering compassion and support to our adoption, foster care, former foster care, juvenile justice, disability-related youth and Medically Complex members, their families and guardians.

[1] *The Center for Health Care Strategies, Inc. (CHCS), is a nonprofit health policy resource center dedicated to advancing access, quality, and cost effectiveness in publicly financed health care. The 2013 CHCS Study, (Dec. 2013), "The Faces of Medicaid, Examining Children's Behavioral Health Service Utilization and Expenditures", can be accessed at http ://www .chcs.org/media/Faces-of-Medicaid Examining-Childrens-Behavioral-Health-Service-Utilization-and-Expenditures1.pdf*

Supporting the Unique Needs of Kentucky SKY Members

A Passport Community Health Worker (CHW) received a referral from one of her embedded offices to help coordinate care for Isaiah*, an 8-month-old male with hemiplegia, who was violently abused as a newborn. His treatment plan was complex, and his mother was having difficulty caring for his needs, causing Isaiah to miss several appointments in a row. Our CHW was able to meet with Isaiah's mother in person and create a relationship with her. The CHW, along with a Care Advisor, were able to accompany them to primary care provider appointments and also to specialist appointments to ensure that Isaiah's mother understood what providers were telling her and to confirm that she was able to care for her child. The CHW made easy-to-understand medication lists for Isaiah's mother to keep with her, with instructions on how to administer each medication. After a swallow study, the CHW also helped Isaiah's mother become comfortable with his newly prescribed feeding techniques. Child Protective Services (CPS) was involved with the family, and the CHW made sure to coordinate with the CPS worker and helped Isaiah's mother to relay medical information to theworker as well.

Along with the medical complexity of the situation, SDoH issues were causing barriers in care. Passport's CHW worked with the member's mother on a weekly basis to coordinate therapy appointments for the member and his siblings and transportation to these and other appointments, as well as helping to ensure that she had food, clothing and household items. Isaiah is now being evaluated for a higher level of daycare or respite care to help his mother. Due to Passport's holistic approach, Isaiah was able to stay in his mother's care and is improving, and his mother feels more confident in caring for Isaiah's needs. *Member name changed due to privacy

G.1.c. An overview of the Contractor's proposed organization to provide coordinated services for the Kentucky SKY program;

As a provider-driven health plan, Passport's organizational structure is unique from other national health plans. We highly engage our provider partners at every level of the organization, from our Board of Directors to our ELT to our overarching provider governance body the Partnership Council and its Quality subcommittees. We understand that providers are the cornerstone and central touch point between our members and the health care system, and each provider is critical to Passport's ability to provide coordinated services to members. Passport believes that sharing ownership with providers and having their direct participation in governance and clinical policy setting is the most advanced form of provider engagement.

Passport's organizational structure has changed to meet the demanding needs of the health care system and its members' growing and complex needs. We recognized that it was imperative to improve outcomes and manage costs more effectively by adopting new methods and technologies to better manage our members' care. Our Board of Directors and ELT concluded that to better serve Kentuckians and providers, we needed an alliance with a strong, clinically-oriented company that had an extensive clinical knowledge base, technology platform and focus on PHM.

In 2019, Passport commenced a competitive process to select a partner to provide expanded management and operational support, as well as capital through joint ownership of the health plan. Due to Evolent's experience serving Kentuckians, clinical and administrative capabilities, as well as its aligned, provider-oriented mission, Passport chose Evolent from among several bidders to be a partner to help carry its provider-led legacy into the future. On December 30th, 2019, having procured all required state and federal regulatory approvals, the parties officially completed Evolent's acquisition of a 70% ownership in Passport. The remaining 30% continues to be owned by Passport's five provider owners, thus keeping Passport closely tied to its provider-owned, Kentucky roots.

The transaction described above was an asset acquisition transaction that resulted in all of the assets of University Health Care, Inc. ("UHC") (which conducted business under the name of Passport Health Plan) being transferred into the "new" Passport Health Plan, Inc. which is the bidder under this RFP. The transaction was structured as an asset sale because UHC is a Kentucky nonprofit corporation, and the Kentucky nonprofit corporation statutes do not permit other forms of acquisitions between for-profit and nonprofit companies. So, while the corporate entities are technically different, all the Medicaid assets, employees, executive leaders, provider agreements, vendors, policies and procedures, clinical and community outreach programs, and innovations of UHC now reside in Passport. In short, all twenty-two (22) years of Kentucky Medicaid experience remain engrained in Passport's operational fabric.

As outlined above, Passport is the successor to UHC. **It is important to note that the Kentucky Finance and Administration Cabinet approved the transfer of the current Medicaid contract from UHC to Passport** (that approval coming only after the Kentucky Department of Insurance and the Kentucky Cabinet for Health and Family Services stated that they had no objection to such assignment) and after approval of the transaction by the Kentucky Attorney General's Office. To that end, in certain sections of the RFP where financial information, historical reports, and experience are requested, Passport provides the historical financials, reports and the experience of UHC as that is Passport's predecessor.

The new Passport entity continues to operate as its own independent and legal organization, headquartered in Louisville, Kentucky, with an Executive Leadership Team that is focused on Kentucky Medicaid. The Executive Leadership Team provides oversight of all partners and subcontractors, including Evolent. Evolent's increased stake in Passport has enhanced Passport's capabilities with leading-edge analytics and technology that uses machine learning and artificial intelligence to assess risk-levels across the member population and execute on early interventions to prevent adverse events. Evolent's focus on population health, specialty care management, and supporting infrastructure that simplifies administration throughout the health care system lends itself to be a natural partner for a provider-oriented health plan such as Passport. This partnership helps patients to engage in their health and receive high-quality care that is cost-effective, evidence-based, and highly integrated.

The University of Louisville is the largest percentage provider-owner, and along with the other provider-owner Board members, has an equal say in key issues related to health plan strategy, operations and financial management.

UofL President Praises Passport's History and Future Vision

"The University of Louisville helped create Passport Health Plan in 1997, paving the way for what has become a national model for managed care. Now, we are proud to partner with Evolent Health to begin a new chapter that will continue to spark innovation in the delivery of care," said University of Louisville President, Dr. Neeli Bendapudi.

Passport's Board of Directors and Governance

To succeed in the current health care environment and meet the needs of members, Passport believed it needed a governance structure that combined local providers and the support and resources of a national organization, so we intentionally created a structure that is reflective of these elements. To ensure that Passport's legacy of local commitment to members and providers is sustained and nourished under the new Board, we have agreed upon a unique governance principle: all key strategic and operational governance issues, such as the hiring and firing of the health plan CEO, budgeting, and approval of significant innovations or resource extensions, must be approved jointly by the provider-owner Board members and the Evolent Board members. This voting structure is designed to ensure collaboration and critical decision-making remains local, Kentucky-focused, and member-centric.

As the governing body of the company, Passport's Board is responsible for providing governance and strategic oversight of the company, including fiscal policy reviews, budgetary reviews, legal compliance reviews, and advising our executive officers on how to better serve our members. The Board is also accountable to all Commonwealth regulatory agencies who provide oversight of the company. At the highest level, the Passport Board of Directors provides close oversight of the operations of the health plan.

The current members of Passport's Board of Directors are:

- **Kimberly A. Boland, MD, FAAP –** Professor of Pediatrics, Chair for the Department of Pediatrics at the University of Louisville, Chief of Staff of Norton Children's Hospitals
- **Jennifer "Jenni" Davis, JD –** Associate Vice President for Strategy and General Counsel, University of Louisville
- **Kenneth P. Marshall, MBA –** Chief Operating Officer of University of Louisville Health
- **Seth Blackley –** President and Co-Founder of Evolent Health
- **Tom Peterson –** Chief Operating Officer and Co-Founder of Evolent Health
- **Jonathan Weinberg –** Evolent Health's General Counsel
- **Frank Williams –** Chairman, CEO and Co-Founder of Evolent Health

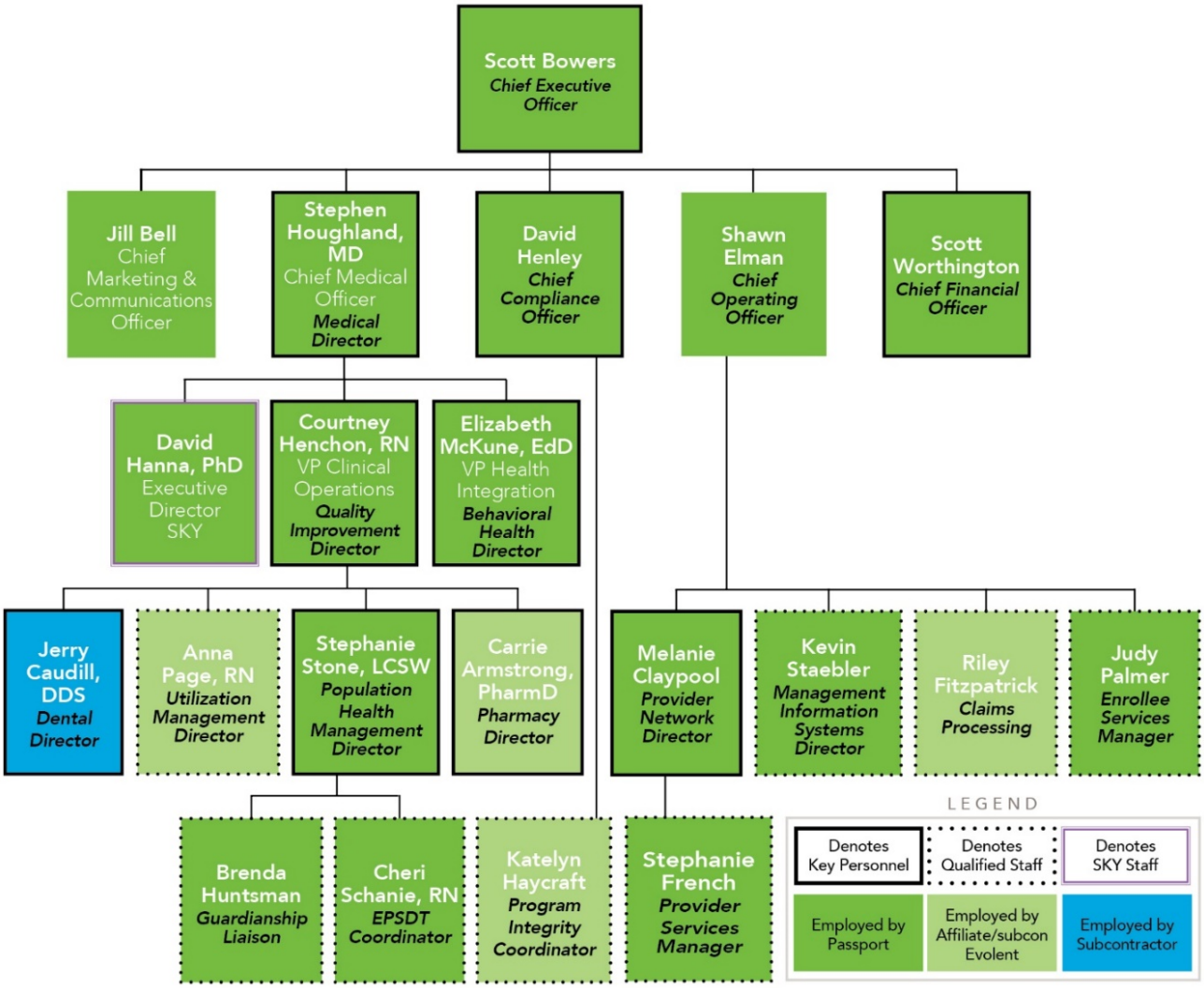
Passport's Executive Leadership Team

Passport is organized and staffed to serve the Kentucky Medicaid program. From all levels within the organization, we focus on delivering superior service to our members and providers, with a commitment to transparency and value creation for our stakeholders. Our team is comprised of dedicated executives, clinical experts and staff members who not only have local Kentucky knowledge but also have deep roots in the community and long tenures with Passport. In addition, we have recruited several nationally recognized health care executives to join our team to bring their expertise and experience in best practices and innovation to Passport.

Headquartered in Louisville, the ELT is designed to support our vision and goals for the Kentucky Medicaid and Kentucky SKY programs. Members of the ELT include CEO, Scott A. Bowers; VP and Chief Compliance Officer, David Henley; VP and CMO, Dr. Stephen Houghland; VP of Health Integration, Dr. Liz McKune; VP of Clinical Operations, Courtney Henchon; VP and Chief Financial Officer, Scott Worthington; Chief Operating Officer, Shawn Beth Elman; and VP/Chief Marketing and Communications, Jill Bell.

In **Exhibit G.1-5** is an organizational chart listing the members of the ELT, Contract Key Personnel and qualified staff pursuant to the Contract.

Exhibit G.1-5: Passport's Organizational Structural



Local Knowledge, National Best Practices

Our leaders work together to embrace a holistic view of the organization and the constituencies that we serve. This allows for strong oversight and governance over company-wide operations and our contracted vendors. To bring appropriate scale and national best practices to Passport, we leverage best-in-class subcontractors to deploy proprietary analytics, clinical pathways, integrated BH, utilization management (UM) programs and advanced technology solutions. This allows us to deliver demonstrable improvements in health outcomes for members. With Passport's deep local knowledge and community-based service model, we can combine our experience with the expertise and best practices from nationally recognized subcontractors to better serve the Commonwealth.

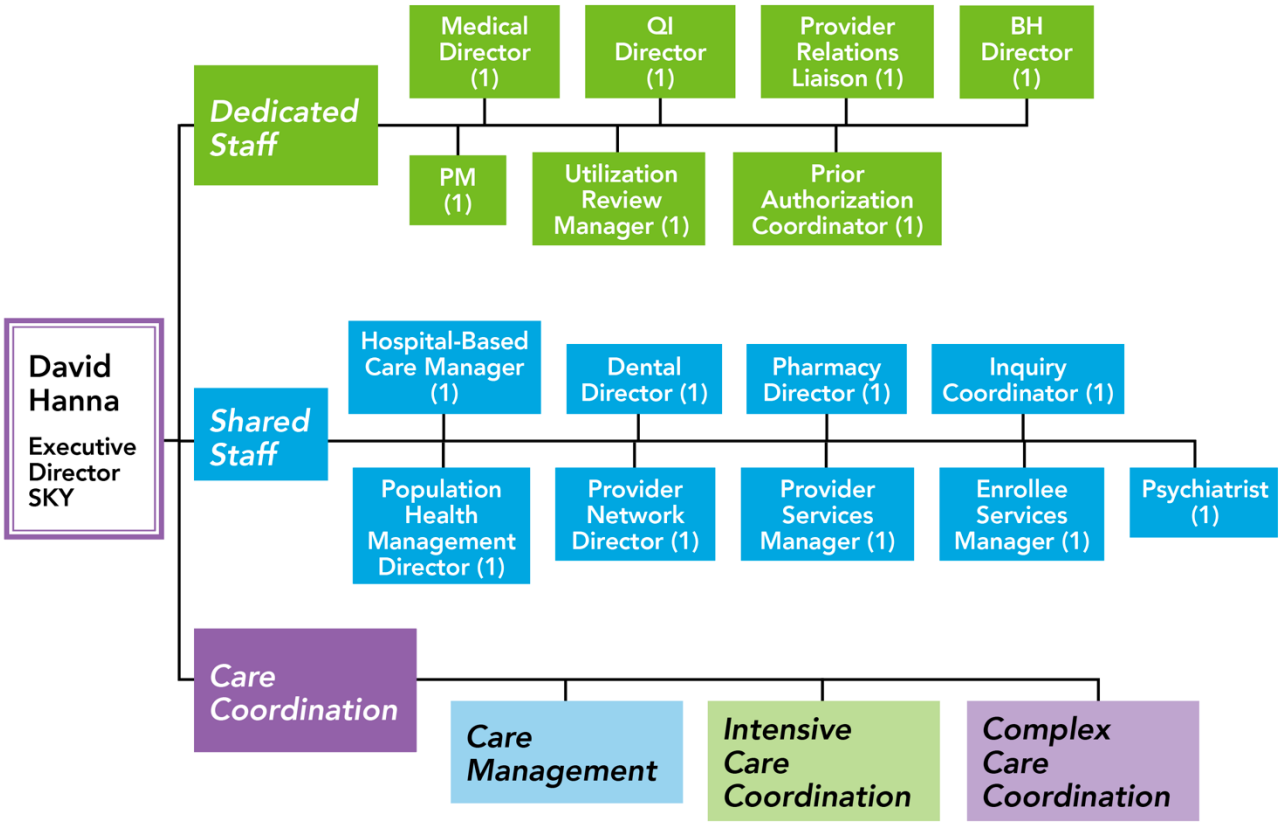
Passport is organized and staffed to monitor and deliver all aspects of performance under this contract with full local control of policies, processes and staff. The skills and experience of our ELT and staff allow us to continue our long history of providing intimate service and care for our members.

Kentucky SKY Key Personnel and Qualified Staff

As a part of our team, Passport has the required dedicated positions within the contract, which are Pharmacy Director, BH Director, Provider Network Director, Quality Improvement Director, PHM Director, Member and Provider Services Director, Claims Processing team, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) coordinator, Dental Director, Guardianship Liaison and a Program Integrity Director. These positions are dedicated to Passport to ensure that members have the support they need to achieve optimal health.

In addition, we plan to employ positions specific to the Kentucky SKY Contract that include a Project Management Director, Medical Director, Quality Improvement Director, BH Director, UM Manager, Nurse Case Manager, Prior Authorization Manager and a Provider Relations Liaison, all under the leadership of Passport's Kentucky SKY Executive Director, Dr. David Hanna, as shown in **Exhibit G.1-6.**

Exhibit G.1-6: Kentucky SKY Key, Shared and Contractor Personnel



Passport plans to recruit, hire and train the required positions for the required Kentucky SKY Model of Care, including Care Management, Intensive Care Coordination and Complex Care Coordination teams, as illustrated in **Exhibit G.1-6**. The team member positions will serve in the appropriate capacities to meet the needs of our Kentucky SKY members. **Job descriptions for all Kentucky SKY roles shown can be found in Attachments G.2-1_Kentucky SKY Job Descriptions.**

Engaging Providers for Leadership and Oversight of Our Clinical Programs

As a provider-driven health plan, Passport's providers are a central component of the organizational structure. We benefit from their experience and insights, which we use to further advance the organization in improving our member's health outcomes and quality of life. We have more than 100 providers from all medical specialties and disciplines to participate in the following committee structures.

Partnership Council. The overarching provider governance committee is called the Partnership Council, which reviews quality management and improvement activities from Passport's Quality committees. Our structure enables us to effectively address quality throughout our organization, channeling DMS' goals through the Board of Directors, down to our Quality Medical Management Committee (QMMC), through every department in our organization. The Partnership Council, comprised of more than 32 leading local physician and advocates, is the approving body for our QMMC. In addition, the Partnership Council has oversight authority for Passport programs, including Quality, UM, Care Management, Pharmacy, etc.

QMMC. The QMMC provides direction, oversight and management of the clinical care and quality of care provided to members. The QMMC is chaired by our CMO and composed of participating providers (including medical and BH providers) appointed on an annual basis, along with representatives from non-clinical areas.

Credentialing Committee. Chaired by the CMO and including representation from community providers approved by the Board of Directors, the Credentialing Committee is responsible for oversight of the credentialing and re-credentialing process.

PCP Workgroup. Chaired by the CMO or his/her designee, the PCP Workgroup includes representation from primary care providers (PCPs) across the Commonwealth, including pediatricians, and identifies and addresses their needs and concerns. The PCP Workgroup is accountable for its reviews and approvals of recommendations regarding plan policies, procedures and programs, with emphasis on enhancing quality of care and access to care for all primary health care services.

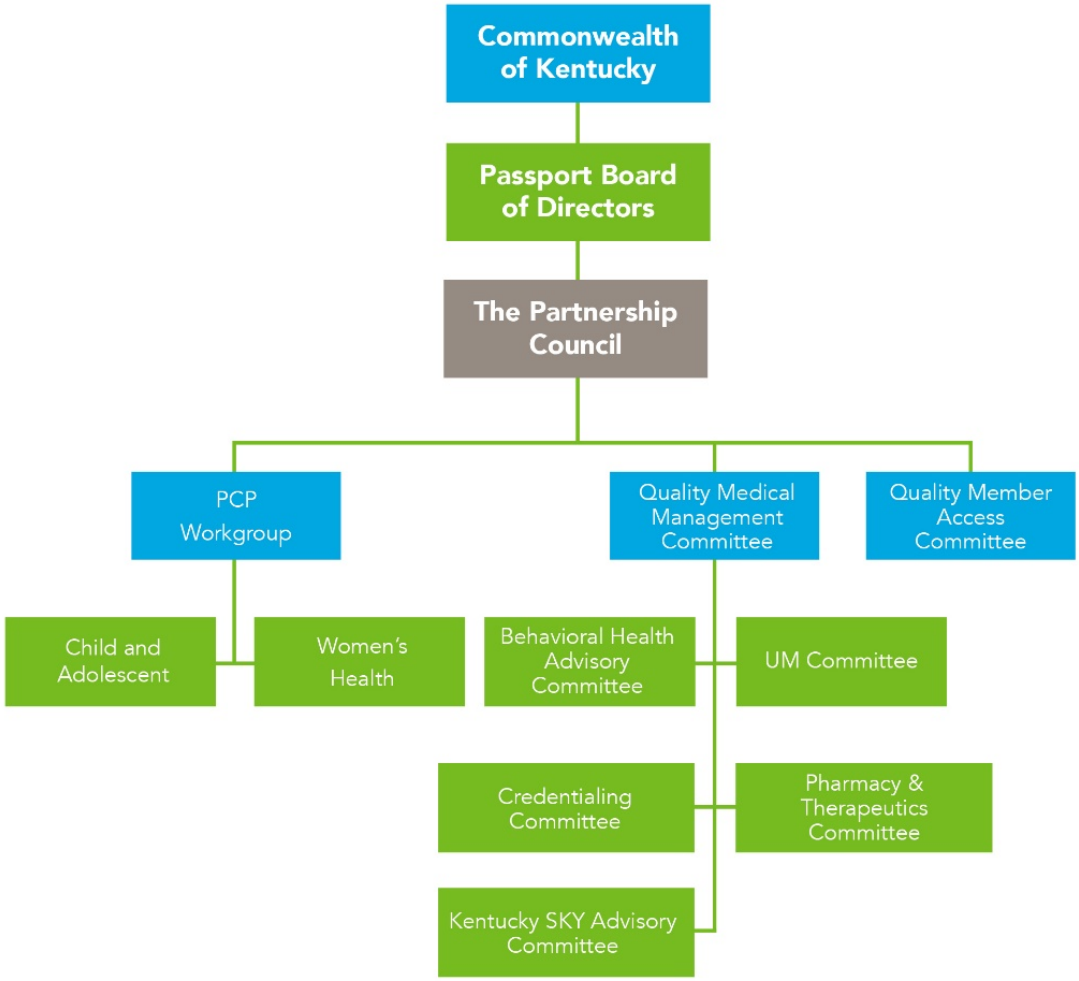
Passport's network providers are the heart of our health plan, and provider satisfaction has been a vital component to our success since it began serving Kentucky Medicaid members more than 20 years ago. We have providers throughout the Commonwealth that demonstrate their continued support of Passport, as illustrated in **Attachment G.1-1_Passport Letters of Support.** We have always had an open-door policy for providers to share their input, insights and feedback as we strive to continually streamline processes that enable us to reduce barriers to the best health outcomes of our members. Passport collects provider feedback through a number of channels, such as provider service call center trends, provider complaints and grievances, direct feedback received through Provider Relations Representatives (PRRs) or providers

themselves and our annual provider satisfaction survey. The results revealed that 81 percent of survey network providers would recommend Passport to other physician practices.

Creating and Establish the Kentucky SKY Advisory Committee

Upon award of the Kentucky SKY MCO contract, Passport's quality organization structure will be enhanced to include a Kentucky SKY Advisory Committee that focuses on the specific needs of the Kentucky SKY population, as represented in **Exhibit G.1-7**. In addition to providers from the community and DCBS representatives, this new committee will include current foster care members, former foster care members, foster parents and adoptive parents and will be fully accountable for ensuring access to care as well as integration and quality of care for all Kentucky SKY members.

Exhibit G.1-7: Passport Health Plan Quality Organization with Kentucky SKY Advisory Committee



G.1.d. A summary of the Contractor's strategy and approach for administering services for Kentucky SKY Enrollees;

Delivering a Seamless End-to-End Health Care Solution for our Kentucky SKY Members

Passport's strategy and approach for administering services to Kentucky SKY members begins with clear and unequivocal accountability for the delivery of high quality services. We "put the needs of the member at the front of everything we do" – that is the Passport promise. To honor this pledge, we train and empower member-facing staff to do whatever it takes to ensure that members receive all covered and value-added services in a timely manner. The staff embraces and undertake our promise by treating each member in a compassionate and culturally appropriate manner.

As illustrated in **Exhibit G.1-8**, our service delivery model has seven interrelated elements to provide high quality services and a seamless health care experience for our members.

Exhibit G.1-8: Passport's Approach for Administering Services for Our Kentucky SKY Members



Passport's model and core elements for administering member services are:

1. Establishing the member's **enrollment** to ensure timely access to necessary services.
2. Guiding the member, family and guardian on the use of his or her benefits through innovative member education and **member services**.
3. Establishing a broad and diverse **provider network** for covered services and supports, supplemented with a comprehensive community referral network for essential social services.
4. Making certain our providers receive accurate and timely **reimbursement** using a proprietary claims platform and dedicated PRRs.
5. Ensuring the member receives the right services through the first nationally NCQA-accredited **PHM** program. Concurrently, our provider-driven UM approach targets care interventions for our youth population in a way that integrates physical, behavioral and SDoH to treat the whole person. As part of our model, we also use the 10 High Fidelity Wraparound Principles, which have been proven by Passport and other health plans to improve health outcomes in a cost-effective manner.
6. Incorporating **quality** into each aspect of the member and provider experiences along with continuous quality improvement on all elements of the model to validate the performance of our approach.
7. Powering each component of the model through a comprehensive, integrated **information technology** infrastructure that enables real-time information sharing and supports informed decision-making by the member, provider and integrated care teams. Below, we describe our approach to service administration for each element.

1) Enrollment

The first element in the spectrum of service administration is to establish the member's eligibility for services covered by Passport. We have the technical and procedural infrastructure in place to support member enrollment, disenrollment and changes. Our team of Enrollment and Coordination of Benefits (COB) specialists load the enrollment data into our integrated system through a series of controlled steps. We monitor each of these steps to ensure accuracy. **In 2019, 100 percent of Passport's eligibility and enrollment transactions from the 834 files processed accurately.**

Passport processed 100% of the 834 eligibility and enrollment transactions accurately in 2019.

As part of the process, the Passport team makes certain that the member has a PCP assigned within two business days. We assign members to their previous provider if one is listed and the provider is participating in our network. The Kentucky SKY Care Coordinator team will be assigned within one business day of enrollment, and the Care Coordinator will confirm the PCP assignment with the member, caregiver or guardian during initial outreach calls.

All Kentucky SKY members will have the option, as do other Passport members, to request a change of PCP assignment. Change requests should come from the member (for former foster youth), guardian or current caregiver with permission of the guardian. Requests will go directly to the Passport Kentucky 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, the Care Coordinator will complete a claims review to determine if the Kentucky SKY member is due for a comprehensive well-child exam (or an annual exam for Kentucky SKY members 21 or older). The results of the review will be sent to the member, parent, caregiver, and/or guardian/worker (depending on the member's situation). If the member is new to DCBS care, the Care Coordinator will work with the SSW and guardian to facilitate access to needed medical, dental, vision and BH screenings for children/youth new to out-of-home care.

2) Member Education and Member Services

For newly enrolled Kentucky SKY members, their family members or guardians need to understand their benefits, find a provider to address their health care needs, and know how to access services under the plan. We address these needs through member education and member services.

Member Education

Once new members are enrolled, we mail them a Passport Welcome Kit, which includes a welcome letter and our Member Handbook. These documents contain important information about Passport, their benefits, and our processes and procedures to guide our members through their health care experience. We also provide our members an electronic copy of the Member Handbook via the Passport member website so they can print, search and download relevant content. To continue to enhance the new member's user experience, Passport has launched several initiatives, which are as follows:

- **Engaging Members upon Receipt of Their Member ID Card:** As part of the New Member Initiatives program, Passport redesigned our Member ID Card to include a sticker instructing members to call Member Services to confirm receipt of their Member ID card, as illustrated in **Exhibit G.1-9.** When new Passport members call to confirm receipt, we are able to engage with them to answer any questions, complete their health risk assessment (HRA), and ensure they understand the benefits available to them.

Exhibit G.1-9: Member ID Card



- **New Member Engagement Videos**: Using local actors and filming in our Louisville headquarters, our in-house marketing team crafted a series of five new member videos as part of our new member experience strategy. Our new member videos cover topics such as the contents of the New Member Kit; the HRA form; seven simple steps for new members; the importance of having a PCP; how to sign up for texts, emails and social media; and how to earn member rewards. The videos are part of our new member web page, and we promote them through Facebook, Twitter, Instagram and LinkedIn. **In the fall of 2019, the new member videos were awarded both a silver and bronze Digital Health Award for excellence in crafting high quality digital health media. Exhibit G.1-9:** Passport's New Member ID Card Designed for High Member Engagement
- Our New Member Onboarding 90-Day Plan brings together these and other member engagement activities into a simplified effort to enhance the enrollment and post-enrollment period for our new members, as illustrated in **Exhibit G.1-10.**

Exhibit G.1-10: Passport's 90-Day Onboarding Plan

NEW MEMBER ON-BOARDING & RETENTION			
	OBJECTIVES	TACTICS	METRICS
DEEPER LEVELS OF ENGAGEMENT	Member makes a positive human connection with a Passport associate	• Welcome call • Care Connectors outreach • "Call to Confirm" sticker on ID card • Signs up for texts / emails	• Member services reaches member • Care Connectors reaches member • % of members who call within 30 days
	Member learns about Passport	• Attends live member education class • Watches new member video • New member packet • New Enrollee Survey	• Attends and receives reward • Page via web and/or member portal • Returned mail data • Returned surveys
	Member tells us more about themselves	• HRA form • Member portal registration	• % of forms returned within _____ • % registered for portal within 90 days
	Member takes steps towards managing their health	• Uses benefits • Visits PCP • Earns a reward • Stays enrolled	• Claims data within 1st 90 days • Claims data within 1st 90 days • Care Connectors sends reward • Enrollment file

Member Services – "No Wrong Door"

Our Member Services team has transformed and grown from less than a dozen Member Services Representatives (MSRs) in 1997 to over 100 today, all working in our Louisville offices. We hire local and compassionate staff—**a member will never speak to an MSR outside of Kentucky**. We provide the MSRs initial and ongoing training to use our tools and techniques, which are recognized as best practice in managed care call center delivery. Our team is there to assist when our members need us the most.

The Member Services team works collaboratively with the Kentucky SKY Care team (a team of professionals who provide wraparound care coordination for Kentucky SKY members under the leadership of the Medical Director and the Executive Director) to assist members, their caregivers or legal guardians in accessing medical providers; schedule PCP visits and EPSDT services; make referrals to appropriate disease or case management programs; offer help with arranging medical transportation and locating community resources; and resolve all member grievances and appeals processes as necessary. The Kentucky SKY Care team includes the Care Coordinator, RN Care Connector/Case Manager, BH Care Connector/Clinician, Youth/Family Peer Support, and BH Specialist. Depending on the needs of the Kentucky SKY member, our Kentucky SKY Care team may also include a Pharmacist, Dietitian or a CHW.

In addition to our Member Services team, Passport offers a Care Connectors team who also works hand in hand with the Kentucky SKY Care team to provide specialized support for our members. Our Care Connectors help members with a variety of issues, including answering questions about the member's health; scheduling appointments with providers, including specialists; following up on provider appointments after ED visits and health screenings; assisting with pharmacy prior authorizations; providing information regarding community resources; and assisting with completing HRA forms.

Serving as true health navigators, our Care Connectors conduct welcome calls to introduce our new members or their guardians to Passport. The Care Connectors are among the first points of contact for our new members, and they ensure that our new members are set up for success within the plan. Care Connectors continue to provide support for our members throughout their membership by performing any outreach calls needed to our members.

Members are able to contact Passport through various means of communication. We want to make it convenient for them and to meet their individual needs. Our members can reach Passport through:

- Call Center: Locally staffed call center is available by telephone Monday through Friday, 7 a.m. to 7 p.m. EST
- 24/7 Medical Advice Line, CareforYou: Members can talk to a registered nurse (RN) or listen to health topics any time of the day or night
- Behavioral Health Access Line: Members have access to a toll-free BH line to assist in connecting members to services or case management that is available 24/7 every day
- Behavioral Health Crisis Line: Members have access to a toll-free BH crisis services hotline staffed by licensed BH clinicians that is available 24/7 every day
- Community Engagement and Outreach events attended and or sponsored by the Plan

Our **Community Engagement Department** drives our in-person education and outreach efforts. Passport has Community Engagement Representatives who are embedded throughout the Commonwealth to ensure that members in their communities have local access to services. When Passport talks about community, we are talking about *our* community—serving all members, no matter their race, ethnicity, language, gender identity or age.

In 2019, our Community Engagement team had over **5,000 outreach interactions in our communities**, where we assist members in addressing their barriers to care, which include:

- **SDoH** such as housing, clothing, food security, transportation, education, record expungement, accessibility and domestic violence/safety;
- **Health-related issues** such as dental, wellness and BH, prevention/health education, vision, nutrition, substance use, heart health, respiratory care, cancer care; and
- **Community-wide barriers** to well-being, such as early childhood education, kindergarten readiness, school supplies, workforce-ready skills and after-school care.

3) Provider Network

Passport supplements its broad, diverse network of providers for covered services with a comprehensive, engaged network of community and social services to address the full spectrum of member needs.

Comprehensive and Diverse Provider Network

Passport, founded as a provider-led plan and continuously governed by and responsive to providers, is a leader in network development. Our strategy to establish a comprehensive network begins with identifying the right mix of providers to round out a high-performing delivery system. Once we identify the right mix of providers to ensure that members will have appropriate coordination of services, we ensure network access and adequacy levels; increase member access to a high quality provider network; reward providers through value-based contracting arrangements; reduce provider abrasion and simplify administration; and engage providers for their leadership and oversight of our clinical programs. Our approach is described in more detail in Section C.1.e.

We ensure access within standards through monthly review of our network and quarterly external audits of provider availability within scheduling and response standards. This thoughtful approach has delivered a successful, comprehensive network across the Commonwealth of over **32,000 total providers.** In addition to our broad network of providers, members have access to additional support for access to care, such as telehealth services.

Teladoc. In the third quarter of 2020, Passport will be the first Medicaid-managed care plan in Kentucky to offer Teladoc virtual visits for primary care and dermatology to all members. Complete electronic notes on every virtual visit will be submitted to the member's assigned PCP to maintain continuity of care and a complete health record. We expect Teladoc to increase member access, especially in areas with a shortage of PCPs and to reduce member dependence on EDs.

4) Reimbursement

As a provider-centric health plan, Passport understands the impact that accurate and timely payments have on provider practice operations, practice finances and overall provider satisfaction. Passport's commitment to the community we serve is reflected in our **skilled claims-processing team located within the**

Commonwealth of Kentucky, with concentrations in both Louisville and Prestonsburg. Under the direction of Shawn Elman, Passport's Chief Operating Officer, Passport's dedicated Kentucky Claims Team currently includes over 130 staff members in Front End Claims Processing, Funding and Recovery, Root Cause, Provider Claims Rework, Quality Assurance, and Post-Payment Auditing.

Our PRRs leverage the expertise of our claims team to increase payment accuracy, process claims in real-time during provider calls, and educate provider office staff during collaborative, on-site provider visits.

We employ a reliable, proprietary claims processing system that is customizable and scalable to ensure accurate and timely payment of claims to providers. This technology—and our processes—delivers results:

- We routinely **exceed the DMS standard** for processing 90 percent of all claims within 30 days and our internal standard of processing 95 percent of all claims within 30 days.
- In 2019, we **processed nearly 6 million claims** in an average of 6.5 days from receipt to completion.
- During 2019, we completed **167,373 claims audits** to assure the financial and procedural accuracy of claims, for which we consistently exceeded the standards of 98 percent and 97 percent, respectively.

5) Population Health Management

Passport is fortunate to use the clinical program structure from the nation's first NCQA-accredited PHM program. This program uses an integrated, evidence-based model considering all facets of the member—physical health (PH), BH and SDoH—to drive improved outcomes at lower cost. For example, **our Complex Care Management program reduced inpatient admissions by 32 percent, ED visits by 35 percent, and total cost of care by 20 percent** when compared to a matched control group. This impact was a result of years of measurement, refinement and continuous improvement driven by our:

Leading-edge analytics and technology that uses machine learning and artificial intelligence to assess risk-levels across the population and execute on early interventions to prevent adverse events. Central to the predictive modeling approach is identifying impactable members rather than merely identifying high-cost or high-risk individuals. *We focus on identifying members who require immediate intervention and support due to the presence of PH or BH indicators at risk for decline in the next 12 months*. By engaging these members in our PHM program, we can help change the trajectory of their health, improve outcomes and avoid costs.

Evidence-based clinical interventions by PHM risk level that is grounded in data-driven identification and an individualized, member-centric care-planning process. We have carefully designed targeted interventions to prevent adverse events—inpatient admissions, ED visits, readmissions, surgical complications, pregnancy complications, duplicate services and toxicity from medication regimens—across the population with an emphasis on the Commonwealth's priority conditions and populations. Our *care team members participate in weekly integrated care rounds* to discuss cases that need extra attention. When a barrier arises for a member, these rounds provide the opportunity for the multidisciplinary team to bring its collective expertise together to locate available local resources.

- **Locally driven, community-based SDoH model** that tracks referrals to ensure the "loop is closed" and members receive the services they need when they need them to improve their health. In a sample of 2,000 members that we screened for SDoH (using our closed-loop referral application), preliminary results show that *per member per month (PMPM) costs dropped by approximately 22 percent* (or $390 PMPM) in the six months after a member acted upon the referral.
- **Provider-empowering strategies** and Provider Incentive Plans to promote engagement in PHM programs and *accelerate the transition to value-based care* in our contracted network. Services include on-site support for clinical and administrative issues, access to care management services, and extensive analytic support.
- **Robust statistical methods to evaluate the effectiveness** of our PHM model, including propensity score matched case-control studies, the results of which are used to identify key drivers of impact, or Key Performance Indicators (KPIs). Over time, we have identified nearly a dozen KPIs that are highly correlated ($p<0.05$) with positive outcomes, including reduced cost, lower inpatient utilization, lower ED utilization and higher PCP utilization. We have also observed statistically significant impact on total cost of care with higher KPI compliance. Those care teams that are more than 80 percent compliant with these KPIs show a *47 percent reduction in total cost of care* for their members as compared to a matched control group.

Utilization Management ensures members' safety and confirms that they receive appropriate services. The goal of our UM program is to maintain the quality and efficiency of health care delivery by providing the appropriate level of care for our members, coordinating health care benefits, ensuring the least costly but most effective treatment benefit, and ensuring medical necessity.

Passport is NCQA-accredited and provides a full range of UM services, including prior authorization, concurrent review and retrospective review. These services ensure we address members' needs holistically by applying evidence-based medical necessity, state-specific criteria, and results from review of members' assessed needs, resources and living situation.

A particular focus for Passport is ensuring that those who have complex conditions, such as Kentucky SKY members, have the right services delivered in a coordinated way to maximize outcomes while effectively using resources. For example, our Precision Pathways is a web-based point-of-care tool that empowers providers with the latest evidence-based, innovative therapies and clinical compendia. Providers use Precision Pathways to identify the most effective, least harmful and least expensive treatment options for our members.

Value-based clinical pathways, such as Precision Pathways, reduce friction with both the member and provider because they prioritize regimens that will be most effective, with the fewest side effects. When a pathway is selected, the regimen is automatically approved. This eliminates the need for administrative burdens (i.e., prior authorizations) that can lead to long waits for treatment or even denial of reimbursement to specialists for drugs they already administered. At the same time, our Precision Pathways allows providers to have independence and autonomy in their treatment plans. For example, if providers believe a different evidence-based regimen is best given the member's circumstances, they can choose this

course of treatment. At any point in the process, Passport offers our providers the opportunity for peer-to-peer consultation with our specialists to discuss treatment options that are best for the member.

6) Quality Management

Passport recognizes that each Kentucky SKY member has unique needs and health conditions. As a part of our quality management program, we have an adaptable model of care to meet the Kentucky SKY member's holistic needs. We serve every child/youth with a Care Management program that is individualized and tailored to address their PH and BH needs and any SDoH issues they may experience. Our goal is to wrap the Kentucky SKY members with a care team that coordinates high quality care in a timely and cost-effective manner. We also want to ensure that a foster child is placed in the least restrictive setting so that they have a better quality of life and can be a member of their community.

Passport's proven, evidence-based programs and care models blend clinical and social interventions to improve member outcomes. These clinical programs support a holistic wraparound approach to assessing, planning and implementing personalized care plans aimed at improving members' PH and BH, functional status and overall quality of life. Our programs are clinically proven and are tailored specifically to the needs of each population, while also integrating innovative community-based initiatives that account for local and cultural provider and regulatory dynamics. Our suite of programs is continually assessed for effectiveness through controlled studies used to determine the impact on total cost of care and return on investment (ROI) and to identify key operational drivers of impact for focused performance and member outcome management.

Passport has experience in providing a holistic High-Fidelity Wraparound approach for foster children. We partnered with two local provider organizations, Centerstone Kentucky (Seven Counties Services) and ResCare, to provide intensive care management services using a High-Fidelity Wraparound approach. The initiative was a pilot program serving 60 high-risk foster care children between the ages of four and 17.5 years old who experienced three or more placements due to their BH needs within 24 months and were at risk for entering a group home, psychiatric hospital or 24-hour BH treatment facility. Our goals were to increase the health and well-being of the child in foster care, increase his/her permanency in the family home, enhance community placement and provide needed support to the guardian. With this innovative model of interventions for children and youth in foster care, we were able to improve outcomes and decrease costs.

We plan to use our experience and learnings from the study and implement a holistic, wraparound care management approach to Kentucky SKY members across the Commonwealth. Our strategy is to create a model of care for foster children using the National Wraparound Initiative's 10 core wraparound principles: Family Voice and Choice, Care Team Based, Natural Supports, Collaboration, Cultural Competency, Individualized, Strength Based, Unconditional Care, Outcomes Based, and Community Based.

Providing Care Management and Care Coordination to Support Our Kentucky SKY Members

Currently Passport has a dedicated Foster Care program serving foster care (including transition-age youth), adoption subsidy and DJJ-involved members. We plan to expand the team to meet the needs of all Kentucky SKY members across the Commonwealth, including foster care children; former foster care youth; adoption assistance children; dually committed youth; and children eligible via Interstate Compact on the Placement of Children (ICPC) and Interstate Compact on Adoption and Medical Assistance (ICAMA). Our Kentucky SKY programs take a whole-person approach to care and are not limited to medical or BH care. They address the needs of the individual across the entire health and illness continuum and help to identify the least restrictive setting appropriate for the individual as well as any supports available to the member.

While we offer specialized Care Management and Care Coordination programs to support Kentucky SKY members, our standard PHM programs are also available to support these children in meeting their individual health needs.

Identifying and Stratifying Kentucky SKY Members

Upon assuming responsibility for the Kentucky SKY population across the Commonwealth, with the large influx of members initially, Passport will triage Kentucky SKY members using multiple techniques to ensure we have as much information as possible to identify those with the most immediate service needs. We understand that DCBS, DJJ and DMS will work closely with Passport to ensure access to member-specific information necessary to facilitate transition. To manage the influx of members more effectively, we will begin to perform this process for those members already assigned to Passport who will become Kentucky SKY members on January 1, 2021.

As required, Passport will offer three levels of care for Kentucky SKY members:

- Care Management
- Intensive Care Coordination
- Complex Care Coordination

Initially, all members will be placed in Care Management, unless they meet specific criteria:

- Identified by the Commonwealth as Medically Complex. These members will be placed in Complex Care Coordination from the start
- Identified through Passport's UM process as having a current or recent BH inpatient stay
- Identified by Passport's industry-leading risk stratification predictive models

Members identified through these means as having more immediate service needs will be placed in Intensive or Complex Care Coordination as their needs dictate.

Members in Care Management will be assigned to a Care Coordinator who will conduct an assessment to identify any needs that would place them in a higher level of care coordination. Foster care members age 17

or over will be prioritized for assessment so that care team meetings around planning for independence can begin as soon as possible.

After the initial influx of members, when members are newly enrolled in Kentucky SKY, a Care Coordination Team will be assigned within one business day of enrollment, and a Passport Care Coordinator or Care Connector will complete an assessment within 30 days of enrollment to identify members with high Physical and/or Behavioral Health needs who are appropriate for Intensive or Complex Care Coordination. New Kentucky SKY members will also be run through Passport's predictive modeling process.

Providing Evidence-Based Care Management and Care Coordination

We currently serve over 5,000 members, made up of adoption, foster care, former foster care, Juvenile Justice and disability related youth. Around 3,200 of those are foster care members that are actively receiving care management and/or related services. Passport has a care coordination and management program designed specifically to support them that leverages a TIC model. To meet the needs of Kentucky SKY members, Passport will provide three levels of Care Management and Coordination, as illustrated in **Exhibit G.1-11.**

Exhibit G.1-11: Levels of Care Management and Care Coordination for Kentucky SKY Members

Level of Support:	Designed For:	Frequency of Contact:
Care Management Services	All Kentucky SKY members not meeting criteria for higher levels of support.	Outreach every 3-6 months or more frequently if warranted. Annual Care Plan Updates
Intensive Care Coordination	Kentucky SKY members identified through assessment or by risk stratification as needing Intensive support.	Per month: • One face-to-face visit; • One weekly contact; • One care team meeting including the member and guardian • One Care Plan Update
Complex Care Coordination	Kentucky SKY members identified by the Commonwealth as Medically Complex or with Special Health Care Needs. Kentucky SKY members identified through Passport's UM process as having a current or recent BH inpatient stay. Kentucky SKY members otherwise identified by Passport's industry-leading risk stratification predictive models.	Per month: • Two face-to-face visits; • One weekly contact; • A minimum of two hours per week of Care Coordination • One care team meeting including the member and guardian One Care Plan Update

Passport's "core" Kentucky SKY Care team is made up of the Care Coordinator, member, guardian and SSW for foster care members. For members under adoption subsidy the core team will be the Care Coordinator, member and parent/guardian. The core team for former foster care members will be the Care Coordinator and the member. These core teams will be supplemented by providers, community supports, Passport Care Connectors (RNs or BH clinicians), BH Specialists, a Registered Dietitian, and/or Pharmacist as needed to support the member's care. The Care Coordinator will work to ensure the active participation of the child and family and other individuals involved.

The role of Passport's Care Coordinator will be to gather from the Care Team members perspectives on needs and concerns for the individual member and obtain a sense of the family voice and choice. The Care Coordinator will also coordinate wraparound services and supports to meet the goals of each members' care plan. Throughout the program, the Care Connector will work with the Care Team to identify strategies to meet the member's needs and ensure continuity of placement and care whenever possible.

Our Care Coordinators will ensure that the Care Team has the information it needs to make timely and appropriate authorizations and referrals to meet the member's needs, including contacting prior MCOs and providers for information the team may need. The Care Coordinators will ensure that approved care plans, including Behavior Plans and authorizations, are developed in a timely manner with the provider and communicated to the Department, DCBS and DJJ as required. Additionally, the Care Coordinator will ensure that Kentucky SKY members, providers, foster parents, adoptive parents, fictive kin, guardians, DCBS and DJJ have the most current information regarding community resources available to assist the member with meeting their needs and will assist the member in connecting with these resources.

The Care Coordinator collaborates with the care team to provide information and assist with the needed care coordination services. If assistance is needed to locate providers or schedule/obtain appointments for primary, dental, or specialty care or support services, the Care Coordinator can make these arrangements on behalf of the Kentucky SKY member, family or guardian. The Care Coordinator can also coordinate Non-Emergency Medical Transportation (NEMT) services if needed to access these appointments or services. They can arrange community supports for Kentucky SKY members and arrange for referrals to community-based resources as necessary. Importantly, the Care Coordinator can work to expedite the scheduling of appointments for assessments and facilitate timely submittal of assessment results used to determine residential placements. The Care Coordinator will also compile these assessments for submission to the appropriate DCBS or DJJ staff within the timeframes identified by DCBS or DJJ.

Ensuring Provider Compliance with Evidence-Based Approaches, Including High Fidelity Wraparound Care

Passport has placed an emphasis on making sure our providers have the knowledge necessary to assess the needs and deliver the complex care our Kentucky SKY members require. We have an established onboarding, training, education and support program for our providers that is managed by our local, Kentucky-based PRSs and our Kentucky SKY Provider Relations Liaison. Our program is designed to ensure that all providers receive the training, tools and supports needed to deliver the highest-quality of care to our

members, while remaining compliant with our contract with DMS and applicable Commonwealth and federal requirements.

In order to assist providers in achieving or maintaining their competencies in delivering evidence-based approaches, including High Fidelity Wraparound services to Kentucky SKY Members, Passport's Provider Relations team and Kentucky SKY Provider Liaison will offer and coordinate additional educational opportunities for providers. Specifically, the educational opportunities will focus on evidence-based practices appropriate to Kentucky SKY members, such as trauma informed approaches, ACEs, behavior interventions in care plans, and the High Fidelity Wraparound principles. Our team will also connect providers to other trainings occurring around the Commonwealth, direct education either in-person or via webinar by experts featuring local providers, and our clinical team and national speakers, when appropriate.

Passport also supports providers in providing evidence-based care across the spectrum of care. Passport medical providers have access to Identifi℠ Practice, which offers physician practices workflow and analytics support to enable greater engagement in value-based care activities. Identifi Practice allows users to access actionable electronic intelligence at the point of care and provides a physician-centric view of real-time member insights, such as gaps in care and quality measures, care program engagement and current care plan. Identifi Practice's on-demand reporting gives providers access into insights regarding clinical, quality and financial performance. In addition, the system has the ability to drill into specific areas of opportunity and recommended actions for the providers to take to improve quality of care.

We have found that initial engagement and participation by the providers from the outset make the downstream performance improvement and behavior change more likely. Our providers participate in medical record review to ensure all required documentation is captured, engage in EPSDT file audits and education, and routinely review adherence to clinical practice guidelines. Passport provides outreach and engagement to provider practices focused on improving performance on specific measures, including Healthcare Effectiveness Data and Information Set (HEDIS®), Healthy Kentuckians and measures specific to the Kentucky SKY population. We supply providers with reports that illustrate necessary screenings due, and we use our Provider Recognition Program specifically to reward HEDIS® measure improvements. Where appropriate, we support providers with site visits by the Medical Director, Quality Director, Pharmacist, Provider Recognition Program Manager or Kentucky SKY Provider Relations Representatives.

Addressing Psychotropic Drug Usage Through RxSolve

Kentucky has one of the highest rates of psychotropic medications prescribed to children in the United States. Psychotropic medications are being prescribed to young children (under the age of six years) in the Commonwealth at levels above those approved for use in adults, and often in combination with other medications. In Kentucky, the rate of use of psychotropic medications in foster children is nearly six times that of TANF children receiving Medicaid benefits.

Passport has used a Psychotropic Drug Intervention Program (PDIP) for years. We soon will implement an updated version of the program, called RxSolve. It is a comprehensive and integrated quality management program focused on identifying claims-based, medication-related problems, including medication safety

issues, through the use of informatics, analytics and clinical review. The program will engage both prescribers and members, using innovative technologies to achieve an understanding and resolution of medication-related issues. Passport plans to implement the program to improve medication adherence among members and to support best-practices prescribing among providers.

The program will help both prescribers and members understand and resolve medication-related issues. The program provides support to PCPs who do a large percentage of psychotropic medication prescribing and have limited access to psychiatric specialists. The new RxSolve will address polypharmacy, suboptimal dosing, nonadherence, excessive dosing, (Substance Abuse Disorder (SUD) management and opioid management. Polypharmacy in particular is an issue of concern with the Kentucky SKY population. Instead of individual direct communications to providers and members, a monthly summary report will be shared with providers documenting all cases for greater continuity of care, so providers can address all components of care impacting a member at once rather than through multiple written communications. Providers will be better informed regarding trends impacting prescribing in their own practice for the now expanded six areas of focus.

Supporting Kentucky SKY Members into Adulthood

Passport currently serves a significant portion of the foster-care population, including transition-age youth. In Kentucky, approximately 600 youth per year age out of foster care in relations to the 594 who aged out in 2017. Based on our experience with this population and our familiarity with state specific data (Child Trends, 2015), we know that about a third of these youth will experience homelessness by the age of 21 and a similarly small percentage will be employed, either full- or part-time. Nearly 60 percent will use some type of public assistance.

Kentucky's aging-out population is unique in that it contains a higher number of youths who were committed to DCBS for behavior problems 56 percent in Kentucky vs. 38 percent nationally). Although Kentucky's transition-age, state-committed youth compare favorably in national comparisons for completion of high school by age 21 (80 percent to 76 percent and continuation of health coverage (eighty-81 percent to 75 percent), we understand that these results only come with quality care and case management.

Although some DJJ youth will have planned discharges to their families, Passport's clinical team's extensive experience with this population as well as research studies (e.g., Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave State Care, Chapin Hall, 2004), find that over half of older youth feel close to their biological families and intend to re-establish relationships with them. Their efforts to maintain contact with their families often happen outside of the services provided by the DCBS and DJJ. Passport's plan is designed to address the realities of transition and SDoH for this population.

Natural family will be included in Care Coordination teams for transition-age youth except where prohibited by DCBS or DJJ.

Transitioning Members out of the Foster Care Program and into Independent Living

Passport aligns closely with DCBS on their process of preparing youth for transition beginning at age 17 or sooner and supports guardians in readying teenage foster children with an aim of reducing anticipatory anxiety about the process. For youth entering care on or after their 17th birthday, a transition plan is developed within one month of enrollment by the Care Coordinator as part of the youth's care plan. Any available assessments and other information are used to create the care and transition plans.

Empowering youth to be drivers of their health care experience and advocates for themselves within the health care system is key to the young person's ultimate success. Our aim is to serve as member advocates and help youth to become more comfortable navigating these systems themselves. When it would be helpful to the youth, a Passport peer support will be added to the care team to do direct skill teaching work with the member in this regard. Successful aging out of foster care or a juvenile justice setting requires the following core elements to be addressed: Specific plan for safe housing, health insurance and finding a PCP, education, workforce and employment supports that lead to financial independence and continuing relationships with supportive adults and peers, including mentoring opportunities.

Passport uses its access to specialized screening and referral tools to identify appropriate local resources statewide. Having a youth establish independence and self-autonomy in our culture is one of the primary developmental tasks of late adolescence. Our care team engages transition youth as equal partners to ensure that there is high member engagement levels and we are keeping aligned with his or her personal goals.

Passport will also develop specific written and electronically available educational materials that address topics that include, but are not limited to:

- the importance of having a trusted relationship with a primary care provider
- preventive care and maintaining a healthy lifestyle
- and the importance of safe and responsible sexual behavior

We will also provide opportunity for the youth to designate a health care proxy. Given that over half of the transition-age youth (56 percent) in Kentucky are in out-of-home care due to behavior problems, Passport care management will especially focus on assessing the need for and providing access to appropriate behavioral services.

As appropriate and in keeping with permission from DCBS and/or DJJ, Passport will incorporate family members (e.g., parents, grandparents, older siblings, fictive kin, etc.) into the transition plan and provide support to these members to facilitate a successful transition.

Independence Readiness Program

Passport has collaborated with the Boys and Girls Haven, along with other community groups, in developing an innovative initiative, called the Independence Readiness Program (IRP). As a member of the IRP advisory committee, Passport has assisted the group in creating opportunities for Kentucky SKY members to receive job and skills training. The program brings in local employers, such as the Kentucky Community and Technical College System (KCTCS) to provide job readiness training for members to prepare for their career of choice. Additionally, the KCTCS and local employers share entry-level employment positions with the youths. The Passport team provides direct consultation to help design outcome measures to help document programmatic success. The model includes training regarding career readiness, life skills, equine vocational services, case management services and a mentoring program. Each program is tailored and personalized to meet our members' needs. While the initiative is not exclusive, the majority of participants have been Passport members. We are proud to be a part of this program that supports former foster children in developing the education and life skills to enter into adulthood.

7) Information Technology

Our sophisticated MIS technology platform supports and integrates all of the elements of service administration for members. Our MIS is a suite of fully interoperable component layers that enable Passport staff and administrators, care teams, and providers to operate in a connected approach and work from a single view of the member. The platform represents an end-to-end, enterprise-level, integrated MIS and population management platform with functionalities and process flows that support the requirements of the Kentucky DMS and the Kentucky Medicaid Managed Care program. The MIS and its subsystems are fully operational and already configured to meet the needs of DMS, and they are currently functioning within the guidelines and specifications of the Commonwealth, including required interfaces. Our MIS meets or exceeds all Kentucky Medicaid Managed Care program subsystem requirements, including member/member, third party liability, provider, reference, claims/encounter processing, financial, utilization data/quality improvement, surveillance utilization review, reporting and testing. Our existing integration with DMS, providers and vendors provides continuity and reduces risk for all stakeholders, since a new implementation is not required with Passport.

G.1.e. A summary of the Contractor's strategy and approach for establishing a comprehensive Provider network able to meet the unique physical and Behavioral Health needs of Kentucky SKY Enrollees; and

Establishing a Comprehensive Provider Network to Meet Kentucky SKY Members' Unique and Holistic Needs

As a provider-driven health plan, we have strong relationships with our provider partners and have developed an extensive statewide provider network to better serve our members. Today, Passport's network includes over include **32,000 total providers** with the following provider types:

- 17,000 specialists
- 9,100 PCPs (2,500 of which are pediatricians)
- 3,700 BH practitioners
- 2,200 ancillary providers
- 130 hospitals

Our strategy to establish a comprehensive network, begins with identifying the appropriate composition of providers to create a high-performing delivery system. Passport provides our members with access to care through our broad range of network providers, which includes freestanding birthing centers, primary care centers, local health departments, home health agencies, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHC), private duty nursing agencies, opticians, optometrists and audiologists. We also have provider partners that are hearing aid vendors, speech language pathologists, physical therapists, occupational therapists, chiropractors, dentists, pharmacies and durable medical equipment suppliers, podiatrists, renal dialysis clinics, transportation services, laboratory, radiology, and clinics providing EPSDT services and EPSDT special services.

Once the correct set up of providers is determined, Passport's Network Contracting department conducts a review for network access and adequacy. We analyze the network for quality and cost efficiency to create a provider network focused on value to the Commonwealth. Using principles grounded in data analytics and tools, including value-based contracting, we integrate our network into our clinical programs. The clinical teams and network teams work in tandem to develop and support an optimal delivery system for our members. A governance structure of committees and accountable leaders manages our strategic approach and is designed to engage effectiveness through monitoring satisfaction levels.

Ensuring Network Adequacy

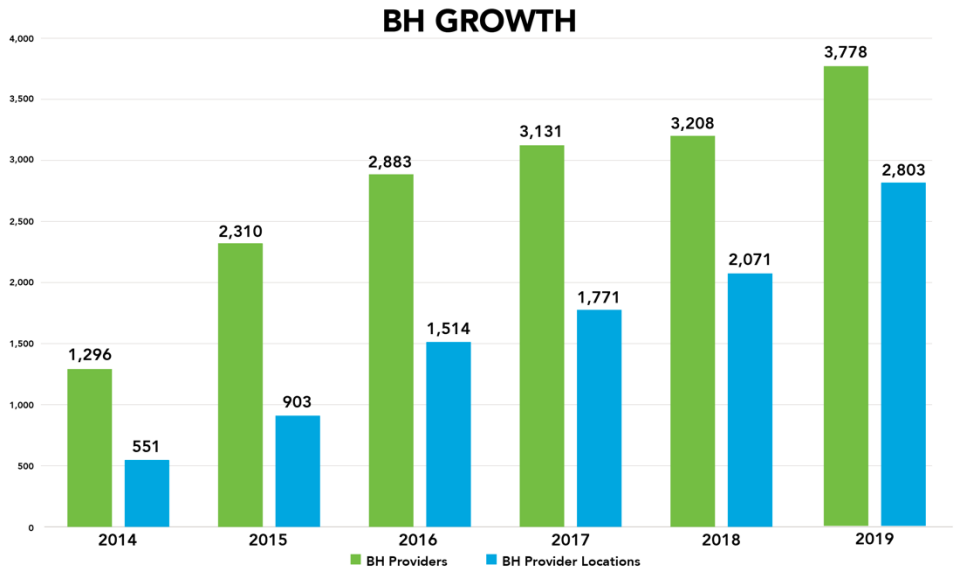
Passport's approach assesses network adequacy on an ongoing basis, identifying gaps, increasing provider capacity and seeking opportunities to improve access for our members. Each month, our Provider Network team generates reports from Quest Analytics, an industry-standard software platform, that combines dynamic time and distance access standards with minimum provider requirements. We use the data to evaluate our overall network adequacy and identify gaps based on network standards. Passport reviews claims data on a quarterly basis to determine which out-of-network providers were seen by members during

the previous quarter. Our Provider Network team reviews all access-related feedback from members, referring providers, care managers and utilization managers.

Passport's approach to a comprehensive network continues as we review referrals and collect feedback from care management, Member Services and the PHM departments regarding access issues and unmet clinical or social factors that affect members' care, such as language, ethnicity, gender or special needs. In addition, quarterly a "secret shopper" and on-site access reviews identify access barriers to specific providers or practices, such as long wait times, lack of after-hour appointments, and closed panels. We escalate these access barriers to the Provider Network team and other relevant departments for action.

Passport has continued to increase the number of BH providers in our network. We understand that BH is an essential factor in improving the health outcomes of our Kentucky SKY members. Since 2014, we have significantly increased our number of BH specialists and now have 3,778 providers in 2,803 locations, as illustrated in **Exhibit G.1-12.**

Exhibit G.1-12: Passport's Continued Growth in Our Behavioral Health Network



Identifi Network, our web-based provider data management tool, will maintain our provider file, populate the provider directory and support network adequacy analytics. Identifi Network enables our network administrators, managers and providers to create, track, maintain and access interactions with network providers. This tool will enable our ability to identify the need to tap into additional telehealth solutions or surrounding state providers, where needed, to enhance access to care.

Creating Greater Member Access to a High Quality Provider Network

Passport is committed to identifying and managing a high quality provider network. Our approach to managing a high quality network follows the national trend of building a high quality and high-performing provider network that emphasizes prevention, quality of care and cost efficiency driving toward value. We use this same approach in analyzing our providers' performance across our broad network to ensure that our members are getting the highest quality of care in the most cost-effective manner and measuring performance in a consistent way.

We assess provider performance using historical data. For each provider, we create two composite scores: the quality score, which is determined based on performance of quality measures; and the care coordination score, calculated from measures such as avoidable admissions, readmissions and inappropriate lower back imaging. These two factors identify provider value. The quality and care coordination measures are weighted by the number of members that qualify for each measure and the overall score is normalized by the relevant population size.

We evaluate cost efficiency of the providers using adjusted Medical Loss Ratio (MLR), defined as the ratio of a provider's expenses to its premiums for assigned members. Since this metric can be skewed due to population risk variation and high-cost outliers, we remove members with total medical expenses greater than $50,000 per year from the calculation and set a minimum assigned member sample size of 100. This allows us to compare cost efficiency with greater reliability and consistency across providers.

Lower-performing providers are identified using a three-tiered value approach. This approach first sets a minimum threshold for quality and care coordination for providers with lower cost efficiency, or higher MLR. By doing so, we avoid unfairly comparing providers with low financial performance but high quality care and instead concentrate efforts and discussions on low-quality providers. While always keeping access and adequacy core to our strategy, we focused re-contracting efforts on providers in Value tiers 1 and 2 in 2019, which contained 75 practices, and plan to continue employing this approach using refreshed data to monitor physician performance and identify lower-performing providers.

Value-Based Contracting

Passport acknowledges that the alignment of financial incentives for providers is essential to achieving an effective and efficient health care system. We have deep experience in offering value-based contracting arrangements, and we are financially rewarding providers for high quality health outcomes. This helps control cost and drives toward the efficient use of Medicaid dollars by reducing expenditures on unnecessary, redundant or ineffective care.

The Passport Value-Based Payment strategy includes a suite of models to meet providers where they are and to encourage and reward both small and large practices. We offer providers a full range of value-based options recognizing that not all providers have the practice infrastructure to fully participate in some sophisticated models and to help advance providers along the risk continuum at their individual pace.

- **Patient-Centered Medical Home (PCMH) PassportPlus:** This program rewards dozens of existing provider groups incentivizing the core tenets of PCMH behavior in their practices. The incentive is paid monthly with a goal of moving these smaller practices closer to risk readiness and move them along the quality and value continuum at a comfortable pace without the resource jeopardy that risk often signals to small practices.
- **Care Management (CM) PassportPlus:** In working with our existing providers, we learned that some need additional practice investment for their infrastructure enhancements in order to participate in HealthPlus. This program extends compensation for CM services on a semiannual basis for participating providers who can then plan their resources accordingly.
- **HealthPlus:** This is an upside-only provider gain-share program that rewards providers for improved cost and quality outcomes after a quality gate has been achieved. The program provides different opportunities for gain-share reward based on services provided and improvement in the total cost of care of their assigned members. Quality measures are customized to each practice and adjusted for type of practice (e.g., adult primary care, pediatric care). Performance is measured on a calendar year and rewards are paid out the following years once claims have matured. The three opportunities for gain-share reward are:
  - Medical Expense Ratio (MER) Improvement: Providers improve the total cost of care by providing a full range of services to their assigned members. This is calculated through a comparison of year-over-year reductions of costs as a percentage of revenue.
  - MER Attainment: Providers maintain an already-reasonable total cost of care by providing a full range of services to their assigned members.
  - Scorecard Performance: Providers achieve high performance on the *Passport Quality Scorecard* related to the care of their assigned members.

G.1.f. A summary of innovations and Trauma-informed initiatives the Contractor proposes to implement to achieve improved health outcomes for Kentucky SKY Members in a cost effective manner. Include a discussion of challenges the Contractor anticipates, how the Contractor will address such challenges, and a description of the Contractor's experience with addressing these challenges for similar contracts and populations.

Offering Innovative Approaches to Improving Foster Children's Health and Well-Being

Passport is regularly working toward innovations to improve health outcomes in a cost-effective manner. At the request of the former Cabinet for Health and Family Services (CHFS) Secretary, Passport conducted a pilot program providing intensive CM for children and youth in foster care. For the initiative, we partnered with two local provider organizations, Centerstone Kentucky (Seven Counties Services) and ResCare, to provide intensive CM services using a high-fidelity wraparound approach. The pilot program served 60 high-risk foster care children between the ages of four and 17.5 years old who had experienced three or more placements due to their BH needs within 24 months and were at risk for entering a group home, psychiatric hospital, or 24-hour BH treatment facility.

Our goals were to increase the foster child's health and well-being, permanency in the family home, community placement and provide needed support to the guardian. The pilot program period was 24

months long with a six-month follow-up period. We deployed a unique team decision-making process promoting youth and family voice and choice in the health care process and clinical interventions. The program was facilitated by the Intensive Care Coordinator, and the care team members were made up of the child, identified family and/or foster family member, DCBS worker, treatment provider, Passport clinician and informal network support members. The Intensive Care Coordinator assisted the team in developing and carrying out a coordinated care plan specific to the needs of the child and family.

During this time, we observed the following trends:

- 13 percent reduction in total cost of care
- 27 percent increase in costs related to BH services
- 38 percent reduction in non-BH expenses
- Six percent reduction in pharmacy costs
- 150 percent increase in family placement
- Improvement in CAFAS scores

This pilot demonstrated the feasibility of a managed care company facilitating an innovative model of intervention for children and youth in foster care that resulted in improved participants' functional and placement stability outcomes while decreasing costs. Through this intensive effort, our dedicated team learned a great deal from the successes and failures that together inspired our proposed innovations specifically designed to accelerate successful implementation and to further improve outcomes for Kentucky's SKY members. These include, but are not limited to:

- Accelerating a cultural shift to team-based decision-making through a specialized training center
- Improving care delivery for Kentucky SKY members through integration of BH electronic health record data
- Measuring impact and ROI of the High Fidelity Wraparound approach, including the effect of community supports on participant outcomes
- Each of these proposed approaches is described in more detail below.

Our goal is to expand this effective initiative to all Kentucky SKY members across the Commonwealth, upon award of the contract.

Challenges:

Implementing High Fidelity Wraparound requires a commitment of DCBS and DJJ workers, natural and foster parents, and health care providers to using a team-based process to develop a joint plan. This is a challenge for staff who are used to working autonomously and not taking other perspectives into account when making decisions that affect the member. Passport learned to address this challenge during the pilot by (1) providing clear verbal and written guidance and a fidelity tool that provided impartial feedback during the implementation of High Fidelity Wraparound; (2) building relationships with supervisory staff that allowed for frank discussion and resolution of problems, including providing management support for direct-line staff to change their usual way of interacting; and (3) using a strengths-based approach, not only with youth, but also with staff, which celebrated their success in becoming proficient with a new evidence-based practice.

Assisting with Implementation of Statewide Member Crisis Service

BH crises pose the most common threat to the stability of placement for Kentucky SKY members. Passport has initiated conversations with providers around providing a 24/7 crisis response team that would be available to go to the location of the member (e.g., home, school, or community) to assess the risk present and use evidence-based crisis intervention skills to de-escalate and stabilize the situation. This project service would initially begin in the Louisville area, where one of our providers already has experience with such a program in a neighboring state. Passport plans to expand the service throughout the state in a rolling implementation developed in collaboration with DMS, DCBS and DJJ.

Unlike many current crisis services in the state, our intervention would also provide continuing involvement by the provider until the member was stable and participating in services needed to help him/her develop the skills to avoid future crises. In addition to de-escalation and therapy, our Care Coordination Team would work in conjunction with the crisis service to assess SDoH and other community factors that may be contributing to crisis development.

Passport is willing to partner with the DMS in assisting with this project in multiple ways. This would be a highly collaborative effort to understand the DMS' needs and how we can assist in deploying this initiative. For example, we envision our team developing a charter for the program outlining the goals, objectives, tactics, project members, timelines and results. We could provide resources for project management and use our advanced project management tools to track the progress of the project and identify any risks and issues for complete transparency to all stakeholders.

Challenges:

As we did with the Intensive Case Management Pilot for Foster Youth, our skilled team will rigorously evaluate the intervention to assist in refining its application. Implementation of an on-call mobile crisis service is likely to be challenging as services expand outside the Louisville area. In rural areas with fewer people, it is harder to achieve economies of scale in having staff available to respond to what may be a relatively infrequent event. Furthermore, transportation issues become more challenging outside of urban areas. It is only about 30 miles from downtown Prestonsburg, the population center in Floyd County, but it takes nearly an hour to drive to Wheelwright. To address these issues, Passport will explore contracting with providers who already offer some type of crisis response in communities (e.g., CMHCs), and we will also explore the use of telehealth in conjunction with local response capacity (e.g., EMTs) and occasionally law enforcement to provide support until we can arrive. Our goal is to develop a system that will provide the availability of BH professional assessing and intervening within an hour of receiving the call.

Conclusion

Passport is committed to continuing our long-standing partnership with the Commonwealth of Kentucky. We have demonstrated that we can successfully design and implement an end-to-end solution for foster care members to improve outcomes and lower costs. Through extensive research; partnering with providers and foster care experts; collaborating with DCBS, DMS, and the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID); and learning from other successful health plans, Passport ran through walls to better serve our foster care members with our pilot program. We do and will continue to act on our learnings from this experience and work hard alongside partners just as we have done before to take interventions based on a High Fidelity Wraparound Model to scale.

We should also note that there were sections and requirements within the Kentucky SKY Contract that may have not been addressed throughout the RFP. As such, and out of an abundance of caution, we affirmatively state that we will comply with all provisions of the MCO and Kentucky SKY Contract.

We understand that the stakes are high and the resources are limited. We are fully confident that we can ensure our foster children members receive the care they need with a family-centered, youth-driven, TIC approach that maximizes resources, creates efficiencies, and eliminates fragmentation and duplication. Passport's desire is for all foster care members to have the resources to improve their health and quality of life. It is our mission.

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.

G.2 Company Background



G.2. Company Background

a. Corporate Experience

i. Describe the Contractor's experience in the provision of managed care services similar to those specified in the Contract for the Kentucky SKY populations specified in this Contract. In addition, include the following information in the response:

a. Experience in coordinating and providing Trauma-informed services, and educating Providers on Trauma-informed Care, ACEs, and evidenced based practices applicable to individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance;

b. Three (3) examples of initiatives the Contractor has implemented for Medicaid managed care programs for individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance thg.2-16at have supported improved outcomes (e.g., greater awareness of Trauma-Informed Care, clinical outcomes, Discharge Planning between levels of care, etc.). Describe whether such initiatives were cost effective and resulted in sustained change;

c. A summary of lessons learned from the Contractor's experience providing similar services to the populations enrolled in Kentucky SKY; and

d. How the Contractor will apply such lessons learned to the Kentucky SKY program

ii. Provide a listing of the Contractor's prior and existing full risk Medicaid managed care contracts serving individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance for the previous five (5) years. Include the following information:

a. State name

b. Contract start and end dates

c. Number of covered lives

d. Whether the Contractor provides services regionally or statewide

b. Office in the Commonwealth

For programs similar to Kentucky SKY, has the Contractor co-located staff in an agency regional office? If yes, describe the factors that influenced that decision and summarized the outcome of the co-location in coordinating of services for program participants.

c. Staffing

i. Describe the Contractor's proposed approach to staffing for the Kentucky SKY program under this Contract, including the following information at a minimum:

a. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to the Kentucky SKY program and Kentucky SKY Enrollees and supports stakeholder groups (e.g., Kentucky SKY Enrollees, providers, partners, among others).

b. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner for the Kentucky SKY program.

ii. What prior experience will the Contractor require staff to have had in serving populations similar to Kentucky SKY Enrollees?

iii. Provide a narrative description of the Contractor's approaches to recruiting staff for the Kentucky SKY program, including:

a. Recruitment sources;

b. Contingency plans if the Contractor is unable to recruit sufficient numbers of adequately trained staff in a timely basis or if the Contractor's original staffing estimates are too low and for avoiding and minimizing the impact of personnel changes;

c. How the Contractor will assure the Department that sufficiently experienced, licensed and trained personnel are available to support implementation and ongoing administration of the Kentucky SKY program; and

d. How the Contractor will seamlessly transition staff, if necessary, from implementation to ongoing operations.

iv. A listing of Full-Time Kentucky SKY Key Personnel identified in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," and as otherwise defined by the Contractor, including:

a. Individual names, titles, job descriptions, qualifications and full-time equivalents (FTEs) who are dedicated one hundred percent (100%) to the Kentucky SKY program under this Contract with no other responsibilities outside of the Kentucky SKY program, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be 2,080 hours.

b. Whether each Full-time Kentucky SKY Key Personnel position will be filled by a Contractor's employee or a Subcontractor. Identify the number of FTE Subcontractor staff who will be one hundred percent (100%) dedicated to the Kentucky SKY program.

c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.

v. Overview of the Contractor's proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," for all operational areas. Provide the Contractor's proposed training program and curriculum for all staff specific to areas of responsibility. Include information about the topics for which staff will receive training, how trainings will differ for new staff members versus ongoing trainings and related training schedules.

vi. Overview of Contractor's approach to monitoring Subcontractors' progress in recruiting and training of staff to meet all requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

vii. Retention approach for Full-time Kentucky SKY Key Personnel.

viii. Provide a detailed description of the Contractor's organizational structure for the Kentucky SKY program under this Contract, including an organizational chart that displays the following:

a. Management structure, lines of responsibility, and authority for all operational areas of this Contract.

b. How the Kentucky SKY fits into the overall organizational structure of the Parent Company.

c. Where Subcontractors will be incorporated.

ix. A summary of how each Subcontractor will be integrated into the Contractor's proposal performance of their obligations under the Contract to ensure a streamlined experience for the Kentucky SKY Enrollees, Providers and the Department.

x. Identification of staff positions that will be based (1) in the Contractor's Kentucky office(s), (2) in the field, and (3) at a corporate office of the Contractor or Subcontractors. Information should include physical locations for all Contractor operational areas to support this Contract.

xi. Number of proposed FTEs dedicated to the Kentucky SKY program, by position type and operational area and how the Contractor determined the appropriateness of these ratios.

xii. Describe the roles and responsibilities of Care Coordinators and Care Coordination Team. How will the Contractor maintain adequate Kentucky SKY to Kentucky SKY Enrollee ratios and number of Care Coordination personnel and management staff having expertise in Physical Health, Behavioral Health, and the Kentucky SKY Enrollee to build Care Coordination Teams?

Provide the Contractor's approach to locating the Care Coordinators areas in which they serve.

Introduction

As a Kentucky-based organization that has supported the Medicaid population for 22 years, Passport has extensive experience in supporting children and youth, including those in foster care, juvenile justice, adoption assistance and other categories that will be eligible for Kentucky SKY enrollment. Through this experience we have built strong provider relationships and community ties to support the delivery of trauma-informed care (TIC) to these individuals and their caregivers. Our deep understanding of this population has helped us to build out an organization, inclusive of subcontractors, that will fully meet contractual requirements while delivering culturally sensitive and appropriate care to Kentucky SKY members.

G.2.a.i. Describe the Contractor's experience in the provision of managed care services similar to those specified in the Contract for the Kentucky SKY populations specified in this Contract. In addition, include the following information in the response:

Passport Experience Supporting Kentucky SKY–Eligible Members

Passport has 22 years of experience managing Medicaid services for youth in foster care and other groups eligible for the Kentucky SKY program. During this time, we have had a designated team, currently composed of six full-time staff led by a manager, dedicated to serving the Kentucky SKY–eligible population. Our team is composed of professionals with extensive experience working in a variety of settings, including therapeutic foster care programs, community mental health centers (CMHCs), residential treatment facilities, the Department of Corrections, the Health Access Nurturing Development Services (HANDS) program, state and private psychiatric hospitals, Norton Children's Hospital, refugee resettlement programs and programs contracted by the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID). One of the members of our team is a former foster parent, and another is certified in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). They have established strong working relationships with providers, agencies and community resources that serve the Kentucky SKY population. Our deep understanding of these members grows out of these experiences.

We also understand the pressures within the child welfare and juvenile justice systems and the need to support these agencies and the children, youth and families they serve. This support comes through robust care management, strong provider networks, advanced data infrastructure, innovative leadership and extensive community relationships. Through the years, our team has built strong collaborative relationships with local Department for Community Based Services (DCBS) and Department of Juvenile Justice (DJJ) staff as well as with private foster care and residential agencies. These relationships allow for better coordination of care for our members. Caseworkers and agency staff do not hesitate to pick up the phone to call Passport when they have a need.

Our experience providing managed care services for these populations has helped us develop policies that ease access to care and services for these members. The following are some examples of these policies:

- Foster care and adoption assistance members do not require referrals to receive care from specialists.
- Prior authorization requirements are waived for all services for foster care and adoption assistance members, except for inpatient hospital admissions; private duty nursing; home health services; Early and Periodic Screening, Diagnostic and Treatment (EPSDT) expanded services; and any non-covered services.
- Providers are exempt from timely filing deadlines for services provided to foster care and adoption assistance members, though they are encouraged to submit claims as soon as possible.

G.2.a.i.a. Experience in coordinating and providing Trauma-informed services, and educating Providers on Trauma-informed Care, ACEs, and evidenced based practices applicable to individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance;

Experience Coordinating and Providing Trauma-Informed Services and Educating Providers to Support Kentucky SKY–Eligible Members

Passport has experience in coordinating and providing trauma-informed services through our care management programs and our work with our provider network. We also have experience educating providers on TIC, adverse childhood experiences (ACEs) and other evidence-based practices (EBPs) applicable to children and youth in foster care or juvenile justice, those receiving adoption assistance, and those otherwise eligible for enrollment in the Kentucky SKY program.

Throughout its history, Passport has recognized the need to help develop a provider network that is knowledgeable and responsive to the unique needs of Medicaid members, including those in Kentucky SKY. Today, Passport's network includes approximately 32,000 providers across the following provider types: 9,100 PCPs (2,500 of which are Pediatricians), 17,000 Specialists, 2,200 Ancillary Providers, 3,700 Behavioral Health Providers, and 130 Hospitals. The sections that follow provide descriptions of our efforts to coordinate and deliver trauma-informed services, and the steps we have taken to educate providers.

Coordinating and Providing Trauma-Informed Services

Passport has taken an "inside-out" approach to ensuring members receive trauma-informed services, from their encounters with Passport through their experiences with our providers. Internal to Passport, we have provided multiple trainings to member-facing team members on the components of TIC. For example, Dr. Deborah Coleman, who provided TIC training within the Kentucky Department of Corrections, has made multiple presentations to Passport on how to work with members who have experienced trauma without triggering their trauma response. Question, Persuade, Refer (QPR) suicide prevention training is offered to new employees during their orientation and at other times during the year. Last year, more than 300 staff that support Passport completed the training. We also provide regular trainings for our care management team to ensure each of them has TIC training and can continue to hone their skills in this area. We send team members to external trainings when appropriate so that we can stay abreast of current knowledge in the trauma-informed realm. For example, one of our care managers attended a two-day TIC conference hosted by the University of Louisville and then shared knowledge gained with the team upon his return. Dr. David Hanna has completed the Training of Trainers in TIC and used his expertise to work with our provider relations staff to promote trauma-informed practices through our provider network.

Care management leaders, with input from members, providers and care management teams, consistently update training resources and process guides to assist our team members (from member services to care management) in taking a more trauma-informed approach with members. We instruct our teams on how to use inclusive and non-threatening language when asking sensitive questions or following up on sensitive

topics. Our call audit processes allow leaders to observe and provide one-on-one feedback to team members to continue to hone their skills.

Supporting Practice Transformation Through Education and Consultation

Our provider education and training program educates and informs new and existing providers on TIC, EBPs, ACEs and other topics relevant to serving the Kentucky SKY population. The training also reviews topics relative to providing comprehensive, wraparound care. Passport shares information that may be new to providers, as well updates and changes to existing information. We actively seek feedback from our providers to monitor the effectiveness of training and inform planning for future educational programs.

Passport currently collaborates with providers on practice transformation related to integrated approaches to health care from a step-wise approach that meets providers where they are. While mandating trauma education for providers will be new with Kentucky SKY, we currently review (when appropriate) TIC, ACEs and EBPs related to behavioral health (BH) screening and intervention.

Our current approach for providers assists them with motivation, education and implementation for TIC, and includes but is not limited to the following:

- Assessment of practice readiness for change and beliefs about trauma
- Training offerings and education related to screening
- Workflow and best practices
- Measures that help the practice assess how they are doing on implementation

Our approach incorporates the seven domains identified by the National Council for Behavioral Health as making up TIC practice:

- Early screening and assessment
- Consumer-driven care and services
- Nurturing a trauma-informed and responsive workforce
- Evidence-based and emerging best practices
- Creating safe environments
- Community outreach and partnership building
- Ongoing performance improvement and evaluation

Over the last several years, we have observed that providers are well intentioned and eager to embrace addressing trauma in their practices. However, they need guidance toward better understanding of the ACE studies and EBPs related to ACEs and trauma.

In addition, we have observed that many providers have heard of TIC, are moving toward adopting the model for their practice, or believe they have already achieved a high-fidelity approach to TIC. We offer resources and ongoing consultation to providers around screening, workflow and care coordination. Passport subject matter expert (SME) consultants have observed that some practices are eager to screen for

trauma using ACEs or other screening tools, but often do not have a protocol for what to do with a positive screen. Through consultation, we help providers better understand that ACEs screening is not a diagnostic tool and does not assess trauma symptoms, but is instead a predictive measure of the potential for longer-term health outcomes. Adding other BH screening tools (depression; anxiety; Screening, Brief Intervention, and Referral to Treatment [SBIRT]; etc.) helps the provider build a whole-person understanding of the current need to ensure that there is a next step in the process and that if a referral is needed, the right intervention is provided. We also model how providers should respond to a positive screen from a resilience or strength-based approach to ensure that the member does not feel stigmatized or discouraged by learning of a high ACE score.

Another approach currently used in consultation is to link TIC to member activation models in primary care, especially for those providers that feel they "are doing it all" already. Since both models focus on interaction of all staff with the member (from the front desk through check out), they allow the opportunity to address the training of all team members (some practices only think about their providers). We can also discuss de-escalation protocols for the office for crises or disruptive behaviors. We have found it helpful to connect for staff how their TIC approaches (nonjudgmental, asking what happened to the member, and asking permission for and defining the next action physicians will take in the exam room) are a component of member activation and a member-centered approach—putting the member in control of the situation in the presence of a "powerful other" (the primary care provider [PCP]) and demonstrating that disclosure is met with validation and empathy.

Dr. David Hanna has completed the Training of Trainers in TIC offered by Kristin Hankinson from the Kentucky Department of Public Health, and has collaborated with community and state partners on bringing to light the importance of ACEs and trauma-informed approaches to care. He has created a sample presentation for training providers in TIC. Past experiences with trainings offered by managed care organizations (MCOs) suggest that webinars are received better than in-person trainings, and we archive all webinars for providers on our website. More importantly, we have noted that providers often place more trust in trainings offered by experts in the community or in other states than those offered by SMEs within the MCO. We have had success sponsoring trainings by other experts and would continue to pursue this avenue for TIC, ACEs and EBPs applicable to the Kentucky SKY member population. Passport would continue to highlight, for example, our Clinical Practice Guidelines (CPGs) related to trauma, which includes post-traumatic stress disorder (PTSD) but also emphasizes the importance of ruling out trauma in other assessments for mental health conditions, such as our CPG for attention deficit hyperactivity disorder (ADHD).

While Passport has a long history of working with providers toward improved outcomes, for the Kentucky SKY population we will solidify our current recommendations to providers regarding ACEs and trauma screening in pediatrics, for example, with a focus on the American Academy of Pediatrics Resilience Project for screening tools and a toolkit for becoming a trauma-informed practice, including specifics for the foster

care population[1]. Another example would be the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Concept of Trauma and Guidance for a Trauma-Informed Approach, which provides guidance for agencies to perform a self-study[2]. These resources and others provide independent support for understanding and transforming health systems into trauma-informed systems of care.

Incentivizing Providers for Providing Appropriate Support

Passport intends to pilot incentives and other value-based arrangements that reward providers for achieving (1) stability in placement, and, when possible, (2) successful transition to a permanent family, with reduction in trauma, specifically in incidents of restraint and seclusion, (3) promotion of participation in developmentally appropriate community engagement, and (4) improved care coordination at the provider level. Furthermore, Passport will require all Kentucky SKY Care Coordinators to become trained and certified as High Fidelity Wraparound facilitators (described in detail later in the proposal), in part because it is an EBP that functions as a component of TIC.

Although the capacity of providers to participate in these arrangements will vary, Passport will explicitly address the need for youths' sustained future success in contracts with all child-caring and child-placing agencies. This emphasis is intended to move the focus of our relationship away from day-to-day control of behavior problems and into one where services are designed with long-term success in mind.

Trauma-Informed Care for Caregivers

Passport also seeks to establish a collaborative partnership with the important adults in foster youths' lives, including foster parents and childcare staff. Our trauma-informed approach recognizes and includes identifying and supporting caregivers' strengths. We also are aware that caregivers may be affected by secondary trauma, that is, they may be negatively affected by their empathetic engagement with traumatized youth. We understand and will remain sensitive to the secondary trauma that can affect caregivers and will incorporate practices to make appropriate assessments and assist caregivers in accessing support services. Among the assessment instruments that Passport supports the use of are the Post Traumatic Stress Disorder Checklist for Civilians, the Trauma History Screen, the Trauma Symptom Inventory-2, and the Symptom Checklist 90 Revised (SCL 90-R).

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[1]Sources: www .aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Clinical-Assessment-Tools. aspx and www .aap.org/en-us/Documents/ttb_addressing_aces. pdf

[2] Source: https ://store.samhsa.gov/system/files/sma14-4884. pdf

Supporting System Change to Reinforce Trauma-Informed Care

Passport is engaged in multiple initiatives in the Commonwealth focused on supporting TIC and other EBPs appropriate to this population.

Building Bridges Initiative

Passport is committed to a collaborative approach to improving the overall system of care for our pediatric population and those specific members who will be included in Kentucky SKY. Passport has been fully engaged in and supportive of DCBS' Building Bridges Initiative (BBI), which emphasizes that "children grow best in families, within supportive communities and through empowering partnerships." We are committed to participating in a system of care that is youth guided and family driven. Passport believes that the Kentucky SKY contractor has a unique opportunity to support this effort by emphasizing the BBI principle of achieving "sustained positive outcomes" in our contracting relationships with providers.

Families First Preservation Services Act

Dr. David Hanna is part of a Family Focused Treatment Association (FFTA) committee focused on implementation of the Families First Preservation Services Act (FFPSA). This committee includes representatives from organizations across the country who are sharing ideas, successes and barriers regarding their state's plan for, or current implantation of, FFPSA. Dr. Hanna will share any insights gained from this committee with Kentucky DCBS leaders.

Bounce

One of Passport's foster care specialists currently participates with Bounce, an organization providing education, training and advocacy to help create a collective impact on improving resilience in children and families. Bounce works with community partners to address the root causes of poor health for vulnerable children and youth. Passport will continue to support Bounce's efforts to address the impact of ACEs and build resilience in youth to help them cope with trauma.

G.2.a.i.b. Three (3) examples of initiatives the Contractor has implemented for Medicaid managed care programs for individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance that have supported improved outcomes (e.g., greater awareness of Trauma-Informed Care, clinical outcomes, Discharge Planning between levels of care, etc.). Describe whether such initiatives were cost effective and resulted in sustained change;

Passport is proud to provide three examples of initiatives we have implemented for members in the foster care or juvenile justice systems, or those receiving adoption assistance, that represent success stories of improved outcomes and greater opportunities for persons eligible for the Kentucky SKY program.

Example 1: Pilot Program to Introduce High Fidelity Wraparound

Passport conducted a pilot program providing intensive care management for children and youth in foster care. For this initiative, we partnered with two local provider organizations, Centerstone Kentucky (Seven Counties Services) and ResCare, to provide intensive care management services using a High Fidelity Wraparound approach. The pilot program proposed to serve 60 high-risk children between the ages of 4 and 17.5 years old who experienced three or more placements within 24 months and were at risk for entering a group home, psychiatric hospital or 24-hour BH treatment facility. Our goals were to improve the foster children's health and well-being, promote permanency, increase community placement and provide needed support to the caregiver. The pilot program was designed to last for 12 months (later extended an additional year) with a 6-month follow-up period. During this time, we continuously monitored and measured progress toward the following goals:

- Reduced cost of care
- Improved clinical and functional outcomes
- Increased stability of living situations

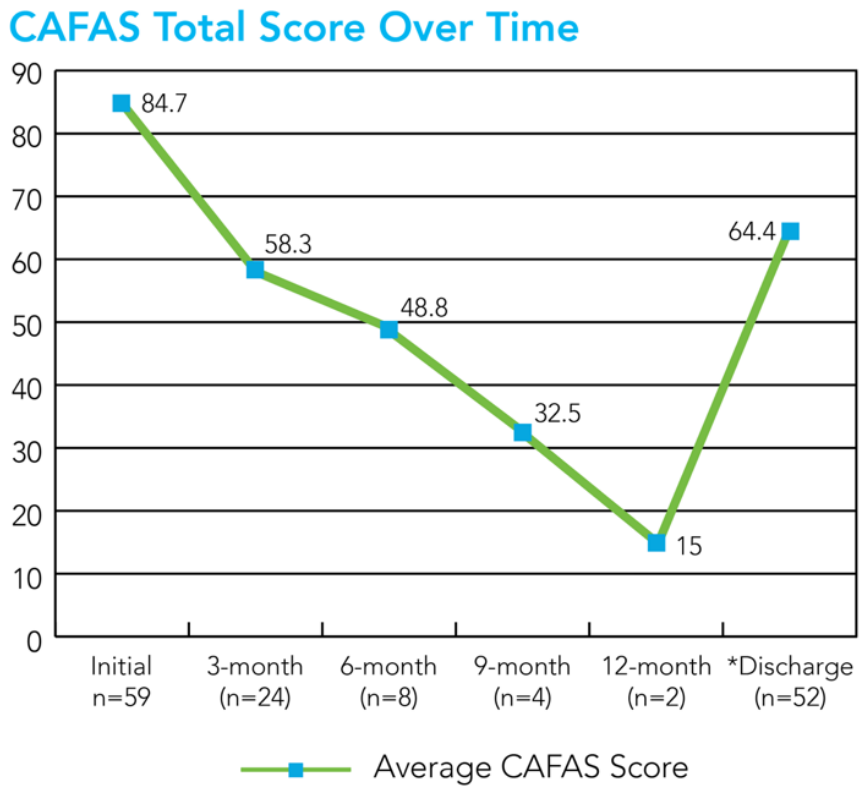
The program assessed outcomes using a combination of claims and cost data analysis, care team participant interviews and the Child and Adolescent Functional Assessment Scale (CAFAS). The CAFAS uses information from eight life domains: school, home, community (delinquency), behavior toward others, moods and emotions, self-harm, substance abuse and cognitive thinking (irrational thoughts). The program participants were scored on the CAFAS at intake, every three months during the program, and at discharge.

We deployed a team decision-making process based on High Fidelity Wraparound that promoted youth and family voice and choice in the health care process and clinical interventions. The wraparound process was facilitated by an Intensive Care Coordinator (employed by one of the two participating providers), and the care team members included the child, identified family or foster family member, DCBS social service worker (SSW), treatment providers and informal network support members.

Improved Outcomes with Cost-Effective, Sustainable Change

Improved Outcomes: The children's health and well-being improved during the program, as indicated by declining CAFAS scores. Furthermore, the longer a child participated in the program, the greater the scores improved, as illustrated in **Exhibit G.2-1**.

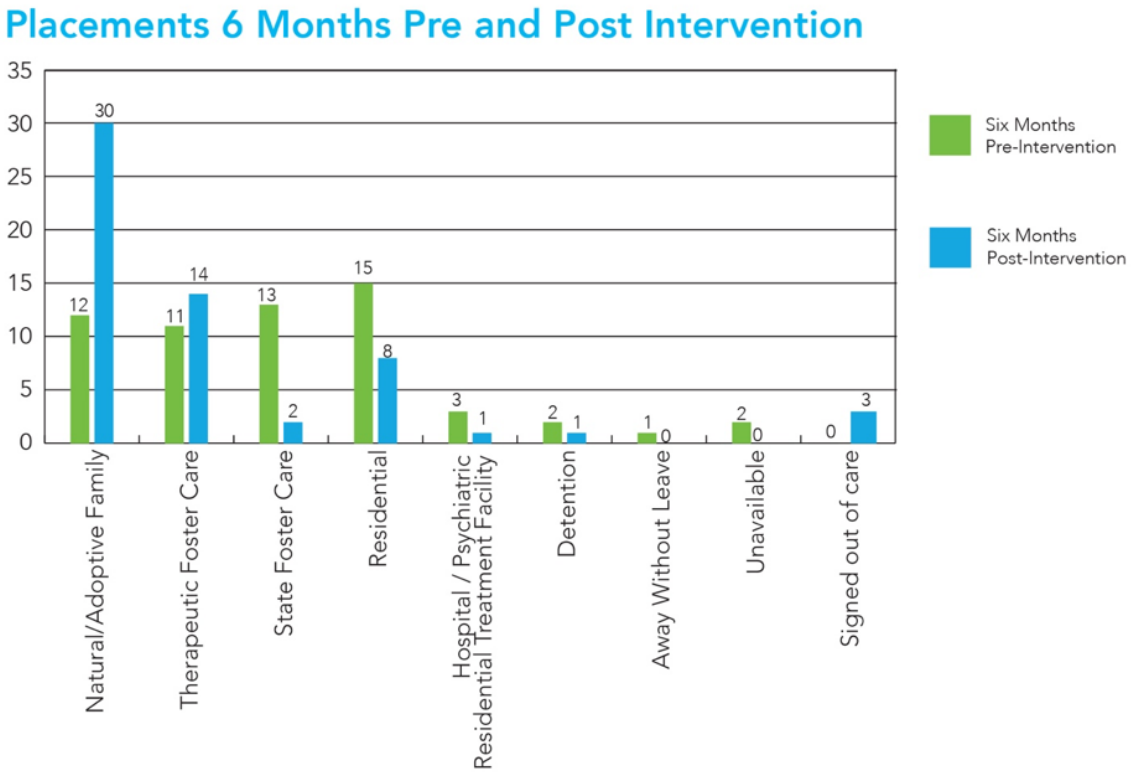
Exhibit G.2-1: Foster Care Intensive Care Management Pilot Study Improved CAFAS Scores



Cost Effectiveness: The pilot program demonstrated that by using an innovative model of interventions for children and youth in foster care, we were able to improve outcomes and decrease costs. Specifically, there was a $160.45 per member per month (PMPM) decrease in overall spend for participants in the six months post-intervention compared with the six months pre-intervention. Pharmacy and non-BH claims, including emergency department (ED) claims, accounted for the decrease.

Sustained Change: Passport followed these children through six months post-intervention and found sustained change. As shown in **Exhibit G.2-2,** six months post-intervention, more than half of the participants were living with their natural or adoptive family. This was a 150% increase in children living with family members compared with six months prior to intervention. Therapeutic foster care placements also saw an increase of 27% post-intervention. All other placements decreased, some dramatically so. For example, there was a 47% decrease in participants in residential care. At initiation, our goal was for 80% of children served by the pilot to maintain their current placement or step down to a lower level of care. In the follow-up period, 82% of the youth served were either with natural family, in a DCBS foster home or in therapeutic foster care.

Exhibit G.2-2: Placements Six Months Pre- and Post-Intervention



Passport's Dr. David Hanna and Stephanie Stone presented the findings from our foster care pilot at the national FFTA Conference in July 2019. Passport plans to use its experience and lessons learned from the foster care pilot as a foundation for its work with the Kentucky SKY population. Having already experienced the implementation of High Fidelity Wraparound and the impact of the results on our members, we look forward to the opportunity to partner with DCBS, the Department for Medicaid Services (DMS), and DBHDID in taking the pilot to scale for the Commonwealth.

Example 2: The Independence Readiness Program

Passport has been collaborating with the Boys and Girls Haven, along with other community groups, to implement an innovative initiative called the Independence Readiness Program (IRP). The IRP provides job and skills training to Kentucky SKY members and brings in local employers to share job training and entry-level employment opportunities. Kentucky Community & Technical College System (KCTCS) also provides trade skills training and counsels Kentucky SKY members on affordable ways to get into college. There is also a life skills training component, mentor program and equine vocational training and career readiness program that uses a relationship with a horse to resolve trauma and promote healing. While this initiative is not exclusive to Passport, the majority of participants have been Passport members.

Improved Outcomes with Cost-Effective, Sustainable Change

At this point, 82 participants have been served by IRP and, as a result, 91% have maintained their current placement or stepped down to a less restrictive placement, thus avoiding homelessness. A full analysis has not been performed yet, as this intervention is still in the first phase of implementation. Future phases will involve a formal program evaluation component including cost analysis and longitudinal impact, as well as generating external funding to expand the program.

We are interested in working directly with DCBS to expand this program, channel more Kentucky SKY members into IRP and add new program components that would connect Kentucky SKY members to specialized housing. The effort is designed to help members achieve independence and leverage community support.

TF-CBT is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. Research shows that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple and complex trauma experiences (tfcbt.org).

Example 3: Trauma-Focused Cognitive Behavioral Therapy for Adolescents with a History of Trauma

Passport noticed a trend of adolescent members who were in and out of the hospital due to behaviors rooted in their trauma history. Members were sometimes sent out of state due to the inability to get needed trauma treatment in Kentucky. Passport determined that these members needed an extended length of stay in an acute environment to address their trauma using an evidence-based or evidence-informed practice. There were providers willing to partner in this effort, but there were some licensure issues that needed clarification. Passport worked with providers to identify evidence-based solutions for trauma, and we jointly determined that TF-CBT seemed appropriate. Passport accompanied providers to discuss the issue with DBHDID, including member needs and perceived licensure barriers. DMS gave approval for providers to deliver the needed service in an extended care unit (ECU) setting. Passport developed an authorization process and a rate to support participation. With those steps taken, River Valley Behavioral Health (River Valley) was able to begin serving Medicaid members in this unique program.

River Valley's TF-CBT program provides a unique service for children with trauma-related psychiatric symptoms. Passport contracts with this program for an extended care unit service and extended length of stay to monitor outcomes to ensure value for our members. Members who participate have typically tried other treatment modalities first that have failed.

The design of this program includes allowing additional time for members to address the impact of their trauma on their BH in a structured, evidenced-based manner. River Valley's TF-CBT program is situated within their Psychiatric Residential Treatment Facility (PRTF). During the program, members are guided in developing

a trauma narrative about their past experiences. Members then learn alternative ways of coping to apply to the past trauma experience. These new coping skills are designed to help address any recurrence of trauma symptoms and prepare the member with new strategies to address future stressful events.

On average, Passport members spend 123 days in the program. Among the services offered are individualized assessment and engagement, psychoeducation, relaxation, affect modulation, cognitive coping, developing a trauma narrative and developing skills for enhancing future safety. Weekly family involvement, if available, is also part of the program.

Exhibit G.2-3 shows the percentage of placement settings for members who have participated in the program.

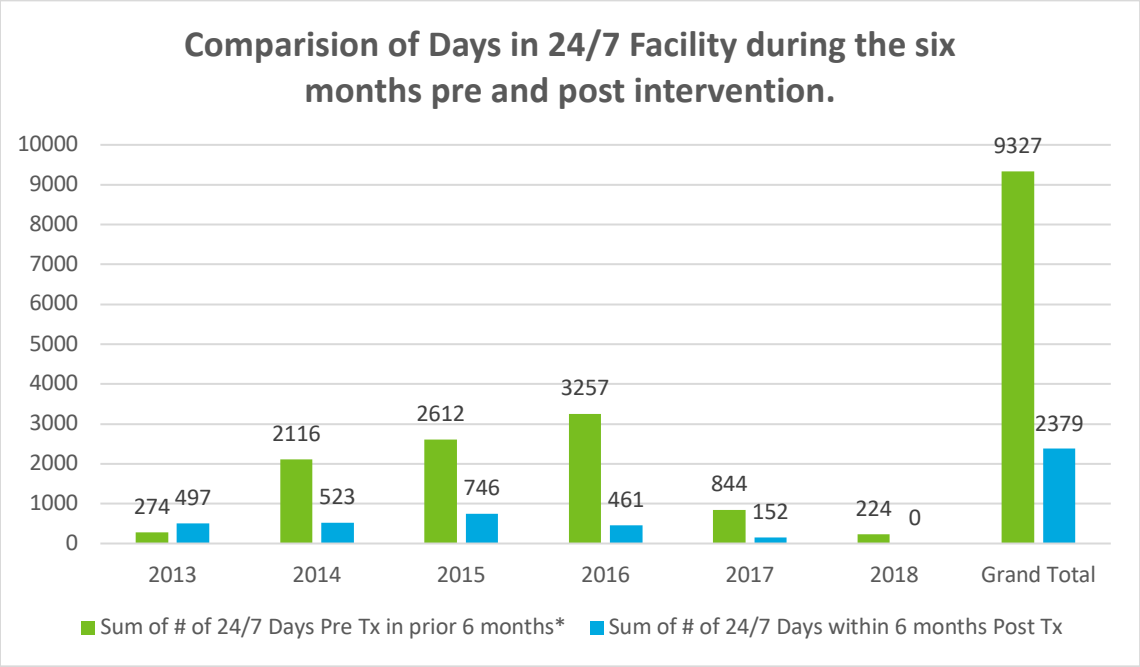
Exhibit G.2-3: Percentage of Placement Settings

Placement Prior to Intervention	Percentage of Participants
Foster Care	60%
Previously in Foster Care	18.67%
Natural Family/Legal Guardian	21.33%

Improved Outcomes with Cost-Effective, Sustainable Change

After initiating the partnership with River Valley, Passport was able to demonstrate significant reductions in out-of-home, residential and hospital placements for members served by the program. Of note, members entering this program had high rates of facility-based care prior to enrollment. Facility-based care includes psychiatric hospitals, PRTFs and similar settings. Pre- and post-intervention results by year are shown in **Exhibit G.2-4.** There was a 75% reduction in facility-based placements following participation in the River Valley TF-CBT program from 2013 through 2018. We value this partnership with River Valley and expect this effort to continue well into the future.

Exhibit G.2-4: Comparison of Days in 24/7 Facility



G.2.a.i.c. A summary of lessons learned from the Contractor's experience providing similar services to the populations enrolled in Kentucky SKY; and

G.2.a.i.d. How the Contractor will apply such lessons learned to the Kentucky SKY program

Lessons Learned from Passport's Experience, and Applying them to Kentucky SKY

This response addresses both RFP G.2.a.i.c and G.2.a.i.d.

Through Passport's two decades of service to the Commonwealth and extensive work with Kentucky SKY members, we have a profound appreciation for this simple truth: Kentucky SKY members are diverse and they present unique challenges. What works for one region does not necessarily work for others. Valuable lessons from our experiences have influenced our service model, day-to-day activities and long-term planning, ultimately shaping our services to meet the needs of the Commonwealth, members and providers. Passport will continue to review and evaluate the lessons learned in Kentucky and across the nation in order to refine our services to improve the health and quality of life of our members while reducing costs for the Commonwealth. Thanks to this long-range perspective and dedication to Kentucky, our immersion in this market and spirit of continuous improvement have highlighted the following eight lessons.

- Coordination of Care Addresses Frequent PCP Changes
- Increased Access to Psychological Assessment Improves Diagnosis and Care Plan

- A Designated Team Is Better Suited to Coordinate Care for Kentucky SKY Members
- Unique Initiatives Are Required to Reduce Psychiatric Hospitalizations for Foster Care Children
- Pediatric Psychotropic Drug Use Is Improved Through Clinical Practice Guidelines and Member and Provider Education
- Restructuring our Model of Care Engages More Kentucky Medicaid Members
- Partnering Directly with Providers Achieves Better Coordination of Care
- Community Feedback Improves Processes to Meet Kentucky's Unique Needs

1. Coordination of Care Addresses Frequent PCP Changes

Lesson Learned

While working with Kentucky's foster care population, we have learned that these children move frequently and therefore regularly need to change PCPs. This can have a negative impact on coordination of care if not managed appropriately.

Application of Lesson for Positive Impact

To improve the coordination of care for Kentucky SKY members, we removed the requirement for foster children to use one PCP due to the frequency of their moves. We also waive referral requirements and removed the need for most prior authorizations, making access to care and services easier for this population. Since the SKY population will be required to have a PCP, Passport will make changing the PCP a seamless and quick process for members, legal guardians and caregivers as placement changes occur. Passport already has processes in place for this and will continue to work with our providers to understand changes as they occur.

2. Increased Access to Psychological Assessment Improves Diagnosis and Care Plan

Lesson Learned

Passport recognized that many of the children in foster care who were experiencing placement disruptions due to behavioral issues had vague diagnoses such as behavioral disruption disorder or had a long list of diagnoses that did not always make sense taken together. Passport recognized that we needed to increase access to psychological assessments to ensure accurate diagnosis of BH conditions. When we performed an analysis of why children were waiting for psychological assessments, we determined that our rates were set too low to cover the provider's expenses in this area.

Application of Lesson for Positive Impact

Passport enhanced the rates for psychological assessments and outreached to psychologists to inform them of the change to encourage more participation in the network. We also spoke with some CMHCs about the need to increase access to psychological assessment services. Additional psychologists joined the network, and our largest CMHC added additional psychologists for assessment. Passport clinicians strongly encourage

the use of psychological testing to confirm diagnoses of children, especially those in the Kentucky SKY population.

3. A Designated Team Is Better Suited to Coordinate Care for Kentucky SKY Members

Lesson Learned

Due to added complexities related to privacy and custody within these populations, Passport learned many years ago that we can provide a better experience to our members, their caregivers and our Commonwealth agency partners by having a designated team responsible for coordination of all of the population's needs.

Application of Lesson for Positive Impact

While this team draws on resources, experience and relationships from across the broader Passport organization, our current foster care team is the one-stop shop for SSWs and foster parents. Whether the need is typically met by a member services professional, provider services liaison, pharmacy technician, utilization management (UM) nurse or other resource, our foster care team handles all efforts on behalf of the members of this population. This creates a more seamless experience for the member, DCBS workers and their team, and helps us to protect members' privacy.

4. Unique Initiatives Are Required to Reduce Psychiatric Hospitalizations for Foster Care Children

Lesson Learned

Passport has used its data analytics capability to better understand and develop interventions for children and youth in foster care. In a study focused in Jefferson County, we saw in our data that foster care children have a higher readmission rate for psychiatric hospitalization than non-foster youth. Furthermore, although most admissions were comparable to those for non-foster populations, a few foster youths with very long stays made the *average* length of stay considerably high.

Application of Lesson for Positive Impact

Using this data and in discussion with our community partners, we have identified four opportunities to reduce the use of hospitalizations: (1) preventing first-time admissions, (2) preventing readmissions after youth have been hospitalized, (3) reducing lengths of stays, and (4) intervening when youth are seen in the admissions office or ED but do not meet the criteria for admission. This last group is often at risk for admission in the near future. Passport is currently working with community providers to develop services and processes that will prevent psychiatric hospitalizations or other out-of-home placements.

Concurrently, the Passport Behavioral Health Integration and foster care teams began working directly with the Kentucky hospital with the highest number of inpatient stays to create more-targeted discharge planning for DCBS members. For example, we learned upon analysis that the average length of stay for

members in this hospital is 1.46 days longer than that for other facilities. We began collaborative discussions via regular team meetings between Passport, the hospital and DCBS to address qualitative concerns, adverse incidents, discharge planning and suggestions for resolution.

5. Pediatric Psychotropic Drug Use Is Improved Through Clinical Practice Guidelines and Member and Provider Education

Lesson Learned

Kentucky has one of the highest rates of psychotropic medications prescribed to children in the U.S. A study by the University of Louisville, funded in part by a grant from Passport, found that psychotropic medications are being prescribed to young children (under the age of six years) in the Commonwealth at doses above those approved for use in adults, and often in combination with other medications[3]. In Kentucky, the rate of use of psychotropic medications in foster children is nearly six times that of Temporary Assistance for Needy Families (TANF) children receiving Medicaid benefits. Passport has learned that the implementation of CPGs related to prescription of antipsychotic medication, as well as the education of providers, members and their caregivers, is essential to improving the appropriate prescription of psychotropic medications for children and youth.

Application of Lesson for Positive Impact: Performance Improvement Project for Children and Adolescents on Antipsychotic Medications

Between 2014 and 2016, Passport engaged in a Performance Improvement Project (PIP) to improve prescribing patterns and care management for children and adolescents on antipsychotic medications through a cohesive and coordinated approach. As part of this PIP, Passport adopted relevant CPGs to reduce variations in treatment and promote adherence to the appropriate forms of treatment for psychiatric disorders based upon those guidelines. Passport provided education and outreach to increase provider, member and caregiver awareness regarding appropriate prescribing and management of antipsychotics, specifically on the potential side effects associated with antipsychotic medications and the appropriate prescribing and management of children and adolescents on antipsychotic medications. As a result of this PIP, we saw significantly increased metabolic monitoring, decreased use of multiple concurrent antipsychotics, and other favorable changes related to antipsychotic use in children and adolescents and other relevant metrics.

Application of Lesson for Positive Impact: Passport Helps Members Manage Psychotropic Medication Use

Passport has discovered that a lack of communication regarding medication therapy to the member, caregivers and transition health care facilities is linked to poor member outcome and creates the potential for medication errors. Medication errors are also linked to members' lack of understanding regarding their pharmacy treatment regimen. Our Care Advisors perform an initial medication review with each member

[3] *Lohr WD, Brothers KB, Davis DW, Rich CA, Ryan L, Smith M, et al. (2017). Providers' behaviors and beliefs on prescribing antipsychotic medication to children: a qualitative study. Community Mental Health Journal. 54(1), 17–26.*

and during each subsequent session with the member or caregiver. Care Advisors also educate caregivers about the importance of ongoing monitoring (metabolic monitoring, weight, body mass index [BMI], etc.) by a provider when members are taking certain psychotropic medications. Passport has also created educational brochures focused on pediatric BH that include important information about the management of psychotropic drugs. The brochures also include information on how to reach Passport for additional assistance.

6. Restructuring Our Model of Care Engaged More Kentucky Medicaid Members

Lesson Learned:

Passport's traditional reactive model for identifying members for care management emphasized what appeared to be the most obvious or pressing issue facing the individual (e.g., out of control A1c for people with diabetes) and tended to engage the member when it was too late to avoid admissions or unwanted episodes. By using machine learning and focusing holistically on all the underlying issues facing the individual, such as BH and social or environmental barriers, we can address and mitigate the true drivers of poor health outcomes much more effectively. Additionally, more traditional models don't maximize the member population that can be supported for better health outcomes, as they relied fully on inbound member or provider-initiated referrals or claims data for participation in a care management program.

Historically, Passport conducted disease management programs very similarly to other MCOs in that it was heavily reliant on referrals from providers or members themselves or on claims data seeking evidence of specific diagnoses. While this model had some impact and benefits, there was some bias in the selection process and it inherently limited enrollment growth in programs that could have a substantial impact on overall health outcomes. While the previous model led to high satisfaction among members enrolled in programs, graduation rates were not as high as expected. Also, when looked at critically, it became clear that many members who needed help were being missed by this inbound approach.

Application of Lesson for Positive Impact:

Passport took the following actions to restructure its model of care:

In 2016, Passport began to deploy a new comprehensive, member-centric population health model that fundamentally changed our model of care. It fully integrated the member's physical well-being, BH, oral health, pharmacy and social determinates of health (SDoH) services across the entire health care spectrum. We are acutely aware that medical and BH issues are tightly interconnected, and the effects of chronic medical conditions, prolonged stress, poverty and trauma can have direct and devastating effects on members and their families. Our experience indicates these factors are deeply rooted in SDoH that can contribute to physical and BH complications. We have used our experience to develop a model of care that addresses the "whole person" to better serve our members and improve their health and quality of life.

Passport established strong clinical leadership focused on forming and deploying this new model of care and establishing clear accountability and goals for member impact. As a result, all clinical and quality results are

the responsibility of the Population Health Management Director, the Vice President of Clinical Operations and the Vice President of Health Integration under the oversight of the Chief Medical Officer. The Chief Operating Officer (COO) has accountability for all health plan operations that are necessary to assure successful execution of this and all other Passport programs.

IT and data integration strategies were deployed for action and insights. This new program design also highlighted the need for actionable information to appropriately identity and stratify members for intervention. This has been accomplished via the integration of our data warehouse and will continue to evolve under the direction of our Chief Information Officer. This data model allows for a proactive approach based on predictive modeling to target outreach and engagement to a far larger population than traditionally reached, and early in the process when engagement can circumvent catastrophic health events and address root issues that increase the severity of co-morbid conditions. This metrics-based view also brings greater focus to key indicators such as graduation rates, decreasing admissions and cost avoidance.

Passport has realized positive outcomes because of this transformation in our care management program and overall model of care, including the statistics shown below. We have learned that integrating our services and approaching programs from a whole person perspective is well-received by members and results in a better experience for the member, the provider, for health outcomes and the bottom line financially. This is outlined in **Exhibit G.2-5** below.

Exhibit G.2-5: Impact of Programs in Six Months Post-Period

Impact of programs in 6 month post-period

	Total Medical Expense	Inpatient Admissions	ED Visits
Transitions Care (n=1016)	▼ 8%	▼ 14%	▼ 8%
Catastrophic Care (n=426)	▼ 16%	▼ 33%	▼ 16%
Complex Care (n=1322)	▼ 20%	▼ 32%	▼ 35%

7. Partnering Directly with Providers to Achieve Better Coordination of Care

Lesson Learned:

Without deep provider coordination, we cannot maximize member health outcomes and member engagement. A common theme we see behind low-cost, high quality Medicaid managed care is close collaboration with provider partners. As a historically provider-owned plan, Passport has always been a firm believer in collaborating with providers to improve the health and quality of life of our members, at both an individual and population level. We believe sharing and exchanging information and building positive relationships with our provider networks is central to this goal.

Application of Lesson for Positive Impact:

Examples of how Passport put this insight into action follow:

Community Health Workers Meet Face-to-Face with Members in Provider Offices: In 2018, we expanded face-to-face care delivery to include community health workers who conduct personal visits in members' homes, provider offices, community service organizations, and whatever community location is convenient for the member. Community health workers serve as advocates to schedule appointments, obtain necessary resources for SDoH needs, and offer personal health education and instruction. Community health workers are empowered to ensure the member has access to needed care.

Preliminary data on our program demonstrates a positive correlation between a member's involvement with a community health worker and their engagement in care programs. We found that members' engagement levels increased by 41% and their clinical and support program graduation rates improved by 110% compared to other members in care management.

Grant to SAFE Increases Pediatric Forensic Services in Kentucky: Passport provided a grant in 2018 to Sexual Assault Forensic Examiner (SAFE) Services, a nationally recognized forensic nursing program at the University of Louisville, serving victims of sexual assault and domestic violence. The program helps protect an average of 1,100 Kentucky children from further child maltreatment by providing comprehensive, timely medical evaluation for those suspected to be victims of physical abuse or neglect.

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

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

- Increase the number of victims served to a record high 684, an increase of more than 137 individuals over the previous year
- Realize a record low of seven physician-performed Sexual Assault Nurse Examiners (SANE) exams at UofL Health, expediting sexual assault patient care, and improving the overall patient length of stay for the ED
- Achieve a record staffing level with six consecutive months of 100% SANE coverage, a first for the program

8. Community Feedback Improves Processes to Meet Kentucky's Evolving Needs

Lesson Learned:

Regular and proactive solicitation of feedback allows for continual program improvements and is critical as the needs of our community evolve. Passport believes strongly in the importance of gathering input and

feedback from stakeholders prior to implementing projects for added perspective and collective problem-solving. We approach every initiative with a sense of humility. Those who can help us determine how to best serve members are often the members themselves, the parents and foster parents who are navigating health care and social service systems, and those who work directly with them daily. We also work with providers and Commonwealth agency partners to better understand the problem and potential solutions before implementing new initiatives. Seeking this input allows us to understand members' unique challenges and barriers. We are then able to incorporate this perspective into our planning, thereby creating and continually adjusting our programs to better meet the unique needs of Kentucky SKY members and the providers and agencies serving them.

Application of Lesson for Positive Impact: Incorporating Feedback from Committees

Our Partnership Council and the Quality Member Access Committee (QMAC) are central forums to hear the voices of our wide variety of stakeholders, which includes providers, community partners and members in the decision-making process. In addition, we also leverage several smaller, more focused committees in our decision-making processes such as our Behavioral Health Advisory Committee (BHAC).

G.2.a.ii. Provide a listing of the Contractor's prior and existing full risk Medicaid managed care contracts serving individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance for the previous five (5) years. Include the following information:

G.2.a.ii.a. State name

As an MCO, Passport has served the Kentucky Medicaid foster care population for the past 22 years.

G.2.a.ii.b. Contract start and end dates

Passport has been contracted as an MCO in Kentucky from 1997 through the present (2020); our service includes foster care, juvenile justice-involved youth and members receiving adoption assistance.

G.2.a.ii.c. Number of covered lives

We currently serve over 5,000 members eligible for Kentucky SKY, including more than 3,200 who are in foster care.

G.2.a.ii.d. Whether the Contractor provides services regionally or statewide

Passport provides services statewide. We have offices located in Louisville and Prestonsburg and staff based all over the Commonwealth.

G.2.b. Office in the Commonwealth

For programs similar to Kentucky SKY, has the Contractor co-located staff in an agency regional office? If yes, describe the factors that influenced that decision and summarized the outcome of the co-location in coordinating of services for program participants.

Passport Successfully Co-Locates Staff in Community Agencies

Passport has been co-locating staff in community agencies since 1998. Although Passport has not co-located associates in a DCBS or DJJ regional office, we have had extensive success co-locating staff with other organizations to promote the coordination of care. We have embedded staff at provider offices, in EDs, homeless agencies, and refugee resettlement agencies and with a private child-serving agency to assist with needs related to continuity of care and care coordination. In these settings, we have seen the benefits of building relationships and having easily accessible and informal communication networks, and the value of coming to a deeper understanding of the work environment of our partners. Because many of our team members have worked in these settings before coming to Passport, we recognized that Passport would have much more success working face-to-face with providers and members at these agencies than via more traditional telephonic outreach efforts. What we have learned from the experience is that being down the hall from or in the same office as agency staff facilitates much more in-the-moment problem resolution. We also saw this dynamic at work in our Intensive Case Management Pilot in which regular oversight meetings held at the DCBS office were key to ensuring that a collaborative team plan was built for each member. Co-location ultimately resulted in fewer barriers to care for all members.

Passport intends to deploy members of the Care Coordination teams (e.g., Care Coordinators, Care Managers, Behavioral Health Specialists) across the state so that every DCBS region and every DJJ community district has co-located Care Coordination team members available. Specific locations for co-location will be developed jointly with DCBS and DJJ following the contract award. During his tenure as director of the Children's Review Program, Dr. Hanna was responsible for co-locating staff in DCBS offices in every service region of the Commonwealth. Based on his experience, he is confident that Passport will be able to recruit and manage a statewide co-located team.

G.2.c. Staffing

G.2.c.i. Describe the Contractor's proposed approach to staffing for the Kentucky SKY program under this Contract, including the following information at a minimum:

G.2.c.i.a. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to the Kentucky SKY program and Kentucky SKY Enrollees and supports stakeholder groups (e.g., Kentucky SKY Enrollees, providers, partners, among others).

Passport's Organizational Structure Ensures Diverse Input to Power Innovation

Passport understands the needs of Kentucky SKY members are unique and will establish operational and oversight structures to drive innovative solutions that meet the specific goals of the Kentucky SKY program through support of Kentucky SKY members and stakeholder groups.



Passport is proposing to create a specific Kentucky SKY organizational unit with both dedicated and shared staff to empower employees to "get it done" for members and those who care for them, while ensuring systemic issues are quickly identified, escalated and resolved. By creating clear structure and accountability, we empower our frontline staff to engage with members and providers in a meaningful way and to solve their challenges in real-time, encouraging rapid communication to identify and solve problems throughout the organization. Passport's organizational structure provides for close integration at all levels for all health plan operations, ensuring alignment in priorities as innovative solutions are identified, assessed and implemented. As noted in other sections, Passport's Kentucky SKY project team is both completely dedicated to Kentucky's foster care population and also deeply integrated within the larger Passport organization. This combination presents the "best of both worlds" for driving innovation since we pool our specialized expertise for the foster care population, but also have access to the broader Passport organization to develop new and innovative ideas.

Executive Leadership Team Promotes Communication Between and Within the Organization

Passport's organizational structure provides for close integration at all levels and for all health plan operations, ensuring alignment in priorities as innovative solutions are identified, assessed and implemented. Passport's President and Chief Executive Officer Scott Bowers reports to the Passport Board of Directors. Scott has ultimate accountability for Passport's performance and meeting the requirements of the Medicaid Managed Care and SKY contracts. His executive team is responsible for all health plan functions and practices that ensure the integrated and coordinated delivery of services to our members. Passport's executive leadership team (ELT) has a comprehensive understanding of Medicaid managed care and the interdependencies that exist among health plan functions. The ELT is comprised of highly talented and dedicated executives who have extensive experience with national health plans, evidence-based medicine and deep knowledge of Medicaid services. We also understand the

Commonwealth's priorities. Whether it is addressing SDoH and barriers to access to care, combating Kentucky's opioid epidemic or improving health outcomes for Kentucky SKY members, the leadership team is in-tune with Kentucky's needs. We engage throughout the Commonwealth at regular agency meetings, provider meetings, health care-related forums and member listening sessions—here in Kentucky—to ensure our leadership team has the full local context to make the right Kentucky-focused decisions.

Executive Leadership Team Collaboration: Passport's CEO chairs weekly ELT meetings to ensure all functional areas are integrated. The meetings are used to resolve issues, identify, assess, and monitor the implementation of innovative solutions, and review health plan performance. The ELT meeting agendas also routinely include functional subject matter experts to address current business issues.

Senior management and all other supervisory team members are included in onsite monthly forums where operational priorities and plan updates from ELT are provided and discussed. This cascading of information also happens in real-time; there is a clear expectation that leaders share information via calls, instant messages, emails, and office "drive-bys" so they can have face-to-face opportunities to discuss pertinent matters of business with department leaders. Additionally, in our more formal forum discussions, departments are invited to share important updates from their area which may potentially impact or require involvement from other areas. This meeting format further advances Passport's ability to internally collaborate and develop holistic, innovative, cross-departmental solutions that ultimately benefit our members and providers.

Passport's Governance Structure Integrates Stakeholders to Promote Innovative Solutions for Kentucky Communities

Because of our roots as a Kentucky-based, provider-led organization, Passport has strong existing partnerships with local provider groups, community advocates and members. To help us maintain these deep community ties and inform decision-making, we have implemented a unique governance structure that integrates stakeholders.

The Partnership Council and its supporting quality committees and sub-committees advance the development and oversight of clinical programs. By integrating into Passport's organizational structure, these stakeholder-based groups help Passport better obtain input into solution designs as we identify and test new solutions directly with members, providers and community partners. We will take these lessons learned as data points as we innovative solutions that we bring to the DMS for larger-scale adoption.

- **Partnership Council**
  Passport's Partnership Council has deep ties to the community and allows us to develop innovative solutions through our 32 members representing major categories of providers, members and community services organizations. The Partnership Council assists in the development and oversight of Passport's clinical programs, including care management, UM, quality and pharmacy. It receives and reviews management and improvement actions from Passport's quality committees to continuously improve the quality of our team's service delivery. Council members are nominated and elected to represent different categories of providers and community areas.
- **Supporting Quality Committees and Sub-Committees**
  Passport also has quality committees and sub-Committees that report into the Partnership Council. Led by Passport leadership and staff, these committees partner with community leaders to focus on member health outcomes, SDoH and quality of care. They are an integral part of our governance process and provide an excellent platform for Kentucky communities to inform and facilitate implementation of strategic decisions that directly impact their constituents. In particular, the QMAC is a means for Passport members, consumers and advocates to provide input regarding access and quality of care for the membership, in addition to identifying opportunities for improvement.

The ELT and Partnership Council are based out of Louisville and designed to support the Department's vision and goals for the Kentucky Medicaid program.

Kentucky SKY Integration into Passport's Quality and Governance Structure

Specific to Kentucky SKY, Passport will form a new stakeholder committee called the Kentucky SKY Advisory Committee to focus solely on innovation and improvement within the Kentucky SKY program. This committee will be composed of DCBS and DJJ representatives, providers, advocates and, most importantly, foster and adoptive parents and former and current foster youth. It will be chaired by the Kentucky SKY executive director and the Passport medical director, and will report up to the Partnership Council and Board of Directors through the Quality Medical Management Committee (QMMC), which is Passport's Quality Improvement Committee (QIC) and responsible for oversight of quality program deliverables. To support a high level of integration of services received by Kentucky SKY members, this committee will engage collaboratively to provide input on programmatic direction, policy discussion and implementation, and quality improvement initiatives to continuously improve the health outcomes and quality of life for the Kentucky SKY population. **Exhibit G.2-6** shows the proposed composition of our Kentucky SKY Advisory Committee.

Exhibit G.2-6: Passport Kentucky SKY Advisory Committee Membership

Members	Support Staff
Members Parents/guardians of members Foster parents State agency staff Practitioner representatives: • Pediatrics • Behavioral Health • Clinical Pharmacy • PRTF Consumer advocates	Kentucky SKY Executive Director (co-chair) Kentucky SKY Medical Director (co-chair) Kentucky SKY Quality Improvement Director Kentucky SKY BH Director Kentucky SKY Utilization Management Manager Pharmacy Director Provider Network Director

G.2.c.i.b. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner for the Kentucky SKY program.

Our Integrated, Member-Centric Organizational Structure

Passport's Organizational Structure Ensures Whole-Person Integrated Care in a Cost-Effective Manner

Passport's organizational structure supports whole-person integrated care, population health and cost-effective improvements in health outcomes through collaborative partnerships developed and fostered across many departments. Passport has created and nurtured collaborative relationships between clinical and BH departments, as well as Member Services, Operations, Provider Relations, Compliance, Community Engagement and Marketing and Communications, among others. Our leadership utilizes an integrated approach across our teams to deliver positive results and to improve our members' health and quality of life in a cost effective manner. For example, our director of Population Health Management sits in the office next door to our director for Member and Provider Services. Our director of Community Engagement sits on the floor directly below. These leaders meet face-to-face nearly every day to discuss whole-person solutions to issues impacting our members and our communities. Our leadership culture encourages team members to work seamlessly together to effectively address the full spectrum of whole-person integrated care on:

- Health and Wellness issues such as dental, wellness, BH, prevention/health education, vision, nutrition, substance use, heart health, respiratory care and cancer care
- Community Engagement issues that create barriers to well-being, such as early childhood education, kindergarten readiness, school supplies, workforce-ready skills and after-school care
- SDoH issues such as housing, clothing, food security, transportation, education, record expungement, accessibility and domestic violence/safety

As illustrated in **Exhibit G.2-7**, Passport makes sure its entire organizational structure is focused on implementing our member-centric model of care. Our organizational and governance structure empowers employees at all levels to "get it done" for members and those who care for them, while ensuring systemic issues are quickly identified, escalated and resolved by our leadership team right here in Kentucky.

Kentuckians Serving Kentuckians

Exhibit G.2-7: Passport's Organizational Structure Centers Around our Members



The empowerment that Passport's organizational structure gives to whole-person care can be illustrated by the care a foster care member recently received. LaDonna (not her real name) was hospitalized in an inpatient psychiatric setting where her repeated, extreme behavioral outbursts jeopardized her ability to transition from the facility. LaDonna was diagnosed with a severe hearing impairment which had stalled her language development. Her inability to communicate was interfering with her ability to benefit from treatment and the attendant frustration was contributing to her behavior issues. Her speech therapist recommended a speech tablet for symbol based communicators that would enable her to interact with staff and engage in treatment in new ways. Unfortunately, our Care Coordinator determined the claim would likely be denied due to the member's inpatient status. Recognizing the need in this situation, our team members arranged for consultation between our medical director, our Utilization Management department, the Care Coordination supervisor, the facility and the durable medical equipment provider to arrange a special process whereby the tablet could be approved to evaluate its effectiveness. The facility reported that the member responded very well to the device. Her behavior improved almost immediately. Access to the

device enhanced her world in ways the staff did not think possible. For the first time, she was able to call staff by name, introduce herself, communicate needs to others, participate in treatment and self-soothe. She is still receiving therapy, but access to this device has opened the door to foster care placement options that were not previously available to her.

For years, we have recognized that a well-designed care management and care coordination program is crucial to improving the effectiveness and efficiency levels of health care. Our model has transformed over time, and today Passport uses an integrated, member-centric population health model by considering all facets of the member's health: physical health (PH), BH and well-being through SDoH. In fact, we have an entire team dedicated to population health management (PHM).

For example, our teams work together organically to produce positive outcomes for Kentucky SKY members. When issues arise with a Kentucky SKY member, the foster care team activates the applicable departments needed to resolve the situation, which could be Passport's Utilization Management team, Provider Contracting team, Provider Network Management and/or Member Services. These local teams then all work together quickly to solve whatever issue has arisen for the member.

In addition to our PHM program teams, we have also developed a health integration team that collaborates across departments to provide innovative solutions tailored to Kentucky Medicaid and geared toward improving health outcomes and reducing overall costs. Passport's model and the team members that support it are centered on the holistic needs of the member.

We are accustomed to navigating complex health and social conditions to assure the needs of members are addressed, including interfacing with important partners such as agencies of the Commonwealth, providers and community organizations.

G.2.c.ii. What prior experience will the Contractor require staff to have had in serving populations similar to Kentucky SKY Enrollees?

Passport has an existing team of Care Coordinators and Care Advisors along with other clinical and non-clinical staff with extensive experience working with the Kentucky SKY population. We will prioritize the hiring of Kentucky SKY team members who have experience working in fields related to foster care, juvenile justice, adoption, transitioning youth, BH, PH and/or addressing social needs of families. Lived experience in these realms is an appropriate substitute for work experience for many of the Kentucky SKY Care team roles. We have learned that prior experience with the impacted populations reduces learning time and increases compassion and empathy for the population compared to those without this experience. To staff this contract, Passport will make every effort to hire qualified candidates who have this essential experience. If a candidate is hired who lacks this experience, Passport will provide extended training to ensure understanding of the complexities of the population is gained as quickly as possible.

G.2.c.iii. Provide a narrative description of the Contractor's approaches to recruiting staff for the Kentucky SKY program, including:

G.2.c.iii.a. Recruitment sources;

Passport understands the Kentucky SKY populations' health needs and demographics, and will recruit with these needs in mind. We will recruit job candidates that have experience with local cultures, perspectives and relationships, which will strengthen our interaction with Kentucky SKY members, legal guardians, caregivers, and the providers and agencies who serve them.

Passport proposes to add more than 127 new team members to ensure we meet and exceed all services and contract requirements. The majority of our team, including executive leadership, will be located in Kentucky to boost the local economy and deliver a hands-on, community-based approach that supports the Commonwealth's coordinated care goals. All Care Management team members supporting Kentucky SKY will be based in Kentucky.

Recruitment Sources

To bring on Kentucky SKY staff, we will leverage our team of Louisville-based human resources (HR) recruiting professionals to quickly seek and hire qualified candidates. In addition to our local recruiting efforts, Passport has access to national recruiting resources and a deep pool of qualified applicants through our affiliation with Evolent. Over the last two years, Evolent's recruiting team has interacted with over 200,000 candidates. In addition, the relationship provides a unique opportunity to share talent between the two organizations, resulting in the ability for talent to move from Evolent to Passport if they meet the qualifications for the position at Passport.

Whenever possible, recruiters will rely heavily on employee referrals, which often lead to the hiring of high-performing, long-term employees.

We will also utilize local community events to recruit qualified staff. For example:

- Passport utilizes job boards (e.g., Indeed), community events (e.g., Pegasus Parade, Habitat for Humanity), job fairs and positive brand recognition to help attract top local talent.
- We have partnered with the Louisville Urban League. On July 6, 2017, we hosted a Job Fair at the Urban League offices.
- We have also set up hiring tables during two Passport Community Partnership meetings, listing our open position, discussing them with community members and encouraging them to apply.
- We participated in The Coalition for Workforce Diversity & Disability Career Fair to try to identify inclusion opportunities. We also hold annual meetings with coalition leadership to review candidates and discuss possible partnerships.
- Passport HR leadership has actively participated in Health Careers Collaborative of Greater Louisville.

- We have participated in local job fairs and speaking engagements at the University of Louisville (2016-2019, "Salary Ask" presentations to the Speed School of Engineering) and the Mellwood Art Center (2016, Job News Job Fair) to identify strong local talent.

Additionally, if appropriate, Passport will reference national job boards, including LinkedIn sponsored ads or job boards targeted toward diverse or niche fields. When needed, we'll reach out to college social work programs around the Commonwealth to notify them of openings. We may also send notices of openings through professional licensing boards such as Kentucky Psychological Association (KPA) and Kentucky Board of Social Work (KBSW) to share with their membership, as well as through Kentucky chapters of professional organizations like the National Association of Social Workers (NASW).

Kentucky SKY Staff Recruitment and Hiring Process

Passport is committed to hiring individuals who demonstrate our values. During the hiring process, we screen applicants for education, experience and longevity in a similar position. We find candidates who are both highly qualified and a strong cultural fit.

We describe our recruitment and hiring process to build this team below.

- **Assemble Hiring Team.** A hiring team of experienced subject matter experts guides the recruitment, hiring, onboarding and training process.
- **Identify Hiring Needs.** The hiring team meets with all business areas to clearly identify the needed roles and anticipated start dates, and to create recruitment plans for each role.
- **Define Roles and Responsibilities.** The hiring team partners with business area leaders to define the roles and responsibilities of each team member, ensure that job descriptions for the Passport Kentucky SKY program are accurate, and discuss any other factors needed to complete a successful and timely recruitment, hiring and training process.
- **Devise Specific Recruitment Strategies.** The hiring team partners with the hiring manager to devise recruitment strategies that are carefully designed to select the right individual for each position. The team engages leaders and hiring managers in a review of the plan to ensure full alignment. We believe such careful planning on the front end ensures a smooth recruitment and hiring process, and helps us achieve excellence in services, positive health outcomes and cost savings for the Commonwealth.
- **Develop Hiring Action Plan.** We turn the strategy into an action plan that includes key steps, start and end dates, responsible persons and contingencies. The strategy begins with recruitment and ends with successful onboarding and training of staff and then transitions to a recruitment and staffing maintenance strategy where we continue to fill roles on an as-needed basis.

- **Recruit.** The hiring team will recruit externally on widely known websites (e.g., LinkedIn), local Kentucky job boards, and with local colleges and employment offices. Whenever possible, the team will also rely heavily on employee referrals, which often lead to the hiring of high-performing, long-term employees. More specifically, we will investigate local opportunities in the communities we serve, such as participating in or co-sponsoring job fairs.
- **Identify and Screen Candidates.** The hiring team identifies and screens quality candidates by discussing essential components of the position and our core values. In addition to the initial recruiter screen, we may administer various online assessments to the candidate if the position they are applying for requires proficiency in a specific language or skill set. These assessments help ensure that we are recruiting the best qualified candidates. All candidates who are identified as a good match are referred to the hiring managers for a phone interview. After an initial, high-level 30-minute phone interview with the hiring manager, we invite the most promising candidates to a follow up, in-person or virtual interview with the full interview team. We ensure our interview teams are diverse to support our focus on diversity as an organization. All hiring managers and members of the interview team are trained in behavior-based interviewing and use a behavior-based interviewing guide specifically tailored to the position they are interviewing for. The interview team makes every effort to put the candidate at ease, recognizing that they are also looking for the right cultural fit. We capture team feedback in an applicant tracking system immediately following the interview.
- **Select Candidates.** When an offer is made to a candidate, the hiring manager works closely with the hiring team to answer any additional questions, address any concerns and maintain a positive relationship with the candidate. If a candidate is not the best fit for the position they interviewed for, we maintain their information in case a better opportunity becomes available in the future. Candidates are notified in a timely manner over the phone or via email that, although they were not selected for this particular role, we still encourage them to apply for other positions that may better align with their skill set and experience.

G.2.c.iii.b. Contingency plans if the Contractor is unable to recruit sufficient numbers of adequately trained staff in a timely basis or if the Contractor's original staffing estimates are too low and for avoiding and minimizing the impact of personnel changes;

Contingency Planning to Ensure Sufficient Numbers of Adequately Trained Staff

Passport has developed a comprehensive contingency plan to ensure we are able to support Kentucky SKY members effectively, even in the event that our original staffing estimates and/or recruiting approaches are not sufficient. In most cases, Passport's dynamic staffing approach, combined with rigorous monitoring of service levels and trends, will ensure our ongoing ability to support members effectively. If needed, we will also leverage contract staff and temporary workers.

Use of Contract Staff and Temporary Workers

Passport has relationships with several staffing agencies that can provide temporary staffing support. We can leverage these relationships for positions ranging from customer service to medical management. We will use contract staff or temporary workers if needed to address rapidly increasing staff needs. Passport ensures all temporary workers have completed a rigorous background check prior to beginning their work. Our preexisting relationships ensure that Passport can quickly address staffing needs.

In addition to our local recruiting efforts, Passport has access to national recruiting resources and a deep pool of qualified applicants through our affiliation with Evolent. Over the last two years, Evolent's recruiting team has interacted with more than 200,000 candidates. In addition, this relationship provides a unique opportunity to share talent between the two organizations, resulting in the ability for talent to move from Evolent to Passport if they meet the qualifications for the position at Passport.

Passport Health Plan has the Flexibility and Resources to Adapt to Changing Staffing Needs

Passport's dynamic staffing approach is built on the foundation of a strong recruitment and hiring plan. We also carefully monitor service levels and other trends to anticipate and plan for changing staff needs. However, Passport recognizes that changes in program requirements, eligibility or other external factors, may require additional team members than was planned for. In these situations, we will lean on a very sizable pool of qualified external candidates to supplement staff on a temporary basis.

Our average timeframes to hire several of the key positions needed to serve the Kentucky SKY population are:

- Care Coordinator—35 days
- RN Care Advisor—25 days
- Provider Relations Representative—29 days

G.2.c.iii.c. How the Contractor will assure the Department that sufficiently experienced, licensed and trained personnel are available to support implementation and ongoing administration of the Kentucky SKY program; and

Passport's Recruitment, Training and Ongoing Monitoring Ensure Personnel Excellence

Passport will ensure we have sufficiently experienced, licensed and trained personnel to support implementation and ongoing administration of the Kentucky SKY program in the following ways. We ensure we have experienced team members by working with leaders to ensure the job descriptions for each role we hire include the necessary required and preferred experience, education and competencies for each role. Our hiring team reviews each applicant's resume against the job description requirements, and only passes

candidates on to hiring managers for consideration if they meet our requirements for the role. In addition, we will perform Kentucky SKY-specific training for all personnel working for the Kentucky SKY program.

When we are hiring employees to support Kentucky SKY, and the job description requires a valid professional license, the HR team will verify the license as part of the background check process. The licensure verification will verify the employee's name, type of license held, the state where the license is issued, whether or not there are any restrictions, license expiration date and the date of verification.

Licensures are maintained in our Human Resource Information System (HRIS). On a monthly basis, a HR team member will review and re-verify licenses that will expire during the month. If an employee no longer requires a license due to a change of role, HR will verify with his or her manager for confirmation. Passport will also provide the Commonwealth a monthly staffing plan for key positions, and will provide DMS with continual progress updates leading up to implementation and through the first quarter post go live.

Ensuring full staffing for the Kentucky SKY program is critical to business continuity and overall performance. To that end, the Kentucky SKY Executive Director partners with the HR team to develop succession plans for each key position. Succession plans include a combination of current employees who could step into the role as well as alternative solutions, including restructuring or using key talent with affiliate organizations.

Candidates with certifications and/or training that supplements their employment or lived experience with Kentucky SKY populations and/or conditions common to Kentucky SKY populations will be preferred above candidates with no specialized education or certification. Preferred certifications and training may be in EBPs that are supportive of positive health outcomes of Kentucky SKY populations (e.g., trauma-informed care).

Passport takes responsibility for ensuring personnel are sufficiently trained to provide excellent service to Kentucky SKY members. Newly hired staff with less experience and training will receive extended training to ensure they understand their role and the complexities of these populations. Ongoing training will be provided to all Kentucky SKY personnel to ensure our services stay abreast with current best practices for child- and youth-serving organizations.

G.2.c.iii.d. How the Contractor will seamlessly transition staff, if necessary, from implementation to ongoing operations.

Because Passport already has full-time staff members engaged with the Kentucky SKY population and related caregivers, providers and agencies across the Commonwealth, we are well-positioned to transition staff from implementation to ongoing operations. Passport's partnership with Evolent means that we will be able to draw from local and national resources to support this effort. We will be highly focused on recruiting additional team members at the level of quality and control described earlier.

Passport plans to hire Kentucky SKY personnel in Q4 2020 with the intention of having the team fully staffed prior to Jan. 1, 2021. We plan to begin implementing our new Kentucky SKY model in Q4 with some existing Passport members who will be part of Kentucky SKY (i.e., foster care, former foster youth, etc.). This will

allow us to streamline our processes and effectively train our teams on the model prior to the change from implementation to ongoing operations.

Passport executes a formal implementation-to-operations handoff plan to ensure the smooth transition from the implementation to the operations phase. The overall objective is to ensure operational stabilization through the execution of structured implementation closeout activities. The transition culminates in executive program reviews conducted as the 90-day post go-live milestone approaches to ensure operations are ready to assume control fully of the new program elements.

G.2.c.iv. A listing of Full-Time Kentucky SKY Key Personnel identified in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," and as otherwise defined by the Contractor, including:

G.2.c.iv.a. Individual names, titles, job descriptions, qualifications and full-time equivalents (FTEs) who are dedicated one hundred percent (100%) to the Kentucky SKY program under this Contract with no other responsibilities outside of the Kentucky SKY program, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be 2,080 hours.

G.2.c.iv.b. Whether each Full-time Kentucky SKY Key Personnel position will be filled by a Contractor's employee or a Subcontractor. Identify the number of FTE Subcontractor staff who will be one hundred percent (100%) dedicated to the Kentucky SKY program.

G.2.c.iv.c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.

Kentucky SKY Key Personnel and Qualified Staff

This response addresses RFP requirements G.2.c.iv., a-c inclusive.

Passport's dedicated Kentucky SKY unit will employ positions specific to the Kentucky SKY contract, which includes an experienced project manager, medical director, quality improvement director, BH director, UM manager, nurse case manager, prior authorization manager and a provider relations liaison. While co-located throughout the Commonwealth, the Care Coordination team managers and staff will also be administratively in the Kentucky SKY program. The entire program will be under the leadership of Passport's Kentucky SKY executive director, Dr. David Hanna. The full organizational chart is shown in G.2 c.viii.

Exhibit G.2-8 displays all full-time Kentucky SKY key personnel, including position titles, incumbent names (where applicable), employment status, brief job descriptions, required qualifications and incumbent qualifications (where applicable). Following this chart is **Exhibit G.2-9**, which details the same information for shared resources identified as Kentucky SKY key personnel. Job descriptions for all roles shown can be

found in **Attachment G.2-1_Kentucky SKY Job Descriptions**. All resumes may be viewed in **Attachment G.2-2_Kentucky SKY Resumes.**

Exhibit G.2-8: All Full-Time Kentucky SKY Key Personnel

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Executive Director	David Hanna, Ph.D.	Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
Brief Job Description: An executive administrator or executive director who shall be a full-time administrator with clear authority over the implementation and general administration of the Kentucky SKY requirements detailed in the contract.			
Required Qualifications Including Clinical Licensure: Minimum B.A./B.S. in business, health administration or management (MBA or MHA preferred) with 10-15 years of progressive health care leadership experience. Ability to influence, collaborate and build strong relationships with executives, physicians, vendors and cross-functional teams. Experience leading value-based payment structures and/or alternative payment models.			
Incumbent Qualifications: Bachelor of the arts in psychology, master of science in clinical psychology and doctor of clinical psychology. Licensed clinical professional psychologist (clinical) in Kentucky. Twenty-plus years of progressive health care leadership experience.			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Referral and Outreach Specialist (Care Technician)		Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
Brief Job Description: This care technician is dedicated to ensuring that every newly enrolled SKY member is assigned a Care Coordination team in a timely manner. Also makes telephonic outreach to the "yet-to-be-reached" and "lost contact" members and caregivers. Uses a variety of outreach strategies to engage families. Identifies the gaps in the use of services, such as physician access through discussion with patients. Educates and informs members and caregivers on the services/programs offered.			
Required Qualifications Including Clinical Licensure: Three to five years of experience in health care, preferably in a setting with patient contact and outreach efforts, service-oriented.			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Manager, Care Coordination Team		Passport Employee/ 5.0 FTEs	5100 Commerce Crossings Blvd., Louisville, KY
Brief Job Description: This role will be responsible for hiring, onboarding and directing care management staff. Works collaboratively with Kentucky SKY Passport leadership, as well as DCBS and DJJ personnel to resolve issues and affect systemic and process changes as needed. Interact with providers and facilities to ensure proper utilization and discharge planning.			
Required Qualifications Including Clinical Licensure: Bachelor's degree in a health-related field (degree in social work, nursing, business administration/hospital administration/public health strongly preferred). Three to five years of supervisory or management experience overseeing care management and/or specialty population operations. Active license as a registered nurse or licensed clinical social worker (LCSW), as required by the state. Master's degree in a health-related field.			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Project Manager for Planning and Implementation		Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
Brief Job Description: An experienced project manager who shall lead the Kentucky SKY program planning and implementation and facilitate ongoing operations until such time as the Department and Kentucky SKY contractor mutually agree to discontinue the project management services. The project manager shall have experience with the implementation of new programs or products for a population of a similar size and complexity as Kentucky SKY. The project manager shall be located at the Kentucky SKY MCO's Kentucky office and be on-site at the Department and DCBS offices in Frankfort, Kentucky, at times specified by the Department and DCBS during the planning, implementation and deployment phases of the contract.			
Required Qualifications Including Clinical Licensure: Bachelor's degree in health care or business management-related field preferred. Formal process improvement/management training preferred. Two to four years of experience in health care delivery with clinical or service quality/process improvement preferred. Three to five years of experience as a project manager or comparable experience preferred. Project management professional (PMP) project management certification. Certified associate in project management (CAPM) preferred.			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Medical Director		Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
Brief Job Description: The medical director shall be a physician licensed and in good standing to practice in the Commonwealth of Kentucky. The medical director shall be a pediatrician certified by the American Board of Pediatrics. The medical director shall be actively involved in all major health programs of the Kentucky SKY contractor. All clinical directors, including those employed by subcontractors, shall report to the medical director for all responsibilities of the Kentucky SKY contract. The medical director shall also be responsible for treatment policies, protocols, quality improvement activities, population health management activities and UM decisions related to the Kentucky SKY program and devote sufficient time to ensuring timely clinical decisions. The medical director shall also be available for after-hours consultation if needed.			
Required Qualifications Including Clinical Licensure: Licensed pediatrician in Kentucky. Certified by the American Board of Pediatrics. Six years of experience in pediatrics.			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Quality Improvement (QI) Director		Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
Brief Job Description: A QI director with appropriate education, training and licensure, as applicable, who shall be responsible for the operation of the QI program for the Kentucky SKY program. The QI director shall have experience with strategic planning, the foster care and juvenile justice systems and trauma-informed care. The QI director must have and maintain training and experience in rapid cycle improvement.			
Required Qualifications Including Clinical Licensure: Bachelor's degree in health care or equivalent required. Three to five years in a health care or managed care setting. Three to five years' experience working with the Medicaid population.			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Behavioral Health Director	Jessica Beal, Psy.D.	Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
Brief Job Description: The behavioral health director shall lead the BH services for Kentucky SKY members. The behavioral health director shall also coordinate efforts to provide BH services by any subcontractors. The behavioral health director is responsible for the planning, coordination and management of overall BH services, including leading the integrated coordination of all foster care/guardianship/adoption members' health care management. Responsibilities include provider identification and engagement, assessment of member health needs, measurement and improvement of the quality of care received by members and direct member service functions. The behavioral health director will provide oversight of regulatory compliance with contractual obligations, including applicable laws, regulations and policies that govern the BH aspects of Medicaid. The behavioral health director will assure excellence in customer service, innovation in care delivery and build collaborative relationships with providers, advocates and governmental partners to benefit members.			
Required Qualifications Including Clinical Licensure: Doctoral degree preferred, master's degree acceptable. Seven to 10 years of clinical experience. Five to seven years of experience as a behavioral health director or comparable experience preferred. Licensed psychologist, licensed clinical social worker, licensed marriage and family therapist or licensed professional clinical counselor preferred. M.S. in nursing with psychiatric experience acceptable. Must possess a currently active state license to practice authorized BH discipline.			
Incumbent Qualifications: Bachelor of art in psychology and master of art in clinical psychology. Ten-plus years of clinical experience. Eleven years of experience as a behavioral health director or comparable experience preferred. Current Kentucky licensed psychologist.			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Utilization Management Manager		Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
Brief Job Description: The utilization management manager shall be responsible for oversight of the UM functions for the Kentucky SKY program and any subcontractors performing services relevant to UM. This position is responsible for the coordination and efficient utilization of health care resources for the provision of quality care for Kentucky SKY members. The utilization management manager will be responsible for oversight of a team of clinicians who will conduct UM services for a Medicaid population, including prior authorization and concurrent review. The goal is to provide the right services in the right setting at the right time within the parameters established by the various Medicaid managed care programs.			
Required Qualifications Including Clinical Licensure: Bachelor's degree required, master's degree preferred. Minimum of three years of direct clinical patient care. Minimum of three years of experience with medical management activities in a managed care environment. Minimum of three years of personnel management experience, preferably in a health care setting. Proven leadership qualities, including the ability to train, motivate, manage and supervise a staff of professionals. Knowledge of managed care principles, health maintenance organization (HMO) and risk contracting arrangements. Knowledge of Medicaid guidelines and standards. Experience with clinical decision-making criteria sets (i.e., Milliman, InterQual). Ability to perform trending, forecasting and analysis of UM data and development of action plans to identify opportunities for improvement. Licensed registered nurse (active and unrestricted). Experience with BH services, foster care and juvenile justice systems, crisis intervention services and trauma-informed care.			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Community Health Worker		Passport Employee/ 5.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY or Co-located
Brief Job Description: Community health workers are an integral part of the Care Management team who are focused on providing an integrated approach to member support, management and access to community resources. Community health workers are an extension of the clinical Care team under the guidance of the Care Advisor. Community health workers provide in-person, telephonic and electronic communications and coordination. They are responsible for helping members and their caregivers navigate and access health plan and community services and resources, as well as adopt healthy behaviors.			
Required Qualifications Including Clinical Licensure: High school diploma/General Education Development (GED) certificate or equivalent. Experience working with Medicare, Medicaid or special needs populations in a community setting. Proficient with Microsoft Office. Must have excellent organizational, written and oral communication and time management skills. Must have the ability to interact positively with individuals of varying levels of education and background. Ability to travel up to 75% and work a flexible schedule if business need requires, may need to work evenings/occasional weekends to provide member/caregiver access and/or follow-up. Ability to work with minimal supervision. Valid driver's license. Reliable transportation and active automobile insurance, as travel to multiple locations is required.			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Care Technician		Passport Employee/ 22.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY or Co-located
Brief Job Description: A care technician is a non-licensed member of the interdisciplinary Care Management team working to improve health and quality of life for Kentucky SKY members. The care technician engages members, their caregivers and guardians and providers, community supports and others involved in the care of members enrolled in Kentucky SKY. The role includes completion of health risk assessments and collaboration with Care Coordinators and other team members to ensure that members have access to needed care. The care technician will participate in the quality initiative to help measure and determine the effectiveness of interventions and outcomes for members in meeting their needs.			
Required Qualifications Including Clinical Licensure: High school diploma required. One to three years of experience in a health care field required. Associates degree preferred. Certification as a paraprofessional, medical assistant, home health aide or nursing assistant preferred. Valid driver's license with car insurance required.			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Behavioral Health Clinician (Behavioral Health Care Advisor)		Passport Employee/ 7.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY or co-located
Brief Job Description: A behavioral health clinician is a licensed BH provider in good standing in Kentucky who fulfills their role as a clinician on an interdisciplinary Care team in an effort to help members achieve improved health and quality of life. The behavioral health clinician engages members, as well as internal and external Care teams, including providers, state agency partners, community supports and others involved in the wraparound care of members with BH needs. The role includes completion of assessments to identify needs and to ensure that members have access to the care and support they need to meet their needs. The behavioral health clinician will participate in quality initiatives to help measure and determine the effectiveness of interventions and outcomes for members in meeting their BH needs.			
Required Qualifications Including Clinical Licensure: Minimum training includes a master's degree in the BH field, such as social work, psychology or equivalent. Experience providing behavioral interventions to children or adolescents for at least five years. Licensure in Kentucky as an LCSW, LPP or equivalent.			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Behavioral Health Specialist		Passport Employee/ 2.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY or co-located

Brief Job Description: A behavioral health specialist is a licensed behavioral health provider in good standing in Kentucky who models, trains and evaluates behavior care plans for members with behavioral issues, including diagnoses of autism spectrum disorders, developmental and intellectual disabilities and trauma responses or other behaviors that have been disruptive and would benefit from a behavior-specific intervention. The behavior specialist serves as a resource for internal and external Care teams, including providers, state agency partners, community supports and others involved in the wraparound care of members with behavioral needs. The role includes at least an annual evaluation of all behavior plans for all members to ensure quality and that plans include evidence-based interventions and document progress toward goals or reevaluation of the plan. The behavior specialist will monitor reporting by provider partners regarding follow-up after hospitalization, readmission rates and use of physical and chemical restraints.

Required Qualifications Including Clinical Licensure: Minimum training includes a master's degree in a BH field, such as applied behavioral analysis, psychology or equivalent. Five years of experience providing behavioral interventions to children or adolescents with behavior needs. Licensure in Kentucky as an applied behavioral analyst or licensed psychological associate or equivalent.

Incumbent Qualifications:

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Family or Youth Peer Support Specialist		Passport Employee/ 3.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY or co-located

Brief Job Description: To serve in the capacity as peer support specialist for the Kentucky SKY program. The family or youth peer support specialist will be co-located with Care Coordination teams either in our Louisville office or other regional or community offices in Kentucky. This person will use "lived experience" to assist members and their caregivers in accessing and navigating the care system. The family or youth peer support specialist will act as an advocate as appropriate and promote members' confidence in their own self-advocacy. A key role will be to promote an understanding of youth and/or family perspectives throughout the operation of the Kentucky SKY program internal to Passport and also externally among providers and community resources.

Required Qualifications Including Clinical Licensure: Be 18 years of age or older. For a family peer support specialist, be a self-identified parent or other family member who has lived experience with a client who has received services related to a mental health, substance use or co-occurring mental health and substance use disability from at least one child-serving agency. For a youth peer support specialist, have lived experience and be receiving or have received from at least one child-serving agency a state-funded service that is related to the youth's emotional, social, behavioral or substance abuse disability. Have a minimum educational requirement of a high school diploma or GED certificate.

For Family Peer Support Only
Have successfully completed Kentucky Community & Technical College System (KFLA) training approved by the Department. Successfully complete Kentucky Family Peer Support Specialist (KFPSS) core competency training approved by the Department. Successfully complete, maintain and submit to the Department documentation of a minimum of six hours of related training or education in each subsequent year.

For Youth Peer Support Only
Have successfully completed KFLA training approved by the Department, including discussion of the experience of receiving state-funded services from at least one child-serving agency on the applicant's responses on the short-essay form. Must have a valid driver's license. Must have an active Kentucky health insurance license or successfully obtain within 90 days of employment.

Incumbent Qualifications:

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Care Coordinator		Passport Employee/ 52.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY or co-located
Brief Job Description: The Care Coordinator serves as the key point of contact between Passport Health Plan and the Kentucky SKY member, adoptive parent(s), caregivers, fictive kin and providers. Coordinates member-specific contacts with DMS, DCBS and DJJ. Responsible for conducting member outreach to complete basic health surveys, including the Child and Adolescent Needs and Strengths (CANS), to identify member needs for care coordination activities, to implement selected interventions according to program guidelines for members, to track and document members' status and progress and to refer to clinical staff as appropriate.			
Required Qualifications Including Clinical Licensure: Associates degree in a related field or equivalent combination of education and experience preferred. Proficient with Microsoft Outlook, Word, Excel and PowerPoint. Bachelor's degree in a related field preferred. One to three years of health plan experience preferred. Demonstrate knowledge of NCQA, Healthcare Effectiveness Data and Information Set (HEDIS) and program goals preferred. Certification as a medical assistant, home health aide, nursing assistant or other similar health care paraprofessional preferred (if the candidate holds a degree in social work, a license or certification is required.)			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Nurse Case Managers and Nurse Care Managers (Medically Complex) (RN Care Advisor)		Passport Employee/ 7.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY or co-located
Brief Job Description: This position is responsible for triaging and managing Kentucky SKY members who may be high-risk, high-using, at significant clinical risk or underusing services. Under the supervision of the manager of care coordination, the Care Advisor identifies and assesses care plans and coordinates and implements services for Kentucky SKY members with more complex needs. Responsible for outreaching to members, caregivers and legal guardians; completing comprehensive assessments; and creating care plans to help members improve health and quality of life. The goal is to provide an optimal outcome for the member through collaborating with the member, physician, family and other members of the Care team.			
Required Qualifications Including Clinical Licensure: Associates degree in nursing required. Three to five years of nursing experience, preferably with pediatric populations, ambulatory care, community public health, case management and coordinating care across multiple settings and multiple providers. Current KY registered nurse license required. Commission for case manager certification (CCMC) or ability to sit for the exam within 24 months of employment required. Fluency in a foreign language preferred. Bachelor's degree in nursing preferred.			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Prior Authorization/Pre-Certification Coordinator		Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
Brief Job Description: A prior authorization/pre-certification coordinator shall be a health professional licensed in the Commonwealth of Kentucky and experienced in the delivery of BH services. This position shall be responsible for coordinating prior authorizations and pre-certifications and convening meetings with DCBS and DJJ professionals at the service region and community district level as needed to ensure appropriate and timely care for Kentucky SKY members.			
Required Qualifications Including Clinical Licensure: Licensed Kentucky health professional. Experience in BH services and managed care experience.			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Provider Relations Liaison		Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY or co-located
Brief Job Description: The provider relations liaison shall be responsible for supporting the resolution of provider access and availability issues. The provider relations liaison will conduct on-site visits, familiarize providers with the Provider Manual and ensure contract service-level agreements (SLAs) are met. The provider relations liaison must also have knowledge of Kentucky providers, including behavior health providers, and patterns of care/referral in Kentucky.			
Required Qualifications Including Clinical Licensure: Bachelor's degree or equivalent years of service. Two years' experience with provider relations, field experience strongly preferred. Working knowledge of Medicaid and/or government managed care products and terminology. Familiarity with region providers and hospitals preferred. Requires strong competency with Microsoft Office (specifically Microsoft Excel).			
Incumbent Qualifications:			

Exhibit G.2-9 displays all shared Kentucky SKY key personnel, including position titles, incumbent names (where applicable), employment status, brief job descriptions, required qualifications and incumbent qualifications (where applicable). Note that the hospital-based care manager is not listed in **Exhibit G.2-9**, as this position is covered in the nurse care manager role listed in **Exhibit G.2-8**.

Exhibit G.2-9: Kentucky SKY Shared Key Personnel

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Provider Network Director		Passport Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
Brief Job Description: The provider network director shall be responsible for oversight of Provider Services and provider network development. This position will provide strategic and operational leadership, manage financials and lead a team. The provider network director shall be responsible for ensuring access to and availability of Provider Services to meet the needs of the Kentucky SKY program and for educating network providers on the Kentucky SKY program.			
Required Qualifications Including Clinical Licensure: Bachelor's degree in a business- or health-related discipline, such as health care administration or health care management required. Master's degree preferred. Minimum 10-12 years of progressive experience in business, preferably health care. Minimum seven to 10 years of managing teams/project management. Minimum six to eight years of managed care experience, including provider contracting and provider relations experience.			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Provider Services Manager		Subcontractor Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
Brief Job Description: The provider services manager position is responsible for coordinating network development and all communications with network providers, out-of-network providers (as applicable) and subcontractors who are involved in clinical services, as well as implementing new procedures within the Department, keeping up to date on Medicaid and Medicare changes within the state, investigating provider issues for the director and troubleshooting issues.			
Required Qualifications Including Clinical Licensure: Bachelor's degree preferred. Minimum of six to eight years in customer services preferred. Three to five years of experience in a supervisory position preferred. Three to five years of experience in provider claims preferred. Three to five years of managed Medicaid experience preferred. Three to five years of experience as a manager of customer service or comparable experience preferred.			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Chief Financial Officer		Passport Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
Brief Job Description: The chief financial officer (CFO) is responsible for directing the fiscal functions of the company in accordance with generally accepted accounting principles issued by the Financial Accounting Standards Board, the Securities and Exchange Commission, the Kentucky Department of Insurance and other regulatory and advisory organizations in accordance with financial management techniques and practices appropriate within the industry.			
Required Qualifications Including Clinical Licensure: Bachelor's degree in business required. Master's degree in business administration or related field preferred. Ten or more years of experience in health plan financial management, with significant experience as a health plan CFO preferred. Medicaid managed care plan experience preferred. CPA preferred.			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Chief Compliance Officer		Passport Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY

Brief Job Description: The chief compliance officer's primary duties are planning, implementing and monitoring the Compliance program. The Compliance program includes activities that involve enterprise risk management, Health Insurance Portability and Accountability Act (HIPAA) privacy, program integrity and delegation oversight. In addition, the chief compliance officer is the culture leader and the custodian of records.

Required Qualifications Including Clinical Licensure: Minimum of 12 years of relevant work experience in compliance and management of a compliance program and at least five years related to federal or state regulatory/compliance activities required. Skills and experience sufficient to identify potential issues within a variety of company departments and business units required. Knowledge of health insurance regulatory standards required. Experience managing a compliance program for a health insurance or health care company preferred. Strong knowledge of managed care operations preferred. Familiarity with federal and state Medicaid and Medicare regulatory environment preferred. Professional work experience with or for federal and state agencies preferred. Experience conducting complex compliance investigations preferred.

Incumbent Qualifications:

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Psychiatrist		Subcontractor Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY

Brief Job Description: A psychiatrist licensed and in good standing in the Commonwealth of Kentucky, certified by the American Board of Psychiatry and Neurology and specializing in child and adolescent services. The psychiatrist shall collaborate with other medical directors and BH leadership within the plan and at state agency partners. The psychiatrist will interface directly with providers in the community to align and shape care to evidence-based guidelines and provide expert consultation to providers. The psychiatrist shall also be available for after-hours consultation if needed.

Required Qualifications Including Clinical Licensure: Specializing in child and adolescent services. Psychiatrist licensed and in good standing in Kentucky. Certified by the American Board of Psychiatry and Neurology.

Incumbent Qualifications:

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Pharmacy Director		Subcontractor Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
Brief Job Description: This position will function as the delegated director of pharmacy for client health plans, including Medicaid and Medicare (including Special Needs Plans [SNP]), for all Kentucky SKY members. The pharmacy director will provide pharmacy subject matter expertise during the start phase (e.g., ongoing Medicaid operations, interactions with the state and Medicare Advantage application and submission process, state regulatory application process for commercial health plans) of client health plan operations. The pharmacy director will coordinate, manage and oversee the provision of pharmacy services to Kentucky SKY members. As a member of the pharmacy services leadership team, the director will also collaborate with the pharmacy benefits manager (PBM) of Operations and Clinical Product Development to build and lead a highly effective, integrated pharmacy services platform.			
Required Qualifications, Including Clinical Licensure: Pharmacy degree required (either B.S. in Pharmacy or Pharm. D.). 5-10 years of Medicaid experience. More than three years of PBM account management experience. Pharmacy benefit and pharmacy health plan operations experience, including areas such as health plan pharmacy leadership, clinical UM, or benefit consulting. Advanced business degree (e.g., MBA, MHA) preferred. More than two years as health plan pharmacy director or PBM clinical operations leadership experience preferred. More than two years Medicare Advantage health plan pharmacy experience preferred. Start-up experience with Medicare Advantage, Medicaid or commercial plans preferred. Knowledge of polypharmacy patterns related to the Kentucky SKY populations required. Active Pharmacy License in the Commonwealth of Kentucky required.			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Dental Director		Subcontractor Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY

Brief Job Description: The dental director will lead the clinical oversight for all aspects of the dental program, including plan design, review of new methodologies and appropriateness of care. The dental director will be actively involved in all Kentucky SKY oral health programs and devote sufficient time to ensuring timely oral health decisions.

Required Qualifications, Including Clinical Licensure: Bachelor's degree required. DDS or DMD required. Completion of credentialing process following NCQA guidelines required. Minimum of 10 years of experience required. Must be licensed in the Commonwealth of Kentucky.

Incumbent Qualifications:

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Population Health Management Director		Passport Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY

Brief Job Description: This role includes developing and driving an annual clinical initiative plan, monitoring key program and population metrics, participating in QI efforts and working directly with the Care Management staff, including registered nurse (RN) care managers, PCPs, community health workers, health coaches, BH specialists, social workers, and pharmacists, in delivering optimal results. In addition, this individual will contribute to the ongoing development of clinical guidelines and protocols used in delivery of population health services, as well as the ongoing design and commercialization of the company's integrated population analytics and care management workflow technology platform.

Required Qualifications, Including Clinical Licensure: Bachelor's degree required. Master's degree in public health, public policy health administration or other related health care field preferred. Three to five years of experience in health care change management/process improvement, outpatient-focused operations or other relevant experience required. Strong ability to analyze and evaluate relevant data and apply it to diverse market needs related to savings initiatives and total medical expense reduction. Ability to develop contextually rich and visually compelling presentations to communicate complex concepts related to PHM roles. Process improvement/change management training and certification (e.g., Lean or Six Sigma) preferred.

Incumbent Qualifications:

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Inquiry Coordinator		Subcontractor Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
Brief Job Description: An inquiry coordinator will have ombudsman-like responsibilities for Kentucky SKY members, foster parents, adoptive parents, relatives, fictive kin, caregivers and providers, as needed. This position must have the authority to make independent decisions in a timely manner and provide reporting to the Department, DCBS and DJJ on inquiries and complaints made by or on behalf of Kentucky SKY members and providers. The responsibilities of this position shall not conflict with the requirements set forth in Section 24.2 "Enrollee Grievances and Appeals" and Section 27.10 "Provider Grievances and Appeals." The inquiry coordinator shall inform Kentucky SKY members, foster parents, adoptive parents, relatives, fictive kin, caregivers and network providers of the protocols for submitting grievances and appeals.			
Required Qualifications, Including Clinical Licensure: Associate degree required. Four or more years of progressively responsible customer service experience within the managed care insurance industry, preferably within a call center environment, or an equivalent combination of education and experience required. Experience with foster care, guardianship, Medicare or Medicaid products benefits, guidelines and policies required.			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Management Information Systems Director (and analysts)		Passport Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
Brief Job Description: This position is responsible for providing leadership, vision and management to the technology and analytics team. The focus of this role is to map technology, reporting and data science capabilities to strategic priorities, serve as the executive sponsor for technology process innovation, develop and administer the technology and analytics project portfolio, measure new efficiencies and return on investment (ROI), and replace manual processes with technology to drive both cost savings and revenue generation.			
Required Qualifications, Including Clinical Licensure: Master's degree preferred. Minimum of seven years progressive health care or IT project management experience. At least six years directing, managing and leading an IT team. Five to seven years of experience as a director of IT or comparable experience preferred.			
Incumbent Qualifications:			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Enrollee Services Manager		Passport Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
Brief Job Description: This position is responsible for Member Services and tracking and reporting on issues and problem resolution for Kentucky SKY members. This includes implementing new procedures within the department, keeping up to date on Medicaid and Medicare changes within the state, investigating issues for the director and troubleshooting issues.			
Required Qualifications, Including Clinical Licensure: Bachelor's degree preferred. Minimum of six to eight years in customer services preferred. Three to five years of experience in a supervisor position preferred. Three to five years of managed Medicaid experience preferred. Three to five years of experience as a manager of customer service or comparable experience preferred. Proficient experience using Outlook, Word, Excel and PowerPoint in a Windows operating system.			
Incumbent Qualifications:			

G.2.c.v. Overview of the Contractor's proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," for all operational areas. Provide the Contractor's proposed training program and curriculum for all staff specific to areas of responsibility. Include information about the topics for which staff will receive training, how trainings will differ for new staff members versus ongoing trainings and related training schedules.

Passport's Training Program Supports Staff in Fulfilling All Contract Requirements and Responsibilities

Passport will take a comprehensive approach to ensuring all Passport associates are aware of and understand the Kentucky SKY program and its requirements by adding curriculum to new hire training, offering information on the internal Passport SharePoint site, and creating ongoing trainings to address knowledge gaps and provide refreshers. Our process for training, educating and supervising staff leverages industry best practices in learning strategy, instructional design and training delivery to ensure that our training plan results in employees who are able to successfully perform in their roles and continue to develop in their careers. In executing our training plan, we also ensure contract compliance, service excellence and a deep understanding of the populations we serve. The principles we use to develop our competency-based, role-specific training are evidenced-based and industry-recognized as the standard for training course development. Each phase of the development process aids our team in the development of

sound instructional content that educates participants involved in the development process while also providing a framework for an evaluation of the training impact on our learners. This approach ensures that our staff are fully trained to support all requirements and responsibilities of the draft contract for all operational areas.

In addition to a foundational education curriculum, staff members engaged with the Kentucky SKY program will receive specific training to ensure that all staff receive the training, tools and support needed to help our providers deliver the highest quality of care to our members while remaining compliant with our contract with DMS and applicable Commonwealth and federal requirements. It also will address the unique needs of this very vulnerable population, the role of the caregiver, and the requirements of the Kentucky SKY program.

Passport also provides a comprehensive training program to ensure all team members are sufficiently trained to meet performance expectations in their respective roles. Our training program spans three major segments:

- Mandatory Training
- Business Operations Training
- Clinical Operations Training

Each training segment includes learning objectives to prepare employees who support Passport, to successfully perform their job duties and fulfill all requirements and responsibilities of the contract.

Passport Ensures Staff Are Educated About Kentucky SKY

In addition to the new employee orientation, compliance training and cultural competency training discussed below, Passport Provider Network specialists serving Kentucky SKY providers will complete comprehensive training and update/refresher programs to best serve our providers. The required training takes place over the course of approximately thirty (30) days and includes systems training, job shadowing and quizzes/tests to gauge level of knowledge. Important topics for Kentucky SKY and Medicaid are covered, for example:

- Claims Processing and Provider Data
- Kentucky Health Information Exchange (KHIE)
- Passport Provider Portal
- Passport Website
- Passport Provider Manual
- Provider Contracting
- Passport's Policies and Procedures
- Kentucky HealthNet
- DMS/Fee Schedules
- Provider Site Visits

Passport also requires its extended provider support team to complete the same training as its providers serving its Kentucky SKY members. In addition to a foundational education curriculum on Medicaid, the cross-functional Passport associates who support our providers will participate in initial and ongoing training that incorporates the five guiding principles of TIC: safety, choice, collaboration, trustworthiness and empowerment. This program will be designed to ensure that all staff receive the training, tools and support needed to help our providers deliver the highest quality of care to our members while remaining compliant

with our contract with DMS and applicable Commonwealth and federal requirements. It also will address the unique needs of this very vulnerable population, the role of the caregiver, and the requirements of the Kentucky SKY program.

Kentucky SKY-Specific Trainings for Staff

This Kentucky SKY-specific training module will be included as part of Passport's new hire training. This training will be structured to be delivered in a classroom setting and also will be available as a webinar for easy access at any time.

The training will cover a range of topics that include the following:

- An overview of the foster care system
- An understanding of adoption assistance and which foster care members may qualify for a subsidy upon adoption finalization
- Challenges faced by former foster care members
- An appreciation of the circumstances Kentucky SKY members may have experienced, such as:
  - Multiple and frequent changes in placement
  - Changes in caregivers
  - Traumas experienced in their short lifetime and post-traumatic stress
  - BH and complex medical issues
  - Substance abuse issues—either personally or experienced in their home
  - Disruptions in education
- Challenges when aging out of foster care and the risk of homelessness
- An understanding of the caregiver's challenges and supports within the foster care system
- The Kentucky SKY covered services and requirements of each program and how they differ from other Medicaid populations, such as the providers' responsibilities for providing or coordinating health care services and BH services, including medical consent, timelines and assessments, appropriate utilization of psychotropic medications and more, as required by DMS
- Compliant HIPAA information exchange
- Business processes and workflows
- Coordinating with foster parents, caregivers, fictive kinship, SSWs and adoptive parent

- Coordinating with Commonwealth DCBS and DJJ professional personnel, court-appointed special advocates (CASAs), judges, law enforcement officials, schools, private child-caring and child-placing agency staff, other Cabinet sister agencies and other stakeholders
- The role and responsibilities of DMS, DCBS and DJJ and the collaboration process with Passport
- The role and availability of Passport's Kentucky SKY Care Management team and how to access the Care Coordinator
- The aging out process and Passport's support in transitioning its members
- BBI

Passport will also provide this training to staff who serve its Kentucky SKY members, with a focus on compliant and collaborative care**.** Passport often conducts its trainings in collaboration with community partners who are considered experts in the curriculum being delivered. Examples of community partners who may collaborate to provide trainings are:

- Kaplan Barron Pediatrics and Physicians to Children—experience providing a medical home for foster care and adoption assistance members
- BH professionals who have experience in TIC, common diagnoses and misdiagnoses in the Kentucky SKY population
- Former foster youth, such as Dr. Jay Miller at University of Kentucky
- Pastor Edward Palmer or V. Faye Jones, MD, for training on racial disparity in health equity
- Kent School of Social Work, Spalding School of Social Work, Western Kentucky University (WKU) School of Social Work and University of Kentucky School of Social Work—TIC
- Former foster youth, adoptive parents, foster parents and fictive kin—lived experiences and perspectives

Mandatory Training—All Employees

New Employee Orientation Basic Training

All new hires attend new employee orientation sessions, which emphasize the Passport mission and cover a variety of topics, including company history, organizational culture, functions of major departments, trends in the health care market, and compliance with federal and state laws and regulations. Managers attend additional training that emphasizes the role they play in supporting the success of their team members.

Compliance Training

Compliance training is a top priority for all employees supporting Passport. Passport emphasizes its commitment to compliance by providing both initial and ongoing (annual) compliance training. For new employees supporting Passport, compliance training must be completed within 90 days of the date of hire. Mandatory compliance training course content includes:

- Code of Business Conduct and Ethics
- Preventing Discrimination and Harassment
- General Compliance and Fraud, Waste and Abuse
- HIPAA Privacy and Security of protected health information (PHI) and personally identifiable information (PII)
- Deficit Reduction Act: False Claims
- Cybersecurity

Passport uses Cornerstone Learning Management System (LMS), an e-learning software system, to support administration of its mandatory compliance training program and maintain the requisite documentation about course completion. Every level of management is responsible for ensuring their team members complete all required compliance training by the due date. The Learning Center tracks training completion dates and alerts managers to any overdue required training. Team members and their managers receive regular reminders of their training obligations, as well as personalized email reminders of outstanding compliance training requirements. Failure to complete required compliance training results in performance actions, up to and including termination of employment.

We provide additional specialized compliance training and refresher training when staff are appointed to a new position, when the requirements of their job change, as a part of corrective action for noncompliance, or to address an issue of noncompliance. In addition, we use a variety of communication strategies to distribute new regulatory guidance, communicate areas of concern or noncompliance, and incorporate compliance into daily work routines.

Cultural Competency Training

At Passport, we understand all team members play an integral role in breaking down barriers to improving member health outcomes, including barriers that may be compounded by language, ethnicity and other differences. As a result, we have developed a strong cultural competency training course curriculum to promote understanding of the unique needs of our diverse membership. We empower and expect our team members to be culturally competent in all encounters.

Our Cultural Competency course teaches ways to deliver culturally and linguistically competent care. The training course content includes:

- National Culturally and Linguistically Appropriate Services (CLAS) Standards and the reasons for their development
- Need for and ways to develop self-awareness in culturally competent care
- Communication tools and tips to use when caring for members of different cultural backgrounds, disabilities, and other unique SDoH needs
- Health care considerations for various cultures

In addition to the mandatory training described above, we also maintain strong business and clinical operations training programs that are unique to each function or job role. This training, which is led by our departments, familiarizes each new hire with the essential duties of his/her job.

At the onset of every new contract, Passport's compliance and implementation manager leads a cross-functional contract review to identify changes and identifies key operational leaders to develop operational training to fulfill all contract requirements.

Business Operations Training—Claims/Member Services/Provider Services/Benefits Operations Staff

Passport has designed specific training paths for each business operations position. For example, the training path for member service representatives (MSR) encompasses the following high-level course curriculum:

- MCO and Medicaid Concepts and Contract Requirements
- Systems and Applications
- Plan Benefits
- Daily Operations—tailored training to each role
- Telephone Skills

We enhance each person's learning experience by implementing a variety of training methods to ensure our operations personnel successfully perform their job duties to fulfill all requirements and responsibilities of the contract. These methods include:

- Traditional adult learning—classroom style with trainer and exams
- Creative techniques to make the information memorable and effective:
  - Role playing
  - Simulated work (calls, claims, etc.) to prepare for the transition from training to the operations team
  - Games (trivia, bingo, etc.)

- Focused training/collaboration rooms for small group training, skill paths and special project work
- Mentoring—side-by-side training for very specific or technical job functions (e.g., throughout the training process, the trainee is paired with a training partner to observe phone calls, workload and team interaction to reinforce training instruction and provide hands-on experience with members and providers)
- Guest speakers—KHIE, local diversity experts, and smoking cessation trainers (who certified our teams so that we can also conduct this training in the future)
- Cross-functional training (e.g., community outreach providing training to service and claims teams)
- SDoH training (e.g., poverty simulation training that provides a highly interactive experience intended to help participants begin to understand what a typical low-income family experiences from month to month)

Clinical Operations Training—Care Management Team Staff

Passport also implements a comprehensive core curriculum for clinical operations team members to establish a baseline level of knowledge and training about the health care landscape, industry compliance, the health system and health plan, and the people it serves.

Our Clinical Implementation, IT and Training teams work collaboratively to develop and conduct role-specific training for PHM program staff. We use a combination of training methods, including instructor-led virtual and classroom, computer-based and e-learning, video, hands-on learning, coaching and mentoring. The training course content is focused to ensure each PHM Care team member has the foundational information, knowledge and skills to be successful in his or her role. Care team training course content includes:

- Population health and value-based care
- Use of Identifi, our proprietary predictive modeling and care management platform
- Roles and responsibilities of Care team members
- Clinical program overviews, workflows, and program graduation requirements
- Documentation standards and performance expectations
- Member engagement skills, including motivational interviewing techniques and self-management support strategies
- Line of business (LOB)-specific overviews

When PHM Care team members have completed new hire training with the Clinical Implementation team, Passport's clinical trainer becomes responsible for meeting their ongoing training needs. Content that is reinforced for new staff, as well as ongoing for existing staff, include the following:

- Clinical manager training, including performance management and quality audits
- SDoH
- Home visit safety
- Suicide response
- Conducting care conferences
- Care Management policies and procedures
- BH
- Health literacy
- Integrated, whole-person care
- Substance use disorder
- TIC, ACEs and the effects of trauma on member health
- Diversity and inclusion

When we observe trends in our member population or challenges our Care team staff are facing, our clinical trainer develops or adapts training content to address the identified need. These trainings may be about specific conditions (e.g., obesity), SDoH needs (e.g., transportation), or EBPs policy updates. Our licensed Care team members are able to receive free continuing education credits for trainings focused on clinical topics.

G.2.c.vi. Overview of Contractor's approach to monitoring Subcontractors' progress in recruiting and training of staff to meet all requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

Monitoring Ensures Subcontractors Recruiting and Hiring Meet Contract Requirements

Passport has a comprehensive monitoring process for its subcontractors to ensure they meet all requirements in the draft contract, including recruiting and training of staff.

Passport closely monitors the hiring practices of resources assigned to support its membership or providers. Subcontractors will submit weekly reports on the recruitment and training status for staff to meet their responsibilities. These reports will be reviewed in our monthly oversight committee meetings with all subcontractors. Subcontractors are contractually held to maintaining appropriate staffing levels to support the Passport contract through the inclusion of SLAs during contracting and will incur fee penalties if SLAs are not met regarding staffing. Under the SLAs, subcontractors must report to their Passport contact if an issue

arises with staffing that affects their performance. All subcontracted staff must undergo a background check (including clearance through the Office of Inspector General) and verification that they have the right to work in the U.S.

Passport reserves the right to review resumes or interview subcontractor key personnel associated with its account. Additionally, Passport performs delegation oversight audits of its subcontractor facilities and requires access to staff for questioning, if desired. Passport reviews and approves the training programs used by subcontractors for staff who support the Passport LOB. Passport also has access to all training curriculum materials and staff handouts for review and comment. Sign-in sheets, either manual or electronic, are required to be delivered to Passport within 30 days of any contractually required training classes. This close oversight and cooperation between Passport and subcontractors ensures that everyone who supports our members is appropriately trained.

All Passport subcontractor agreements require compliance with all DMS requirements and a commitment to implementing and administering DMS required changes. For subcontractors supporting Kentucky SKY, Passport requires completion of training in TIC, the unique needs of the Kentucky SKY population, and other training that Passport mandates for all staff interfacing with Kentucky SKY members. Subcontractors are required to provide recruiting, staffing and training data and reporting to Passport, which is regularly reviewed for completeness, accuracy and compliance.

Regular Forums for Recruiting, Staffing and Training Performance Reporting and Management

Performance monitoring is a critical task performed through the subcontractor oversight processes and committees as discussed in Section G.2.c.ix. Passport uses several methods to review and discuss performance (e.g., recruiting, staffing and training) and collaborate with our subcontractors to sustain or improve performance, including:

- Weekly, monthly or quarterly meetings with dedicated subcontractor business owners to review service-level objectives and overall performance satisfaction. Meeting frequency can vary based on subcontractor and type of service.
- Weekly operational meetings to track important projects, issues with service impact and any outstanding Performance Improvement Plans. We determine next steps and key milestones and work through obstacles. In these forums, subcontractors are required to self-report any potential issues, including staffing.
- Quarterly compliance collaboration calls hosted by Passport's compliance team with its subcontractors' compliance teams to discuss adherence to contracts and share best practices.
- Monthly Delegation Oversight Committee (DOC) meetings to review metrics and issues and make recommendations for corrective actions.

- Monthly operations review for overall Passport performance SLAs to determine where subcontractor performance is supporting or affecting overall SLA achievement and member/provider experience.

G.2.c.vii. Retention approach for Full-time Kentucky SKY Key Personnel.

Passport Culture Supports the Individual to Ensure Retention

Employee Engagement Surveys

Passport is passionate about creating and maintaining a culture that supports the engagement and retention of staff. In support of that goal, Passport conducts an annual survey measuring indicators of employee engagement and retention risk. Our most recent survey, conducted in April 2019, found:

- 86% of respondents indicated that Passport encouraged them to develop their skills
- 95% of respondents felt that Passport cared about their health and well-being
- 86% of respondents were satisfied working for Passport
- 97% of respondents reported they were willing to give extra effort to help Passport succeed

Passport has a history of having low turnover, and many of our team members have been with us for years. Our average tenure is seven years.

Robust Benefits and Cultural Practices Support Employee Well-Being

Passport provides our teams a comprehensive benefits package that helps them and their families maintain their health, support work/life balance and provide security for their future. We believe that employees work hard to help Passport achieve its goals and live its values, and, in return, Passport should provide them with comprehensive benefits. Taking care of our teams' health and overall well-being is of the utmost importance.

The following are highlights of some of our most progressive cultural practices and formal benefits offerings:

- Unlimited time off for salaried employees (including key personnel); hourly employees receive 15 days of paid time off (PTO) and can accrue up to 25 days of PTO, based on tenure
- Four additional paid days off each year for volunteer work (individual or team-based)
- Ability to telework based on role requirements
- Flexible work hours
- Incentives for wellness activities, such as weight loss programs, race fees, sports team participation, fitness classes (yoga, barre, cycling, etc.), personal trainer, smoking cessation
- Casual dress is welcomed
- Quarterly all-employee town hall events and departmental social events
- Holiday volunteer activities and drives for those in need

Executive Leadership Focus Encourages Retention of Key Personnel

Passport also has a specific focus on its ELT and the key personnel listed in Section G.2.c.iv . On an annual basis, Passport conducts a Leadership Talent Review facilitated by HR with Passport's CEO, reviewing the ELT's individual performance, potential and retention risk as well as identifying any potential successors. Our goals in this exercise are as follows:

- Assess and understand talent and leadership bench strength for Passport's ELT, including all key personnel.
- Generate targeted development plans that drive key personnel retention levers.
- Identify our succession gaps and develop action plans to respond to key personnel transitions.

Passport also provides industry-leading executive coaching opportunities to its executives and key management staff. This displays a strong investment in our leaders by supporting their continued growth and development of the skills needed to provide Passport with a solid foundation of competent leaders guiding our organization's ability to consistently meet the needs of our members and providers throughout the Commonwealth.

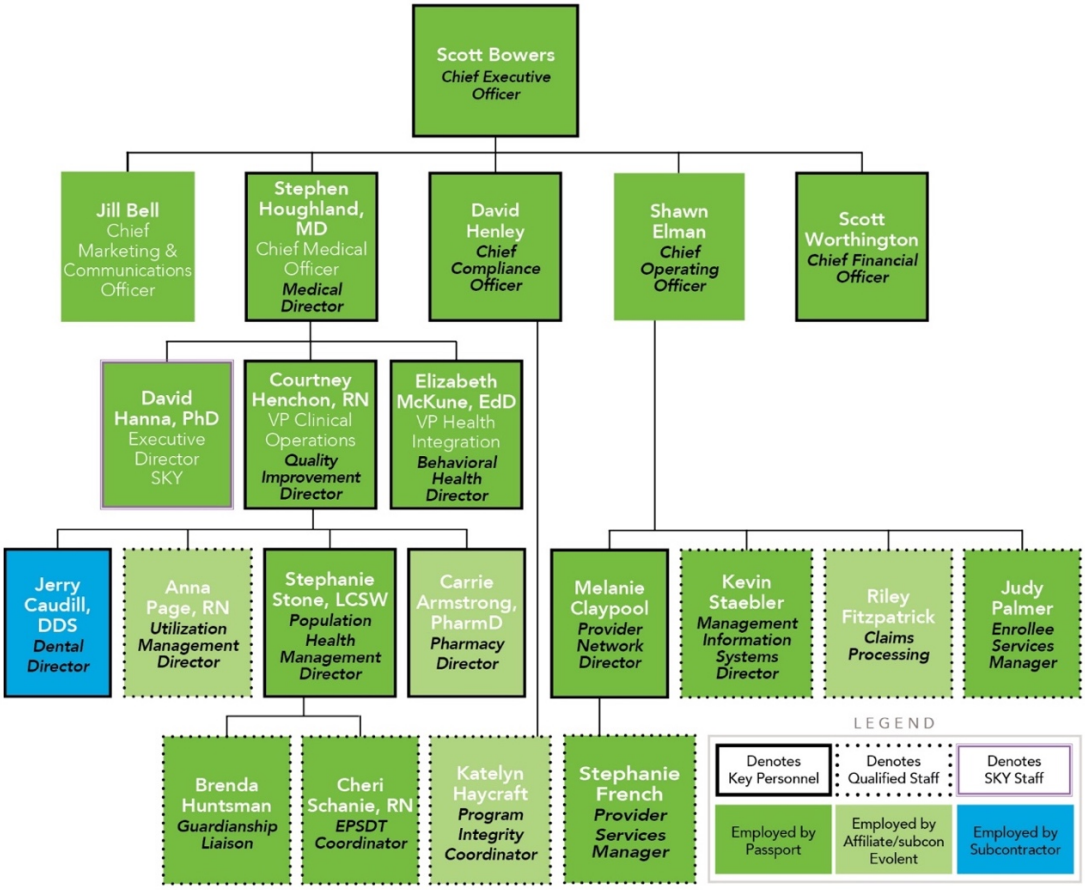
G.2.c.viii. Provide a detailed description of the Contractor's organizational structure for the Kentucky SKY program under this Contract, including an organizational chart that displays the following:

G.2.c.viii.a. Management structure, lines of respnsibility, and authority for all operational areas of this Contract.

Passport's Organizational Structure Supports the Kentucky SKY Program

Passport's organizational structure is provided in **Exhibit G.2-10**. Chief Executive Officer, Mr. Scott Bowers reports to the Board of Directors and, as described elsewhere, provides overall leadership to Passport.

Exhibit G.2-10: Passport's Organization



Because Passport is singularly focused on being a Kentucky Medicaid health plan, Passport's organizational structure for this contract is the same as its overall organizational structure, previously described in Section a.i and in more detail in G.2.c.i.a . Lines of responsibility and authority for all operational areas of this contract outside the Kentucky SKY-specific staff are the same as for the Medicaid contract.

Board of Directors

In 2019, Passport Health Plan and its provider owners (University of Louisville Physicians Inc., University Medical Center Inc., Norton Healthcare Inc., Louisville/Jefferson County Primary Care Association Inc., and Jewish Heritage Fund for Excellence Inc.) commenced a competitive process to select a strategic affiliate, assessing multiple national and regional potential partners. Ultimately, the Board of Directors and provider owners chose Evolent Health to become a partial owner of Passport and, in doing so, to provide expanded management and operational support. This decision was based on Evolent's national reputation as a leader

in population health and its aligned mission focused on provider-driven and community-based care as the most effective strategy for engaging vulnerable populations. On December 30, 2019, having procured all required state and federal regulatory approvals, the parties officially completed Evolent's acquisition of a 70% ownership stake in Passport. The remaining 30% continues to be owned by the University of Louisville, Norton Healthcare and other Kentucky-based provider organizations, thus keeping Passport closely tied to its provider-owned, Kentucky roots. The University of Louisville is the largest percentage owner and, along with the other provider owners, has an equal say in key issues related to health plan strategy, operations and financial management.

After completion of the transaction, Passport continues to operate as its own independent and legal entity, headquartered in Louisville, Kentucky, with an ELT that is solely focused on Kentucky Medicaid, and continues to provide oversight of all subcontractors, including Evolent. The Board governance structure, designed to maintain Passport's local perspective and provider guidance, is at the helm of all critical decision-making regarding operation of the plan. Passport's local provider owners hold three Board seats. They include Jennifer Davis, University of Louisville Physicians, Associate Vice President for Health Affairs and Strategic Initiatives; Ken Marshall, UofL Health, COO; and Kimberly A. Boland, MD, University of Louisville Professor and Chair of Pediatrics.

Executive Leadership Team and Key Personnel

At the next level, the CEO has clear authority over the administration of the contract with oversight of the ELT, consisting of the COO, chief medical officer (CMO), VP of health integration, VP of clinical operations, CFO, chief compliance officer (CCO), chief marketing and communications officer (CMCO) and key personnel under the contract to ensure appropriate, compliant performance of Passport's responsibilities to members, providers and DMS. The CEO chairs weekly team meetings to review health plan performance, compliance with contractual requirements, operational performance, metrics, subcontractor performance and staffing issues, as well as organizational and cultural topics. These team meeting agendas routinely include various functional subject matter experts to address current business issues. The practice of conducting a weekly forum to review and discuss operational issues with members of the ELT and key personnel who represent all the functional disciplines in the health plan facilitates a clear holistic understanding of current relevant business issues and promotes broad communication across the disciplines that supports the contract.

In addition to the ELT and key personnel, Passport has the appropriate number and type of staff to meet the unique needs of the Kentucky SKY population. Our expanded partnership with Evolent will also allow us to draw upon best practices and resources from other Medicaid clients across the nation.

Please see **Exhibit G.2-11** for a proposed organizational chart for Passport Kentucky SKY key shared contractor roles; **Exhibit G.2-12** shows a proposed organizational chart for the Passport Kentucky SKY Model of Care.

Exhibit G.2-11: Proposed Organizational Chart for Passport Kentucky SKY Key Shared & Contractor Roles

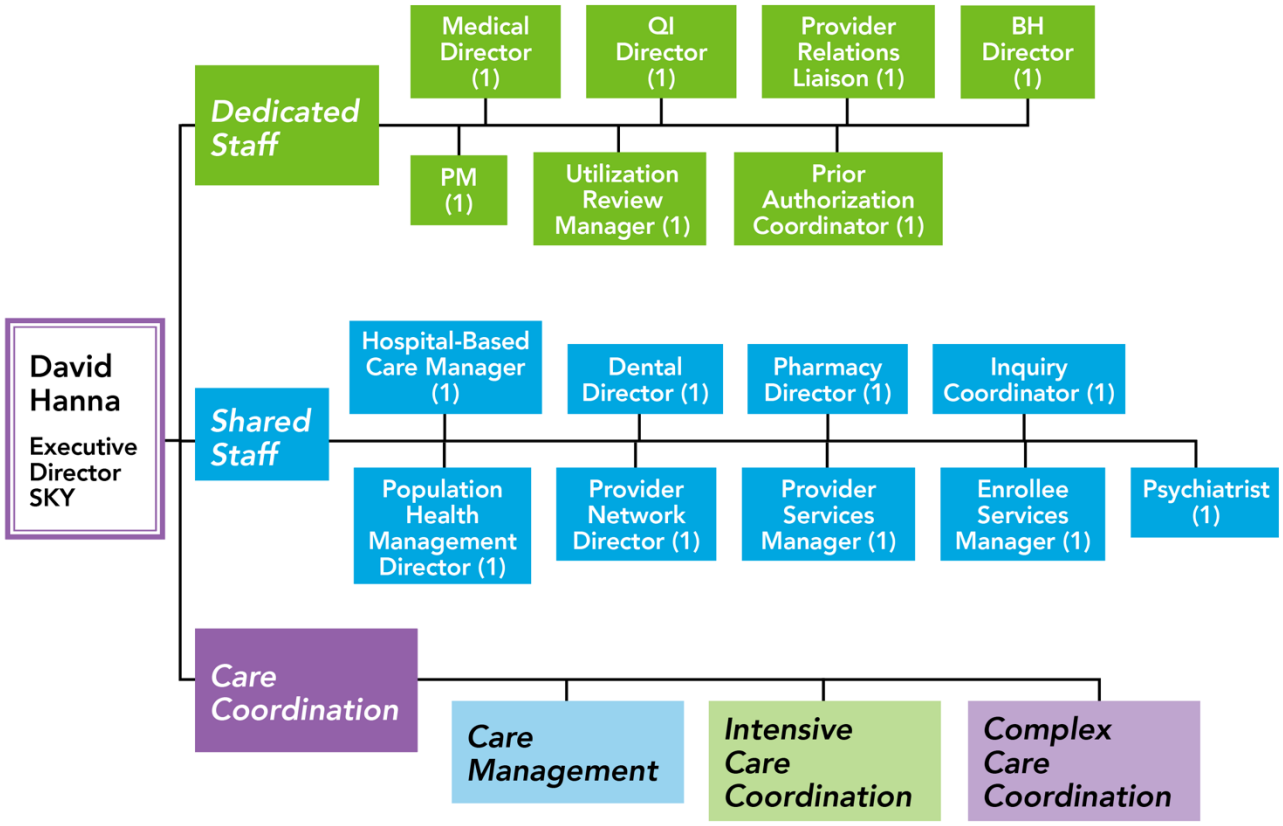
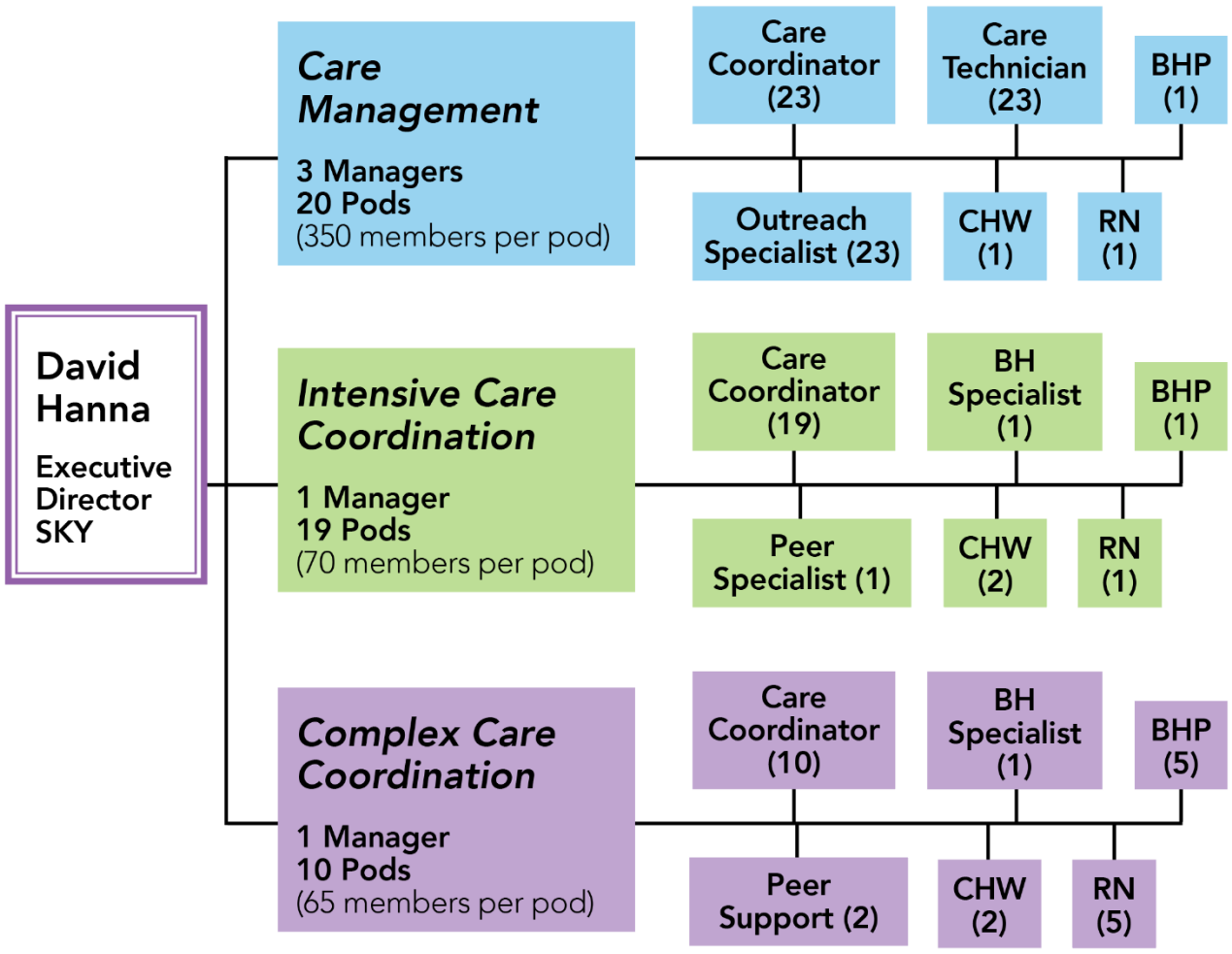


Exhibit G.2-12: Proposed Organizational Chart for Passport Kentucky SKY Model of Care



Members of the ELT have oversight and accountability for the performance of 10 highly coordinated teams across 15 operational areas who work collaboratively to ensure that all functions and services are integrated seamlessly to better support internal monitoring of operations, including timely resolution of any issues, to ensure compliance with the contract. These executive sponsors and business owners work closely with the CCO on all compliance-related issues that may arise. **Exhibit G.2-13** shows Passport's oversight over operational areas pertaining to Kentucky SKY.

Exhibit G.2-13: Passport Executive Oversight

Operational Area	Business Owner
Overall Compliance/Monitoring & Oversight	David Henley, Chief Compliance Officer
Claims	Riley Fitzpatrick, Manager, Claims
Pharmacy	Carrie Armstrong, Pharmacy Director
Call Center	Judy Palmer, Enrollee Services Manager
Eligibility	Judy Palmer, Enrollee Services Manager
Population Health	Courtney Henchon, Quality Improvement Director
Quality	Courtney Henchon, Quality Improvement Director
Utilization Management	Dr. Stephen Houghland, CMO
Program Integrity	Tracy Bertram, Compliance Director
Provider Enrollment/Credentialing	Melanie Claypool, Provider Network Director
Analytics/Insights	Meredith Norris, Operations Manager
Data and Systems	Kevin Staebler, Management Information Systems Director
Enrollee/Provider Portals	Melanie Claypool, Provider Network Director
Finance	Scott Worthington, CFO

Passport's organizational structure ensures that Passport retains full control over all aspects of performance under this contract and ensures that Passport employees are performing the oversight of subcontractors. This staffing model also ensures that Passport's regular internal monitoring of operations identifies and addresses issues before they escalate to be out of compliance with the contract. The staffing model further provides clear accountability over each operational area by Passport's leadership team, up to the CEO all the way to the Board of Directors.

G.2.c.viii.b. How the Kentucky SKY fits into the overall organizational structure of the Parent Company.

Passport Has a Dedicated Department for Kentucky SKY

Kentucky SKY will function as a separate dedicated service line within Passport but will be fully integrated with the larger company. Dr. David Hanna, the proposed executive director of Kentucky SKY, will be dedicated full time to providing leadership and administrative oversight to the staff and functions of the program, including all the Kentucky SKY positions required by the draft contract. He will serve on the ELT of Passport and report to Dr. Steve Houghland, Passport's CMO. Care coordination teams, including clinical and support staff, will be fully contained within the Kentucky SKY administrative structure.

Kentucky SKY providers and members will benefit from the full resources of Passport. Members will have access to disease-specific condition care programs and the expertise of Passport teams. Passport community engagement staff throughout the Commonwealth will assist in identifying and helping Kentucky SKY members access local resources when needed. Provider relations staff not specifically assigned to Kentucky SKY will nevertheless provide support to the statewide network of providers who serve Kentucky SKY members. All Passport staff who interface with the Kentucky SKY program will be fully trained in the unique needs of the Kentucky SKY population.

G.2.c.viii.c. Where Subcontractors will be incorporated.

Passport's Use of Subcontractors

Our subcontractors will be incorporated into the contract to provide the services delineated in **Exhibit G.2-14**.

Exhibit G.2-14: Description of Services Passport Subcontractors Will provide

Subcontractor	Description of Services	Why We Engaged
Avesis Third Party Administrators, Inc.	Dental and Vision	Forty years as a national administrator, backed by Guardian, a 150-year-old insurer
Infomedia Group, Inc. d/b/a Carenet Healthcare Services	24-hour nurse line	History of solid member engagement, with 70,000 consumer interactions daily, nationally
Beacon Health Strategies LLC	BH	Industry leader and in-house staffing for direct engagement
Conduent Payment Integrity	Subrogation	Extensive MCO experience with 150 commercial and MCO plans
CVS/Caremark Pharmacy	PBM	Largest PBM in 30 managed care markets
Evolent Health LLC	Management and operational services, including specialty UM	Leader in health stratification and data analytics solutions

In fulfilling the requirements of the DMS contract and servicing members and providers, Passport currently uses a carefully selected and tightly controlled small set of subcontractors that are integrated as part of the service and operational model only in scenarios where their focus maximizes and supports better access, care, quality outcomes and financial results. These relationships bring access to particular expertise and support efficient service delivery. Additionally, Passport only selects subcontractors who demonstrate alignment with our mission to improve the health and quality of life for our members in close coordination with network providers. We also ensure that all subcontractors receive Kentucky SKY-specific trainings.

Passport is fully accountable for the end-to-end delivery of our obligations to DMS, members, providers and the community. This accountability informs carefully vetted selection and due diligence of subcontractors that is done in collaboration within our provider- and community-led governance structure, managed implementation for smooth movement and an uninterrupted service continuum, and deep ongoing governance and performance management through a multilayered oversight function. Each subcontractor will "plug into" the organizational structure in three distinct ways. There will be operational oversight reporting up through the COO, compliance oversight reporting up through the CCO and clinical oversight (in relevant cases) by the CMO.

G.2.c.ix. A summary of how each Subcontractor will be integrated into the Contractor's proposal performance of their obligations under the Contract to ensure a streamlined experience for the Kentucky SKY Enrollees, Providers and the Department.

Subcontractor Oversight

To meet our DMS commitments, a straight line of accountability exists within the Passport organizational structure, beginning with our DOC. The DOC is comprised of the director of compliance, the delegation oversight manager, the COO and appropriate operational or clinical leaders. The DOC reports through our compliance organization and is central in overseeing subcontractors to which utilization and/or quality management, credentialing, member services, provider services, claims operations and other administrative functions have been delegated. The DOC reviews all contractual metrics for each subcontractor, including SLAs, performance reports and quality improvement/UM reports (if applicable). It also reviews the NCQA-required annual delegation audit to ensure compliance with all federal, Commonwealth, Department and contract requirements, as well as any pre-delegation assessments prior to the effective date of new delegation contracts.

Our QMMC oversees all activities of our DOC as they pertain to subcontractors relevant to our NCQA accreditation. The QMMC is comprised of our CMO, quality director, NCQA coordinator and various Passport clinical leaders. The QMMC provides oversight and input for QI and accreditation activities throughout the health plan, as well as for the provider network and subcontractor relationships. With its focus on quality, the QMMC ensures that these delegated entities work as one, so neither members nor providers experience abrasion as a result of engaging with delegates. We want every interaction to be seamless, whether

Passport directly provides the service or it is provided by a subcontractor. Our Board of Directors gives the QMMC clear authority and accountability for subcontractors relevant to NCQA accreditation.

At Passport's highest operational levels, the ELT oversees appropriate, compliant performance of responsibilities to members, providers and DMS. Our structure supports a comprehensive approach to meeting Passport's quality goals, and our commitment flows from the Board of Directors through the CEO and spreads throughout the organization.

Integrated to Create Streamlined Approach

We monitor subcontractors through our provider- and community-led governance structure, using multilayered oversight to ensure satisfactory subcontractor performance. Our operational processes provide a streamlined, coordinated approach to serving members and providers, presenting services and interactions as provided by Passport even when supporting subcontractors exist. Examples include:

- Passport's director of Member and Provider Services oversees all call center activities. The Passport-based Member and Provider Services teams act as the primary intake and support unit, facilitating resolution on behalf of members or providers across subcontractor operations as needed. Members and providers are always initially directed to the Passport call center for assistance.
- Our Passport-based member call center intakes all member calls regarding services, providers or benefits (including dental, vision, etc.). MSRs are trained for first-call resolution as a goal. A Special Support team can address escalated issues and facilitate coordination and resolution with all subcontractors.
- Passport provider network management representatives have counterparts at each subcontractor to serve as their resource. Passport representatives can facilitate resolution among subcontractors and Passport staff always respond directly to provider inquiries.
- Protocols are in place across all subcontractors in the event a member eligibility discrepancy arises, so that access to care issues for services or medications are avoided, for example, by leveraging Kentucky HealthNet to verify eligibility status and conducting a manual member addition.
- If a member or provider calls a subcontractor, warm transfer protocols are used to connect them back to Passport for assistance.
- Provider appeals for claims are managed by the Passport Appeals team, which manages all subcontractor components and provides a centralized response. In the event an appeal denial letter is distributed, it is cobranded to include Passport's logo.
- Subcontractors attend provider forums such as the Kentucky Hospital Association meeting, BH events such as Annual Pediatric and Behavioral and Mental Health Symposium, DMS forums and Passport's annual workshops to directly hear issues and feedback from providers, closing the feedback loop and identifying opportunities to further strengthen service.

Oversight Management Structure

For each subcontractor, Passport created an oversight structure composed of individuals responsible for subcontractor performance. Each subcontractor oversight committee, focused on the business functions of the relationship, includes:

- Passport executive sponsor
- Passport business owner
- Operational leadership
- Compliance liaison
- Subcontractor manager providing direct monitoring of the vendor's performance and adherence to contractual requirements

Together, these staff members oversee the performance of their assigned subcontractor through contract metrics and SLAs.

Contract Measurement

Passport holds subcontractors accountable to metrics and SLAs in line with DMS contractual expectations, as well as the desire to support a smooth provider and member experience, with accountability to quickly drive resolution for any temporary disruption.

SLAs are integral to each subcontractor agreement and vary based on the services being performed and DMS contractual requirements. For example, we hold our subcontractors to the same high standard (100% completion) for DMS inquiries to which DMS holds Passport. Passport also holds each subcontractor responsible for additional reporting beyond SLAs. This additional reporting measures various operational indicators such as:

- Authorization decision timeliness
- Authorization decision notice timeliness
- Authorization volume
- Service authorization outcomes
- Call center metrics
- Credentialing activity
- Appointment availability and access
- Financial
- Care management
- Network status
- Appropriate staffing to meet SLAs
- Utilization

Collaborative Coordination with Strong Oversight Drives Integration

Passport – Beacon Health Strategies, LLC. (Beacon Health Options, LLC.)

All care management/care coordination activities for Kentucky SKY will be performed by Passport team members, and Beacon Health Strategies LLC will manage all BH UM activities for Kentucky SKY members. The integration of medical and BH care is critical to serving those members who have significant BH needs. To provide this integrated, member-centric level of care (and thereby ensure access to care and quality care plan development), Passport's care management teams work closely with Beacon Health Strategies LLC staff on a daily basis.

Passport has partnered with Beacon Health Strategies LLC since 2014. Beacon Health Strategies LLC is the largest independently held BH organization in the country, serving more than 36 million individuals across 50 states. Beacon Health Strategies LLC has experience working with providers and members with Medicaid benefits across the country. They bring experience partnering with providers to reduce barriers to integrated BH nationwide. Under a recent revised agreement, we have fundamentally transformed our relationship, increasing Beacon Health Strategies LLC's level of accountability and creating incentives to outperform in the areas of access and care standards. Under our new capitated arrangement:

- Passport and Beacon Health Strategies LLC will build and deliver an integrated whole-person care model
- Passport will maintain control of the provider network
- Passport will have authority over UM changes
- Passport will hold Beacon Health Strategies LLC accountable for successful delivery of administrative services through a rigorous oversight structure that includes more stringent SLAs with higher penalties tied to termination
- Passport will increase the accountability of our integrated whole-person model by reporting progress on this structure with more stringent SLAs to the BHAC, which would report up through the governance structure to the highest level of our Board of Directors
- Passport will increase the accountability of Beacon Health Strategies LLC 's operational performance by reporting on the more stringent SLAs to the DOC, which also has a pathway ending with the Board of Directors

Passport – CVS

Passport has been subcontracting with CVS/Caremark as it PBM since 2016. As the largest PBM in the nation, CVS/Caremark serves 21 million members in 30 managed Medicaid markets and is one of the largest national PBMs for Medicaid members. On behalf of Passport, CVS/Caremark contracts and manages a network of more than 1,200 pharmacies in Kentucky and is responsible for credentialing and management, processing pharmacy claims at the point-of-sale, providing administrative and encounter reporting,

managing rebate agreements, and producing and distributing Passport's pharmacy explanation of benefits. The primary goal of Passport's Pharmacy program is to ensure that members have access to timely, necessary and appropriate pharmaceutical services. The Passport Pharmacy program focuses on the safety of members while managing an effective and efficient pharmacy benefit design founded on evidence-based medications, regulatory requirements and contract provisions.

Passport and CVS/Caremark recently took steps to improve the member, provider and DMS experience. We amended our contract to create a transparent PBM, removing some of the confusion around the economics of pharmacy services. Passport continues to work collaboratively with DMS and CVS/Caremark on pharmacy-related initiatives such as the Pharmacy Lock-In program, which is designed for members to receive medically necessary medical and pharmacy benefits at the appropriate time.

Passport – Avesis

Passport partners with Avesis for its dental and vision services and network. Avesis has been servicing plans for nearly 40 years, initially as a family-run business and more recently acquired by Guardian Insurance. Guardian has been in the insurance industry for 150 years, providing financial and structural stability to the Avesis organization. Avesis presents Passport with integrated solutions along with managing its own network:

- HbA1C diabetic testing of dental patients in the office, expanding access to preventive services for members at risk of or diagnosed with diabetes
- IV sedation and anesthesiologist teams in dental offices so that more advanced surgeries and procedures can be performed without going to a hospital, allowing members to receive their care in a familiar setting with reduced wait times and lower costs
- Opioid Prevention program to reduce the opioid prescribing routines of providers by monitoring prescribing patterns, providing education and communication to ensure that providers stay within recommended prescribing guidelines and offering peer-to-peer instruction on appropriate prescribing
- Dental Delivery™ to reduce the impact of periodontal disease on pregnant women and their children by offering incentives to encourage pregnant women with the disease, or at risk for the disease, to receive standard office therapies throughout their pregnancy

Passport – Infomedia Group, Inc. dba Carenet Healthcare Service

Passport originally signed an agreement with McKesson Health Solutions in 2012, and through a series of acquisitions and a name change, the 24-hour nurse line is now provided by Infomedia Group, Inc., dba Carenet Healthcare Services. Nurse lines serve an essential function for a Medicaid MCO, providing access and extended patient-centric service to members, both within and outside of normal Passport member service operating hours. The service functions 24 hours a day seven days a week to provide immediate symptom assessment, referral services and patient education services. Carenet, in combination with its national partner, averages 70,000 member interactions per day through its Intelligent Engagement model, which uses technology solutions to drive continuous improvement in the health of members.

Passport – Conduent

Conduent is the world's largest provider of diversified business process services for businesses and governments, specializing in health care and regulatory compliance. Passport contracted with Conduent as a delegate to handle its subrogation needs. Part of being a good steward of Medicaid dollars is having a robust subrogation program in place to support Medicaid's role as the payer of last resort. Over the last three years, Conduent has recovered over a half-billion dollars on behalf of its subrogation clients. Conduent offers:

- End-to-end subrogation and recovery services
- On-site attorneys and expert recovery specialists
- Nationwide network of outside counsel
- Experience with a wide array of commercial and HMO insurers

Passport – Evolent Health

Initially partnering with Evolent in 2016, Passport selected the company to form a strategic alliance due to its deep experience and knowledge in Medicaid managed care and to leverage best practices and proven experience in care management, network performance, risk adjustment, pharmacy benefit management, performance analytics, value-based health care and technology platforms. Evolent also shares our core value of collaborating with providers and focusing on member-centric care.

G.2.c.x. Identification of staff positions that will be based (1) in the Contractor's Kentucky office(s), (2) in the field, and (3) at a corporate office of the Contractor or Subcontractors. Information should include physical locations for all Contractor operational areas to support this Contract.

Passport's Kentucky-based Staff

As a Kentucky-based organization, Passport's corporate office is in Louisville. The dedicated staff supporting Kentucky SKY will be located either in the Louisville, Kentucky, office or in the field diversified across the Commonwealth. These potential staff locations are denoted in **Exhibit G.2-15**.

Exhibit G.2-15: Location of Proposed Kentucky SKY Staff

Proposed Kentucky SKY staff descriptions (by team)	Staff based in Passport's corporate office in Louisville, Kentucky (1) and (3)	Staff based in the field (2)	Staff based in subcontractor office (3)
Pod (350 members per pod)			
Care Coordinator	x	x	
Care Technician	x		
Manager	x	x	
RNs	x		
Behavioral Health Professional (BHP)	x		
Community Health Workers (CHW)		x	
Pod (70 members per pod)			
Care Coordinators	x	x	
Manager	x		
RNs	x	x	
BHP	x	x	
CHW		x	
Peer Support		x	
BH Specialist		x	
Pods (65 members per pod)			
Care Coordinator	x	x	
Manager	x	x	
RNs	x	x	
BHP	x	x	
Peer Support		x	
CHW		x	
BH Specialist		x	
Project Manager for Planning & Implementation	x		
KY SKY Executive Director	x		
Medical Director	x		
QI Director	x		

Proposed Kentucky SKY staff descriptions (by team)	Staff based in Passport's corporate office in Louisville, Kentucky (1) and (3)	Staff based in the field (2)	Staff based in subcontractor office (3)
BH Director	x		
Utilization Management Manager	x		
Nurse Case Manager	x	x	
Prior Authorization Coordinator	x		x
Provider Relations Liaison	x	x	x
Behavioral Health Clinician	x	x	
Nurse Care Manager	x	x	
Behavioral Health Specialist	x	x	
Family Peer Support	x	x	
Care Coordinator	x	x	
Psychiatrist	x		
Pharmacy Director	x		
Dental Director	x		x
Hospital-based Care Manager	x		
Provider Network Director	x		x
Provider Services Manager	x		x
Population Health Management Director	x		
Member Services Manager	x		x
Inquiry Coordinator	x		x

Beyond the dedicated Kentucky SKY staff noted above, Passport's overall Medicaid staff is also dispersed as appropriate and located either in our Louisville, Kentucky, office or in the field diversified across the Commonwealth as in noted in **Exhibit G.2-16**.

Exhibit G.2-16: Passport Medicaid Staffing and Locations

Department	Staff based in Passport's Corporate Office in Louisville, Kentucky (1) and (3)	Staff based in the field (2)
Accounting	X	
Population Health Management	X	X
Clinical Programs	X	X
Community Engagement	X	X
Compliance	X	
Executive	X	
Facilities	X	
Health Integration	X	
Human Resources	X	
Information Technology	X	
Marketing	X	
Medical Affairs	X	
Medicare	X	
Member and Provider Services	X	
Pharmacy	X	X
Process Consultants/Project Managers	X	
Provider Claims and Reimbursement	X	
Provider Enrollment and Credentialing	X	
Provider Network Management	X	X
Quality/HEDIS Clinical	X	
Utilization Management	X	

G.2.c.xi. Number of proposed FTEs dedicated to the Kentucky SKY program, by position type and operational area and how the Contractor determined the appropriateness of these ratios.

Passport Will Add 127 Full-Time Employees to Support Kentucky SKY

We will bring on 127 full-time employees to support Passport's Kentucky SKY program. Passport routinely analyzes the demographics of its membership, including geographic distribution and health needs. Through this analysis, Passport identifies any staffing changes necessary to better serve members and providers and to support community partners.

Passport believes that its staffing plan will ensure continued success in managing the lives of Kentucky members. Passport has a strong core of current staff who have contributed to the 22-year partnership with DMS. Passport will build on the experience of both current and new team members as well as existing administrative policies and procedures to ensure that all requirements are met.

We determined the appropriateness of these ratios based on our current experience with the Kentucky SKY population through over 20 years of experience working with these members across the Commonwealth and by estimating how many members would require intensive outreach versus basic assistance. For example, we looked at how many members might not stratify for complex care or require in-depth assistance due to recent hospitalizations, etc. We presume that these members will not have as many health problems and will not need as much intervention. We also considered how many meaningful interactions a Care Coordinator can realistically make in one day, and we considered how many members would require frequent vs. less frequent contact. These ratios supported our decision to add outreach specialists as support staff to assist with members and families who have less-intensive needs and who potentially cannot be reached or may have declined to participate but must still be attempted to engage. Kentucky SKY staff positions are noted in **Exhibits G.2-11** and **G.2-12** above. **Exhibit G.2-17** shows our staffing ratios.

Exhibit G.2-17: Ratios of Kentucky SKY Staff

Description	Ratio
Total Kentucky SKY staff per member for each Kentucky SKY member	1:196
Kentucky SKY Care Management Care Coordinator for each Medicaid member	1:350
Kentucky SKY Intensive Care Coordinator for each Kentucky SKY member	1:70
Kentucky SKY complex Care Coordinator for each Kentucky SKY member	1:65

G.2.c.xii. Describe the roles and responsibilities of Care Coordinators and Care Coordination Team. How will the Contractor maintain adequate Kentucky SKY to Kentucky SKY Enrollee ratios and number of Care Coordination personnel and management staff having expertise in Physical Health, Behavioral Health, and the Kentucky SKY Enrollee to build Care Coordination Teams?

Utilizing a Team Approach to Impact Member Outcomes

Passport has extensive expertise in the delivery and implementation of High Fidelity Wraparound services. As part of our expanded Care Coordination program for the Kentucky SKY population, we are committing to training and certifying all Care Coordinators in the High Fidelity Wraparound process. Based on our experience, we believe using only High Fidelity Wraparound-trained Care Coordinators will promote placement permanency, improve overall functioning for Kentucky SKY members and limit crises. Core to the wraparound approach is the presence of a Care Coordinator who serves as a central coordinator or hub of all team activities. This commitment includes, as required by the contract, any member with complex BH needs being supported by a Care Coordinator who is certified and trained in the delivery of High Fidelity Wraparound services, with a BH Care Advisor assigned to assess the member and create a care plan. Any member identified as being a Medically Complex foster child has an RN Care Advisor (aka nurse case

manager) to assist them. Together with the Care Coordinator, the RN Care Advisor will team with an SSW to obtain the child's medical records and conduct the initial home visit to identify medical and BH issues and needs.

After the Care Advisor, always a licensed professional such as a nurse or BH practitioner, completes an assessment, the Care Coordinator convenes the Kentucky SKY Care team. Members in foster care are supported by a core team comprised of the Care Coordinator, member, caregiver and SSW; the core team for members under adoption assistance are the Care Coordinator, member and caregiver; the core team members for dually committed DJJ members are the Care Coordinator, member, caregiver and SSW; and the core team for former foster care members are the Care Coordinator and member. These core teams are supplemented by providers, community supports, Care Advisors (RNs or BH professionals), psychiatrists, BH clinicians, behavior specialists, a registered dietitian and/or a pharmacist as needed to support the member's care. The Care Coordinator works to ensure the active participation of the child, the family and any other individuals involved.

The Care Coordinator and Care Advisor work together to gather Care team members' perspectives on needs and concerns for the individual member and obtain a sense of the family narrative. The initial meeting of the Care team focuses on developing a plan with the intent of getting or maintaining the Kentucky SKY member in the least restrictive setting possible. Documentation of input from (or attempts to obtain input from) PCPs, dental providers, BH providers, specialists and other providers is part of the care planning process. The Care Coordinator also coordinates wraparound services and supports to meet the goals of each member's coordinated care plan. Throughout, the Care Advisor works with the Care team to identify strategies to meet the member's needs and ensure continuity of placement and care whenever possible.

The Care Coordinator ensures that the Kentucky SKY Care team has the information it needs to make timely and appropriate authorizations and referrals to meet the member's needs, including coordinating with previous MCOs and providers for information the team may need. The Care Coordinator ensures that approved care plans and authorizations are communicated timely to providers, the Department, DCBS and DJJ as required. The Care Coordinator ensures that Kentucky SKY members, providers, foster parents, adoptive parents, fictive kin caregivers, DCBS and DJJ have the most current information regarding community resources available to assist the member with meeting their needs and will assist the member in connecting with these resources.

The Care Coordinator also convenes recurring monthly meetings of the Care team to assess progress. To supplement Care team meetings, the Care Coordinator or other team member also outreaches to members on a weekly basis as follows:

- Intensive care coordination: weekly outreach with one face-to-face contact per month
- Complex care coordination: weekly outreach with two face-to-face contacts per month

The Care Coordinator also provides information to team members to assist them with care coordination services. If assistance is needed to locate provider or schedule/obtain appointments for primary, dental or specialty care or support services, the Care Coordinator is available to help. This person can also coordinate

non-emergency medical transportation services if needed to access these appointments or services. The Care Coordinator also arranges community supports for Kentucky SKY members and arranges for referrals to community-based resources as necessary.

Importantly, Care Coordinators work to expedite the scheduling of appointments for assessments and facilitating timely submittal of the assessment results used to determine residential placements. The Care Coordinator also compiles the results of these assessments and submits the results to the appropriate DCBS or DJJ staff within the timeframes identified by DCBS or DJJ or otherwise specified in the contract. The Care Advisor may involve the BH specialist on the team if the member has symptoms or a diagnosis that would benefit from a behavior plan. The BH specialist assists with ensuring that behavior plans are developed to meet the tailored needs of each child requiring behavior interventions.

The Care Advisor assists the Care team in evaluating the effectiveness of interventions, modifying the care plan as needed and removing any barriers to success. The Care Advisor coordinates the care team in regularly updating the care plan (at least monthly via Care team meetings) to change and redirect interventions as appropriate. Whenever possible, the ultimate goal of the plan is to develop a transition for the child and family from intensive or complex care coordination to the Care Management program to foster long-term support and stability.

To that end, Passport conducts a formal Discharge Planning program that includes a comprehensive evaluation of the Kentucky SKY member's health needs and identification of the services and supplies required to facilitate appropriate care following discharge from an institutional clinical setting or when transitioning between levels of care.

All care coordination and care management activities are documented within Identifi, Passport's PHM system. Identifi is our predictive modeling and condition-specific member profiling tool which stratifies members into risk levels using medical diagnoses, emergency or hospital visits, national standards/evidence-based clinical guidelines and gaps in care. Identifi's ability to combine multiple member specific health information with publically available SDoH data outperforms the industry standard and has resulted in increased identification of members for care management services with improved health outcomes and decreased cost. This documentation will include efforts to obtain provider appointments, arrange transportation, establish meaningful contact with the member's PCP, dental provider, specialists and other providers, and arrange for referrals to community-based resources. This documentation includes details on any barriers or obstacles to arranging or obtaining these services.

Provide the Contractor's approach to locating the Care Coordinators areas in which they serve.

Passport's Care Coordinators Are Part of Their Community

Passport has always been a community-focused health plan, and it is committed to locating Care Coordinators and other team members in the communities they serve. Passport has current experience in recruiting and supporting health educators, community engagement staff and provider network representatives in communities across Kentucky. Dr. Hanna, the proposed executive director of Kentucky SKY, previously served as the director of the Children's Review program, where he oversaw placement coordinators co-located in the DCBS office statewide. In keeping with DMS, DCBS and DJJ expectations, Passport will locate team members in all service regions and community districts served by this contract. As noted earlier, Dr. Hanna will work with the DCBS and DJJ Commissioner's Office staff and regional administrators for each agency to determine the best offices for co-location.

Conclusion

Passport offers a unique combination of Kentucky-based staff who bring a wealth of historical knowledge and experience combined with team members from across the nation who bring innovative best practices in the Medicaid industry. We are developing our staffing model to better serve the needs of the Commonwealth now and for many years to come.

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.

G.3 Kentucky SKY Implementation



G.3. Kentucky SKY Implementation

a. Describe the Contractor's approach to project management, including a summary of responsibilities for project governance and how the Contractor will track action items, risks and issues, as well as contingency and mitigation plans. At a minimum, the implementation plan must include elements outlined in the RFP, for example:

   i. Establishing an office location and call centers;

   ii. Provider recruitment activities;

   iii. Staff hiring and a training plan;

   iv. Establishing interfaces to information systems operated by the Department and DCBS; and

   v. Communicating with and educating Network Providers and Kentucky SKY Enrollees through a web site and required materials, and how that interaction will support program participation and program goals.

b. Describe the Contractor's approach for building relationships with DCBS staff at the Service Region and county level, and with Department for Juvenile Justice (DJJ) staff at the Community District level to support enhanced coordination of care, reduced duplication of services, and improved access to the most appropriate services to meet the needs of Kentucky SKY Enrollees. Please address education, training, communications, and process development.

Introduction

Passport has collaborated with DMS for the past 22 years with the common goal of operating an excellent program for Kentucky foster care (SKY) and other members included in the SKY program and for providers, DCBS, DJJ, and DMS. The Passport team first implemented Medicaid health plan operations in Kentucky in 1997 and continues to serve Kentuckians today. We are a low-risk, high-value option for DMS, with a mature provider network, trained and experienced staff, with operational systems and technology and are successfully providing services to our members today. We are Kentuckians, with deep roots in our communities and over two decades of experience with Kentucky Medicaid.

Accordingly, for the January 1, 2021 Go-Live, our implementation efforts are primarily focused on: a) delivering a suite of enhancements designed to optimize the experience for our providers and members; b) being compliant with new requirements within the RFP; and c) executing on a comprehensive communication, training and readiness plan for all operational staff, subcontractors, members and providers. We will employ the same detailed approach to project management as outlined in the Medicaid proposal with adjustments based on the needs of the SKY population and the draft SKY contract.

G.3.a. Describe the Contractor's approach to project management, including a summary of responsibilities for project governance and how the Contractor will track action items, risks and issues, as well as contingency and mitigation plans. At a minimum, the implementation plan must include elements outlined in the RFP, for example:

Approach

Passport has long partnered with DMS with the shared common goal of operating a successful program for Kentucky members, providers, and DMS. To continue this partnership, we have developed a Program Implementation Plan (please see **Attachment G.3-1_SKY Implementation Plan**), that is based on a thorough review of the RFP deliverables and draft MCO contract to ensure that all services and systems will be fully operational by Readiness Review and ultimately Go-Live. Passport has also identified what is already in place, what is in place that might require additional refinement, and what is new pertaining to our systems, processes, clinical programs and our operations. Our many years of working with you in Kentucky, with these members, taught us that less transition and disruption to the system is better. It also provides DMS with less risk than a full transition to a new entity that would have to implement all systems and processes, potentially at a high cost to the program.

Passport's program implementation approach is grounded in the Project Management Institute's Project Book of Knowledge, found at www .pmi. com. The internationally-recognized framework provides guidance and best practices for planning, measuring and overseeing complex projects and programs over their entire lifecycle. Our flexible, capable approach ensures appropriate capacity and internal controls are in place to accommodate the enhancements needed for the new contract.

The program implementation is led by an Implementation Lead and program management office. The effort is organized by domains as illustrated in **Exhibit G.3-1** to bring together end-to-end functions and create

connection points between implementation, operations and IT. The overall program is overseen by an Executive Steering Committee charged with ensuring successful implementation.

Exhibit: G.3-1: Implementation and Operations Domains

Claims	Configuration (Benefits, Pricing); Provider Data Management; Claims Workflow; Accumulators; Encounters; Payment Integrity
Customer Service	Call Center (Member & Provider); Portals (Member, Provider); Fulfillment
Enrollment/Finance	Eligibility & Enrollment; Client Finance
Clinical	Utilization Management; Appeals; Care Management
RASQ	Risk Adjustment; Quality
Reporting & Analytics	Operational; Financial; Regulatory/Compliance; Actuarial Services
Data Integration	EDI, Interfaces with Subcontractors, Enterprise Data Warehouse, Data Extracts
Platform	Identifi℠ Population Health Management System & Identifi℠ Health Plan Administration (HPA), Technology Infrastructure
Operational & Market Readiness	Network Development, Provider Contracting & Services, Community Engagement, Marketing, Compliance

Our Implementation Lead uses a program implementation plan as the primary planning and control framework to monitor progress and ensure that the project remains on time and is meeting specifications. Subject matter experts, project managers, business analysts and integration quality testers are assigned to each Domain and are responsible for delivery from project initiation to project close.

Our implementation plan includes a seven-phase project approach as described in **Exhibit G.3-2,** including Initiation, Requirements, Execution, Testing & DMS Readiness, Training & Operational Readiness, Go-Live, and Warranty/Transition to Operations, beginning immediately through ninety (90) days post go-live.

Exhibit G.3-2: Implementation Phases

Phase	Activities
1. Initiation	Project team formation, project chartering and kick-off
2. Requirements	Finalizing the detailed requirements for the defined project scope, outlining specific timelines for each set of requirements, and preparing for execution. Developing comprehensive operational and market readiness plans, including development of comprehensive change management & communications strategy.
3. Execution	Developing the solution designs and building & configuring the solutions as per the defined project scope and business requirements. Developing and refining program policies and training/communication materials.
4. Testing & DMS Readiness	Conducting system and end-to-end testing to validate build and configuration against requirements and solution design. Finalizing desktop procedures, training/communication materials and policies. Conducting compliance review, mock readiness reviews, and full DMS readiness review.
5. Training & Operational Readiness	Communicating changes to providers and other external stakeholders. Onboarding new staff and training current Passport team members on new P&Ps and enhancements to the provider and member experience. Initiating the transition from implementation to operations process.
6. Go-Live	Operational Launch. Launching the Command Center and continuing execution on transition from implementation to operations process.
7. Warranty/Transition to Operations	Conducting daily Command Center, actively monitoring performance against SLAs and projections, with focus on rapid issue resolution. By the end of the warranty period, completing the transition from implementation to operations process, assessing lessons learned and adjourning the implementation team.

The Implementation Lead holds each domain accountable to hitting the key milestones for all deliverables and ensures the team members use standardized measurement values, reporting methodologies, and templates to facilitate communication, analysis, and accountability. A project tollgate approach will be used to move the project from each phase to the next at the domain level, ensuring that the critical deliverables for each phase have been completed as required. Key implementation and operational leaders will be required to signoff to move the project domain to the next phase. This will include an in-depth review of documentation (ex: requirements, solution design documents) prior to build and configuration to mitigate risk.

Additionally, the implementation team uses executive dashboards indicating the project's status to provide clear transparency to Passport's Executive Steering Committee. Our Executive Dashboards use a color system comprised of Red, Yellow, Green (RYG) to clearly communicate whether each workstream is on track or requires immediate mitigation. A sample of this Executive Dashboard is included in **Exhibit G.3-3.**

Exhibit G.3-3: Sample Implementation Dashboard-Status/Progress by Domain

Overall Status: On Track
Implementation Lead: Rich Rutherford

Passport Status Report for Week Ending X/X/XX

Summary:

Domain	Status	% Complete	Next Key Milestone (Target Completion)	Comments, Risks & Blockers
Claims	On Track	90%	Sample milestone – X/X/XX	
Customer Service	On Track	90%		
Enrollment & Finance	On Track	90%		
Clinical	On Track	90%		
RASQ	On Track	90%		
Reporting & Analytics	On Track	90%		
Data Integration	On Track	90%		
Platform	On Track	90%		
Operational & Market Readiness	On Track	90%		

We are open and transparent about progress. This is accomplished through status meetings, dashboards and risk and issue reports provided at an agreed-upon cadence. Examples may include:

- **Summarized Progress Updates:** As noted, updates are provided in the form of an Executive Dashboard, outlining overall status of each domain, progress against key milestones, key dependencies needed to accomplish the milestones, critical risks and leadership actions required.
- **Risk & Issue Report**: The implementation team will maintain a risk & issue log and will review it with the Executive Steering Committee weekly to ensure rapid mitigation.
- **Action Item Tracker:** The identification, management and closure of action items will be maintained to ensure successful implementation. Action items will be captured as part of meeting notes and tracked in the Action Item Tracker. They will then be reviewed weekly in the weekly project meeting. Action items will be escalated as necessary and will follow the Change Management/Risk Escalation process.
- **Decision Tracker:** Key decisions will be logged in a Decision Tracker, maintained by Passport's Implementation team. Decisions will be reviewed by the Executive Steering Committee to ensure decisions are communicated at all levels. Final decisions regarding scope and implementation approach will be signed off on by the Executive Steering Committee.

Passport will use an enterprise Portfolio/Project Management tool, Clarizen, to manage the full implementation lifecycle across all domains. Clarizen is a secure, scalable platform that allows for seamless management of complex projects. The platform has been used to create our Program Implementation Plan (**Attachment G.3-1_SKY Implementation Plan**) and will be used to maintain detailed project schedules; document risks, issues, and decisions; assign specific tasks; and develop audience specific reports across all work items that can be utilized by Passport and DMS (e.g. milestones, key tasks, due dates, etc.).

Clarizen will provide transparency and visibility in the implementation through real-time updates and links to reports and dashboards.

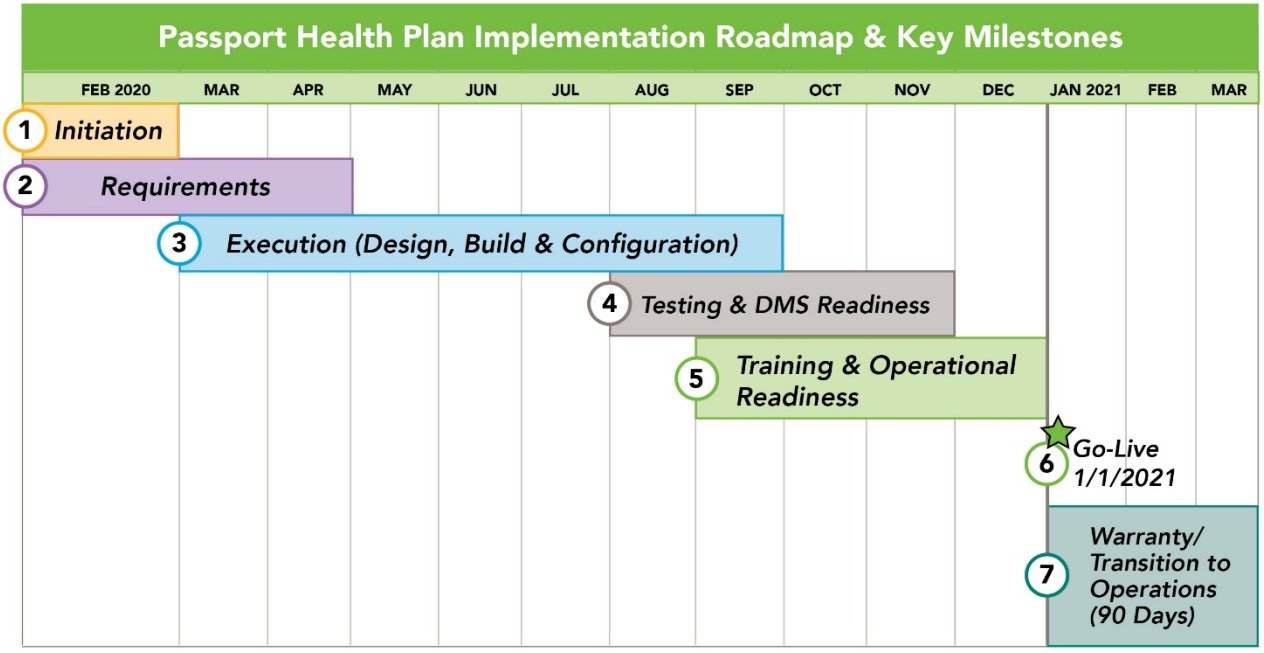
Passport is honored to have served the Kentucky Medicaid population since 1997 and will comply with all provisions of the MCO contract as we continue to serve these members in the future. As an operating plan, Passport understands the Commonwealth, our members, and providers, and brings that knowledge and infrastructure in a way that guides a seamless implementation. Our dedicated implementation team ensures that all services and systems will be fully operational by Readiness Review and the new contract start date of January 1, 2021.

Program Implementation Plan

As noted, the Program Implementation Plan acts as our primary framework for outlining the strategy and tasks for implementing new RFP and MCO contract deliverables. The Program Implementation Plan includes all elements set forth in the contract and enables Passport to quickly bring our current SKY operations up to revised 2021 compliance. Given our existing footprint, we believe we are well positioned to leverage our present infrastructure and operating experience to enable a seamless, low-risk implementation.

Passport's implementation efforts are focused on delivering a suite of high-impact initiatives designed to improve health outcomes, enhance the provider and member experience, and comply with the new 2021 MCO requirements. **Exhibit G.3-4** illustrates our key Program Implementation Plan phases.

Exhibit G.3-4: Implementation Roadmap & Key Milestones



Attachment G.3-1_SKY Implementation Plan exhibits the full Program Implementation Plan, covering the comprehensive set of tasks required to ensure a successful implementation of the new regulatory requirements and planned provider and member experience enhancements for the 1/1/21 Go-Live. While Passport does not require a full-scale implementation for the 2021 MCO Contract, we are investing in initiatives across every domain to improve health outcomes and enhance our provider and member experience. Our Program Implementation Plan is thorough and ensures that we will address all operational areas potentially impacted in the implementation of these high-impact initiatives.

Attachment G.3-2_SKY Program Implementation Plan Phases and Key Milestones illustrates our Program Implementation Plan phases and key milestones in each domain.

G.3.a.i. Establishing an office location and call centers;

Establishing Office and Call Center

Passport has strived to achieve the Commonwealth's goals by engaging approximately 600 highly dedicated and skilled resources to support our mission. Our team of talented professionals are primarily located within Kentucky to provide a local, high-touch member experience. Our training programs reinforce our commitment to delivering exceptional provider and member and are outlined in greater detail in the Staff Hiring and Training section below.

Plan operations are located at 5100 Commerce Crossings Boulevard in Louisville. We also maintain a primary call center with over 120 staff in the same location that first went live in 1997. In Prestonsburg, we maintain a satellite office that houses some claims, community engagement and provider network management staff.

We also acquired a 20-acre site in West Louisville at 18th Street and Broadway and are creating a state-of-the-art Passport Health and Well-Being Campus to serve the needs of the local community. When complete, it will also provide a new corporate headquarters for Passport's staff and operations.

We will leverage our 20+ years of experience to evaluate the anticipated total impact on our operations and call center after the MCO contracts are awarded to ensure that we can maintain the same high standards for serving our provider and member stakeholders throughout the go-live period and beyond.

As part of our Program Implementation Plan, we will establish and implement detailed provider & member outreach and call center plans for the enrollment period, warranty period, and post-warranty period:

- **Provider and Member Outreach**: We will develop and implement a comprehensive communication plan for both providers and members for the transition to 2021 to proactively answer anticipated questions resulting from program changes. As part of this plan, our provider relations team will engage directly with providers to ensure we are meeting their needs and can rapidly adjust our communications to address any issues surfacing. We will also leverage existing processes for onboarding new members enrolling with Passport from other MCOs and for new providers contracting with Passport.
- **Tools & Technology**: In addition to utilizing personalized individual communications, we will customize messaging on the provider portal, member portal and the IVR to share key messages and address issues. We will monitor all incoming contacts and refine messaging real-time as needed.
- **Call Volumes:** We anticipate an uptick in call volumes in the weeks prior to Go-Live, and the early part of 2021 as it is historically our busiest time. We will evaluate historical annual call trends as well as data from past transitions (e.g. ACA expansion) to estimate expected call volumes.
- **Staffing:** We will determine what level of staffing is needed to meet our call center SLAs (e.g. average speed to answer, % answered within 30 seconds, abandonment rate) given expected call volumes and our proven Passport staffing ratios. Should additional staff be needed, we will onboard and train the staff needed to ensure we can remain in compliance as we are today.

G.3.ii. Provider recruitment activities

Provider Recruitment Activities

As a trusted DMS partner for over two decades, we already have a provider network in place with longstanding relationships. Passport currently serves more than 300,000 Kentuckians statewide with a provider network that includes approximately 9,200 PCPs, 17,000 specialists of which nearly 2,500 are pediatricians, 3,800 behavioral health providers, and 128 hospitals. Our locally-based provider contracting and provider relations representatives continue to provide in-person, one-on-one education and assistance to facilitate contracting, credentialing and accurate and prompt claims payment. These factors, coupled with

our historical provider ownership and focus, will reduce potential provider abrasion often present in a full-scale provider network build, and substantially lower risk to DMS.

Passport, founded as a provider-led plan and continuously governed by and responsive to providers, is a leader in provider network development. Our strategy to ensure a comprehensive statewide network across all provider types includes extensive analysis, personal recruiting and contracting with a variety of quality and value reimbursement Programs.

Passport assesses network adequacy on an ongoing basis to identify and close gaps, increase provider capacity by provider type, and seek opportunities to improve access for members. Monthly, our Provider Network team applies Quest Analytics tools, an industry-standard platform that combines dynamic time and distance access stands with our minimum contractual provider requirements to evaluate our overall network adequacy and identify gaps based on standards. Quarterly, we review claims data to identify all out-of-network providers seen by members during the period, which further helps identify gaps. The Provider Network team also reviews access-related feedback from members, referring providers, care managers and utilization managers, as an early warning system of changes in member need that may necessitate network recruitment response.

To address any specific network gaps identified and to maintain its high-quality network, Passport is offering a suite of Value-Based Payment models to encourage and reward both small and large practices.

Passport also relies on traditional recruitment tactics in its overall network development such as meetings, email and traditional mail contact, telephone calls, meet-and-greets, and formal presentations. We develop target lists of providers from our analysis of specific geographic areas and specific provider types, leveled by our monthly analysis described above. We also target providers using a variety of sources including existing Passport provider recommendations, member requests, direct provider inquiry, and focused geographic & specialty searches.

Passport's commitment to continuous evaluation, innovative value-based payment offerings, relationship development and in-depth provider support will enable Passport to continue delivering on its commitment to network adequacy, value and high-quality care.

G.3.iii. Staff hiring and a training plan;

Staff Hiring

Passport understands the Kentucky SKY populations' health needs and demographics, and will recruit staff with these needs in mind. We will recruit job candidates that have experience with local cultures, perspectives and relationships, which will strengthen our interaction with Kentucky SKY members, legal guardians, caregivers, and the providers and agencies who serve them.

Passport proposes to hire more than 127 new staff to ensure we meet and exceed all services and contract requirements. The majority of our team, including executive leadership, will be located in Kentucky to boost the local economy and deliver a hands-on, community-based approach that supports the Commonwealth's coordinated care goals. All Kentucky SKY Care Management staff will be based in Kentucky.

Recruitment Sources

To hire Kentucky SKY staff, we will leverage our team of Louisville-based human resources (HR) recruiting professionals to quickly seek and hire qualified candidates. In addition to our local recruiting efforts, Passport has access to national recruiting resources and a deep pool of qualified applicants through our affiliation with Evolent. Passport will give priority to candidates with professional or lived experience with the Kentucky SKY population. We will also seek candidates with degrees or certifications specific to working with Kentucky SKY members. We also will use our connections with academic programs and professional associations to recruit for Kentucky SKY staff.

Kentucky SKY Staff Recruitment and Hiring Process

Passport is committed to hiring individuals who demonstrate our values. During the hiring process, we screen applicants for education, experience and longevity in a similar position. As noted in our job descriptions, for some positions, experience with foster care, former foster care, or other members of the Kentucky SKY population is essential. We find candidates who are both highly qualified and a strong cultural fit.

We describe our recruitment and hiring process to build this team below.

1. **Assemble Hiring Team.** A hiring team of experienced subject matter experts guides the recruitment, hiring, onboarding and training process.
2. **Identify Hiring Needs.** The hiring team meets with all business areas to clearly identify the needed roles and anticipated start dates, and to create recruitment plans for each role.
3. **Define Roles and Responsibilities.** The hiring team partners with business area leaders to define the roles and responsibilities of each team member, ensure that job descriptions for the Passport Kentucky SKY program are accurate, and discuss any other factors needed to complete a successful and timely recruitment, hiring and training process.
4. **Devise Specific Recruitment Strategies.** The hiring team partners with the hiring manager to devise recruitment strategies that are carefully designed to select the right individual for each position. The team engages leaders and hiring managers in a review of the plan to ensure full alignment. We believe such careful planning on the front end ensures a smooth recruitment and hiring process, and helps us achieve excellence in services, positive health outcomes and cost savings for the state.

5. **Develop Hiring Action Plan.** We turn the strategy into an action plan that includes key steps, start and end dates, responsible persons and contingencies. The strategy begins with recruitment and ends with successful onboarding and training of staff and then transitions to a recruitment and staffing maintenance strategy where we continue to fill roles on an as-needed basis.
6. **Recruit.** The hiring team will recruit externally on widely known websites (e.g., LinkedIn), local Kentucky job boards, and with local colleges and employment offices. Whenever possible, the team will also rely heavily on employee referrals, which often lead to the hiring of high-performing, long-term employees. More specifically, we will investigate local opportunities in the communities we serve, such as participating in or co-sponsoring job fairs.
7. **Identify and Screen Candidates.** The hiring team identifies and screens quality candidates by discussing essential components of the position and our core values. In addition to the initial recruiter screen, we may administer various online assessments to the candidate if the position they are applying for requires proficiency in a specific language or skill set. These assessments help ensure that we are recruiting the best qualified candidates. All candidates who are identified as a good match are referred to the hiring managers for a phone interview. After an initial, high-level 30-minute phone interview with the hiring manager, we invite the most promising candidates to a follow up, in-person or virtual interview with the full interview team. We ensure our interview teams are diverse to support our focus on diversity as an organization. All hiring managers and members of the interview team are trained in behavior-based interviewing and use a behavior-based interviewing guide specifically tailored to the position they are interviewing for. The interview team makes every effort to put the candidate at ease, recognizing that they are also looking for the right cultural fit. We capture team feedback in an applicant tracking system immediately following the interview.
8. **Select Candidates.** When an offer is made to a candidate, the hiring manager works closely with the hiring team to answer any additional questions, address any concerns and maintain a positive relationship with the candidate. If a candidate is not the best fit for the position they interviewed for, we maintain their information in case a better opportunity becomes available in the future. Candidates are notified in a timely manner over the phone or via email that, although they were not selected for this particular role, we still encourage them to apply for other positions that may better align with their skill set and experience.

Staff Training

The Passport team will collaborate with Kentucky experts, including those in DMS, DCBS, and the Department of Juvenile Justice (DJJ) to identify training needs. In compliance with the draft Kentucky SKY contract, Passport's education and training plan will be submitted within one hundred twenty (120) days of contract execution, as referenced in our Implementation Plan. We will ensure that DMS has a minimum of ten (10) calendar days to review Passport's education and training materials and that the final materials are

submitted to DMS within five (5) days of DMS review. The materials will be evaluated for needed revisions on an annual basis, or as required due to law or policy changes.

In-Depth Training on the Kentucky SKY Program for Passport Staff

All Passport staff who might interface with Kentucky SKY members or providers, not only those directly assigned to the Kentucky SKY Team, will be trained specifically to serve the Kentucky SKY population. This includes all customer service representatives, all provider relations staff, and all of our clinical team.

Kentucky SKY Training

Passport will provide a foundational Kentucky SKY education curriculum. This program will be designed to ensure that all staff receive the training, tools and supports needed to deliver the highest quality of care to our members while remaining compliant with our contract with DMS and applicable Commonwealth and federal requirements. It will also address the unique needs of this very vulnerable population, the role of the caregiver, and the requirements of the Kentucky SKY program.

This Kentucky SKY-specific training module will be included in the orientation training or, for existing employees, provided in separate training sessions. This instructor-led training will be offered in person and accompanied by written materials that reinforce the most important content.

The training will cover a range of topics, including the following:

- Overview of the foster care system
- TIC
- Adoption subsidy and how foster care members may qualify upon adoption finalization
- Challenges faced by former foster care members
- Common circumstances Kentucky SKY members experience, such as:
  - Multiple and frequent changes in placement
  - Changes in caregivers
  - Traumas experienced in their short lifetime and post-traumatic stress
  - Behavioral health and complex medical issues
  - Substance abuse issues—either personally or experienced in their home
  - Disruptions in education
  - Challenges when aging out of foster care and the risk of homelessness
- Caregiver's challenges and supports within the foster care system

- The Kentucky SKY covered services and requirements and how they differ from other Medicaid populations, such as the providers' responsibilities for:
  - Providing or coordinating health care services and behavioral health services, including medical consent, timelines, assessments, appropriate utilization of psychotropic medications and more, as required by DMS
  - Business processes and workflows
  - Coordinating with foster parents, caregivers and fictive kinship, social service workers, and adoptive parents
  - Coordinating with state DCBS and DJJ professional personnel, court-appointed special advocates (CASAs), judges, law enforcement officials, schools, private child-caring and child-placing agency staff, other Cabinet sister agencies, and other stakeholders
- The role and responsibilities of DMS, DCBS and the DJJ and the collaboration process with Passport
- Passport's staffing and infrastructure to support the Kentucky SKY program
- The role and availability of Passport's Kentucky SKY Care Management team and how to access the Care Coordinator
- The aging out process and Passport's support in transitioning our members
- The Building Bridges Initiative

The following training schedule will apply:

- All Kentucky SKY management team staff – hired and trained by August 1, 2020
- All Passport staff interfacing with Kentucky SKY members and providers – hired and trained by October 1, 2020
- All Kentucky SKY Care Coordination staff – hired and trained by December 1, 2020

G.3.iv. Establishing interfaces to information systems operated by the Department and DCBS; and

Interfaces to Other Information Systems

Our core business interfaces are longstanding and in place, lessening the risk associated with a full-scale implementation. We will validate any new or modified interfaces through extensive testing as part of our internal readiness review prior to the Commonwealth's Readiness Review.

As part of our core business over 250 data interfaces have already been set up to support the Kentucky business. This includes data exchanges to the subcontractors discussed in Section C.1, Subcontractors. During implementation process at Passport the dedicated Data Integration team works through extensive and detailed requirements and discovery sessions where requirements are gathered. Internally these requirements are then solutioned to ensure every requirement is satisfied and presented as part of the Implementation Solution sessions. These solution sessions are held internally with our SMEs from each of

the domains to provide a complete and thorough end-to-end solution. These requirements and solutions are reviewed and approved before entering the execution phase.

Once approved the requirements and solution documents are analyzed at a deeper technical level and detailed design/tech spec/gap analysis documentation is generated by our Systems Analysts. These detailed design documents are then provided to the software engineers to build out the interfaces. Once developed these interfaces are first tested by a group of functional testers who focus on the specific data level requirements of each interface. Once tested and approved by the functional testers the interface is then handed over to the Integration Quality team which then manages the end-to-end testing of the data flow using the interconnected interfaces.

End-to-end Testing (E2E) focuses on the validation of Inbound/Outbound interfaces by ensuring that data (Provider/Contract, Member, Claims, etc.) accurately flows to/from the interfaces in accordance to the Business Requirement and Technical Specifications documents. Additionally, Interface E2E testing entails testing with Vendors/Subcontractors. The testing engagement involves a common test strategy (scenarios) and data set that both entities review and execute against and where the execution results are collectively reviewed. Testing occurs in multiple iterations until a mutual determination of success is agreed to, that will thereby result in the closure of the joint testing cycle.

Enhancements to the Passport Program for 2021 as described in this RFP (including the Kentucky Health Information Exchange and the behavioral health claims insourcing) will follow the process outlined above for any Interface enhancements/updates.

Staffing to Support Implementation and Readiness Reviews

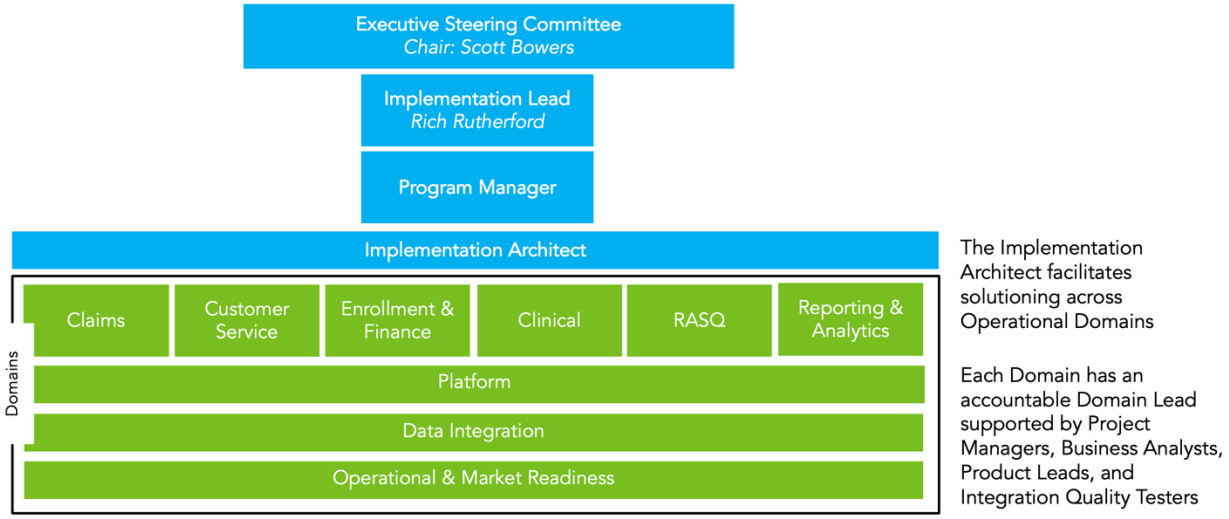
Passport draws from its talented team of health plan experts in every area of the current operations to support the implementation and readiness review effort. This includes the Implementation PMO to manage the overall readiness effort, Domain teams staffed with seasoned operational and technical experts, and an Implementation Architect to ensure the overall solution designed will effectively meet the needs of the market, all overseen by an Executive Steering Committee of Passport executives. Members of the Executive Steering Committee have oversight and accountability for the performance of their assigned operational areas and ensure that new contract requirements are seamlessly implemented in their operations. They are also accountable for ensuring that provider and member interests are reflected in decisions made through implementation. Collectively, we will continue to apply our deep health plan knowledge and local expertise to ensure successful delivery and readiness.

Implementation Lead Rich Rutherford, RN, BSN, PMP oversees our implementation and Readiness Review activities. Rich is a seasoned Project Management Professional and has leveraged his nursing background to lead several successful healthcare program implementations. Rich draws from his 20 years of experience to ensure a successful Readiness Review and Go-Live, minimizing risk to DMS, members and providers.

Rich is supported by a Program Manager, our Implementation Program Management Office (PMO) and receives oversight from our CEO, Scott Bowers and an Executive Steering Committee charged with ensuring the successful implementation. Rich and our Program Manager manage implementation activities, but

ultimately responsibility and authority for the implementation rest with Scott Bowers. **Exhibit G.3-5** depicts our implementation program's organization.

Exhibit: G.3-5: Implementation Program Organization



Implementation Lead and Program Manager responsibilities are reflected in **Exhibit G.3-6**.

Exhibit: G.3-6: Implementation Lead and Program Manager Responsibilities

Role	Responsibility
Implementation Lead	This resource serves as primary point of contact for executive leadership on the implementation. This role oversees a Project Management Office (PMO), Program Managers and Project Managers dedicated to the implementation. This role also drives the collaboration amongst the key stakeholders across domains to: • Drive accountability for the quality of overall service delivery for the implementation • Oversee the development of the end-to-end project plan • Ensure deliverables are met as per contractual agreements • Oversee the communications of the overall implementation progress, risks and mitigation plans Leads the coordination of all delivery resources and activities across the implementation domains through a coordinated set of project management tools.
Program Manager	This role serves as the primary day-to-day point of contact for implementation teams across the operational domains. This role is accountable for the oversight of the following: • Facilitates the development of consolidated project plan across operational domains • Manages the production of deliverables and the delivery timeframes across the domain project managers • Brings rigor to risk management to identify and communicate project risks early in the process, and facilitate subsequent issue resolution • Oversees the overall implementation progress, risks and mitigation plans and identifies and mitigates impacts across domains and workstreams Interfaces with project and domain teams to maintain consistent understanding of project status and identify variances to plan.

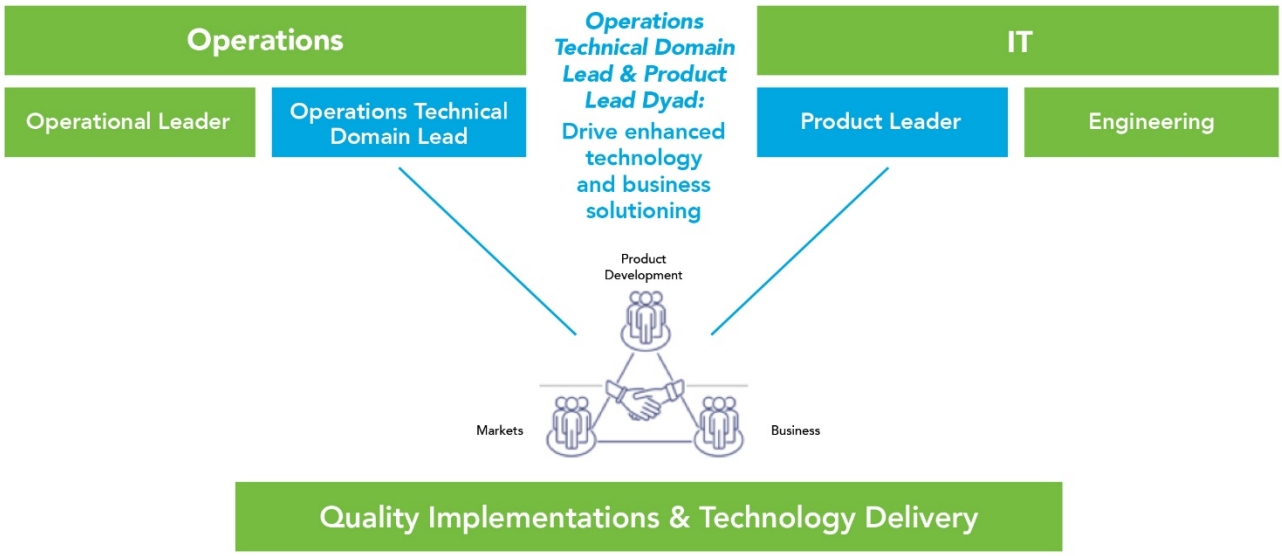
Each of the domains will have one or more individuals serving in each of five key PMO roles, as outlined in **Exhibit G.3-7**.

Exhibit: G.3-7: Implementation Lead and Program Manager Responsibilities

Role	Responsibility
Operations Technical Domain Lead	Responsible for leading the success of individual domains by providing subject matter expertise for operational functions and technology by collaborating with the operations and IT teams. The role is accountable for: • Guiding the implementations through the definition of requirements, solutioning and testing with the product manager, project manager, business analyst and testers • Defining and standing up the operations, including training, reporting needs, SOPs, SLAs, etc. • Facilitating domain-specific implementation committees and driving decisions during the implementation
Product Lead	Responsible for the design and development of product enhancements by collaborating with the Operations Technical Domain Leads and Business Analysts
Domain Project Manager(s)	• Coordinates the day-to-day delivery of the team members of the domains within the implementation structure • Supports the communications and collaboration between implementation and operations teams • Drives the maintenance of the overall domain plan, risk and issue log and status reports
Business Analysts	Supports the domains through requirements gathering and documentation, authoring solution designs and building solutions: • Create Business Requirements Documents • Define Acceptance Criteria • Collaborate on design definition/documentation • Create inventory of current state process flows Document new state process flows
Integration Quality Testers	Responsible for testing the configurations and all related components, data loads, infrastructure and workflow(s)

The **Operations Technical Domain Lead** and **Product Lead** play central roles in ensuring alignment between Operations and IT as part of a dyad as depicted in **Exhibit G.3-8**. As a senior level operational lead, the Operations Technical Domain lead, supported by domain-specific Business Analysts and Testers, will serve as the operational subject matter expert to guide requirements and operational stand-up, thus ensuring operational accountability and expertise are engrained in the implementation. The Operations Technical Domain Lead and the Product Lead for the domain will collaborate prior to and during implementation to identify any capability gaps and to determine solutions to close them.

Exhibit: G.3-8: Operations and Technical Delivery Alignment

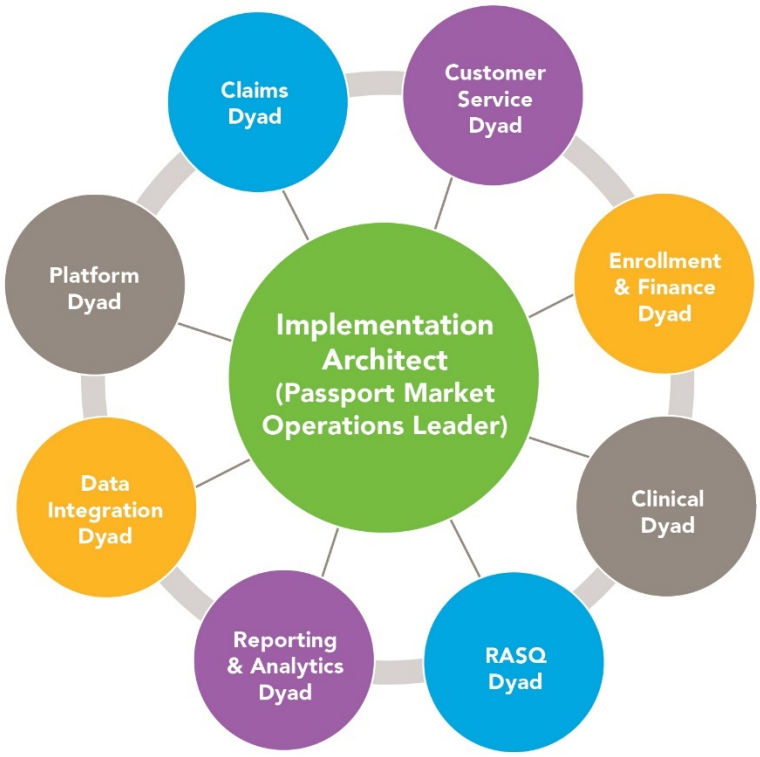


Lastly, connecting the domains together to ensure the overall solution meets the needs of the Kentucky providers and members is the Implementation Architect, as described in **Exhibit G.3-9** and depicted in **Exhibit G.3-10**.

Exhibit: G.3-9: The Role of the Implementation Architect

Role	Responsibility
Implementation Architect	This role will be filled by the senior market operations leader and acts as the hub for the overall solution being delivered, by spanning across all domain teams: • Responsible for driving solutioning across domains to ensure processes are designed using holistic, end-to-end approach. Includes facilitating business owner and domain lead signoff on all non-standard processes to ensure seamless execution upon go-live. • Ensures sustainable processes are developed during the implementation phase, and the correct staffing model is identified to execute on all new and refined processes. Allows Market Leader to assess any non-standard processes and make determination of potential staffing impacts. • Ensures processes put in place enable adherences to both service level agreements and regulatory requirements • Responsible for establishing plan to transition progressively to operations.

Exhibit: G.3-10: Implementation Architect as the Hub Connecting All Domains



The PMO collaborates with the Executive Steering Committee to champion specific member and provider needs within their functional areas. The PMO will support implementation activities. Readiness reviews will be supported by all hands—the PMO, Executive Steering Committee, and MCO clinical and operational staff.

To ensure stable post-go-live operations, we will stand up a Command Center at least 15 days prior to go-live to serve as a centralized entity to track status, identify issues, and mitigate risks. This solution groups key resources to speed the identification and resolution of issues.

The Louisville-based Command Center will be comprised of business owners, key stakeholders and delegate points of contact (POCs) for each operational team and will operate throughout the 90-day warranty period post go-live. The Command Center has an established escalation path to ensure efficient communication and involvement of appropriate business owners and support teams for issue resolution.

Each solution team will monitor the health of operations using a set of reports with key operational metrics to aid in the rapid identification of issues as shown in Exhibit G.3-11. Sample report templates are shown in Exhibit G.3-12 and Exhibit G.3-13.

Exhibit: G.3-11: Command Center Operational Metrics Monitored

Command Center Metrics Monitored

Solution Team	Report	Report Content/Metrics	
Call Center	Call Performance Report (member and provider)	# call received # called answered (CSR, IVR) # calls abandoned Abandon rate # calls answered in 30 seconds	% of calls answered in 30 seconds Average hold time Average call time Call backs
Enrollment & Eligibility	Enrollment Processing Dashboard	# of eligible members # of terminated members # of ID cards mailed	% of members with PCP assigned Date of last eligibility file load
Claims	Claims Aging Report Claims General Summary Report	# of claims received # of claims processed # of claims in inventory Inventory dollar amount Claims aging (0-7 days, 8-14 days, 15-21 days, etc.)	Claim level detail # of paid claims # of pending claims/line count Total claims/line count
Pharmacy	Claims Summary Report Plan Performance Report CVS Call Center Report	# paid claims # rejected claims % paid # reversed claims	Top rejection codes UM coverage determinations (approved, denied) and TAT (hours) Pharmacy call center stats (ASA, talk time, abandoned calls, hold time, etc.)
Utilization Management	Daily summaries of UM activities	# of calls received # of calls handled Turnaround Time / Queue Status Average speed of answer Abandon rate SVC Level	# of calls for Identifi issues # of calls for phone line issues # of requests received # of approvals # of adverse determinations
Appeals & Grievances	Identifi Appeals Detail Report Identifi Complaints Detail Repot	Case details for appeals and complaints	
Care Management	Report of issues logged in JIRA related to Care Management	Access issues Care team training issues	Workflow issues Functionality issues

Exhibit: G.3-12: Sample Report Template for Call Center Operations Monitoring

	Member Daily Call Stats														
Date	Total Calls Received	Total Calls Answered BY CSR	Total Calls Answered by IVR	Total Calls Answered	Number of Calls Abandoned	Number of Calls Answered within 30 Seconds	% of Calls Answered in 30 Seconds	Abandonment Rate	Average Hold Time min.sec	Average Call Time min.sec	Number of Members who Elected Call Back	Number of Successful Call Backs	Average Talk time of Call Backs (min:sec)	Average wait time of Call Backs (min.sec)	Longest time in queue of Outbound Calls
30-Dec															
31-Dec															
1-Jan															
2-Jan															
3-Jan															
4-Jan															
5-Jan															
Week 1															
6-Jan															
7-Jan															
8-Jan															
9-Jan															
10-Jan															
11-Jan															
12-Jan															
Week 2															
Jan															

Exhibit: G.3-13: Sample Report Template for Pharmacy UM Operations Monitoring

UTILIZATION MANAGEMENT - COVERAGE DETERMINATIONS

CVG DETERMINATIONS	JAN 07	JAN 08	JAN 09	JAN 10	JAN 11	JAN 12	JAN 13	JAN 14	JAN 15	JAN 16	YTD
TOT DETERMINATIONS	0	0	0	0	0	0	0	0	0	0	0
APPROVED	0	0	0	0	0	0	0	0	0	0	0
DENIED	0	0	0	0	0	0	0	0	0	0	0
EARLY CLOSE	0	0	0	0	0	0	0	0	0	0	0
TURNAROUND (HRS)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
APPROVAL RATE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

APPEALS	JAN 07	JAN 08	JAN 09	JAN 10	JAN 11	JAN 12	JAN 13	JAN 14	JAN 15	JAN 16	YTD
TOT DETERMINATIONS	0	0	0	0	0	0	0	0	0	0	0
APPROVED	0	0	0	0	0	0	0	0	0	0	0
DENIED	0	0	0	0	0	0	0	0	0	0	0
EARLY CLOSE	0	0	0	0	0	0	0	0	0	0	0
TURNAROUND (HRS)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
APPROVAL RATE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

All issues identified are logged into our JIRA tracking system. The POCs will be the intake points for all known issues and responsible for logging and maintaining them throughout the day. The Command Center will have a dedicated room for the team to congregate and hold stand up meetings and calls. During Command Center operations, the PMO will facilitate regular communications to interested stakeholders to minimize external distractions and keep the Command Center team focused.

While the market and plan operations teams are deeply embedded in the implementation, Passport executes a formal implementation-to-operations handoff plan to ensure the smooth transition from the implementation to the operations phase.

Planning and execution of the plan take place in tandem with the implementation and continues until 90 days after Go-Live. Exhibit G.3-14 describes the high-level components of the plan. The overall objective is to ensure operational stabilization through the execution of structured implementation close-out activities. The transition culminates in Executive program reviews conducted as the 90-day post go-live milestone approaches, to ensure Operations is ready to fully assume control of the new program elements.

Exhibit: G.3-14: Implementation to Operations: Key Components for 2021 Go-Live

Milestone	Owner	Timing	Description
Training	Training & Development, PMO	Start up to 90 days pre go-live	Series of training sessions focused on Behavioral Health claims processing, clinical program enhancements, SDoH, mobile application support, expanded provider network and changes in policies and procedures.
Reporting	Analytics Implementation Team	Up to 30 days before go-live to 60 days post go-live	Transition new and refined reports to Analytics Operations team after reports tested with live production data post go-live
Clinical	Clinical Implementation & Operations Teams	Up to 30 days before go-live to 60 days post go-live	Transition new and refined programs to Clinical Operations teams, and ensure that providers and members are well-cared for throughout and beyond the transition to operations
Interfaces	Data Integration	Up to 60 days post go-live	Transition new and refined interfaces to IT Operations team after interfaces tested with live production data post go-live
Integration Quality Go-Live Review	Integration Quality, PMO	30 days pre go-live	Review of testing status, critical defects and any outstanding tasks
Command Center Reporting	PMO & Market Operations	Start 15 days prior to go-live and continue 90 days post go-live	Daily command center reporting, post go-live issue resolution
Domain Status Review	PMO, Operational Domain Leads	Up to 30 days post go-live	Review Implementation Domain status with Market Operations, outlining any outstanding tasks or issues requiring resolution
Maintenance Meetings	Market Operations	Up to 60 days post go-live	Incorporate expanded 2021 capabilities into weekly, bi-monthly & monthly maintenance meetings: Market Operations, Operational Performance Reviews
Executive Program Reviews	PMO, Executive Steering Committee	90 days post go-live	Executive Review of Implementation Retrospective and formal Warranty Period Closure (with handoff of Implementation to Ongoing Operations)

G.3.v. Communicating with and educating Network Providers and Kentucky SKY Enrollees through a web site and required materials, and how that interaction will support program participation and program goals.

Effective Communications for Providers and Members Supports Program Participation and Program Goals

Passport leadership recognizes that Kentucky SKY is an ambitious and innovative approach to integrating and coordinating child welfare, juvenile justice, and Medicaid services. Such system change will require support and constant communication between Passport and its provider network and between Passport and its members.

Within two weeks (with approval by DMS, DCBS, and DJJ) of award notice, Passport will establish a web site dedicated to Kentucky SKY. It will contain resources for members, state agency staff, providers, guardians and family members, and the general public. The web site will contain basic information about the Kentucky SKY program and during implementation will be expanded to include the provider manual, the member handbook, contact information for customer service, provider relations, etc. Training materials including webinars and links to external resources also will be available.

Shortly after award notification, Passport will also use its e-news capacity to begin to inform our current provider network of the specific requirements of being a Kentucky SKY provider and the opportunities to improve care. Our provider relations staff will begin individual visits with existing and new providers to orient them to Kentucky SKY.

We will initiate a campaign to inform our current members about Kentucky SKY. The campaign will focus on new opportunities within Kentucky SKY, e.g., care coordination, and also on reassuring members that their existing Medicaid health benefits will continue. This outreach will be extended as we receive contact information for new enrollees transitioning into Passport. We will also focus on building partnerships with TAYLRD (Transition Age Youth Launching Realized Dreams) programs across the Commonwealth to connect with and educate late teams and former foster youth. Passport has an extensive presence on social media including Facebook, Twitter, and Instagram which will be used to supplement educational efforts for members. Some of our content, e.g. new member videos, were recognized with Digital Health Awards for Excellence in 2019.

Furthermore, our statewide network of community engagement professionals will be working through professional, advocacy, and community coalition contacts to make sure information about Kentucky SKY is widely available to our providers and members. This education will occur through booths at professional meetings and community events as well as through informal contacts in the course of community activity.

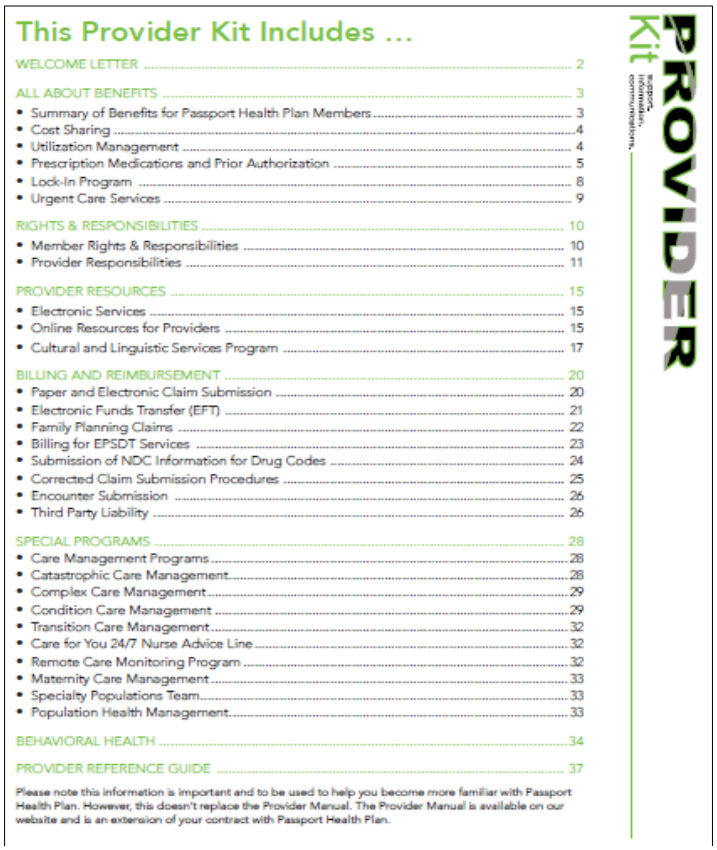
Provider Outreach

Education and Support for Kentucky SKY Providers

Our orientation activities begin with an introductory phone call from the Provider Relations team, which coordinates the on-site orientation training. Our Kentucky SKY-specific training module will be included in our orientation training for providers new to the Passport network, to providers who are new to serving our Kentucky SKY membership, and as part of Passport's new hire training requirements.

At the foundation of our initial touch point, the Passport Provider Relations specialist confirms that the provider has been able to successfully access Passport's provider website, provider portal and Kentucky HealthNet, all of which are critical in the provider's relationship with Passport and the DMS, including connection information with the Kentucky Health Information Exchange.

Exhibit G.3-15: Provider Orientation Kit



This Provider Kit Includes ...

WELCOME LETTER 2
ALL ABOUT BENEFITS 3
- Summary of Benefits for Passport Health Plan Members 3
- Cost Sharing 4
- Utilization Management 4
- Prescription Medications and Prior Authorization 5
- Lock-In Program 8
- Urgent Care Services 9

RIGHTS & RESPONSIBILITIES 10
- Member Rights & Responsibilities 10
- Provider Responsibilities 11

PROVIDER RESOURCES 15
- Electronic Services 15
- Online Resources for Providers 15
- Cultural and Linguistic Services Program 17

BILLING AND REIMBURSEMENT 20
- Paper and Electronic Claim Submission 20
- Electronic Funds Transfer (EFT) 21
- Family Planning Claims 22
- Billing for EPSDT Services 23
- Submission of NDC Information for Drug Codes 24
- Corrected Claim Submission Procedures 25
- Encounter Submission 26
- Third Party Liability 26

SPECIAL PROGRAMS 28
- Care Management Programs 28
- Catastrophic Care Management 28
- Complex Care Management 29
- Condition Care Management 29
- Transition Care Management 32
- Care for You 24/7 Nurse Advice Line 32
- Remote Care Monitoring Program 32
- Maternity Care Management 33
- Specialty Populations Team 33
- Population Health Management 33

BEHAVIORAL HEALTH 34
PROVIDER REFERENCE GUIDE 37

Please note this information is important and to be used to help you become more familiar with Passport Health Plan. However, this doesn't replace the Provider Manual. The Provider Manual is available on our website and is an extension of your contract with Passport Health Plan.

PROVIDER Kit

Assistance is offered to the provider if there have been any barriers to accessing any of these websites. The provider is also made aware of the tools available to them on the provider website, such as the Provider Orientation Kit, which includes information on Passport's special programs and how to access them (demonstrated in **Exhibit G.3-15**) as well as Passport's Provider Manual.

The Provider Manual includes helpful information that details all of Passport's plan benefits, policies and administrative procedures, as well as a dedicated section on requirements for Kentucky SKY providers. Information specific to the care of our Kentucky SKY members includes the following: eligibility primary care provider (PCP) exceptions, focus of Passport's Special Populations team and the agencies that Passport collaborates with for the care of our members, such as the DCBS. Our Provider Manual also describes the nuances of the guidance and requirements for our members in foster care; for example, children may receive services from a specialist without a referral and require prior authorization for the following services

only: inpatient hospital admissions, private duty nursing, home health services and any noncovered services, including early and periodic screening, diagnosis and treatment (EPSDT) expanded services.

Provider Relations Representatives (PRRs) visit providers at their offices on a regular basis. Dependent upon the providers' needs, the PRR may schedule monthly on-site visits and be available on an ad hoc basis to visit providers at any time. PRRs stay engaged with providers via telephone, email or other provider-preferred methods. Upon request, the PRR will return to the provider's office to conduct an in-person orientation refresher course or onboard new provider staff at any time.

Passport Continually Educates and Updates Providers

Passport *eNews* is a key communication method that the Provider Relations team uses to share timely information with participating providers in our network. Timely operational updates, announcements and information are shared with providers in real time via email. The distribution can be tailored to specific provider types, including Kentucky SKY providers for targeted messaging, or sent to all providers with communications that have a broader impact. Passport *eNews* communications are sent out weekly, on average. In 2018, approximately eighty (80) Passport *eNews* emails were sent to our provider community with information relevant to their practices. Passport also offers annual provider workshops at accessible locations across Kentucky so that providers from all regions have the ability to attend. Topics presented at previous workshops have included fraud, waste and abuse detection, Social Security Act Title XI, the role providers have in quality and Healthcare Effectiveness Data and Information Set (HEDIS) measures, third-party administrator transition training, DMS initiative training (i.e., Kentucky HEALTH) and billing and reimbursement practices. To ensure all providers have access to the training information at any time, Passport facilitates and then posts a webinar version of the workshop available on the provider portal.

Passport's Member Outreach

Passport's approach to member outreach and education centers around its philosophy of compassion, personalized communication, early engagement and face-to-face contact, focused on achieving integrated, whole-person care for its members. As we will describe throughout this section, we deploy numerous strategies across multiple teams to achieve higher engagement from members.

We work one-on-one with members in person in the community, at their provider offices and in their homes to help empower them to engage in their health care. Our goal is to persuade members to take control of their health and trust that we will be there to support them every step along the way, in any way that influences their health and well-being. We want them to know that we are there for them in their own community, especially when they need us most.

In addition to meeting members where they are, we believe the first ninety (90) days of their membership is a critical time to build trust and set expectations. Our initial engagement and education of the member is described below.

Kentucky SKY New Member Web Page

Though Passport's website provides its members with tools and information to keep them healthy. Passport's Kentucky SKY New Member Web Page will be tailored to specifically meet the needs of new Kentucky SKY members. It will walk Kentucky SKY members and their caregivers through what kind of outreaches they can expect to receive from Passport in their first days with the plan, such as a new member welcome kit containing a Member Handbook, a separate mailing with a Passport ID card and a phone call from Passport personally welcoming members to the plan and answering any questions the member or their caregivers may have. The Passport New Member Web Page also contains a checklist that members or their families or guardians can use to take charge of their health and their family's health from the start and get the most from their benefits. The checklist contains seven (7) easy-to-follow steps with instructions for our members to follow:

- Knowing the name of their PCP
- Scheduling their first PCP visit
- Learning more about their pharmacy benefits
- Saving the 24/7 Nurse Advice Line phone number
- Filling out their HRA
- Setting up an account on Passport's member portal
- Calling Passport with questions about how to better manage their health

Telephonic Outreach to Kentucky SKY Members and Their Guardians

Through multilingual telephone outreach programs, we provide information to Kentucky SKY members about their benefits, how to access them and focused reminders to children and their families about preventive health benefits and screenings, including information about disease progression and incentives for obtaining the screenings. These calls often serve as a basis for engaging members or their guardians in additional care coordination activities, for example assistance in scheduling appointments, transportation, or referral to community resources.

The SKY Care Coordinator also will outreach to members, their guardians and caregivers to deliver EPSDT-related messages. These outreach discussions will 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. Care Coordinators also confirm that the member, caregivers, and guardian knows who the assigned PCP is and how to access care.

Kentucky SKY High Fidelity Wraparound Care Management

Basic Care Management

All Kentucky SKY members will have access to care coordination. A Care Coordinator will develop an individual care plan with the member and/or caregiver that will detail interventions, therapies and action steps the member and/or other members of the care team will undertake.

Care plan development will always include attempts to obtain input from a member's PCP, dental provider, BH providers, specialists and other providers.

Kentucky SKY Care Management will take a holistic and member-centric approach. This approach is designed to provide support and resources for members and their families. Examples of this support include:

- Functioning as a health care advocate
- Helping to close gaps in care
- Locating and scheduling provider appointments
- Facilitating and/or arranging transportation
- Connecting the member to community-based organizations and resources
- Resolving barriers to access for needed care and services
- Addressing challenges related to SDoH, health disparities and health literacy

Passport will leverage a team-based model to support members. Members in foster care will be supported by a core team comprised of a Care Coordinator, the member, caregivers and social service worker (SSW). For members under adoption subsidy, the core team will be comprised of a Care Coordinator, the member and parent/caregiver. The core team for former foster care members will be the Care Coordinator and the member. As needed to support a member's progress toward his or her care plan goals, these core teams will be supplemented by providers, community supports, nurse Care Advisors, Passport BH clinicians, Passport psychiatrists, Passport's medical director, Passport's BH director, Passport behavior specialists, Passport registered dietitians and/or a Passport clinical pharmacist.

Our Community Engagement Department

Passport's member engagement strategy is best captured in the phrase "Better Health Together reflecting our fundamental belief that the best health outcomes result when Passport, its members, and providers work together. Passport has Community Engagement representatives embedded throughout the Commonwealth connecting members with Passport sponsored targeted community events and other health resources to meet individual needs.

Passport Community Engagement staff actively provide health and benefit education to members, participate on many local boards and collaborate with agencies that support DMS goals and its mission. Here are some locations/events where we outreach to and educate members in our community and meet them where they live, work, play, pray, learn and connect.

- Community area ministries

- Schools and school events
- Homeless shelters
- City and community development centers
- Substance use disorder recovery centers
- Prisons
- Community kitchens
- Community centers
- Libraries
- Pregnancy centers
- Health departments and other health care facilities
- Community action agencies
- Apartment complexes
- Mental health and substance abuse facilities
- Churches
- Reentry facilities
- Extension offices
- Colleges
- Career centers
- Goodwill and other thrift centers and food pantries
- Salvation Army
- Numerous other advocate locations

Community engagement representatives use these opportunities to further engage and educate members about their health and their health care benefits.

Other Member Communication Methods

In addition to the communications specifically targeted toward Kentucky SKY members and their families, Passport engages in extensive communication with all members. We communicate with our members in person, by phone, by email, by mail, by text message, through online chat, and through social media such as Facebook, Twitter, Instagram, and others. A high-level overview of Passport's communications methods are included in **Exhibit G.3-16** Communication Methods, Strategies, and Key Messages below.

Exhibit G.3-16 Communication Methods, Strategies, and Key Messages

Communication Method/Strategy	Key Messages and Objectives
Broadcast Media • Local and cable TV • Local and public radio **Print** • Local, county newspapers • Provider and professional publications • Lifestyle magazines • Flyers and brochures **Outdoor** • Mass transit ads, bus shelters, vehicle wraps • Billboards and mobile billboards • Signage at key Kentucky venues	• Promote Passport's Mission: To Improve the Health and Quality of Life of Our Members • Promote and Improve Access to Health Benefits
Targeted Events and Sponsorships with representation by Passport Community Engagement Team	• Provide In-Person Access to Community Engagement Representatives • Collaborate with Advocate Agencies to Ensure Access to Needed Services
Web/Social Media • Facebook • Twitter • Pinterest • Instagram • YouTube • Text messaging • Mobile-friendly website • Digital advertising • Search-engine marketing	• Increase education for prevention and disease management • Reinforce Department for Medicaid Services (DMS) messages through various social media mediums
Direct-to-Member Messaging • Direct mail • Email • Text messages • Outbound calls • Newsletters • On-hold messaging	• Send educational information directly to members • Invite member participation at community events • Remind members to seek preventive care • Reminders about appropriate use of the emergency department

Development of Material to Support the Program

Passport has an existing library of approved, award-winning materials developed by our in-house, Kentucky-based Communications teams that we use to engage with providers, members, staff and the community and to support program requirements. These materials are broad-based and include:

- Member Education and Communications:
  - New Member On-Boarding 90-Day Plan
  - New member videos
  - PHM Program Collateral including brochures, letters & videos
  - Regulatory letters
  - Member Handbook
  - Additional member educational materials specific to Kentucky SKY
- Provider-facing Materials
  - Provider manual
  - Materials on PHM Programs and engagement approaches
  - Regulatory letters
- Employee Training & Compliance Materials
- Program policies & procedures
- Desktop procedures & job aids
- Training modules

We will evaluate all existing materials in our planned Transition Communications Center to optimize impact, to align with Passport's latest programs and to ensure compliance against the latest regulations.

Passport also uses various methods to continually adapt our materials to reach Kentucky's various populations and audiences effectively, such as:

- Use of local focus groups
- Using best practices to meet the needs of various Kentucky stakeholders (such as specific cultural nuances and language needs)
- Collaboration between internal subject matter experts and teams
- Use of data from past communications to determine effectiveness
- Use of local talent and visuals
- Kentucky Medicaid/SKY Regulations

Communications experts in individual departments are typically responsible for helping determine the content and distribution method of their requested materials. However, our Transition Communications Center & central creative services teams will assist in the content review, printing and fulfillment process throughout the implementation.

Our extensive, existing supporting material, coupled with our depth and breadth of experience in Kentucky, means that we are ready as needed to deploy new and refined materials to successfully support the new contract. The development of new and refined materials, focused on critical updates and program enhancements, is built into our Program Implementation Plan. New and updated materials will be coordinated with DMS for approval.

G.3.b. Describe the Contractor's approach for building relationships with DCBS staff at the Service Region and county level, and with Department for Juvenile Justice (DJJ) staff at the Community District level to support enhanced coordination of care, reduced duplication of services, and improved access to the most appropriate services to meet the needs of Kentucky SKY Enrollees. Please address education, training, communications, and process development.

Passport recognizes the importance of building trusting relationships and promoting open communication as key to the success of the SKY contract. As such, Passport anticipates locating care coordinators and other designated SKY staff throughout the state to promote strong and supportive collaboration. As agreed to by DCBS and DJJ, we will look to co-locate staff in DCBS Service Region and DJJ Community District offices. This plan mirrors our current foster care team which has been successful at building relationships with DCBS staff at the county and Service Region level through the assignment of team members to specific DCBS offices.

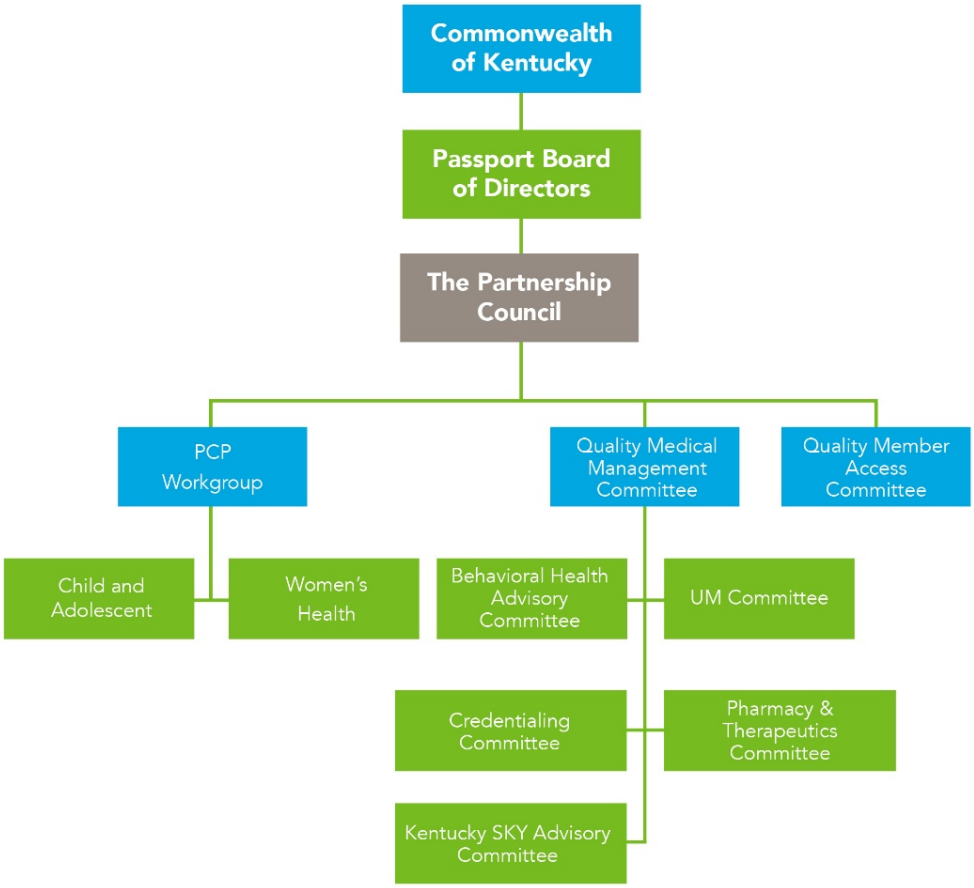
The assigned team member is responsible for meeting on a regular basis with each of their assigned regions. In their day to day work, they make contact with Service Region Clinical Associates, DCBS Family Service Office Supervisors and Social Service Workers on behalf of foster care members to obtain and share information, understand needs, and coordinate care. One of our passions is around avoiding duplicative care (such as repeat immunizations of children) due to lack of medical history available to caregivers and providers. We work hard to establish and maintain relationships with staff at county/Community district level to promote the best interests of the members. We understand from our experiences that these relationships are key to successful ongoing collaboration for process improvement and, more importantly, vital to providing care coordination for our members.

While our work with DJJ has not been as extensive as it has with DCBS, we have worked with them to share member medical history and other information when needed. We are already working to build our relationships with DJJ, beginning at the regional level with a first meeting scheduled to reestablish connections and listen to how we can currently be of service to them.

To insure a voice for state agency staff in the governance of the SKY contract, upon award of the Kentucky SKY MCO contract, Passport's Quality Organization Structure will be enhanced by establishing the Kentucky SKY Advisory Committee, a sub-committee to the Quality Medical Management Committee (our Quality Improvement Committee (QIC)) focused specifically on Kentucky SKY population. The Kentucky SKY Advisory Committee's relationship to overall Passport governance is shown in **Exhibit G.3-17**. In addition to

providers from the community and DCBS representatives, this new committee will include current foster care members, former foster care members, foster parents, and adoptive parents and would be fully accountable for ensuring access to care, integration of care, and quality of care for all SKY enrollees.

Exhibit G.3-17: Passport Health Plan Quality Organization with Kentucky SKY Advisory Committee



This committee will report up to the Quality Medical Management Committee (QMMC). The QMMC is Passport's Quality Improvement Committee (QIC), chaired by Passport's Chief Medical Officer, and is responsible for ongoing oversight of quality program deliverables. As our QIC, the QMMC serves as the primary conduit for achieving our holistic organizational goals for quality which flow from DMS' stated priorities of transforming the program; engaging individuals to improve their health and engage in their healthcare; significantly improving quality of care and healthcare outcomes; and reducing or eliminating health disparities. Through its oversight of quality for the entire Passport organization, the QMMC facilitates our organization's focus on whole-person care across the full spectrum of needs and services, regardless of whether these services are delivered directly by Passport, or via a subcontracted arrangement. The Partnership Council is an approving body for the QMMC and ultimately reports to Passport's Board of Directors.

Education and Training

Due to the unique needs of foster youth and other SKY members, Passport recognizes the need for a strong training component. As described elsewhere in this response, Passport's SKY team will work with the Department, DCBS, DJJ and other state agencies to identify and provide training throughout the Kentucky SKY system of care.

We are committed to ensuring that services delivered through SKY will be trauma-informed, use evidence-based practices, and take into account the impact of ACES in the lives of our members. In addition to state agency staff and providers, Passport is reaching out to law enforcement and judges. Furthermore, through our community engagement efforts, we are offering educational events directed toward the broader community within the Commonwealth to promote a wide understanding of the needs of Kentucky SKY members. Section G.7 contains an extensive description of the training materials that we will use.

Passport will submit its educational and training plan and materials to the Department for review and feedback. Training materials will be updated at least annually, and more often if a change in law or policy alters the content of the training materials.

Communication

In addition to the availability of SKY care coordination and other staff to the county and Regional DCBS offices, the Project Manager, the Executive Director, and the SKY management team will be available to meet with state agency staff at their offices in Frankfort throughout the planning, implementation, and deployment phases of the SKY contract to strengthen relationships and address any challenges that develop.

Process Development

Passport has proposed structures at the county, regional service and community district, and state-wide level to promote full participation of all stakeholders in the development of processes to achieve the goals of the SKY program. As described in this section, these structures include extensive project management resources as well as formal and informal mechanisms to seek input, negotiate standards, and monitor outcomes.

Conclusion

Our many years of serving Kentuckians has provided us with extensive implementation advantages, proven operating systems, a large, statewide provider network, a high-performing local team, and significant experience working with members and stakeholders throughout the Commonwealth. Even so, Passport employs standard project management techniques and a carefully prepared project implementation plan to ensure a low-risk, smooth transition to the new contract. We are committed to delivering a successful implementation to deliver on 2021 SKY program requirements and to providing an exceptional experience to our Kentucky SKY members and providers alike.

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.

G.4 Kentucky SKY Contractor Educational and Training Requirements



G.4. Kentucky SKY Contractor Educational and Training Requirements

a. Describe the Contractor's proposed approach for collaborating with experts including the Department, DCBS, and DJJ to identify Provider training needs. Please include examples from other Contractor programs exhibiting collaboration with state agencies to identify training needs.

b. How will the Contractor ensure that the Contractor's staff and Network Providers (including but not limited to hospitals, pharmacies, and specialty Providers) receive in-depth training on the Kentucky SKY program, including what is and is not allowable exchange of information in a HIPAA-compliant organization, to preserve and support continuity of care. Describe how the Contractor will ensure Network Providers are aware of the requirements of the Kentucky SKY program, and how the needs of this population may differ from those of the Medicaid managed care population?

c. Describe how the Contractor will educate Law Enforcement Officials, the courts, judges, attorneys, and judges about the Kentucky SKY program.

Introduction

Passport is committed to improving services to foster youth, former foster youth, adoption assistance members and dually committed youth through a targeted program of initial and ongoing training for our staff and our large and diverse network of providers. We ensure that all Passport staff and our network providers understand the unique needs of the Kentucky SKY population and the importance of incorporating trauma-informed care (TIC) into every interaction with members, their families and caregivers. This section describes our plan to accomplish these goals, which includes strategies and partnerships to assess, monitor and address the training needs of Passport's provider network and staff serving Kentucky SKY members.

G.4.a. Describe the Contractor's proposed approach for collaborating with experts including the Department, DCBS, and DJJ) to identify Provider training needs. Please include examples from other Contractor programs exhibiting collaboration with state agencies to identify training needs.

Passport's Collaborative Approach with Experts for Provider Training Needs

Throughout its history, Passport has worked closely with state agencies and community experts to improve services for its members, including in the development of training resources. Our current foster care team works closely with the Department for Medicaid Services (DMS) and the Department for Community Based Services (DCBS) to ensure the needs of our foster care members are met. For example, through these relationships we identified a gap in knowledge about managed care processes for many therapeutic foster care and residential agencies in the commonwealth. In response, our foster care team proactively reached out to agencies, establishing relationships and training staff on how they could work with Passport for the

benefit of members placed in their care. Many of these agencies now regularly contact our foster care team for information and assistance.

Passport has a seasoned Health Integration team that has an extensive history of formal and informal training provisions. Four (4) of the members of the Health Integration team and the chief medical officer have all had faculty appointments with universities to provide formal training. The fifth member of the team was responsible for the training of the behavioral health (BH) team and non-BH staff in BH issues affecting offenders at Kentucky's Department of Corrections before joining the Passport team. As a provider-driven organization, Passport holds many relationships with providers in the community who have expertise and experience in providing training about their areas of practice.

In compliance with the draft Kentucky SKY contract, Passport's education and training plan will be submitted within one hundred twenty (120) days of contract execution, as referenced in our Implementation Plan. We will ensure that DMS has a minimum of ten (10) calendar days to review Passport's education and training materials and that the final materials are submitted to DMS within five (5) days of DMS review. The materials will be evaluated for needed revisions on an annual basis, or as required due to law or policy changes.

Gaining Wide-Ranging Insights for Effective Provider Training

The Passport team will collaborate with Kentucky experts, including those in DMS, DCBS, and the Department of Juvenile Justice (DJJ) to identify provider training needs. Based on this collaboration, we will develop and promote a provider education program that leverages the strengths, insights and abilities of all participants to successfully deliver on the goals of the Kentucky SKY program. Passport has identified topics to include in our comprehensive Kentucky SKY education curriculum, including the topics listed below in the "Passport Ensures Provider and Passport Staff are Educated about Kentucky SKY" section of this response. Passport will further develop curriculum content to address knowledge gaps based on input from representation of county, regional and Kentucky experts. The experts that Passport will consult with include:

- DCBS social service workers and Central Office team members
- DJJ workers
- DCBS Recruitment and Certification workers
- Therapeutic foster care agency staff
- Residential treatment facility staff
- Providers
- Court designated workers
- Adoptive parents
- Foster parents
- Fictive kin
- Former foster youth

We have learned during our long tenure of training providers that partnering with outside experts can lend added importance and credibility for the training curriculum, thereby maximizing provider attendance and participation. For example, Passport has partnered with the University of Kentucky College of Social Work's Training Resource Center (TRC) to administer TIC trainings with law enforcement, providers and other stakeholders around the commonwealth. The mission of the TRC is to provide training, technical assistance, service and evaluation to professionals and caregivers working to improve the well-being of families, children and communities. The TRC has been designing and implementing child welfare training, evaluation and service programs across the commonwealth for nearly three (3) decades.

A variety of provider types will be queried for knowledge gaps and barriers to delivering services to Kentucky SKY members. Insights and feedback from providers will help direct the mode of delivery of the training. Provider representation includes primary care providers, BH providers, other specialists and dental providers, as examples. The expertise of foster parents, adoptive parents, fictive kin and former foster youth are also essential to understanding how providers can be more effective in the delivery and coordination of care for Kentucky SKY members. We have learned that it is critical to get individuals with lived experience in the system (both youth and parents) to ensure the voice of these experts are brought forward as part of the foundation of what is developed and updated over time. Their input will be key in determining where gaps exist.

To minimize disruption to stakeholders' day-to-day responsibilities, Passport will use regularly scheduled meetings or events whenever possible to obtain training input and feedback.

Passport's Collaborative Experience with State Agencies to Identify Provider Training Needs

Passport looks forward to working collaboratively with DMS, DCBS and DJJ to identify training needs for those providing services to the Kentucky SKY population, and to address these needs with targeted educational programs. The discussions may occur during regularly scheduled meetings with state agency staff or as a result of a specific issue that arises, such as the need for increased TIC, as exemplified in Kentucky SKY Use Case 1. As part of this collaboration, Passport will share provider monitoring data with state agencies to provide insights that might not otherwise be available to them and work jointly with the state agencies to address any issues that are identified through new or modified training. We are confident that Passport's partnership with DMS, DCBS and DJJ will result in a training curriculum that improves the quality of services throughout the Commonwealth. Furthermore, as described below, we have engaged known and reputable content experts to help plan, create and deliver the comprehensive training that providers need to better serve the Kentucky SKY population. These experts are critical components of our plan to serve the Kentucky SKY population.

As part of our collaboration activities, Dr. David Hanna, Ph.D., a licensed clinical psychologist and BH manager with Passport, worked with the Social-Emotional Health Subcommittee of the State Interagency

Council (SIAC) in 2019 to plan and deliver training on TIC at the annual System of Care conference. He also participated as a panel member for a discussion of the film *Paper Tigers*.

In 2017, Dr. Liz McKune, Passport's vice president of Health Integration, partnered with Dr. Melissa Currie, professor at the University of Louisville School of Medicine Department of Pediatrics and director of Forensic Medicine of the University of Louisville, to conduct a presentation for clinicians and law enforcement officers at the Focusing on Treatment and Care Conference titled, "Child Forensics: A Collaborative Effort." Dr. McKune was previously the director of Mental Health for the Kentucky Department of Corrections and was responsible for implementing a TIC initiative for the Department of Corrections, including the implementation of trauma-informed treatment options for offenders across Kentucky. She previously received a GAINS Center grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), multiple grants from the Greater Cincinnati Health Foundation, and a Bureau of Justice Administration grant to help bring case management and TIC to offenders as part of reentry to the community for Kentucky. Dr. Currie and Dr. McKune combined forces at the Adanta Community Mental Health Center Conference to provide training for clinicians and first responder law enforcement providers across Eastern Kentucky.

This workshop, a Passport-sponsored program from 2010-2019 for physicians, other providers, emergency departments and emergency responders, focused on educating first responders about how to identify signs of trauma and child abuse in infants and children. Dr. Currie's experience educating on this topic includes hundreds of workshops and trainings across Kentucky regarding signs of abuse through her role as director of Forensic Medicine.

The DJJ and the Administrative Office of the Courts (AOC) recently adopted a risk assessment tool for youth in DJJ to identify criminogenic factors and needs of DJJ youth. While at Kentucky's Department of Corrections, Dr. McKune was the lead trainer for the implementation of the risk assessment tool for all offenders, which identifies the criminogenic factors and needs of offenders to prevent recidivism of offenders returning to jail or prison after leaving, and can leverage this involvement in the adoption of the risk assessment tool for youth. Dr. McKune's experience also includes being a presenter at national conferences for the GAINS Center, the American Correctional Association and the National Commission on Correctional Health Care about Kentucky's experience in this area with adult offenders. Through her faculty role with Spalding University's School of Professional Psychology, she assisted doctoral candidates in conducting dissertations on the effectiveness of these programs in Kentucky. In addition, Dr. Cheryl Hall served as a program administrator with the Department of Corrections and has been active in Passport's work with the transition of adult offenders from facilities into care in the community. Both Dr. McKune and Dr. Hall will provide trainings for internal and external teams about criminogenic factors that lead to recidivism and how they closely align to Social Determinants of Health (SDoH) to support effective treatment plans that include addressing the factors identified through the DJJ/AOC risk assessment tool to reduce recidivism.

Passport has continued to partner with others in an effort to identify and provide training for providers. Using his experience as a provider of publicly funded services and working for a managed care organization

(MCO), Dr. Hanna presented at the Cabinet for Health and Family Services (CHFS) 6th Annual Systems of Care Academy in June 2019. He presented on working with MCOs from a provider perspective.

Passport has participated in conferences and conducted training for providers, including the following:

- Integrated Care Models for the Kentucky Primary Care Association
- Navigating Value-Based Agreements for the Kentucky Psychological Association
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) training provided one-on-one with providers
- Training about Project ECHO with Kentucky Primary Care Association in an effort to create a Project ECHO in Kentucky to target improving the quality of medication-assisted treatment (MAT) services
- Creating Integrated Care Models for the Kentucky Psychological Association
- Innovations in Medicaid Behavioral Health for the 10th Annual Innovations in Medicaid Conference
- Addressing SDoH for the 10th Annual Innovations in Medicaid Conference
- Elevating the Health and Safety of the Community for the 45th Annual Dr. Joseph H. McMillan National Black Family Conference
- Impact of Medicaid on Service Access for the Judicial Symposium on Addiction and Child Welfare
- Improved Health Outcomes: Youth Suicide for the SIAC
- Improving Health Outcomes by Addressing SDoH and Partnering in Community for the Louisville Veteran Affairs Staff
- Changing Landscape of Health for the University of Louisville Psychology Department Training Symposium

In addition to regular interactions with DCBS staff about the needs of foster care members, Passport regularly attends and participates in quarterly meetings with DCBS regarding a variety of topics that affect providers and our members in foster care and collaborates with providers to resolve issues affecting access to care. These interactions also serve as an opportunity to recognize potential education and outreach needs or possible training gaps and the opportunity to work jointly with the appropriate state agencies to address them.

Passport's Governance Model Ensures Provider Trainings for our Kentucky SKY Population

Further expert insight on training needs will be obtained through the proposed Kentucky SKY Advisory Committee, which will operate as a subcommittee of the Quality Medical Management Committee (QMMC), Passport's Quality Improvement Committee. This committee will include providers, foster parents, state agency staff, Kentucky SKY members and advocates. The committee will review training curriculum and provide feedback on needed training topics and how to best reach the target audiences.

G.4.b. How will the Contractor ensure that the Contractor's staff and Network Providers (including but not limited to hospitals, pharmacies, and specialty Providers) receive in-depth training on the Kentucky SKY program, including what is and is not allowable exchange of information in a HIPAA compliant organization, to preserve and support continuity of care. Describe how the Contractor will ensure Network Providers are aware of the requirements of the Kentucky SKY program, and how the needs of this population may differ from those of the Medicaid managed care population?

Passport Ensures Providers and Passport Staff Are Educated About Kentucky SKY

Training and education are a cornerstone of Passport and vital in ensuring that its members have access to the care and services they need and deserve. This becomes even more important for the often medically and behaviorally complex members of Kentucky SKY. Caring for this very vulnerable population requires an in-depth knowledge of the Kentucky SKY requirements and a full appreciation for their unique needs and circumstances. Our structured training and education program ensures that Passport staff and the Passport providers that serve its Kentucky SKY members participate in initial and ongoing training that addresses the unique needs of Kentucky SKY members, the role of the caregiver, and the requirements of the Kentucky SKY program.

In-Depth Training on the Kentucky SKY Program for Passport Staff

All Passport providers are assigned a Provider Relations Representatives, whose job is to communicate Passport expectations in the delivery of care and to help resolve any difficulties that occur. With consultation from the Kentucky SKY Provider Relations liaison, all Provider Relations Representatives will receive training in expectations for Kentucky SKY providers. This training will include information about the unique needs of Kentucky SKY members, TIC and evidence-based practices appropriate for this population. Provider Relations Representatives are also trained to support providers in areas essential for successful practice within a managed care environment, including:

- Claims processing and provider data
- Kentucky Health Information Exchange
- Passport Provider Portal
- Passport website
- DMS/fee schedules
- Health Insurance Portability and Accountability Act (HIPAA)-compliant information exchange
- How to preserve and support continuity of care
- Provider contracting
- Passport Provider Manual
- Kentucky HealthNet
- Passport's policies and procedures
- Provider site visits
- What is and is not allowable exchange of information

Passport's employees serving Kentucky SKY members and provider support team staff will receive ongoing quarterly in-service training and education on new or relevant topics. **Additionally, we require our Passport Kentucky SKY employees and provider support team to complete the same training our providers serving our Kentucky SKY members receive, as described below.**

Initial Kentucky SKY Training for Providers

Passport will provide a foundational Kentucky SKY education curriculum to our providers serving our Kentucky SKY members. This program will be designed to ensure that all providers receive the training, tools and supports needed to deliver the highest quality of care to our members while remaining compliant with our contract with DMS and applicable Commonwealth and federal requirements. It will also address the unique needs of this very vulnerable population, the role of the caregiver, and the requirements of the Kentucky SKY program.

This Kentucky SKY-specific training module will be included in the orientation training for existing providers (including hospitals, pharmacies and specialty providers), providers new to the Passport network, providers who are new to serving our Kentucky SKY membership, and as part of Passport's new hire training requirements. This instructor-led training will be offered in person and via webinar and accompanied by written materials that reinforce the most important content.

The training will cover a range of topics, including the following:

- Overview of the foster care system
- Overview of the juvenile justice system
- TIC
- Adoption subsidy and how foster care members may qualify upon adoption finalization
- Challenges faced by former foster care members and dually committed youth
- Common circumstances Kentucky SKY members experience, such as:
- Multiple and frequent changes in placement
- Changes in caregivers
- Traumas experienced in their short lifetime and post-traumatic stress
- Behavioral health and complex medical issues
- Substance abuse issues—either personally or experienced in their home
- Disruptions in education
- Challenges when aging out of foster care and the risk of homelessness
- Caregiver's challenges and supports within the foster care system
- The Kentucky SKY covered services and requirements and how they differ from other Medicaid populations, such as the providers' responsibilities for:

- Providing or coordinating health care services and BH services, including medical consent, timelines, assessments, appropriate utilization of psychotropic medications and more, as required by DMS
- Business processes and workflows
- Coordinating with foster parents, caregivers and fictive kinship, social service workers, and adoptive parents
- Coordinating with state DCBS and DJJ professional personnel, court-appointed special advocates (CASAs), judges, law enforcement officials, schools, private child-caring and child-placing agency staff, other Cabinet sister agencies, and other stakeholders
- The role and responsibilities of DMS, DCBS and the DJJ and the collaboration process with Passport
- Understanding the roles of DCBS and DJJ for daily committed use, including
- The role of each department in terms of custody and guardianship, and how DCBS's legal custody supersedes DJJ's in terms of legal and health decisions
- How discharge planning is determined for dually committed youth from each department
- The appropriate contacts within each agency and how those contacts work with each other
- The role of the court vis a vis the requirement of both agencies
- The limits of SKY oversight for DCBS committed youth placed in a DJJ lock down facility
- Passport's staffing and infrastructure to support the Kentucky SKY program
- The role and availability of Passport's Kentucky SKY Care Management team and how to access the Care Coordinator
- The aging out process and Passport's support in transitioning our members
- The Building Bridges Initiative

Tracking Passport's Initial Kentucky SKY Training for Providers

Passport's Kentucky SKY providers will be separately identified within our provider database to allow for monitoring of completion of all training requirements. Providers with existing contracts with Passport will complete contract addendums spelling out the required elements of providing services to Kentucky SKY members. New providers will have these elements incorporated into their contracts. Provider Relations Specialists will provide Kentucky SKY Initial Training to new providers within 30 days of being active in the Passport provider network. Through regular outreach via email, phone and in-person visits, Provider Relations Specialists will track and monitor to ensure trainings are completed. When web-based trainings are completed as part of Passport's Kentucky SKY Initial Training program, a record of completion of each training will be created and stored in a database.

Ongoing Kentucky SKY Training for Providers

Passport will also provide ongoing training to primary and specialty medical providers, BH providers and dental providers who serve our Kentucky SKY members with a focus on compliant and collaborative care. Passport's trainings are often conducted in collaboration with community partners who are considered experts in the curriculum being delivered. Examples of community partners Passport would seek to collaborate with to provide trainings are:

- Kaplan Barron Pediatrics and Physicians to Children—"Experience providing a medical home for foster care and adoption subsidy members"
- Dr. Hanna with TIC—"Common diagnoses and misdiagnoses in the Kentucky SKY population"
- Pastor Edward Palmer, V. Faye Jones, MD, and other experts for trainings on racial disparity in health equity and child-serving systems
- Dr. McKune and Dr. Hall with DJJ and AOC staff on integration of criminogenic risk factors that impact and enhance SKY care plans
- Kent School of Social Work, Spalding School of Social Work, Western Kentucky University (WKU) School of Social Work and University of Kentucky School of Social Work—"Trauma-informed care"
- Former foster youth, adoptive parents, foster parents and fictive kin for foster life experiences and perspectives

Training topics for ongoing education sessions build on the foundations received during Kentucky SKY Initial Training. Ongoing training modules include the following:

- Passport's High Fidelity Wraparound Approach
- The Impact of Adverse Childhood Experiences (ACEs)
- Child and Adolescent Needs and Strengths (CANS)
- Screening for and identification of BH needs
- Crisis intervention services
- Passport's care coordination and how to access the care coordinator
- Covered services
- Neonatal abstinence syndrome
- Substance exposed infants
- Screening for and identification of BH disorders
- Performance measures and health outcomes
- Criminogenic Factors and Reduction of recidivism

Tracking Passport's Kentucky SKY Ongoing Training for Providers

We track attendance of our ongoing training sessions in several ways. When a Provider Relations Representatives delivers a training session in person in a provider office, the Provider Relations

Representatives records the date the training session was completed for each provider. When webinar or web-based trainings are completed, an attendance log is created and stored in an internal database that Passport's Provider Relations team can refer to as needed. We will also offer interactive online trainings to providers. These web-based trainings have knowledge checks throughout, ensuring that providers are engaged with the material being presented to them. At the end of both online and in-person education sessions, providers must sign an attestation stating that they completed the training. This attestation shows the name of the course, the name of the provider and the date completed. Passport stores copies of these attestations in an internal database.

Passport's Workshops and Webinars for Additional Training

In addition, providers are invited to in-person workshops or educational webinars hosted by Passport throughout the year. Passport engages departments throughout the health plan to contribute to and help facilitate our webinars. For example, Passport has hosted the webinars, such as "Opioid Use Disorders TeleECHO Clinic, "Targeted Case Management" and "Passport Behavioral Health: Autism Services and Behavioral Analysts Webinar," as illustrated in **Exhibit G.4-1**, that were conducted in collaboration with subject matter experts from cross-functional teams within Passport.

Exhibit G.4-1: Passport Behavioral Health: Autism Services and Behavioral Analysts Webinar



Ensuring the Effectiveness of our Trainings

At the end of each provider training session or workshop, Provider Relations Representatives ask participants to complete a survey to assess provider satisfaction with the presenters, training materials, content of the training and its effectiveness. The Provider Network team uses this feedback to constantly improve Passport's provider training program. Provider Network team leadership also conduct random audits of provider training visits to determine whether on-site trainings meet Passport's objectives. We administer surveys online after trainings have been completed. Survey results, along with a roster of training attendees, are stored in a Passport database.

Training Follow-Up to Ensure Attendance and Adherence

As a follow-up to training sessions and workshops, Passport Provider Relations Representatives review attendance against reservation rosters to identify any provider not in attendance. After identifying providers who reserved but did not attend a training session, a Provider Relations Representative contacts each provider to reschedule training, offering the option of a one-on-one training session. Provider Network Representatives work with each provider's preferences, and one-on-one training can be completed in person or via webinar or conference call.

Additionally, we regularly monitor adherence to the Passport training. For example, Passport is committed to all Kentucky SKY providers taking a trauma-informed approach in care, using evidence-based practices and adopting clinical practice guidelines. Our dedicated Kentucky SKY provider liaison reviews our provider file to make sure that all providers have completed the required trauma-informed training. To help us more closely monitor the provision of TIC by our providers, Passport implements member, legal guardian and foster parent/caregiver surveys specific to provider experiences. These surveys are specific to each provider, allowing for targeted support when needed. These member/family surveys supplement our ongoing monitoring of TIC, including pop quizzes and provider audits.

G.4.c. Describe how the Contractor will educate Law Enforcement Officials, the courts, judges, attorneys, and judges about the Kentucky SKY program.

Educating the Kentucky Judicial System About the Kentucky SKY Program

Passport's cross-functional team of associates has deep and diverse experience in Kentucky Medicaid managed care as well as with the foster care and judicial systems (professionally and as foster parents and adoptive parents). Collectively, our employees bring to Passport first-hand knowledge and proficiencies working with:

- New Vista of the Bluegrass
- Community Mental Health Centers
- The family court system
- DJJ law enforcement
- Therapeutic foster care agencies
- Residential treatment facilities
- Children's Review Program
- AOC, Kentucky Court of Justice
- Kentucky Department of Corrections

Through this shared knowledge and experience, the Passport team appreciates the benefits that a thorough understanding of the Kentucky SKY population and systems can bring to affected Commonwealth employees in the judicial system and their civilian counterparts. A focused, yet comprehensive education about the Kentucky SKY program can assist Commonwealth employees in facilitating care and services for Kentucky SKY members more efficiently, helping ensure members have more timely access to the appropriate resources they need and deserve.

Passport's Approach for Justice System Outreach and Education

Passport will develop educational materials intended for all branches of the justice system that are involved in the well-being of Kentucky SKY members, including:

- Law enforcement officials
- Judges
- Court designated workers
- District and county attorneys
- The Kentucky AOC
- The Kentucky County Attorneys Association
- The Kentucky Department of Public Advocacy
- The Kentucky Justice and Public Safety Cabinet
- Others as applicable to the content of the training session

Our approach will be to use applicable content from the provider training referenced in this response, but through the perspective of the judicial system and what would be beneficial for them to know. For example, topics will include an overview of Kentucky SKY and the needs of this vulnerable population, Passport's role as a MCO for Kentucky SKY benefits, the High Fidelity Wraparound concept of care, TIC, impact of ACEs, the process for when a member ages out of foster care, and resources available to Kentucky SKY members. In addition, we will have co-located staff statewide to work in collaboration with the DJJ and the court system and ensure that they have the needed timely support and guidance to navigate the managed care process efficiently and effectively.

In addition, our education and training curriculum for this population is detailed in **Exhibit. G.04-2 Curriculum for Justice System Education.**

Exhibit. G.04-2 Curriculum for Justice System Education

Training Topic	Curriculum
Kentucky SKY Program Overview	Purpose, roles and responsibilities of DMS, DCBS, DJJ and the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), and how these agencies coordinate and collaborate with Passport's Kentucky SKY team
Passport's Kentucky SKY Team	Passport's roles and responsibilities within the Kentucky SKY program, how to contact a Care Coordinator, and how to participate in a care team meeting
Kentucky SKY Population	Unique attributes, resiliencies and needs of the population

Our quarterly education program for the Kentucky Judicial System will include a set curriculum as well as trainings created to address specific needs. We will respond to feedback from education sessions and information provided by Passport's field-based associates or through data that informs us that additional education is needed to support a seamless process or more timely access to care.

Passport-Led Kentucky SKY Education Session

Passport welcomes the opportunity to conduct Passport-led Kentucky SKY education sessions in person or via webinar at the availability and convenience of the participants. By using already scheduled opportunities to address groups of individuals, such as regular professional meetings, new hire orientation, staff meetings or resource fairs, we can minimize personnel downtime. Passport's Community Engagement team, as appropriate, will contribute to the outreach effort for providers, including presenting the course content and answering questions. In-person sessions offer the opportunity to ask and answer questions and gain feedback that can inform needed changes to materials or processes.

Passport and Kentucky SKY Education Materials

In addition to in-person education sessions and webinars, Passport will develop resource materials that can be accessed and referred to as needed. These reference documents will be available online at passporthealthplan.com in the form of printable brochures, fact sheets and resource guides. All educational materials will be developed in a manner that is:

- Direct
- Easy to read
- Complementary information presented at in-person workshops or meetings

Passport's Education Program Will Extend to Community Supports and Safety-Net Providers

In addition to the education programs outlined in this response, Passport's education outreach program on the Kentucky SKY program will be made available to resources in the community, such as in the areas of housing, employment, schools and parenting with community organizations. Groups and associations may include Youth Aging Out, Family Scholar House, the Office of Resilience and Community Services and Louisville Youth Group to list just a few. We will also more deeply engage with the safety-net providers in our network, including Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Behavioral Health Service Organizations (BHSOs), public health departments, and community mental health centers (CMHCs) to ensure they are have the specialized education and support needed in the care of our Kentucky SKY members. The community and our safety-net providers are integral in making sure that Kentucky SKY members have access to the benefits and services they need and deserve.

Safety-Net Provider Education

Working with foster care helps ensure member's continuity of care, such as educating schools on transition of care planning for the summer months.

Proposal to Further Expand Kentucky SKY Training

Passport believes the more that individuals are informed about the Kentucky SKY program, the stronger the program will be. We propose making education about managed care and how it serves the SKY population available on a regular basis to DCBS and DJJ workers in a manner that is convenient and easily accessible.

The training would include an overview of the Kentucky SKY program:

- The Kentucky SKY covered services and requirements
- The role and responsibilities of the DMS and how DCBS and the DJJ staff can collaborate with Passport to obtain the best services for their clients
- Passport's staffing and infrastructure to support the Kentucky SKY program
- The role and availability of Passport's Kentucky SKY Care Management team and how to access the Care Coordinator
- Passport's support in transitioning aging out members

Passport will also be available for ongoing trainings, scheduled at times and locations designated by DMS. Ongoing training topics will include information shared in the new hire education as well as additional topics determined to be needed or relevant based on Passport's Kentucky SKY team's collaboration with DMS, DCBS, the DJJ, DBHDID and Cabinet sister agency personnel. Trainings will be customized, as needed, and can be conducted in person or via WebEx based on the preference of DMS and other agencies. To accommodate new hires, changes in staff or changes in the roles of agency personnel, material will be developed in a manner that can be used repeatedly through various channels and is not dependent on face-to-face training.

Conclusion

For twenty-two (22) years, we have ensured that our members in foster care have access to the supports and resources they need, and this continues to be a priority for Passport. We have the expertise and structure in place to collaborate with experts from the DMS, DCBS, DJJ and others to further develop a comprehensive and compliant training, outreach and education program for providers, facilities and others that could have positive judicial system upstream and downstream impacts for the unique needs of our Kentucky SKY members, including criminogenic factors.

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.

G.5 Kentucky SKY Enrollee Services



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	ALDPRDDBPHKY\ALDERA_SANDBOX	2019-04-16	00:15:00
PH834DAILY	Eligibility Load and Processing	Every Day	0	23	ALDPRDDBPHKY\ALDERA_SANDBOX	2019-04-16	00:30:00
PH834DAILY	Eligibility Load and Processing	Every Day	0	23	ALDPRDDBPHKY\ALDERA_SANDBOX	2019-04-16	00:45:00
PH834DAILY	Eligibility Load and Processing	Every Day	0	23	ALDPRDDBPHKY\ALDERA_SANDBOX	2019-04-16	01:00:00
CCHHS837	837 Daily	Every Day	0	1	ALDPRDDBPHKY\ALDERA_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 Identifi℠ 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 if 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.

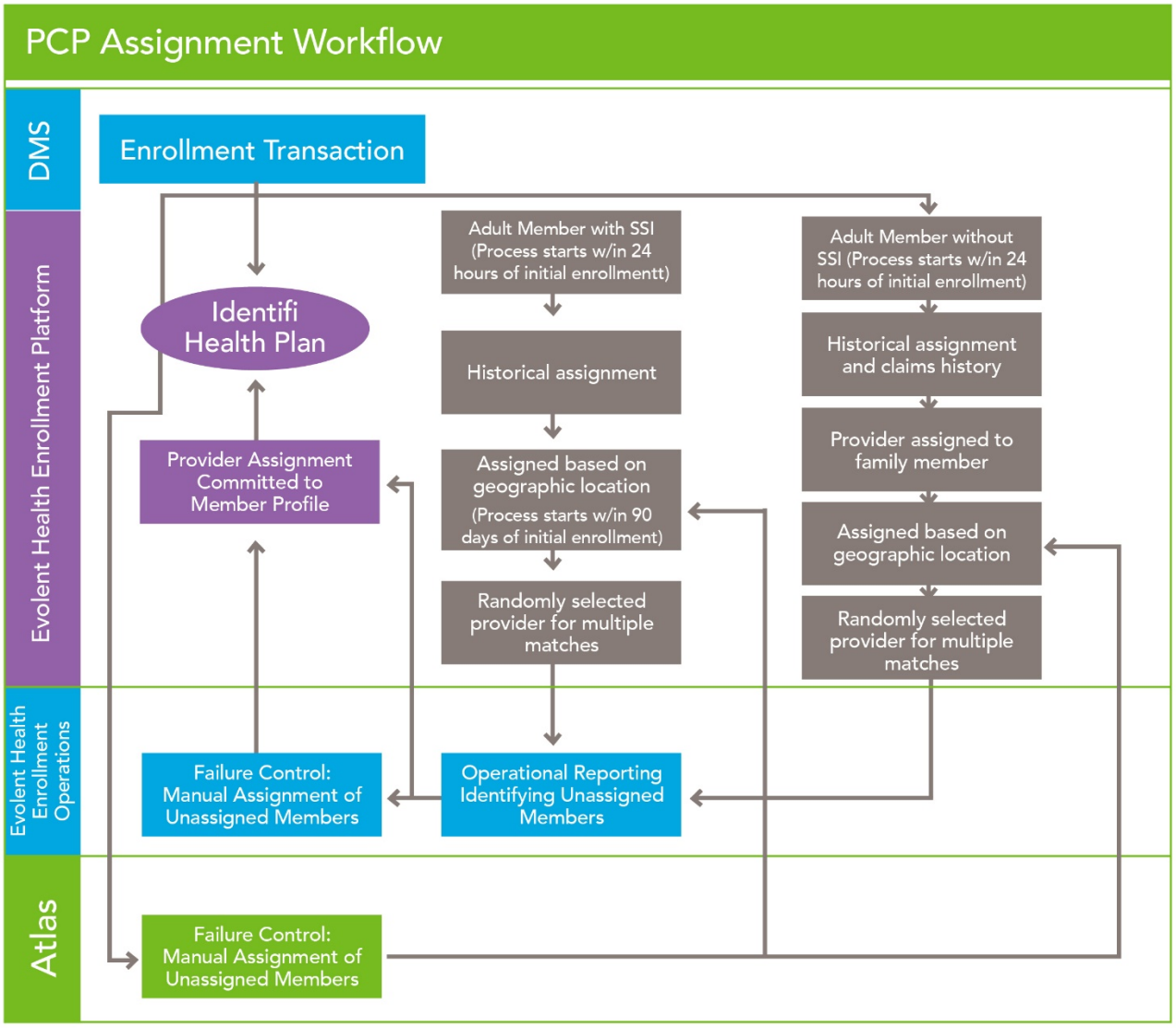
To confirm that every Kentucky SKY member is assigned to a PCP, Passport uses a PCP algorithm. The algorithms Passport deploys for PCP assignment contemplate several criteria to align our members with the PCP that best meets their needs, whether the member is new to Passport or has regained Medicaid 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.

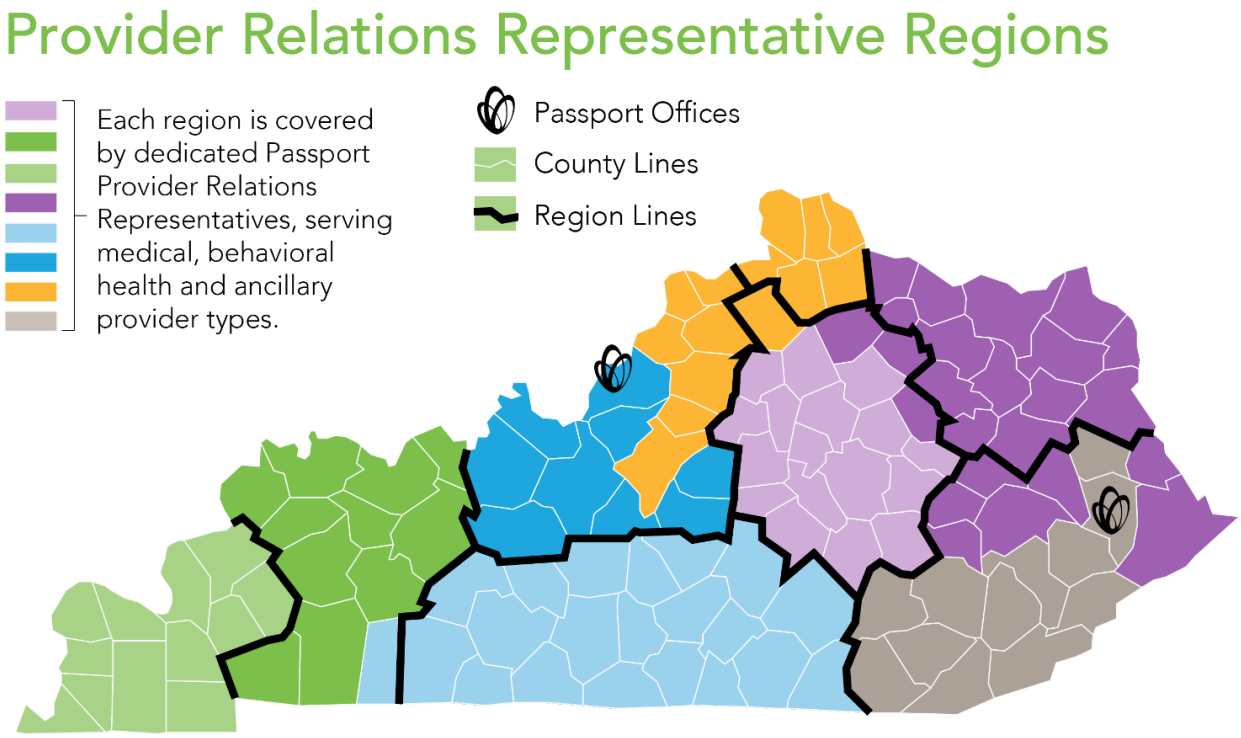
Tracking and Communicating PCP Assignments

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



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 savings 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.

G.6 Provider Network



G.6. Provider Network

a. Explain the Contractor's plan to develop a comprehensive Provider Network that meets the unique needs of Kentucky SKY Enrollees. The plan must address the following:

   i. Approach to contract with PCPs and specialty Providers who are trained or experienced in Trauma informed Care and in treating individuals with complex special needs, and who have knowledge and experience in working with children in Foster Care and those children receiving Adoption Assistance.

   ii. Recruitment strategy, including processes for identifying network gaps, developing recruitment work plans, and carrying out recruitment efforts.

   iii. Strategy for contracting and retaining specialists unique to the Kentucky SKY populations and perhaps different from those in the Medicaid managed care Provider network and how the Contractor will provide access to specialists not included in the Provider Network.

   iv. Process for continuous network improvement, including the approach for monitoring and evaluating Provider compliance with availability and scheduling appointment requirements and ensuring Kentucky SKY Enrollees have access to care if the Contractor lacks an agreement with a key Provider type in a given DCBS Service Region or DJJ Community District.

   v. How the Contractor will ensure appointment access standards are met when Kentucky SKY Enrollees cannot access care within the Provider Network.

b. Provide an example of how the Contractor has contracted for similar networks for similar populations in other programs. Provide a workplan to contract with Kentucky SKY Network Providers, with accountabilities and timelines.

Introduction

Passport's Comprehensive Provider Network Meets the Unique Needs of Kentucky SKY Members

Passport currently has a provider network that supports the unique needs of foster children and other potential Kentucky SKY members in all 120 counties of Kentucky. This network continues to grow through recruitment activities and contracting with providers with specialized expertise in the needs of Kentucky SKY members. Passport already provides our members with access to primary care providers (PCPs) and specialty providers who are trained or experienced in trauma-informed care (TIC) and in treating individuals with complex special needs. Currently serving over 5,000 foster care and adoption subsidy members, our provider network supports children in foster care or Department of Juvenile Justice (DJJ) custody and those children receiving adoption assistance.

G.6.a.i. Approach to contract with PCPs and specialty Providers who are trained or experienced in Trauma-Informed Care and in treating individuals with complex special needs, and who have knowledge and experience in working with children in Foster Care and those children receiving Adoption Assistance.

Ensuring Network Providers Offer Trauma-Informed Care to Kentucky SKY Members

Passport will leverage many of our well-established provider recruitment tactics to ensure we have a robust, experienced and trained network of providers to service SKY members. We also target providers using a variety of sources, including:

- Providers recommended by our existing providers, providers requested by our members and providers with whom we have executed single-case agreements
- All providers in any area of unexpected immediate or anticipated shortage, such as providers on staff at contracted hospitals and with nursing and rehabilitation facilities
- Direct provider inquiry
- Suggestions from our more than 100 provider thought leaders who volunteer for Passport committee and workgroup assignments, our medical directors and board members, network providers, and through review of competitor Medicaid provider networks

For the SKY population specifically, Passport will take additional steps to locate, contract with, and train as many qualified providers as possible, in a phased approach:

1. Contract with a solid foundation of providers within our existing Medicaid network that we know to have sufficient training and experience in TIC, treatment of individuals with complex special needs, or treatment of children in foster care or receiving adoption assistance.
2. Supplement the existing network with additional providers who already have the requisite qualifications.
3. Train additional providers.

Passport will establish the expectation of TIC from providers by including language in contracts requiring the use of TIC and evidence-based practices and will monitor compliance to established standards. The contracts will also require orientation to the specific needs of the Kentucky SKY population. Pediatricians and other PCPs may receive basic training on TIC during medical school, with subsequent continuing education. Regardless of any preexisting training they may have had, all PCPs and other providers serving Kentucky SKY members will receive initial training in TIC or be required to document their training. Confirmation of TIC training will be documented in our claims system, which is linked to our provider directory. Passport's TIC training for providers will include the importance of early screening and assessment, consumer-driven care and services, nurturing a trauma-informed and responsive workforce, the use of evidence-based and emerging best practices, creating safe environments, community outreach, and ongoing performance improvement and evaluation.

Another key component to ensuring our PCPs and specialty providers are properly implementing TIC is to ensure that the Passport staff interacting with them have a consistent expectation for TIC within our provider network. Essential to building our network of trauma-informed providers with specific knowledge of the Kentucky SKY population is our dedicated Kentucky SKY Provider Relations liaison, who will have an intimate knowledge of the Kentucky SKY program; Kentucky providers, including behavioral health (BH) providers; and patterns of care/referral in Kentucky. The Provider Relations liaison will also oversee the development and monitoring of training for Kentucky SKY providers, in collaboration with internal and external subject matter experts. This person will also assist with the resolution of provider access and availability issues, be a key resource of knowledge and information, and be an advocate for our Kentucky SKY members and their caregivers.

Further, when Department for Community Based Services (DCBS) or other partners or members notify us of an issue with a specific provider, we reach out to them to provide corrective education to the provider and additional supporting family and community members, as appropriate.

Kentucky SKY Training for Providers

Passport ensures the high standard expectations required to serve its Kentucky SKY members and their caregivers are met and often exceeded. **The providers who serve our Kentucky SKY members and Passport's extended provider support team will participate in initial and ongoing training that incorporates the five guiding principles of TIC: safety, choice, collaboration, trustworthiness and empowerment, as well as how these principles can be implemented in a care management setting.**

The training is designed to inform training attendees about the unique needs of this very vulnerable population, the role of the caregiver, and the requirements of the Kentucky SKY program, including:

- Early screening and assessment
- Consumer-driven care and services
- Nurturing a trauma-informed and responsive workforce
- Evidence-based and emerging best practices
- Creating safe environments
- Community outreach and partnership building
- Ongoing performance improvement and evaluation

This Kentucky SKY-specific training module will be included in our orientation training for providers who are new to the Passport network, providers who are new to serving our Kentucky SKY membership, and as part of Passport's new hire training requirements. This training is structured to be delivered in an instructor-led setting and also available as a webinar for easy access at any time.

The care and safety of our members in foster care is at the core of the Kentucky SKY program. Passport works closely with providers to ensure that they have the training they need to best serve the unique needs of this vulnerable population.

G.6.a.ii. Recruitment strategy, including processes for identifying network gaps, developing recruitment work plans, and carrying out recruitment efforts.

Ensuring Network Adequacy and Overcoming Accessibility Challenges

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

- Monthly, our Provider Network team applies Quest Analytic tools, an industry-standard platform that combines dynamic time and distance access standards with our minimum contractual provider requirements, to evaluate our overall network adequacy and identify gaps based on standards.
- Quarterly, Provider Relations also reviews access-related feedback from our PCPs, specialty providers, care managers, utilization managers, community health workers, member surveys, comments from the member call center, complaints, Partnership Council, and external audit of providers for compliance with access standards (described in this section below). Additionally, we review claims data to identify all out-of-network (OON) providers seen by members to identify network gaps. This review is part of our early warning system, alerting us to changes that may be required in network recruitment.
- The broader foster care community, including foster parents and community partners, can also be a valuable source for identifying network gaps.

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

Provider Relations considers the results of the quarterly member access survey, conducted by SPH Analytics, an independent national leader in health care analytics, and our on-site reviews to determine any hidden pockets where network PCPs may be struggling to meet appointment wait time and access standards. This robust monitoring process uncovers any red flags, which are indicators that a provider is struggling or that a panel may overflow provider capacity in the near-term future. After thorough analysis, we notify providers who scored poorly or below standard on any of the nine (9) elements via both mail and the practice's Provider Relations representative (PRR), who discusses mitigation steps with the provider. The provider is resurveyed the following quarter for improvement.

Additionally, Provider Relations reviews the overall results to determine if any long- or short-term challenges are specific to a location, provider type or individual provider. We also monitor member to PCP ratios and appointment and wait times for all services, including BH services, based on Department for Medicaid Services (DMS) standards. When necessary, the Provider Network staff conducts an intense analytic review,

deploying our suite of Quest Analytic tools and GeoAccess analytics down to the local area and the population's health risk and needs risk assessment scores, to determine if additional provider capacity is required. Based on these analyses, Passport develops an action plan for network or provider-type development.

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

Accessibility Challenges

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

- Our community health workers, who directly assist members with access issues in their communities, linking them to social supports and providers to increase engagement and the likelihood of a continued relationship with the provider
- Our Population Health team, including Care Advisors who assist members most in need, such as those with chronic conditions, and develop pathways for their access
- Emerging telemonitoring technologies

Strategies for Recruitment by Member Health Needs

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

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

In addition to the processes described above, Passport continuously monitors feedback from community partners, state agencies and members to identify areas in which the provider network needs enhancement. When applied behavior analysis (ABA) providers expressed reservations about entering the managed care market, our Health Integration team, composed of seasoned independent practitioners who understand the realities of practice in a managed care environment, provided extensive outreach, working with individual

providers and representatives of the Kentucky Association of Behavior Analysis to educate and support this group of providers in becoming a part of our provider network. The consultation and support provided by our Health Integration team is a key differentiator for Passport in expanding its network.

G.6.a.iii. Strategy for contracting and retaining specialists unique to the Kentucky SKY populations and perhaps different from those in the Medicaid managed care Provider network and how the Contractor will provide access to specialists not included in the Provider Network.

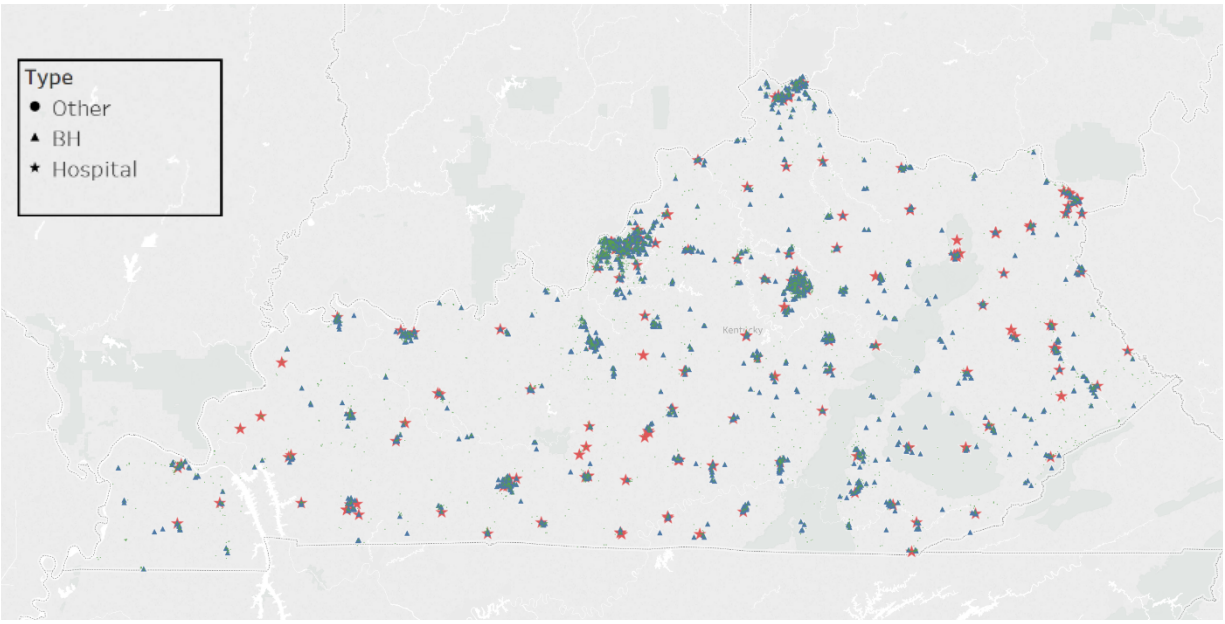
Provider Recruitment and Network Planning

Currently, Passport is meeting all DMS adequacy standards for this population. For future Kentucky SKY members, the Provider Relations team will determine which providers are already in network to meet the needs of our foster care members, identify any gaps and enroll them as needed. As described above, Passport will take the following steps to ensure our network is capable of supporting the SKY population and is as robust as possible:

- Contract with a solid foundation of providers within our existing Medicaid network that we know to have sufficient training and experience in TIC, treatment of individuals with complex special needs, or treatment of children in foster care or those receiving adoption assistance.
- Scour available datasets to supplement the existing network with additional providers who already have the requisite qualifications.
- Train additional providers.

See below for **Exhibit G.6-1**, a heatmap demonstrating locations of network providers by provider type.

Exhibit G.6-1: Provider Network Heatmap



Our relationships with providers in the community also help us to project future member needs and build our network accordingly. Our primary care, Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC), community mental health center (CMHC) and emergency department providers are often the very first to identify new or increasing public health issues, changes in the population demographics, or other member needs. By engaging regularly with these providers and maintaining formal relationships, such as through our Quality Medical Management Committee and our Kentucky SKY Advisory Committee, we ensure that our network is continuously prepared to meet the needs of members.

Provider Recruiting Experience for Specialists Unique to the Kentucky SKY Population

Passport has experience building and managing a provider network that includes specialist providers who serve our unique foster care population. Unlike traditional gap-reactive recruiting strategies tied to network deficiencies, Passport proactively recruits providers by incorporating member needs and feedback from the state on preferred areas for targeting and outreach. We will do this through a combination of:

- Direct mail
- Direct office fax engagement bulletins
- Telephone outreach
- Provider and member feedback through advisory groups
- Co-opting existing relationships with providers and local agencies

Contracting with Unique Specialists

Although Passport has a robust network that serves the unique needs of its members, we are always working to ensure our network contains specialty providers necessary for our foster care population. We perform regular outreach as part of our recruiting process to organizations and professional associations throughout the state who have a great understanding of the specific needs of Kentucky's foster care population. These organizations have experience and implement evidence-based practices in TIC to provide support to adoptive and foster families.

Some organizations we partner with to recruit new specialists to our network include:

- The Children's Alliance
- The Autism Council
- The American Association of Pediatrics
- The Kentucky Counseling Association

We also regularly collaborate with the DCBS as part of our process to recruit specialists. The DCBS makes recommendations for the types of specialists who our foster care population would most benefit from

having in our network. If we need a provider who is not yet contracted in our network, we will initiate a single-case agreement to ensure care is available and provided pending contract finalization.

Passport Partners with the DCBS to Recruit a Provider

A Kentucky DCBS worker approached Passport's Specialty Populations manager to discuss a concern with a teenage foster care Passport member named Tia. Tia was moved to another location for her own safety after witnessing violence in the community and having to testify against the accused.

The DCBS worker stated Tia's foster care agency had given a two-week notice to move the child to a new placement. When asked for more information, the agency stated that Tia had a "bad attitude." The DCBS worker had contacted Tia's foster parent, who said she was willing to keep Tia if she could get more help. At that time, the local agency was only providing individual therapy for Tia twice per month. The agency told the DCBS worker they were unable to provide additional services for the child, even though they had put additional therapy services in place for other children in the same home.

Passport worked with the DCBS worker and the DCBS Central Office to gain these additional services and find a provider in that area who could intervene with Tia and her foster parent. By working together, Passport and DCBS were able to find a collaborative way to meet this member's needs when the foster care agency was unable to remove barriers to care and treatment.

A few days later, the DCBS worker emailed Passport saying, "Thanks so much! We were able to save this placement!"

Names have been changed to protect the privacy of our members.

Retaining High Quality Specialist Providers

Passport's history as a provider-driven health plan has helped it develop unique expertise in what is needed to support the retention of high quality specialists. Our medical directors and the Health Integration team, comprised of doctoral-level licensed psychologists with expertise in a wide range of health care settings, are available for consultation, peer-to-peer discussions, help in understanding the Kentucky Medicaid State Plan, assistance regarding treatment plans or service authorization requests, and other patient care questions or concerns. Our providers are invited to join the Passport medical directors at monthly regional meetings on best practices and to discuss specific community and population needs. These peer-to-peer interactions promote communication to identify provider issues and address them early, as well as to continually build commitment to Passport and strengthen network retention.

Passport has a robust and unique provider support network that includes the following:

- PRRs, including field-based specialists, help providers with operational issues such as claims submission and payment.
- All Passport PRRs are trained and experienced in requirements necessary to serve providers in its Kentucky SKY network.

- The SKY Provider Relations liaison will also oversee the development and monitoring of training for Kentucky SKY providers, in collaboration with internal and external subject matter experts. This person will also assist with the resolution of provider access and availability issues, be a key resource of knowledge and information, and an advocate for our Kentucky SKY members and their caregivers.
- Embedded Care Advisors and community health workers for high-volume or high-risk practices work with providers and members at the point of care.
- Population Health managers provide in-person support to PCPs and practice managers, including analyzing practice data and helping practices make full use of data available through the provider portal, electronic health records (EHRs), and Identifi℠ Practice tools, and facilitate workflow improvements.

Our Provider Relations team works with the providers' offices to facilitate Passport administrative processes, informing providers about our electronic referral process, the Provider Services call center, credentialing processes, authorization services and prompt claims payment through electronic funds transfer. These features have been identified as critical by our specialist and BH providers in previous provider satisfaction surveys.

Furthermore, our model of governance includes providers and consistently incorporates feedback we receive from providers in our network. Providers in Passport's network are engaged in a meaningful way in the leadership and oversight of the plan, ensuring that our processes are member-centric.

Passport has designated field-based PRRs across Kentucky for all provider types, including BH. The team maintains regular contact with Passport's network providers and ensures that they receive the support needed to successfully work with Medicaid members.

Upon assignment of newly contracted providers, the PRRs reach out to the providers with a welcome telephone call or email to introduce themselves as their dedicated PRRs and to make sure they are aware of the many resources Passport makes available to them. During the welcome call or email communication, the PRR will schedule an initial in-person orientation within 30 days of the provider becoming a participating provider in our network. The PRRs use this time to establish themselves as points of contact for the provider on any issues that may arise and to educate the provider about topics, including:

- An overview of Medicaid and the Kentucky SKY program and contact information for the Kentucky SKY Provider Relations leader
- Passport's benefits and programs
- Passport's Provider Operations
- The resources and information available within the Provider Manual
- The many Passport tools and resources readily available to providers
- Access and availability standards
- Member rights and responsibilities
- Provider responsibilities

PRRs visit providers at their offices on a regular basis. Dependent upon the providers' needs, the PRR may schedule monthly on-site visits and be available on an ad hoc basis to visit providers at any time. PRRs stay engaged with providers via telephone, email or other provider-preferred methods. Upon request, the PRR will return to the provider's office to conduct an in-person orientation refresher course or onboard new provider staff at any time.

PRRs document all provider contacts into our database to maintain a record of the visit and ensure all required aspects of the visit type are captured. For example, the Passport Site Visit form prompts the PRR to validate compliance with waiting times, appointment standards and confidentiality of member information, among other site-visit criteria.

Passport's provider services extend beyond the Provider Relations department and encompass cross-functional departments to provide our providers with the best and most responsive service, which include Passport's Provider Operations; our Clinical, Population Health Management and Community Engagement teams; and our embedded case managers and community health workers. Collectively, the individuals in these positions, in collaboration with our field-based PRRs, have a deep knowledge of the Kentucky provider community and access to extensive Passport resources that have been developed over the past two decades to best serve our providers. This exceptional team of compassionate and highly skilled individuals not only contributes to the development and delivery of impactful training and education to our providers but also is well-positioned to provide one-on-one situational training and support to providers serving Passport's Kentucky SKY members. The Kentucky SKY team will have ready access to Passport's Specialty Populations team, including guardianship specialists and social workers embedded at key locations, who support care management by identifying social supports for members. They focus on reducing member care gaps and providing care coordination to remove barriers to accessing care.

Although Passport has a 96% voluntary provider retention rate, Passport surveys all providers who voluntarily leave the provider network to determine any areas of dissatisfaction with the plan, its staff, administrative barriers, or areas where improvements or changes would have resulted in the provider electing to stay in the Passport network. We use the results to improve provider retention and recruitment efforts and to provide organization-wide improvement. Passport will provide DMS with the provider exit survey and results upon request.

Passport helps providers ensure members receive the right care at the right time and are connected to appropriate social supports. **In concert with the high-fidelity wraparound care approach, Passport requires its extended Passport provider support team to complete the same training as its providers** who serve members in foster care, noted in section G.6.a.i.

G.6.a.iv. Process for continuous network improvement, including the approach for monitoring and evaluating Provider compliance with availability and scheduling appointment requirements and ensuring Kentucky SKY Members have access to care if the Contractor lacks an agreement with a key Provider type in a given DCBS Service Region or DJJ Community District.

Continuous Network Improvement and Monitoring

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

- **Proximity Standards:** An analysis of Passport members' actual access against each contracted proximity standard, including by provider type, to ensure compliance and ongoing monitoring
- **Predictive and Prospective Analysis:** A review of the network to assess the impact of the potential provider recruitment efforts or voluntary loss or termination of a provider or provider group to prospectively protect member access in cases of provider shift
- **Visualization Reports and Geomapping:** Quickly highlight any gaps or potential gaps

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

The Proximity Standards Report (**Exhibit G.6-2**) provides analysis of PCPs and other specialties and provider types by geography. Adequacy is divided into rural and urban coverage of geographies for measurement using DMS standards. Calculation of the raw data produces adequacy percentages using Excel formulas that have been programmatically established, tested and confirmed for accuracy. Output allows for quick ongoing review of our network against all contractually required or internally driven access standards

Exhibit G.6-2: Proximity Standards Report Sample

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

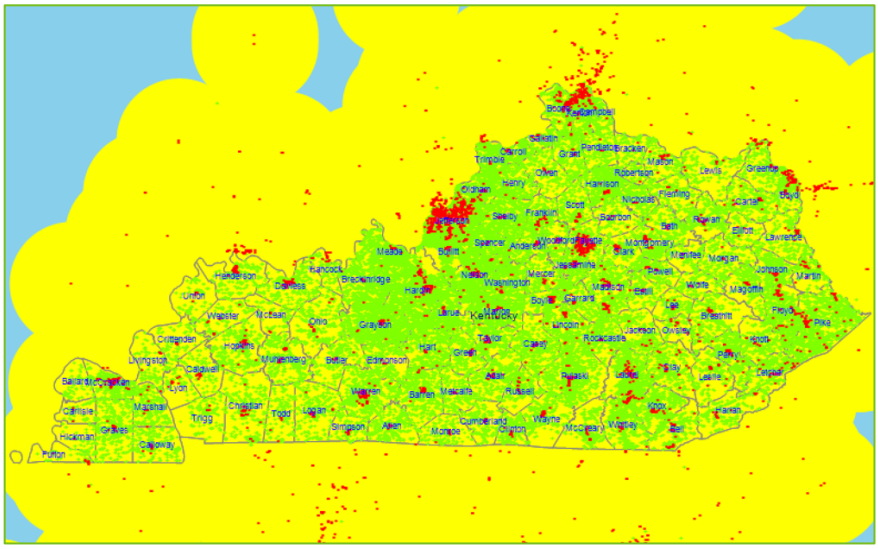
We also generate predictive and prospective access reports. Predictive reports assist in recruiting so we can determine the impact on network adequacy of adding a particular provider or group. Prospective access reports allow for assessment of potential impact of a pending voluntary provider loss or termination of a provider. We then use the results of the analysis to develop recruiting strategies and maintain network balance and compliance. **Exhibit G.6-3** is a sample of these reports.

Exhibit G.6-3: Predictive/Prospective Access Reports Sample

Daviess, KY	2,047	DMS Network w DME - Access	With	2,047	100.0	1.5	2.3	2.6
		1 in 60 miles	W/o	0	0.0	--	--	--
		DMS Network wo DME - Access	With	2,047	100.0	1.0	1.3	1.4
		1 in 60 miles	W/o	0	0.0	--	--	--
		DMS Network w General Surgeon - Access	With	2,047	100.0	2.8	3.0	3.0
		1 in 60 miles	W/o	0	0.0	--	--	--
		DMS Network wo General Surgeon - Access	With	2,047	100.0	1.0	1.3	1.4
		1 in 60 miles	W/o	0	0.0	--	--	--
		DMS Network w OBGYN - Access	With	2,047	100.0	2.5	2.9	3.2
		1 in 45 miles	W/o	0	0.0	--	--	--
		DMS Network wo OBGYN - Access	With	2,047	100.0	1.0	1.3	1.4
		1 in 45 miles	W/o	0	0.0	--	--	--
		DMS Network w Ortho/Ortho Surgeon - Access	With	2,047	100.0	2.9	3.1	3.5
		1 in 60 miles	W/o	0	0.0	--	--	--

Passport also uses visualization and geomapping as an additional method of quickly assessing network coverage. We develop geomaps as an accurate visual representation of the network plus geomaps against predictive and prospective access reports. A geomap can highlight potential geographic gaps if providers in a specific region may or are no longer participating with Passport. **Exhibit G.6-4** is a sample of this tool

Exhibit G.6-4: Geomap Report Sample



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

Passport Success Story: Personalized Outreach to Fill Network Gaps

In December 2015, Passport identified the need for ambulance providers in Region 6, Northern Kentucky. Using the Lead Tracker for potential OON providers, our PRR was able to retrieve a list of potential candidates for contracting for our members. She made multiple personal contacts. By August 2016, over 20 ambulance companies signed contracts to participate with Passport, and these ambulance companies remain part of Passport's network.

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

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

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

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

Process for Providing Out-of-Network Care

Access to Out-of-Network Providers

If Passport does not hold a contract with a key Provider type in a given DCBS Service Region or DJJ Community District, or an in-network provider does not meet appointment adequacy standards, Passport ensures that members can access medically necessary care, including services from an OON provider, when needed and appropriate. We address immediate service needs through our policies on OON coverage for emergency services. To address short-term needs for OON services, we use single-case agreements. Our long-term approach is to recruit OON providers into our network.

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

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

Educating Out-of-Network Providers

Passport recognizes that it is responsible for ensuring OON providers understand the Kentucky Medicaid program and its policies and procedures, including access standards. Our Provider Relations staff will contact the provider to explain these program elements and standards. We also make them aware of other available resources, including our provider website, which gives them access, for example, to provider manuals that include member rights and responsibilities, our coverage policies and provider updates. Providers can also find information on the website about how to join the Passport network.

Using Single-Case Agreements

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

- Our UM department reauthorizes the services to be provided by an OON provider.
- We check to verify that the provider is licensed, that there are no licensure sanctions, that the provider is enrolled with Medicaid, and that the provider is not listed in the Office of the Inspector General (OIG) List of Excluded Individuals or Entities or the General Services Administration (GSA) Excluded Parties List when we authorize care.

- Our Network team approves either a comparable in-state/network rate, the State Medicaid fee-for-service rate, state-approved OON provider payment methodology, or a negotiated fee schedule and incorporates that fee approach into a single-case agreement for the member.
- Our Provider Relations staff will encourage the OON provider to join the network.
- If the OON provider does not join our network, our UM team develops a strategy to coordinate a member's transition to a network provider once the member is stable or if the care requires long-term treatment that is available from a network provider.

Establishing Prior Authorizations for Out-of-Network Providers

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

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

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

Coordinating Care with Out-of-Network Providers

Our UM and care management processes coordinate services from OON providers, ensuring the services are appropriate and consistent with the member's identified needs. The care coordinator or care manager coordinates services with the member's other providers, including the PCP, and provides appropriate medical records, including copies of the member's care plan, to the member's PCP and treating providers, including the OON provider.

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

Encouraging Out-of-Network Providers to Join Our Network

The UM nurse also notifies Provider Network staff about requests and authorizations for OON services. Provider Network then contacts the identified OON provider and invites the provider to join the network. If the provider is agreeable, a Provider Network specialist initiates the contracting and enrollment process. If the provider is not willing to immediately join the network, we create a single-case agreement, and the Provider Relations staff instructs the OON provider on how to obtain access to the Passport's website, which includes resources the provider can use to join the network at any time. We also provide materials to the provider via fax or by mail if the provider has no internet access. Provider Network also initiates provider recruitment and contracting efforts to identify available providers of the same specialty type able to meet the member's needs and willing to join our network.

C.6.a.v. How the Contractor will ensure appointment access standards are met when Kentucky SKY Members cannot access care within the Provider Network.

Supporting Members in Accessing Out-of-Network Care

If a member has to use an OON provider until we secure in-network care that complies with the time and distance standards, Passport's Care Management team works with the DMS transportation vendor to arrange transportation for the member. The authorization of out-of-area travel is an active part of every specialty provider selection consideration by Passport UM staff when no provider exists in our network. Passport may also consider other transportation options as medically necessary.

As indicated in our process and supporting explanations above, we do several things to support members in accessing OON care. The most important element underlying this support is to simplify the process for members so that they can access the care they need through the following:

- Ensure we understand the member's needs. Passport recognizes that the support system for the SKY population extends far beyond the members themselves, including foster parents and other community supports, so understanding the member's needs here is a more extensive process that should include feedback from all involved parties.
- Help the member find the care they need, whether that is encouraging an in-network Provider to open an appointment slot, finding an OON provider, or offering alternative options, including transportation or telehealth.
- Ensure the member understands the process, explaining to them the difference between in-network and OON care while assuring them that Passport will pay for covered services and that they should not receive a bill from a provider for those services.
- Explain the coordination of care process and that the member might hear from other Passport team members who can help make sure that his/her encounter with the OON provider goes smoothly and that we will help coordinate activities between that provider and the member's other providers
- Tell the member how to seek help if he/she needs it at any time in the process.

C.6.b. Provide an example of how the Contractor has contracted for similar networks for similar populations in other programs. Provide a workplan to contract with Kentucky SKY Network Providers, with accountabilities and timelines.

Passport's Experience with Similar Programs

The Passport team has provided services for the Kentucky SKY population for 22 years, including BH since 2014, contracting with providers to meet the needs of this population for the duration of this time. We have demonstrated success in contracting in innovative ways to build the provider network for foster youth and also in creating services unique to the Kentucky SKY population. Here are some examples of experience Passport has providing networks for similar populations in other programs.

Passport Success Story: Satisfying Member's Out-of-Network Needs

A member, a toddler whose family did not speak English, had a painful cyst in her eye that required surgical removal. The family wanted to take the child to an ophthalmologist who was not in Passport's network. After discussing the issue with the family, Passport agreed to cover the child's surgery performed by the recommended ophthalmologist and arranged for the toddler's medical treatment.

Passport High Fidelity Wraparound Foster Care Pilot Program

Elsewhere in this proposal, Passport has extensively described the collaborative process of developing an intensive care management pilot in conjunction with DMS, Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), and DCBS. This pilot resulted in more children and youth living with natural or adoptive families, improved adaptive functioning for participants, and decreased per member per month (PMPM) cost in care in the period following intervention. These outcomes were obtained by contracting with two local provider organizations, Centerstone Kentucky (Seven Counties Services) and ResCare. To serve as providers, these organizations had to commit to being trained in high fidelity wraparound care management and to receive regular coaching and feedback. Passport monitored the fidelity of their services using nationally recognized measures. Independent assessment indicated that a high degree of fidelity in implementing the model was achieved in keeping with national findings. Through this process, Passport also gained experience in the types of support needed to successfully address specific service needs through contracting. Since the initial pilot, Passport has continued to evolve its broader relationship with Centerstone Kentucky into a shared savings model value-based arrangement.

Passport's Trauma-Focused Cognitive Behavioral Therapy Program Initiative

Passport noticed a trend of adolescent members who were in and out of the hospital due to behaviors rooted in their trauma history. Members were sometimes sent out of state due to inability to get needed trauma treatment in-state. Passport determined that these members needed a longer length of stay in an acute environment to address their trauma using an evidence-based or evidence-informed practice. Some

providers were willing to partner in this effort but needed clarification on licensure issues. Passport worked with providers to identify evidence-based solutions for trauma, and they jointly determined that trauma-focused cognitive behavioral therapy (TF-CBT) seemed appropriate. Passport worked with providers and discussed the issue with DBHDID regarding member needs and perceived licensure barriers. DBHDID spoke with OIG, and OIG gave approval for providers to offer the needed service at an extended care unit (ECU) level of care in an acute setting. Passport developed an authorization process and a rate to support participation for the ECU level of care through the early and periodic screening, diagnosis and treatment (EPSDT) benefit. With those steps taken, River Valley Behavioral Health was able to begin serving Medicaid members in this unique program.

The success of this program was described in detail earlier in this proposal response. Of the participants, 60% were in foster care, and over the past six years, we have seen a 75% reduction in residential/facility (including psychiatric hospital stays) post-intervention among those who complete treatment. These accomplishments again reflect Passport's understanding of the Kentucky regulatory environment, its strength in listening to and working with providers and governmental partners, and its ability to contract in a way that meets the unique needs of the Kentucky SKY population.

Passport Participation in the Building Bridges Initiative

Passport has been fully supportive of the DCBS Building Bridges Initiative, which emphasizes that "children grow best in families, within supportive communities and through empowering partnerships." We are committed to participating in a system of care that is youth-guided and family-driven. Passport believes that the Kentucky SKY contractor has a unique opportunity to support this effort by emphasizing the Building Bridges Initiative (BBI) principle of achieving "sustained positive outcomes" in its contracting relationships with providers. We intend to pilot incentives and other value-based arrangements that reward providers for achieving stability in placement and, when possible, successful transition to a permanent family; reduction in trauma (specifically incidents of restraint and seclusion); promotion of participation in developmentally appropriate community engagement; and improved care coordination at the provider level. Although the capacity of providers to participate in these arrangements will vary, Passport will explicitly address the need for youth's sustained future success in contracts with all childcare and child placing agencies. This emphasis is intended to move the focus of our relationship away from day-to-day control of behavioral problems and into one where services are designed with long-term success in view.

Passport's Kentucky SKY Contracting Work Plan

Passport's Kentucky SKY contracting work plan, which includes contracting accountabilities and timelines, can be found in **Exhibit G.6-5**.

Exhibit G.6-5: Passport's Kentucky SKY Contracting Work Plan

Contracting Task	Responsibilities	Time Frame	Assigned Resource
Phase 1—Build the Foundation: Identify and contract with providers currently participating in Passport's network that are equipped to provide care for the SKY population.	• Identify providers who have sufficient training and experience in TIC, treatment of individuals with complex special needs, or treatment of children in foster care or those receiving adoption assistance. • Ensure appropriate language is incorporated into contracts (includes negotiation and signature of contract amendments). • Confirm adequacy and access standards are met.	Six months prior to Go Live through Go Live	Provider Relations Contracting
Phase 2—Expand the Network: Identify and contract with providers who already have the requisite qualifications for providing care for the SKY population but are not yet in Passport's network.	• Using available datasets (including network analyses via Quest Analytics, Kentucky Medicaid Provider Master File, Provider Relations, and other community resources), identify additional target providers. • Negotiate and execute contracts with target providers. • Conduct credentialing and provider load activities.	Ongoing	Provider Relations Contracting Credentialing, Provider Data Management
Phase 3—Train: Facilitate training to build additional expertise within the existing Passport network.	• Identify additional providers within Passport's existing network who have not yet been trained in TIC but show both a willingness and a track record of providing high quality care that would demonstrate the needed capabilities. • Facilitate procuring specialized training for this subset of providers. • Once these additional providers are sufficiently trained and have the requisite experience, negotiate and execute contract amendments that incorporate appropriate language for servicing the SKY population.	Ongoing	Provider Relations Contracting

Conclusion

Passport is committed to recruiting a provider network that is focused on the unique needs of the Kentucky SKY population. Furthermore, through explicit contracting requirements, initial and ongoing training, and innovative contracting, we are committed to ensuring a high quality of services to Kentucky SKY members. Our robust network already serves this vulnerable population and will serve as the basis of building provider resources throughout Kentucky. By building a collaborative, comprehensive partnership with providers, we continually strive to ensure timely access, TIC and evidence-based practices that our members can depend on. As we have throughout our history, Passport will continue to collaborate with DMS, DCBS, DBHDID and DJJ, as well as with the providers who support Kentucky SKY members, to ensure that information is shared freely and that, together, we remain focused on providing the best, most appropriate support possible for each member. Passport is passionate about supporting this vulnerable population and has the experience necessary to support Kentucky SKY members.

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.

G.7 Provider Services



G.7. Provider Services

Provide the Contractor's proposed approach to Provider outreach and education. Include a description of how initial training will differ from ongoing training. Describe proposed training materials including but not limited to:

a. Coordinating services;

b. Care Coordination Teams;

c. Training in Trauma-informed Care (include sample materials);

d. Crisis services;

e. Child and Adolescent Needs and Strengths (CANS);

f. High Fidelity Wraparound approach;

g. Impact of ACEs;

h. Neonatal Abstinence Syndrome (NAS);

i. Six Seconds Emotional Intelligence (SEI); and

j. Screening for and identification of Behavioral Health needs.

Introduction

Passport has unique close ties with our providers who collectively serve our more than 5,000 members, comprised of adoption, foster care, former foster care, Juvenile Justice and disability related youth. Our initial and ongoing support for providers and our outreach and education structure is cross-functional so that our network providers have the resources, assistance, training and education needed to provide the level of care and coordination of services our members in foster care need and deserve.

The providers who serve our Kentucky SKY members and Passport's extended provider support team will participate in initial and ongoing training that incorporates the five (5) guiding principles of trauma-informed care: safety, choice, collaboration, trustworthiness and empowerment, as well as how these principles can be implemented in a care management setting.

The training is designed to inform training attendees about the unique needs of this very vulnerable population, the role of the caregiver and the requirements of the Kentucky SKY program that include the following:

- Early screening and assessment
- Consumer-driven care and services
- Nurturing a trauma-informed and responsive workforce
- Evidence-based and emerging best practices

- Creating safe environments
- Community outreach and partnership building
- Ongoing performance improvement and evaluation

Provider Training, Outreach and Education to Implement Wraparound Care and Services for Members in Foster Care

Passport places an emphasis on making sure our providers are best positioned to arrange and deliver complex care to our Kentucky SKY members. We have an established onboarding, training, education and support program for our providers that is managed by our local, Kentucky-based Provider Relations Specialists. The person selected to be Passport's Kentucky SKY Provider Relations Liaison will be responsible for oversight of the development and implementation of Passport's Kentucky SKY provider curriculum. This person will be presented by Passport's cross-functional departments who work together to deliver the best and most responsive, relevant services to our providers. From our Provider Relations Specialists to Medical Directors and Care Advisors, our teams are well-positioned to help ensure our Kentucky SKY members receive the right care, timely and are connected to appropriate social supports.

Our structured approach to training and education is twofold. It is designed to educate and inform new and existing providers on topics relative to providing the most appropriate and effective integrated care and services for our Kentucky SKY members while also being compliant with Passport's contract with the Department for Medicaid Services (DMS) and applicable Commonwealth and federal requirements. Our program also contemplates the social needs of foster parents and caregivers, as well as how the provider can recognize these needs and provide guidance for the services and support available.

Initial Training for Kentucky SKY Providers

The care and safety of our members in foster care is at the core of the Kentucky SKY program. Passport works closely with providers to ensure that they have the training to best serve the unique needs of this population. Passport recognizes that engaging and communicating with network providers within the first thirty (30) calendar days of active status with our plan is not only required by the DMS but also invaluable in the onboarding process. Doing so immediately helps eliminate the administrative burden providers may face and quickly gets Kentucky SKY members engaged in Passport's care management programs. Passport's provider orientation plan, including methods, topics and dates for completion of activities, will be submitted to the DMS in compliance with the Medicaid managed care contract.

Our orientation activities begin with an introductory phone call from the Provider Relations team, which coordinates the on-site orientation training. Our Kentucky SKY-specific training module will be included in our orientation training for providers new to the Passport network, to providers who are new to serving our Kentucky SKY membership, and as part of Passport's new hire training requirements. This training is structured to be delivered in an instructor-led setting and to also be available as a webinar for easy access at

any time. Whenever possible, professional education training units will be pursued as additional benefit for participation.

The training covers a range of topics that includes the following:

- An overview of the foster care system
- Trauma-informed care
- Challenges faced by former foster care members
- An appreciation of the circumstances Kentucky SKY members may have experienced, such as the following:
  - Multiple and frequent changes in placement
  - Changes in caregivers
  - Traumas experienced in their short lifetime and post-traumatic stress
  - Behavioral health (BH) and complex medical issues
  - Substance abuse issues—either personal or experienced in their home
  - Disruptions in education
  - Challenges when aging out of foster care and the risk of homelessness
- An understanding of the caregiver's challenges and supports within the foster care system
- An understanding of adoption subsidy and which foster care members may qualify for a subsidy upon adoption finalization
- Available crisis services and the importance of supporting children and youth in community settings
- The Kentucky SKY covered services and requirements of each program and how they differ from other Medicaid populations, such as the provider's responsibilities for the following:
  - Providing and/or coordinating health care services and BH services, including medical consent, timelines and assessments, appropriate utilization of psychotropic medications and more as required by the DMS
  - Compliant HIPAA information exchange
  - Business processes and workflows
  - Coordinating with foster parents, guardians and fictive kinship, social service workers and adoptive parents
  - Coordinating with state Department of Community-Based Services (DCBS) and the Department of Juvenile Justice (DJJ) professional personnel, court-appointed special advocates (CASAs), judges, law enforcement officials, private child-caring and child-placing agency staff and other cabinet sister agencies
  - The use of trauma-informed care and evidence-based practices
- The role and responsibilities of the DMS, the DCBS and the DJJ and the collaboration process with Passport

Substance Abuse and Children in Foster Care

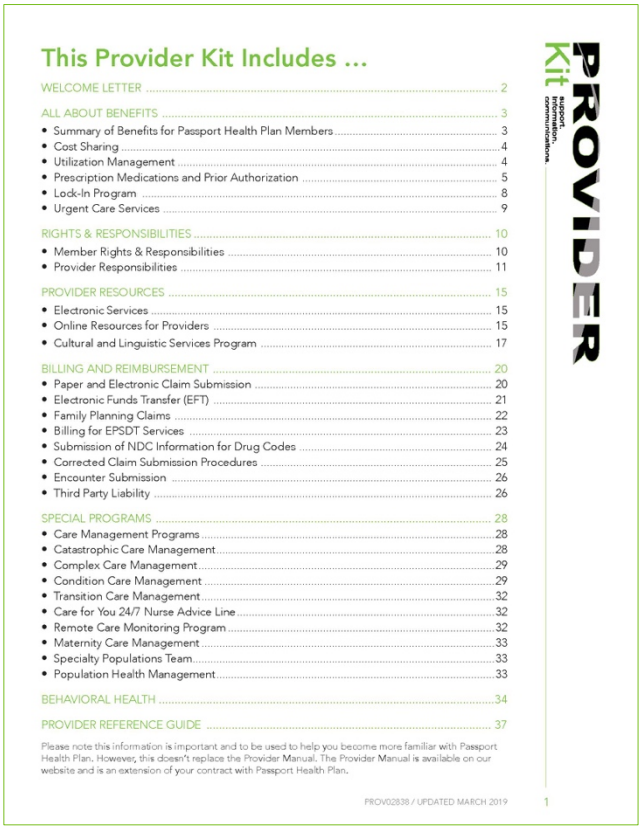
More than 70% of Kentucky children in foster care have characteristics of substance abuse or misuse.

- The role and availability of Passport's Kentucky SKY Care Management team and how to access the care coordinator
- The aging out process and Passport's support in transitioning our members
- Criminogenic factors and needs of individuals involved with DJJ and the Administrative Office of the Courts (AOC) and how to support the care plan to reduce recidivism

At the foundation of our initial touch point, the Passport Provider Relations specialist confirms that the provider has been able to successfully access Passport's provider website, provider portal and Kentucky HealthNet, all of which are critical in the provider's relationship with Passport and the DMS, including connection information with the Kentucky Health Information Exchange.

Assistance is offered to the provider if there have been any barriers to accessing any of these websites. The provider is also made aware of the tools available to them on the provider website, such as the Provider Orientation Kit, which includes information on Passport's special programs and how to access them (demonstrated in **Exhibit G.7-1**) as well as Passport's Provider Manual.

Exhibit G.7-1: Provider Orientation Kit



This Provider Kit Includes ...

WELCOME LETTER 2
ALL ABOUT BENEFITS 3
- Summary of Benefits for Passport Health Plan Members 3
- Cost Sharing 4
- Utilization Management 4
- Prescription Medications and Prior Authorization 5
- Lock-In Program 8
- Urgent Care Services 9

RIGHTS & RESPONSIBILITIES 10
- Member Rights & Responsibilities 10
- Provider Responsibilities 11

PROVIDER RESOURCES 15
- Electronic Services 15
- Online Resources for Providers 15
- Cultural and Linguistic Services Program 17

BILLING AND REIMBURSEMENT 20
- Paper and Electronic Claim Submission 20
- Electronic Funds Transfer (EFT) 21
- Family Planning Claims 22
- Billing for EPSDT Services 23
- Submission of NDC Information for Drug Codes 24
- Corrected Claim Submission Procedures 25
- Encounter Submission 26
- Third Party Liability 26

SPECIAL PROGRAMS 28
- Care Management Programs 28
- Catastrophic Care Management 28
- Complex Care Management 29
- Condition Care Management 29
- Transition Care Management 32
- Care for You 24/7 Nurse Advice Line 32
- Remote Care Monitoring Program 32
- Maternity Care Management 33
- Specialty Populations Team 33
- Population Health Management 33

BEHAVIORAL HEALTH 34
PROVIDER REFERENCE GUIDE 37

Please note this information is important and to be used to help you become more familiar with Passport Health Plan. However, this doesn't replace the Provider Manual. The Provider Manual is available on our website and is an extension of your contract with Passport Health Plan.

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PROVIDER Kit

The Provider Manual includes helpful information that details all of Passport's plan benefits, policies and administrative procedures, as well as a dedicated section on requirements for Kentucky SKY providers. Information specific to the care of our Kentucky SKY members includes the following: eligibility primary care provider (PCP) exceptions, focus of Passport's Special Populations team and the agencies that Passport collaborates with for the care of our members, such as the DCBS. Our Provider Manual also describes the nuances of the guidance and requirements for our members in foster care; for example, children may receive services from a specialist without a referral and require prior authorization for the following services only: inpatient hospital admissions, private duty nursing, home health services and any noncovered services, including early and periodic screening, diagnosis and treatment (EPSDT) expanded services.

Training rosters are maintained that verify the attendance of each provider and his/her staff in the orientation training, as well as all ongoing trainings. The rosters are made available to the DMS upon request. Our Provider Relations team follows up with the provider following the orientation session to answer any questions that the provider and his/her staff may have.

Ongoing Kentucky SKY Training for Providers

As part of Passport's ongoing provider training, education and outreach, we will provide the following training, exemplified in **Exhibit G.7-2**, to the primary and specialty medical providers, BH providers and dental and vision providers who serve our Kentucky SKY members, with a focus on compliant and collaborative care. Passport's trainings are often conducted in collaboration with community partners who are considered experts in the curriculum being delivered. Examples of community partners are as follows:

- Kaplan Barron Pediatrics and Physicians to Children for their experience with medical homes for foster care members
- Passport's Dr. David Hanna and Dr. Jessica Beal for expertise in trauma-informed care
- Dr. Allyson Bradow, PSY.D, a psychologist in Louisville, Kentucky, with expertise in dialectical behavioral therapy and mindfulness
- Pastor Edward Palmer for training on racial disparity
- Kent School of Social Work, Spalding School of Social Work, WKU School of Social Work and University of Kentucky School of Social Work for creating trauma-informed education
- Adoptive parents and foster care parents for their experiences and perspectives, including peer training in conjunction with the Kentucky Partnership for Families and Children
- Passport's Dr. Liz McKune and Dr. Cheryl Hall for expertise in criminogenic factors on recidivism and the alignment with social determinants of health (SDoH)
- The University of Kentucky College of Social Work's Training Resource Center (TRC) to administer trauma-informed care trainings with law enforcement, providers and other stakeholders around the state

Exhibit G.7-2: Passport Kentucky SKY Training

Training Topic	Curriculum
G.7. a. Coordinating Services, and b. Care Coordination Teams	Understanding how Kentucky SKY Care Coordination Teams are formed, potential participants (i.e. , the member (when appropriate), the foster family, the biological family (when appropriate), providers involved in the member's care including the PCP, dental provider, BH provider and any specialists, as well as other individuals pertinent to the member's care, such as coaches, mentors or religious leaders) and how to engage and coordinate care and wraparound services
G.7.c. Training in Trauma-informed Care (include sample materials)	Understanding the signs of trauma in Kentucky SKY members as well as their caregivers, potential contributing factors and available tools and resources Two samples of Trauma Informed Care training are included as **Attachment G.7-1_Addressing Vicarious Trauma in Foster Parent Training and Retention** and **Attachment G.7-2_Trauma Informed Care Training Sample Material**

Training Topic	Curriculum
G.7.d. Crisis Services	Identifying when crisis intervention is needed and the services available for the Kentucky SKY member
G.7.e. Child and Adolescent Needs and Strengths (CANS)	Promoting the CANS tool designed to support level of care and service planning decision making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.
G.7.f. High Fidelity Wraparound Approach	The tenets of wraparound and what it means to provide the right support and services for the whole family, not just the Kentucky SKY member
G.7.g. Impact of Adverse Childhood Experiences (ACEs)	Informing about the lasting impacts of abuse, neglect and other traumas on children and how to minimize the risks long-term negative impacts.
G.7.h. Neonatal Abstinence Syndrome (NAS)	Recognizing the signs of NAS withdrawal symptoms caused by in utero exposure to drugs of dependence.
G.7.i. Six Seconds Emotional Intelligence (SEI)	Learning effective measures that help people develop and apply emotional intelligence.
G.7.j. Screening for and identification of Behavioral Health needs	Screening for and identification of Behavioral Health needs using evidence based and/or best practices especially focused on concerns related to the foster care populations (e.g., trauma, substance use, depression).
Additional Training	
Family First Prevention Services Act and any other federally mandated services or programs impacting Kentucky SKY members	Understanding the requirements of providers as defined within federally-mandated programs, how to carry out the intent of the legislation and methods to incorporate and/or augment current practices.
Suicide Prevention	Enabling the early identification and assessment of young patients at high risk for suicide for suicide prevention [www .nimh.nih. gov].
Polypharmacy Risks	Understanding and mitigating the risks of polypharmacy .
Racial Disparities	Understanding of the racial disparities that exist in foster care and DJJ systems.
Criminogenic Factors	Understanding the risk factors for recidivism in DJJ and how they align with the social determinants of health for use in care plans that meet the whole member's needs.

Passport Continually Educates and Updates Providers

Passport *eNews* is a key communication method that the Provider Relations team uses to share timely information with participating providers in our network. Timely operational updates, announcements and information are shared with providers in real time via email. The distribution can be tailored to specific provider types, including Kentucky SKY providers for targeted messaging, or sent to all providers with communications that have a broader impact. Passport *eNews* communications are sent out weekly, on average. In 2018, approximately eighty (80) Passport *eNews* emails were sent to our provider community with information relevant to their practices. Passport also offers annual provider workshops at accessible

locations across Kentucky so that providers from all regions have the ability to attend. Topics presented at previous workshops have included fraud, waste and abuse detection, Social Security Act Title XI, the role providers have in quality and Healthcare Effectiveness Data and Information Set (HEDIS) measures, third-party administrator transition training, DMS initiative training (i.e., Kentucky HEALTH) and billing and reimbursement practices. To ensure all providers have access to the training information at any time, Passport facilitates and then posts a webinar version of the workshop available on the provider portal.

Passport's Provider Relations specialists and subject matter experts also attend the webinars. This provides an opportunity for open dialogue to share ideas and suggestions and for further collaboration between the network providers and Passport. Attendees are asked to complete a workshop evaluation so that we may gauge the success of the workshops and the relevance of the content discussed, as well as provide a forum for providers to offer feedback and suggestions for future use.

Providers are invited to in-person workshops and/or educational webinars hosted by Passport throughout the year. Passport engages departments throughout the health plan to contribute to, and help facilitate, our webinars. For example, Passport has hosted webinars, such as *Opioid Use Disorders TeleECHO Clinic*, *Targeted Case Management* and *Passport Behavioral Health: Autism Services and Behavioral Analysts* as illustrated in **Exhibit G.7.3**, that were conducted in collaboration with subject matter experts from cross-functional teams within Passport.

Exhibit G.7-3: Passport Training



Conclusion

Provider engagement is at the very core of Passport and starts at the highest levels of leadership. We recognize that an informed provider experience focused on solid communication, education and provider satisfaction directly affects the experience of our Kentucky SKY members. We are committed to ensuring that Passport providers are aware, understand and comply with the Kentucky SKY program and its requirements through our structured and comprehensive initial and on-going trainings, as well as monitoring provider adherence to the training curriculum via our many regular interactions with providers.

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.

G.8 Covered Services



G.8. Covered Services

a. Describe the Contractor's approach for ensuring the successful completion of required assessments and screenings. Please include a description of the following:

   i. How the Contractor will coordinate with Kentucky SKY Members, the Department, DCBS, DJJ, and families. Address the involvement of any other sister agencies in the description.

   ii. How the Contractor will ensure assessments are initiated immediately upon a Kentucky SKY Member's Enrollment in the Kentucky SKY program.

   iii. How the Contractor will meet standards for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening.

   iv. Any challenges that the Contractor anticipates in completing required assessments and how it will mitigate these challenges.

   v. Provide examples of how the Contractor has succeeded in providing assessments to individuals similar to those required for the Kentucky SKY Members.

   vi. Include examples of Trauma assessment or screening tools the Contractor would recommend the Department consider for the use in identifying Trauma in Kentucky SKY Members.

b. Submit the proposed screening tool the Contractor will use to develop the Kentucky SKY Care Plan. Include a description of how the Contractor will use the results of assessments that sister agencies have conducted in developing the Care Plan.

   Provide examples of prior tools the Contractor has used for other similar programs and detail how these tools have contributed to the Contractor achieving program goals.

c. Describe its comprehensive approach to providing Crisis Services, including in home services, to Kentucky SKY Members.

d. Describe the Contractor's experience in providing services through a holistic, person-centered approach, utilizing a High Fidelity Wraparound approach.

e. Describe how the Contractor will develop and provide interventions that will help develop resiliency in Kentucky SKY Members who have been exposed to Trauma and ACEs.

f. Describe the role of non-medical factors (e.g., placement changes) that may drive inappropriate utilization of medical resources and how the Contractor will account for those factors in the delivery approach. As part of the response, include how the Contractor will identify and leverage non-Medicaid resources that may be available in a community environment, including how it will assist such community based resources that may serve an important role in the Kentucky SKY Members' overall physical and Behavioral Health care needs and goals even if they are not traditional Medicaid services. Provide examples of any community organizations that the Contractor anticipates involving to provide services to support Kentucky SKY Member' needs and goals.

Introduction

Passport understands that the Kentucky SKY population has complex needs and requires specialized care. We approach each child as a whole person. Our High Fidelity Wraparound approach achieves long-term, sustained positive outcomes while meeting the immediate medical and behavioral needs of the member. Furthermore, we use an assessment process and resources that include social determinants of health (SDoH). Serving this population also requires strong collaboration with a variety of state partners. Passport offers our members and their caregivers the support and resources needed to thrive. With Passport's dedicated team and full scope of programs and services, we provide our members with comprehensive care using an integrated member-centric approach.

G.8.a. Describe the Contractor's approach for ensuring the successful completion of required assessments and screenings. Please include a description of the following:

G.8.a.i. How the Contractor will coordinate with Kentucky SKY Members, the Department, DCBS, DJJ, and families. Address the involvement of any other sister agencies in the description.

Coordination with the Kentucky SKY Members, Their Families, the Department, DCBS and DJJ

The comprehensive assessment and screening of all members is the cornerstone for the development of effective care plans for children, particularly those in the Kentucky SKY program. Passport's approach involves early engagement and participation of multiple sources of information to complete assessments. In this process, we engage Kentucky SKY members, their caregivers, Department for Community-Based Services (DCBS) or Department of Juvenile Justice (DJJ) workers, health care providers and others.

Working with the Department, DCBS, DJJ, Department for Aging and Independent Living (DAIL), other sister agencies and families is not new to us. Currently, our Specialty Populations team is local and has seven staff members devoted to Kentucky SKY populations, plus their manager. Our team is comprised of individuals who previously worked in therapeutic foster care programs, community mental health centers, residential treatment facilities, the Department of Corrections, the Health Access Nurturing Development Services (HANDS) program, state and private psychiatric hospitals, Norton Children's Hospital, refugee resettlement programs, House of Ruth, and Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)-contracted programs. One of our team members is a former foster parent and adoptive parent; one is certified in trauma-focused cognitive behavioral therapy; and another has completed the train-the-trainer certification for trauma-informed care instruction. Through their work prior to coming to Passport and their ongoing efforts via our existing Specialty Populations team, Passport has established strong working relationships with Kentucky agencies and providers. Due to our experience, our team understands the populations, the agencies responsible for their care, and the professionals who work with these individuals on a daily basis—our team has walked in many of their shoes. We also understand the pressures

that exist within systems and the need to minimize any negative impacts and tensions they could have on the members we collectively serve.

Due to our existing relationships, Passport aligns with DCBS and DJJ to implement assessment processes with the goal of providing personalized service to each Kentucky SKY member. In addition to tailoring care plans, we complete a comprehensive assessment using information from various sources including Identifi, the Health Risk Assessment and other assessments completed by DCBS, DJJ and providers. This comprehensive assessment helps the Kentucky SKY Care team determine how to approach each member's specific needs.

The Kentucky SKY Care Coordinator holds collaborative meetings with DCBS, DJJ, providers, schools and others to obtain agency case plans and other existing assessments and documentation. These materials are beneficial in completing a full assessment of the Kentucky SKY member's strengths and needs and aid the member's Care Team in developing a comprehensive care plan. As needed, Passport coordinates efforts with DBHDID, DAIL, Public Health and other agencies, as for example, with referrals to the Supports for Community Living (SCL) waiver or working with state guardians.

G.8.a.ii. How the Contractor will ensure assessments are initiated immediately upon a Kentucky SKY Enrollee's Enrollment in the Kentucky SKY program.

Immediately Initiating Member Screenings

Passport understands the importance of expeditiously providing care to Kentucky SKY members. For this reason, the assessment period begins at the time of enrollment. Within one business day of notification of a new Kentucky SKY member, a Care Coordination team is assigned. The Kentucky SKY Care Coordination team consists of, at a minimum, the Care Coordinator, the member, the caregiver (when applicable), and a DCBS social service worker or DJJ worker (when applicable). Depending on the needs of the member (as determined via assessment), additional team members are added. These additional team members include providers, once identified.

Upon assignment of the new member to the Care Coordination team, the Care Coordinator identifies the current or needed primary care provider (PCP), dental, behavioral health (BH) and other specialists, and other providers. Information and input are obtained from each of the providers for assessment and care plan development purposes. The Care Coordinator contacts the member (when applicable), 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 then begins to assemble available reports, assessments and documentation from DCBS, DJJ and providers and schedules a Care Coordination team meeting to take place within 30 days of enrollment. These efforts are part of the same process that ensures timely assignment of a PCP in two days.

For children/youth in DCBS care, the Passport Kentucky SKY care team partners with the social services worker (SSW) and caregivers to ensure required screenings for members, especially when they are new to DCBS care. This includes the health screening within 48 hours of an order when a child enters the custody of the Cabinet, and treatment for any injury/illness that may be the result of maltreatment within 24 hours of the order. Passport's Kentucky SKY care team also assists in the coordination of required appointments (including medical, dental and visual exams) within two weeks of a member entering the custody of the Cabinet. In addition, our team aids in the coordination of a mental health screening performed by a qualified mental health professional within 30 days of the child entering out-of-home care. Following these initial exams, the Passport Care Coordinator works with the SSW and caregivers to ensure the child/youth receives care in line with EPSDT recommendations, aiming for medical and visual examinations no less than once per year and dental exams twice per year. We gather information from all providers completing those screenings for incorporation into assessment and care-planning activities with the Care Coordination team to ensure all care is coordinated in such a way as not to cause duplicative or contradicting care. For all Kentucky SKY members Passport will collaborate with PCPs and specialists of prior MCOs to ensure continuity of care, as well as the other MCO care management staff and DCBS staff.

Within thirty 30 days of enrollment, the Passport Kentucky SKY team completes the Pediatric Assessment or the Former Foster Youth Assessment (Member Needs Assessment). Both of these assessments include adverse childhood events (ACEs) screeners. Based on the findings from that assessment and any other available information, the team develops 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.

Our team enters all care plans into our Identifi^{SM} platform to allow for proper care management and care coordination for the member. All Passport Care Team members have real-time twenty-four/seven 24/7 access to any documentation (including assessments and care plans) that are completed. Identifi^{SM} provides real-time feedback on tasks needing completion (e.g., assessments) and generates daily reports to Care Coordinators. These reports 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's Kentucky SKY Care Management team members 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 if any corrective actions should be taken for quality assurance purposes. These actions can be at the individual or team level, such as retraining on program requirements, engagement skills, etc.

The recommendations are then reviewed by the Kentucky SKY Executive Director and Medical Director and, as applicable, the information is incorporated into our quality management program as described in our proposal.

G.8.a.iii. How the Contractor will meet standards for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening.

EPSDT Screenings Are an Essential Component of Our Program

We routinely monitor the member's health status during the developmental period and prompt the appropriate interventions when issues are identified. This is essential for long-term positive health outcomes. Passport's EPSDT program addresses these concerns for Kentucky SKY members under the age of 21. The program offers comprehensive preventive physical and mental health care including dental, developmental and specialty services to effect the early diagnosis and treatment of medical conditions which, if undetected, could become serious health care issues. Per federal Medicaid requirements, Passport also covers services deemed to be medically necessary for Kentucky SKY members under the age of 21, whether the benefit is in the state plan or not.

Passport's EPSDT program is devised with specific goals to increase:

- The percentage of members receiving at least one EPSDT screen during the measurement year and all age-appropriate EPSDT screens, and all childhood and adolescent immunizations.
- The percentage of members receiving an annual dental visit.
- The number of members receiving a lead screening based on the periodicity schedule.
- The number of members receiving a well-child visit in the first fifteen (15) months of life, the third, fourth, fifth, and sixth years of life, and an adolescent visit.
- The number of members committed to receiving the human papillomavirus (HPV) vaccine series as recommended by Bright Futures/American Academy of Pediatrics (AAP) Standard of Care periodicity schedule as adopted by the Centers for Disease Control and Prevention (CDC).
- Clinician adherence to documented evidence of body mass index (BMI) percentile and improving clinician adherence to documented percentile plotted on a BMI growth chart or BMI percentile documented with that includes height and weight.
- Counseling for nutrition and physical activity; risk behavior related to sexual activity, alcohol and substance abuse; and tobacco use; mental health assessment/screening; and follow-up for special services as a result from an EPSDT screening.
- Adherence to documented evidence of a depression screening based on the periodicity schedule and appropriate referral and follow up as a result from an EPSDT screening.

When a Kentucky SKY member does not receive the recommended schedule of health screens, immunizations and annual well visits, our Care Team reaches out to the member, caregiver and/or guardian to discuss the gaps in care and the importance of receiving the recommended services. The Care Team also assists in scheduling appointments for services as needed. To further promote engagement, members may earn rewards for participation in and completion of preventive health services, including some EPSDT services (e.g., immunizations).

Success Story

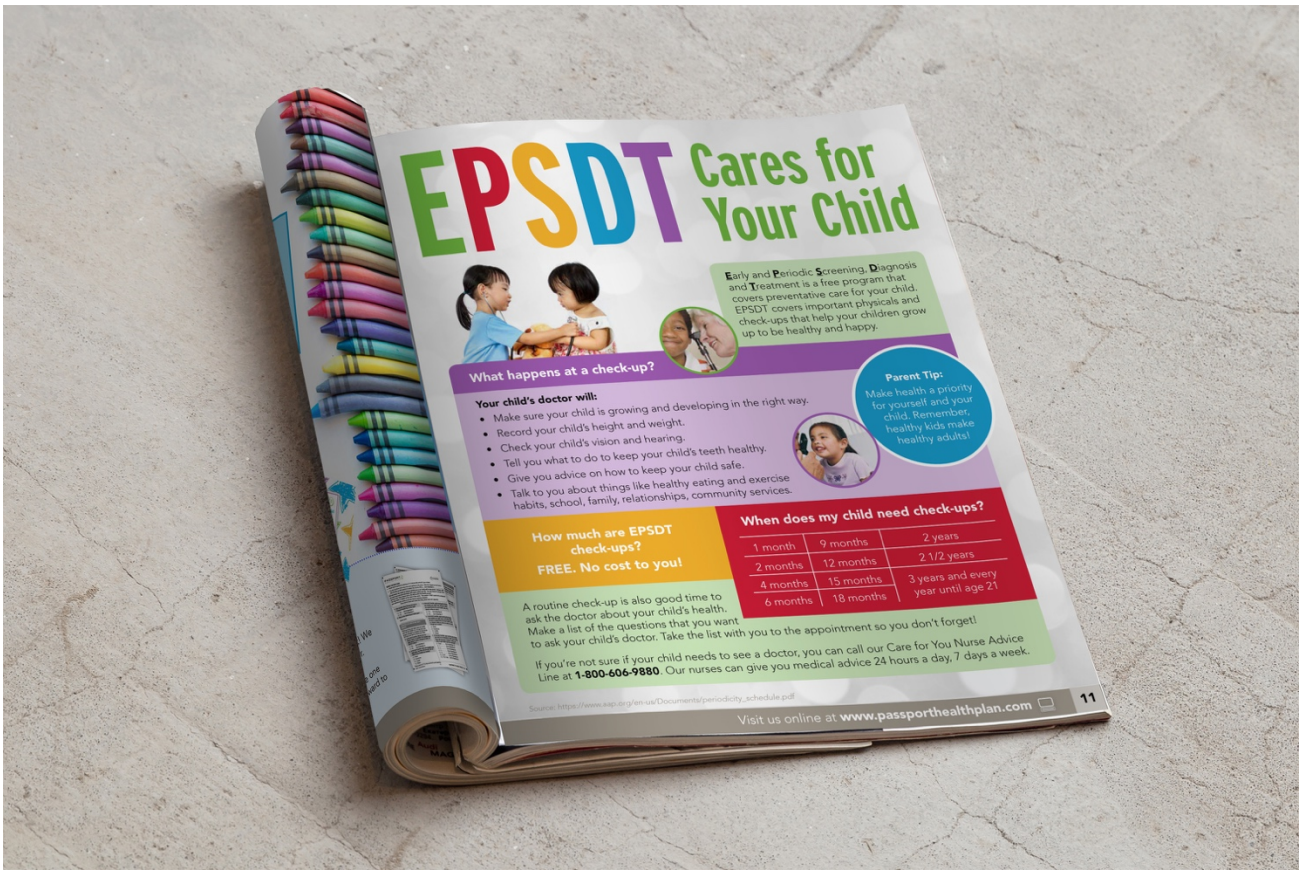
For several months, Passport Community Health Worker Rhonda Wooten worked with Susie*, a pediatric Passport member. During that time, Rhonda worked closely to build rapport with the mother and locate community resources to provide Susie with clothing, formula, diapers, baby wipes, household supplies and food. The family also had an open case with Child Protective Services (CPS), and the mother was very concerned about Susie being removed from the home. She asked Rhonda to attend the meeting with CPS at her home. Rhonda attended the meeting and Susie was allowed to stay in the home with her mother.

*Member's name changed for privacy.

In addition to these personal attempts by the care team to reach the members/families, Passport has other targeted methods of reminding about needed services. The outreach efforts inform and stress the importance of EPSDT through various means, including:

- Postcard notifications are mailed to caregivers of all newborn members advising of EPSDT screenings.
- An auto-dialer system is used to contact members regarding the availability of preventive dental care, the recommended schedule for EPSDT screens and immunizations, and the importance of follow up when referred for special services. For convenience, members have the option of speaking directly to a Care Connector if they require additional information.
- Home visits are provided to members who are unavailable by phone.
- Outreach and education are provided at community events (i.e., back to school events and community health fairs).
- The Passport HealthPlus program and HealthPlus care conferences are used to educate and influence provider practice in EPSDT Healthcare Effectiveness Data and Information Set (HEDIS) goal movement, proper coding and ESPST education for providers within the HealthPlus program.
- The Member handbook offers information on our EPSDT program, member-eligibility criteria and an early periodic screening and diagnostic testing schedule.
- Information on our member website for EPSDT program and offerings.
- The member newsletter, MyHealthMyLife, offers informational articles on the importance of EPSDT screenings and immunizations, as illustrated in Exhibit C.8-1.

Exhibit C.8-1: Member Newsletter Articles on the Importance of EPSDT for Children



The EPSDT program tracks member's adherence to all components of the health screen and follow-up related to an EPSDT screen, according to the periodicity schedule based on the AAP/Bright Futures Standards of Care and the Commonwealth's DMS.

Provider engagement and education are essential elements to the success of our EPSDT program. Passport offers orientation sessions for EPSDT clinicians on a regular basis and provides ongoing support to them regarding the administration of EPSDT preventive care, billing and claims processes, the required components of a complete EPSDT screening and the importance of outreach and education to EPSDT eligible members and their families. As a part of our educational efforts, we also provide provider outreach visits, workshops and roundtable meetings, as well as offer educational materials, such as the Quick Reference Guide, Provider Orientation Kit, EPSDT Orientation Kit, Passport Provider Manual, Provider EPSDT Education Toolkit and Passport's Provider Portal Website to support efforts to increase EPSDT participation, compliance rates and identified health outcomes. Furthermore, we conduct EPSDT provider audits to monitor compliance around EPSDT services, and care gap reports are made available to our providers, which help them identify members that need to be contacted and have services provided.

G.8.a.iv. Any challenges that the Contractor anticipates in completing required assessments and how it will mitigate these challenges.

Addressing Any Screening Challenges and Plans for Mitigation

Foster children may experience frequent moves. Former foster youth are at risk for homelessness and may also change addresses frequently. Adjusting to new placements may also be tumultuous. All these situations can be challenging in making or maintaining contact with the member and, as appropriate, the adults in the member's life. Without access to full medical history and coordination of care, the health and quality of life of the Kentucky SKY member suffers. Passport understands the importance of obtaining information and completing a comprehensive assessment for the Care Coordination team to create a meaningful care plan for members and their families.

Passport has experience with overcoming challenges that can make the initial assessment process more difficult. The Care Coordinator's ability to reach the member or foster parents and other caregivers may be the first hurdle. We overcome this challenge by working collaboratively with our DCBS/DJJ partners, as well as our providers, to obtain current contact information for the member or the caregiver. If a foster parent is reluctant to engage with the Passport Kentucky SKY team, we use our relationships with DCBS and/or therapeutic foster care agency staff to assist us in building a bridge with the foster parent.

Another barrier is the ability to obtain existing assessments/documentation/reports from various sources within the initial assessment period. Passport's Kentucky SKY team utilizes relationships with DCBS and DJJ workers, the Children's Review Program, private child-caring agency staff and private child-placing agency staff, providers and others to help facilitate acquisition of this information. If the information is not obtained within the assessment period but comes available to us at a later time, the new information is shared with the Care Coordination team so that updates to the care plan can be made.

We also recognize the challenge that arise when a child is new to DCBS care and there is a dearth of knowledge about the child's health status or history. In those instances, everyone on the Care Coordination team, with the exception of natural parents, are learning about the child's history, strengths and needs together. If the member was with another managed care organization (MCO) prior entering the Kentucky SKY program, we work with the SSW to contact the other MCO to obtain the needed information. As permitted by DCBS, the Care Coordinator also works with the natural parents to obtain as much information as possible.

In any case, the assessment is completed within 30 days of the Kentucky SKY enrollment with the information available at the time. The assessment process is a fluid and ongoing. As other information is obtained, the Care Coordination team updates the care plan and makes it available to others involved in the care management process of our member.

G.8.a.v. Provide examples of how the Contractor has succeeded in providing assessments to individuals similar to those required for the Kentucky SKY Members.

Our Experience with Assessments and Screenings

Passport has been serving Kentucky SKY members for 22 years, including engaging children in DCBS custody in care management as a part of our population health initiatives.

When a member is identified for participation in a population health management program, Passport reaches out to conduct appropriate assessments, including the HRA and needs assessment. These needs assessments are specific to the program for which the member is identified, but include, at a minimum, the following:

- Member's immediate, current and past health care, and mental health and substance use disorder (SUD) needs.
- Psychosocial, functional and cognitive needs.
- SDoH, including employment and housing status.
- Ongoing conditions or needs that require treatment or care monitoring.
- Current care being received, including health care services or other care management.
- Current medications prescribed and taken.
- Support network, including caregivers and other social supports.
- Other areas as identified by the contractor or Department.

Passport's assessments and care management tools are fully integrated into our suite of medical care management programs. All Passport Care Team members work together as members of a single care management team, sharing cases and cross-consulting with each other as a member's needs require.

With the influx of members into the Kentucky SKY program upon program initiation, Passport uses its available technology to help target members who need more immediate attention. Identifi℠ Care supports population health management and offers a preloaded, National Committee for Quality Assurance (NCQA) compliant clinical program workflow that focuses Care Advisors on the high-risk members and the most effective interventions. The application supports multidisciplinary care teams in triaging members, conducting assessments, developing care plans and managing their lists of prioritized action items in a guided workflow aligning with the clinical model. Evidence-based clinical content drives the creation of robust, structured and understandable care plans.

G.8.a.iv. Include examples of Trauma assessment or screening tools the Contractor would recommend the Department consider for the use in identifying Trauma in Kentucky SKY Members.

Our Recommended Assessment Tools for Identifying Trauma

Trauma informed care is important for Kentucky SKY members. We know from research that the prevalence of post-traumatic stress disorder (PTSD) among former foster care members is much higher than that of the general population. In fact, the rate of PTSD for former foster care members is closer to the prevalence among U.S. war veterans.[1] It is estimated that 25 percent of former foster care members are diagnosed with PTSD, versus prevalence in the general population of about eight percent. Kentucky has already taken steps to improve this outcome for former foster care youth by moving toward a more trauma-informed system. However, there is more work we can collectively do in this regard.

For this reason, Passport recommends that the Department consider the use of the following tools for identifying trauma in Kentucky SKY members.

- ACEs screener
- Trauma Symptom Inventory (for former foster youth)
- Trauma Symptom Checklist for Children
- Trauma Symptom Checklist for Young Children
- Child and Adolescent Needs and Strengths—Trauma Comprehensive

As part of our core care management programs, we use our years of experience with standard care management screening tools to administer valid and reliable screening tools (such as the Pediatric Symptom Checklist [PSC], the Patient Health Questionnaire [PHQ], generalized anxiety disorder [GAD], CAGE, etc.) across all of our Kentucky SKY programs. **Attachment G.8-1** provides examples of these existing screening tools.

Research has repeatedly demonstrated that children entering foster care have higher exposure to discrete adverse events and complex trauma, that is, the prolonged exposure to interpersonal environments that are unsupportive and harmful to child and youth development. These tools are designed to identify and highlight the role of trauma in children and lead to more trauma-informed decisions. Understanding the specific nature of trauma can assist providers in treatment planning and also help Passport work with providers to respond in a trauma-informed manner.

Passport seeks to establish a collaborative partnership with the important adults in foster youths' lives, including foster parents and childcare staff. Our trauma-informed approach includes identifying and supporting the strengths that caregivers have. We are aware that these individuals may be affected by

[1] *Pecora, P.J., Kessler, R.C., Williams, J., O'Brien, K., Downs, A.C., English, D., Hiripi, E., White, C.R., & Wiggins, T. (2005), Improving Family Foster Care: Findings from the Northwest Foster Care Alumni Study, Seattle, WA: Casey Family Programs.*

secondary trauma, that is, they may be negatively affected by their empathetic engagement with traumatized youth. Therefore, we remain sensitive to the issues of secondary trauma and, as appropriate, offer assessment and help in accessing services. Among the assessment instruments that might be used are the following:

- Post-Traumatic Stress Disorder Checklist for Civilians
- Trauma History Screen
- Trauma Symptom Inventory-2
- Symptom Checklist 90 Revised (SCL 90-R), which was demonstrated to be culturally competent

G.8.b. Submit the proposed screening tool the Contractor will use to develop the Kentucky SKY Care Plan. Include a description of how the Contractor will use the results of assessments that sister agencies have conducted in developing the Care Plan. Provide examples of prior tools the Contractor has used for other similar programs and detail how these tools have contributed to the Contractor achieving program goals.

Our Kentucky SKY Pediatric Assessment and Kentucky SKY Former Foster Youth Assessment (Member Needs Assessment) cover a variety of critical topics and can be completed with the assistance of the member or a foster parent, guardian or other caregiver.

This assessment poses a series of questions to identify the following information:

- Custody status.
- Date of commitment or adoption (if applicable).
- Primary language spoken by the member.
- What is going well with the member, member's strengths and what the member enjoys doing for fun. A description of the member's most common coping strategies.
- Assessment of activities of daily living (ADLs)/independent activities of daily living (IADLs) requiring assistance.
- Description of the member's medical, dental and/or vision history, screenings and prescriptions.
- Current physical, behavioral or developmental diagnoses and behaviors of concern to the member or caregiver.
- Details of the member's existing transition plan (if available).
- The child's record with attendance and/or tardiness (if enrolled).
- Existing supports in the member's life.
- Whether the member has an individualized education program (IEP) and, if so, what services are provided.
- Whether the member has a disability and, if so, whether there is a 504 plan in place to accommodate the member.

- The topics identified by the ACEs screener.
- A description of the member's current and historical substance use (if any) and administration of the CAGE-AID.
- Pediatric Symptom Checklist or Patient Health Questionnaire-9 and Generalized Anxiety Disorder-7.
- Barriers to accessing care.
- Familiarity of the member or caregiver with the benefits and community resources available to the member, and whether these resources meet the member's needs.

Following the Kentucky SKY Pediatric Assessment or Kentucky SKY Former Foster Youth Assessment, if it appears that further information is needed, our Kentucky SKY Care team assists the member or guardian in arranging for needed assessments. Please see **Attachment G.8-2** for samples of our Kentucky SKY Pediatric Assessment, Kentucky SKY Former Foster Youth Assessment, and assessments we use in other programs.

In addition, and as relevant to the individual Kentucky SKY member, our screening assessment is supplemented with the tools listed below in in **Exhibit C.8-2**.

Exhibit C.8-2: Assessments for Kentucky SKY

Assessment completed by Passport	DCBS/DJJ assessments and documentation (to be requested by Care Coordinator)	Other assessments (to be requested by Care Coordinator if available)
• Averse Childhood Events screener • Health Risk Assessment • Member Needs Assessment (e.g., Kentucky SKY Pediatric Assessment and Kentucky SKY Former Foster Youth Assessment) • Pediatric Symptom Checklist	• Ansell-Casey Life Skills Assessment • Child and Adolescent Needs and Strengths (CANS) • Child Behavior Checklist (CBCL) – results • Criminogenic Needs Assessment (CNA) • Criminogenic Needs Questionnaire (Needs-Q) • Documentation of Medically Complex Status • DPP-106B – Service Plan • DPP-1251A – Child Placement History Log • DPP-886 – Private Child Care Interagency Referral • DPP-886A – Application for Referral and Needs Assessment • Strengths in Families Worksheet	• Child and Adolescent Functional Assessment Scale (CAFAS) • Comprehensive Assessment and Treatment Services (CATS) assessment • Competency Assessments/Court Ordered Assessments • Developmental Assessments • Daniel Memorial independent living (IL) Skills Assessment (if available) • Educational Assessments • Neuropsychological Assessment • Psychological Assessment • Psychosocial Assessments (therapeutic foster care [TFC], residential, other provider) • Trauma Assessment (if one has been completed externally)

As noted above, utilizing and building upon existing relationships with DCBS, DJJ and other entities, the Kentucky SKY Care Coordinator works with DCBS, DJJ, providers, schools and others to obtain assessments and documentation useful in gaining a full understanding of the member's history, strengths and needs. This compilation of information and integration with the Kentucky SKY Pediatric Assessment or Kentucky SKY Former Foster Youth Assessment (Member Needs Assessments) aids the member's Care Team in developing a comprehensive care plan focused on helping the member succeed in all areas—personal health, school, community and home. This team will review any completed assessments and, based on their findings, as well as the team's knowledge of the member's strengths and needs, develop a care plan for members in Care Management or Intensive or Complex Care Coordination.

When Passport implemented the Intensive Care Management pilot for children in DCBS care, the Child Placement History Log, the Private Child Interagency Referral, and the CAFAS were used to help assess current functioning of members initially enrolled in the program. The CAFAS was also used longitudinally to measure progress in the child's functioning. During the six month evaluation period following the pilot, we used the Child Placement History Log and other information from the workers information system (TWIST) to ascertain current placement for former pilot members. DCBS was integral in assisting in obtaining needed information and the collaborative partnership was very successful.

G.8.c. Describe its comprehensive approach to providing Crisis Services, including in home services, to Kentucky SKY Members.

Providing Additional Services for Kentucky SKY Members

Passport's approach to providing crisis services is rooted in the care-planning process. During our initial assessments, we review the Kentucky SKY members' history and identify risk factors for crisis events. Using High Fidelity Wraparound principles, we will engage the team in developing a crisis plan that anticipates and provides clear steps for managing crisis events. In addition, we will work with BH providers to help the Kentucky SKY members and their families to develop skills to successfully manage crisis situations. Passport intends to partner with providers who are willing to provide 24-hour, seven days a week crisis intervention, including in-home intervention, for Kentucky SKY members. We have initiated conversations toward developing a preferred network of crisis providers for Kentucky SKY. Our goal is that the preferred providers understand trauma informed care, be accommodating and understanding of the special situations impacting this population and their caregivers and be willing to provide in-home crisis intervention when needed. We anticipate contracting for these services upon contract award.

Implementation of the crisis plan enables the youth and the youth's family to know immediately where and how to get help. We will offer support to members and their family in adhering to their crisis plan, by educating members (where appropriate) and foster parents or guardians on how to obtain help and to ensure they have the information they need to act upon the plan. Should they need assistance beyond what is anticipated in the crisis plan, their second line of defense should be their Kentucky SKY Care Coordination team. Care Coordination teams have access to the crisis plan. If the Kentucky SKY Care Coordinator or Care

Advisor cannot be directly reached (i.e., during holidays) then members, caregivers or guardians can use our dedicated BH crisis hotline.

Emergent Mental and Behavioral Health Crises: Twenty-Four/Seven (24/7) Emergency and Crisis Hotline

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 trained personnel 24 hours a day, seven (7) days a week, three hundred sixty-five (365) days a year and is available toll-free throughout the Commonwealth.

Face-to-face emergency services are also available 24 hour-seven 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.
- Calls have a call abandonment rate of seven percent (7%) or less
- Callers can immediately connect to the local Suicide Hotline's telephone number and other crisis response systems through our patch capabilities to 911 emergency services.
- We never impose maximum call duration limits and shall 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 of member
        - Safety of 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) and/or local law enforcement.
        - Process for creating referrals to provider(s) for follow-up care and to the 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 non-emergent: discussion of existing treatment details, professional/social supports and positive coping skills.

The Crisis Hotline BH clinicians are responsible for working with the member to de-escalate or stabilize while the appropriate resources are activated to intervene with the member. The clinician remains on the line to assist as needed. After a crisis situation is resolved, follow-up care may be provided by a BH or physical health (PH) team member. The determination of which team assumes primary responsibility is 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 prevention of hospitalization for child and adolescent members. In response to the findings, Passport developed a workgroup with leadership representation from Passport, Beacon Health 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 savings 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.

Our Crisis Hotline BH clinicians are all independently licensed clinicians with the training and experience to identify signs and symptoms of crisis. They 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 of member
  - Safety of 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 and/or local law enforcement.
  - Process for creating referrals to provider(s) for follow-up care and to the Interdisciplinary Care Team for case review and engagement in Passport's Case Management program.
  - Sharing all information pertaining to the crisis call with 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 non-emergent: discussion of existing treatment details, professional social supports and positive coping skills.

The Crisis Hotline BH clinicians are responsible for working with the member to de-escalate or stabilize while the appropriate resources are activated to intervene with the member. The Representative remains on the line to assist as needed. After a crisis situation is resolved, the Kentucky SKY Care team follow-up with the member no later than the next business day to ensure that the member's situation has been resolved. Our team also makes certain that the member has no further needs and does not require additional action.

If the Crisis Hotline BH clinician is unable to resolve the issue and the situation needs prolonged support, the Crisis Clinician contacts the on-call Kentucky SKY BH clinician for support.

In addition, Passport's Nurse Advice Line is a safe place for our members to receive health information. Each member can call our toll-free 24 hours, 7-days a week Nurse Advice Line. The members are able to highly trust our nurses with any health question, because all calls are considered confidential. The team of nurses has more than 15 years of experience and is supported by physicians to provide high quality service to our members. The nurses help our members decide on the best courses of action at the time of the calls. Specifically, they help determine whether the members need to visit their doctor, go to urgent care centers or whether they can take care of their symptoms in their home setting.

G.8.d. Describe the Contractor's experience in providing services through a holistic, person-centered approach, utilizing a High Fidelity Wrap around approach.

Passport's High Fidelity Wraparound Approach for Kentucky SKY Members

Passport has extensive experience and expertise in the implementation of holistic, person-centered services using the High Fidelity Wraparound approach. In 2015, Passport proposed a pilot program for foster children utilizing High Fidelity Wraparound to reduce risk of multiple disrupted placements and high service utilization due to BH programs. Passport trained providers, oversaw implementation including monitoring provider fidelity to the model, and evaluated outcomes. We are committed to train and certify all Care Coordinators in High Fidelity Wraparound.

In our pilot program, we partnered with two local provider organizations, Centerstone Kentucky (Seven Counties Services) and ResCare to provide intensive care management services using the High Fidelity Wraparound approach. The pilot program served 57 high-risk foster care children between the ages of four and 17.5 years old who experienced three or more placements within 24 months and were at risk for entering a group home, psychiatric hospital or a 24-hour BH treatment facility. In addition, we created an alternative payment model with a case rate and performance incentives for achieving certain goals.

The program was evaluated using a combination of claims and costs data analysis, interviews and a behavioral inventory, the CAFAS. The CAFAS used information from eight life domains: school, home, community (delinquency), behavior toward others, moods and emotions, self-harm, substance abuse, and cognitive thinking (irrational thoughts). The program participants were scored at intake, every three months during the program, and at discharge.

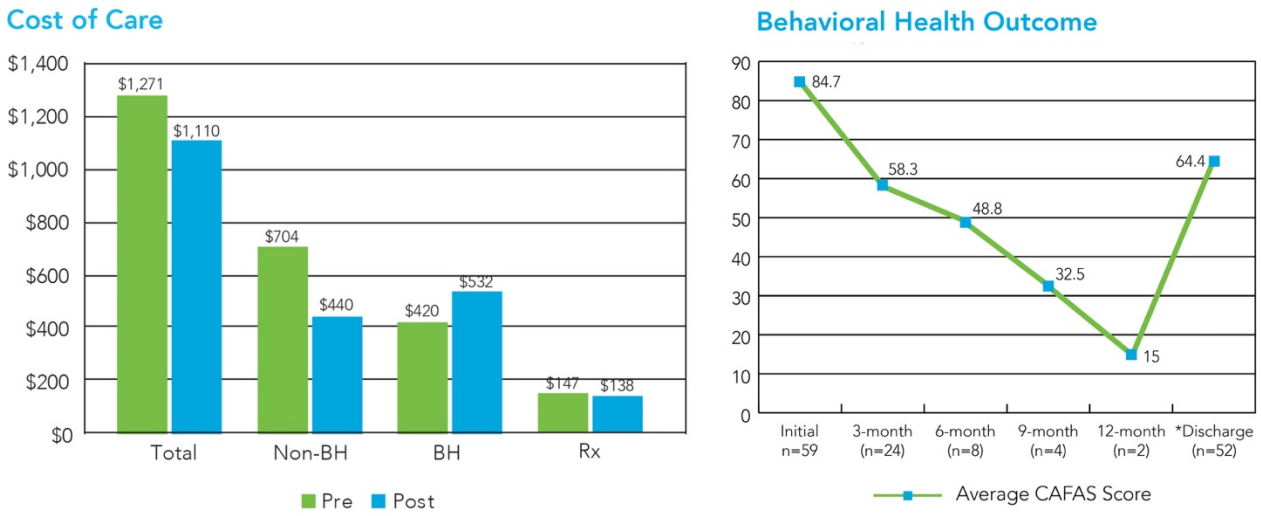
The pilot program demonstrated that by using an innovative model of interventions based on High Fidelity Wraparound care for children and youth in foster care, we were able to improve outcomes and decrease costs. Specifically, there was a 150 percent increase in children being reconnected with their biological or adoptive family six months post-intervention. For other children, foster care placements increased while the number of children placed in residential care, including psychiatric hospitalization, private childcare residential treatment and detention centers decreased.

In addition, we observed the following trends:

- A thirteen percent reduction in total cost of care
- A twenty-seven percent increase in cost related to BH services
- A thirty-eight percent reduction in nonbehavioral health expenses
- A six percent reduction in pharmacy costs

The children's health and well-being also increased during the program, with declining CAFAS scores as a positive indicator. Furthermore, the longer the child participated in the program, the greater the scores improved. The cost of care and BH outcomes resulting from the pilot are described in **Exhibit C.8-3**.

Exhibit C.8-3: Results of Passport's High Fidelity Wraparound Pilot Program



G.8.e. Describe how the Contractor will develop and provide interventions that will help develop resiliency in Kentucky SKY Members who have been exposed to Trauma and ACEs.

Trauma and ACEs Support for Kentucky SKY Members

Research has identified that some children are resilient in the face of the negative health and social factors associated with ACEs and the impact of complex trauma. Three strategies have been empirically shown to strengthen resiliency in foster care youth. These strategies are (1) promoting relationship security, (2) building individual mastery and efficacy and (3) developing affect and impulse control mastery. Passport's proposal intentionally addresses these strategies in the way it engages with the youth, supports DCBS and the child welfare system, and manages Medicaid services.

As noted at the beginning of this section, Passport works with providers to focus on sustained positive outcomes rather than short-term management of behavioral symptoms. Our trauma-informed care management strategy emphasizes positive engagement with Kentucky SKY members that is youth-guided and strengths-based. Our orientation to Kentucky SKY network providers and our ongoing monitoring of provider performance emphasizes the same characteristics.

With an eye to building individual mastery and efficacy, Passport works with providers (including foster care and residential staff) to ensure youth have the opportunity for developmentally appropriate opportunities to develop and build personal competency. This work may involve participation in sports teams, arts activities or similar activities. Boy Scouts of America, Girl Scouts of America and 4-H all have a focus on building resiliencies and all can be accessed in every county of Kentucky. We believe that it is important for trauma-informed and evidence-based treatment strategies to be used in developing affect and impulse control mastery.

Related to building resiliency, Passport is fully engaged in and supportive of DCBS' Building Bridges Initiative (BBI) which emphasizes that, "children grow best in families, within supportive communities and through empowering partnerships." We are committed to participating in a system of care that is youth-guided and family-driven. Passport believes that it has a unique opportunity to support this effort by emphasizing the BBI principle of achieving "sustained positive outcomes" in its contracting relationships with providers.

We intend to pilot incentives and other value-based arrangements that reward providers for (1) achieving stability in placement; (2) when possible, achieving successful transition to a permanent family and reduction in trauma, specifically in incidents of restraint and seclusion; (3) promotion of participation in developmentally appropriate community engagement and (4) improved care coordination at the provider level. Although the capacity of providers to participate in these arrangements will vary, Passport plans to address the need for youths' sustained future success in contracts with all child-caring and child-placing agencies. This emphasis is intended to move the focus of our relationship away from day-to-day control of behavior problems and into one where services are designed with long-term success in view.

G.8.f. Describe the role of non-medical factors (e.g., placement changes) that may drive inappropriate utilization of medical resources and how the Contractor will account for those factors in the delivery approach. As part of the response, include how the Contractor will identify and leverage non Medicaid resources that may be available in a community environment, including how it will assist such community-based resources that may serve an important role in the Kentucky SKY Members' overall physical and Behavioral Health care needs and goals even if they are not traditional Medicaid services. Provide examples of any community organizations that the Contractor anticipates involving to provide services to support Kentucky SKY Member' needs and goals.

Community Relationships to Support Nonmedical Needs of Kentucky SKY Members

Placement changes/disruptions of Kentucky SKY members directly contribute to the inappropriate utilization of medical resources through lack of information about medical/BH history and needs, lack of coordination of care, polypharmacy and other problems.

Passport helps to address this ongoing issue by:

- Using the member's Care Coordination team to identify natural supports and community supports.
- Using the Community Engagement Representatives to collaborate with organizations in the community to support member needs and access resources.
- Using multiple referral tools for addressing nonmedical needs.
- Cultivating a network of community resources to meet Kentucky SKY members' needs.
- Expanding the Independence Readiness Program.

The first strategy to create more natural/nonmedical supports in a member's life is to use the knowledge and creativity of the Care Team. Through phone conversations and Care Team meetings, the Care Coordinator identifies existing supports and strengths already in the member's and family's life. Wherever possible, the team works to build upon those existing resources. Where there are gaps, the team determines supports within the community to fulfill underlying needs. A fully engaged Care Team is the best resource available for brainstorming and creatively problem solving to address these unmet needs.

In addition, Passport's Kentucky SKY team helps support the member and caregiver by assisting with transportation and lodging when health services need to be provided remotely in a physical face-to-face encounter. This added benefit offers reimbursement for qualified travel beyond forty miles and reasonable lodging expenses with prior approval, if an overnight stay is required.

Passport's Multiple Referral Tools for Addressing Nonmedical Needs

Passport's community health workers, Care Coordinators and social workers use multiple cloud-based resource solutions to assist transitioning Kentucky SKY members with SDoH needs.

They first provide an online questionnaire to the member or caregiver to gain insights into their personal situation. Using the results of the questionnaire, they search for the most appropriate community resources and social services to fit the member's needs. This information is provided to the member, teaching them to

become engaged in their health care and take charge of making resource arrangements. We also proactively make the appropriate appointments on behalf of our members, if preferred, so that they can obtained the needed resources with convenience.

These tools offer referral information for the following:

- **Behavioral Health**: Treatment and supportive services for mental health and substance use disorders, including rehabilitation, psychiatry, support groups and therapy.
- **Education:** Services that provide and promote education, including academic scholarships, special education programs, early childhood education programs, tutoring services, English as a second language (ESL) classes, and General Educational Development (GED) programs.
- **Emergency Services**: Immediate and short-term emergency services assistance, including mental health crisis intervention services, emergency shelters, emergency financial assistance, disaster preparedness and response services, and heating and cooling centers.
- **Family & Youth:** Support services to families and youth, including family counseling, adoption and foster care services, childcare programs, infant and child supplies, parenting support, and education and youth empowerment programs.
- **Financial Support:** Assistance with paying for housing, education, food, transportation, medical expenses, etc., or that is aimed at improving financial literacy, such as financial education and tax preparation assistance.
- **Food Services:** Access to adequate and nutritious food, including food delivery, free or low-cost meals, food pantries, food vouchers and farmers' markets.
- **Goods Services:** Basic goods such as clothing, furniture, medical supplies and toiletries for free or at reduced cost.
- **Health Services:** Resources for navigating, accessing, and paying for health services, including primary and specialist care, medical bill and prescription assistance, wellness programs, health insurance enrollment assistance and harm-reduction services.
- **Housing**: Services aimed at improving access to safe and affordable housing, including housing counseling, emergency shelters, low-income housing, financial assistance, supportive housing and home repair services.
- **Legal:** Legal support and advocacy services, including free or low-cost legal representation, citizenship application assistance, assistance with securing a state identification card, support services for individuals involved in the criminal justice system, and assistance with obtaining and changing identity documents.
- **Social Supports**: General community support services, such as community centers, case management and benefits assistance, as well as services that are population specific, such as lesbian, gay, bisexual, transgender and queer (LGBTQ) services; disability services; senior services; and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) services.
- **Transportation:** Services for accessing and paying for transportation, including car repair assistance, free or low-cost transportation, disability-accessible transportation and driver's education.
- **Employment:** Resources for workers and job-seekers, including job search assistance, career counseling, job training resources, supported employment, retirement and unemployment benefits assistance.

Passport's staff tracks all referrals and activities in our integrated system for proper care coordination. The technology enables us to better serve this vulnerable population in an expedited manner.

Network of Community Resources Available to Kentucky SKY Members

Passport's strong community engagement team has developed close relationships with health and related community service agencies across Kentucky, including concluding sponsorship agreements with agencies, such as the National Alliance on Mental Illness (NAMI), SUD treatment programs and preventive health programs that support its members.

To support successful transition of Kentucky SKY members from DCBS/DJJ custody, we expand our focus on community partnerships specifically for transition-age youth. In addition to independent living providers, with which we have a long-standing working relationship, we also reach out directly with homeless shelters, including specialized programs for sexual-minority youth, food banks and community nutrition programs, and DCBS Family Support offices across the commonwealth. Some examples of these community providers include:

- Housing
  - Prevention (single point of entry) – some case management services to help people prevent homelessness, must screen in as appropriate.
  - Shelter (single point of entry) – help with getting into shelter beds, including some beds that are specifically reserved for young adults.
  - Housing (single point of entry) – links to Common Assessment, if the youth meets the U.S. Department of Housing and Urban Development (HUD) homeless definition, which can place youth in specific spots for rapid rehousing, transitional housing or permanent supportive housing if available.
  - Phoenix Health Care – weekly housing navigation meetings for those who do not meet the HUD homeless definition but need help filling out applications and knowing options.
  - UP for Women and Children – a day shelter for women and children that includes showers, laundry and case management.
  - Coalition for the Homeless – has connections to case managers for young adults (under twenty-five (25) years old) to support housing needs (rent, utilities, beds, etc.).
  - Sweet Evening Breeze – LGBTQ+ shelter for youth.
  - St. Elizabeth's (Indiana) – shelter/transitional housing for pregnant young adults.
  - Jumpstart KY (jumpstartKY.com) – for 18 to 24 year old adults to find housing, negotiate with landlords, get legal advice and access peer support.
  - Section 8 Subsidized Housing (site-based and scattered site) – Louisville Metropolitan Housing Authority (Jefferson County) and Kentucky Housing Corporation (for the balance of state).

- Programs
  - YMCA Safe Place – provides classes and independent living skills for young adults.
  - TAYLRD (Transition Age Youth Launching Realizing Dreams) – drop-in center for transition age youth providing peer support, recreation, education and employment support, mental health resources and case management, with multiple locations across Kentucky.
  - Youth Advisory Board through the Coalition for the Homeless – a board for young adults with lived experience or passion around homelessness; services.
  - True Up – a support and networking organization for current and former foster care youth.
- Education/Employment
  - Kentucky Career Center.
  - Necole's Place – includes GED, childcare and skills classes.
  - Office of Resilience and Community Services – workshops around workforce development.
  - Goodwill – includes employment programs for people with troubled histories.
  - St. Vincent de Paul – culinary classes to prepare for employment, usually offered one or two times a year.
  - Metro Louisville Pathways to Success – for people of color ages sixteen to twenty-four (16-24).
  - Youth Build.
  - Family Scholar House – case management for single parents with young children *or* former foster youth interested in post-secondary education; also has housing, including housing specific to former foster youth.
  - Vocational Rehabilitation – as appropriate, education and employment opportunities for individuals with mental health, intellectual, and developmental disabilities (county-specific).
  - Carl D Perkins Center-for post-secondary vocational training and housing (through Vocational Rehabilitation).
- Legal
  - Legal Aid and UofL Law Clinic – representation in emergency protective order (EPO)/ domestic violence order (DVO) cases.
  - Louisville Urban League – classes on expungement and employers who work with people who have felonies.
  - Center for Women and Families – domestic violence shelter and legal help, including U-visas.
  - Metro Christian Legal Aid.
- Parenting
  - Metro United Way Ages and Stages – free children's books for parents who complete developmental screenings for their children.
  - Pregnancy Resource Center.
  - Golden Arrow.
  - A Woman's Choice.

- Other Resources
  - Louie Connect – resources specific to young adults.
  - Street Tips Book (Coalition for the Homeless website)-for shelter, food, clothing and other resources within the city.
  - 211 (through Metro United Way) – resources specific to area of town in Region A, based on zip code.
  - Catholic Charities – housing, therapy and case management for human-trafficking victims.
  - Free 2 Hope – pop-up day shelter/resources for people experiencing human trafficking.
  - Kristy Love – housing for women who have experienced human trafficking.
  - Louisville Youth Group – LGBTQ+ peer support group.
  - The Book Work – pop up book sale that is a social enterprise employing disconnected and homeless youth.

Passport also has a long history of embedding case managers/social workers in social service agencies where our members are frequent consumers. Passport conducts outreach with post-high school educational options (vocational and colleges/universities) to educate on the unique needs of former foster and state committed youth and to promote appropriate supportive services. We draw on advisory assistance from Voices of the Commonwealth in developing and monitoring the success of our transition programs.

The Independence Readiness Program

Passport has been collaborating with the Boys and Girls Haven, along with other community groups, in an innovative initiative called the Independence Readiness Program (IRP). As part of this initiative, the IRP provides job and skills training to Kentucky SKY members and brings in local employers to share entry-level employment opportunities. The Kentucky Community & Technical College System (KCTCS) also provides trade skills training and counsels Kentucky SKY members on affordable ways to get into college. There is also a life skills training component, mentoring program and equine vocational training and career readiness program using a relationship with a horse to resolve trauma and promote healing. A majority of IRP participants have been Passport members. At this point, 82 participants have been served and ninety-one percent have maintained their current placements as a result, or stepped down to a less restrictive placement, thus preventing homelessness.

We are interested in working directly with DCBS to expand the program, channel more Kentucky SKY members into the program, and add new program components that would connect Kentucky SKY members to specialized housing. The effort is designed to help them achieve independence and leverage community support.

Please refer to the following attachments for more information: Attachment G.8-1_CAGE AID Sample, Attachment G.8-2_PSC 17 Sample, Attachment G.8-3_PHQ9 Sample, Attachment G.8-4_PHQA Sample, Attachment G.8-5_GAD7 Sample, Attachment G.8-6_Catastrophic Care Pediatrics Tool and Attachment G.8-7_Medicaid Initial Pediatrics Tool.

Conclusion

Passport is dedicated to offering a holistic person-centered approach. We firmly believe that this approach mitigates the impact of disrupted placements and provides members access to quality care and service, as well as coordinating benefits based on clinical need. We are committed to leveraging our strengths in community partnerships to devise and implement innovative strategies that will best meet the needs of the Commonwealth in improving health outcomes and reducing costs for this important population.

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.

G.9 Health Outcomes



G.9. Health Outcomes

Describe what measures beyond traditional Healthcare Effectiveness Data and Information Set (HEDIS) scores the Contractor would recommend to determine that its Care Management, Care Coordination, and Utilization Management services and policies are having a meaningful impact on the health outcomes of Kentucky SKY Enrollees.

Introduction

Passport has worked to support members in foster care for more than two decades to improve their health outcomes and quality of life, and it continues to maintain this standard through a process of rigorous measurement of key indicators, outcomes and accountability for continuous performance improvement.

Passport has always been committed to cultivating a culture of quality throughout its organization, aligning goals closely with input from its provider-driven model and its strong member ties. Through data sources such as HEDIS, the Consumer Assessment of Healthcare Providers and Systems (CAHPS), population assessments, provider satisfaction and the Healthy Kentuckian measure set, we have developed an advanced analytics model to inform our annual quality strategy. This strategy relies on developing measurable interventions that address areas of opportunity while strengthening the relationship between member and provider. This tracking of measurable outcomes creates a continuous cycle that reinforces the culture of quality by connecting knowledge, structure and processes throughout the plan.

The complex needs of the Kentucky SKY population dictate that we monitor outcomes and other quality measures differently than we do when we measure our traditional Medicaid population. Kentucky SKY members have special needs beyond those tracked in traditional HEDIS measures. To ensure that Passport provides effective support to these children in our care management, care coordination and utilization management (UM) services, we will leverage a variety of evaluation methodologies and specialized metrics. These include:

- Specialized metrics for Kentucky SKY members
- Healthy Kentuckians measures
- Population assessment
- Annual quality improvement and clinical program evaluations
- Population health management evaluations

Passport will continue to collaborate with the Department for Medicaid Services (DMS), the Department of Community Based Services (DCBS), and the Department of Juvenile Justice (DJJ) to develop and implement performance measures for the Kentucky SKY program, including the evaluation of the following as determined by DMS, DCBS, and DJJ:

- Operational measures, such as timely completion of required assessments and submission of required reporting

- Monitoring decertification of services
- Appropriate utilization of psychotropic medications including the evaluation of prescribing patterns related to diagnosis, member age, polypharmacy, dosage and psychosocial therapy and interventions
- Deployment and utilization of evidence-based practices applicable to the Kentucky SKY populations
- The number of placement disruptions that members experience

Specialized Metrics for Kentucky SKY Members

Kentucky SKY children and youth face special concerns that are not reflected in measures designed for more general populations. Passport's experience with these populations to date has informed our selection of metrics to address the special circumstances of Kentucky SKY members. Some of these metrics are available through clinical records available to Passport, such as service utilization, pre-and post-engagement, and length of stay (LOS) for hospitalizations. Other metrics that Passport believes are very important may be available through an interface with the workers' information system (TWIST) or other systems and would include such things as length of time in care before achieving permanence, number of placements, restraint usage, rate of incarceration, truancy rate and whether the foster parents miss work extensively due to a foster child's behaviors or needs. We understand that Passport will not have full access to TWIST but will have access to a future subset of TWIST data provided by DMS. With DCBS consent, Passport will explore coordinating metrics for the Kentucky SKY population with the extensive Performance Measurement System maintained by the Children's Review Program (CRP) on youth requiring private childcare placements.

Specialized Metrics for Kentucky SKY:

- Service utilization (pre- and post-engagement)
- Length of stay
- Time in care before achieving permanence
- Number of placements
- Restraint usage
- Incarceration rate
- Truancy rate
- Work missed by foster parents due to issues with child
- SDoH

In addition, Passport will draw upon its Social Needs Index. The Kentucky State Health Improvement Plan 2017-2022 from Cabinet for Health and Family Services (CHFS) notes the association of social determinants of health (SDoH) and adverse health outcomes. The plan notes that addressing disparities and inequities in SDoH can significantly improve the health of the people of Kentucky.

Passport's population health management platform, Identifi℠, incorporates SDoH data and models and combines them into a unique, easily understandable index that quantifies a member's SDoH risk level. Sophisticated value-based care analytics incorporate community information into risk stratification and predictive models to identify risk factors for SDoH. Because of the importance of psychosocial and socio-economic issues to health outcomes, we leverage a variety of assessment data, as well as publicly available data sources, to understand and address a population's SDoH.

Our system integrates dispersed SDoH data sources at different levels (e.g., individual, census block, census tract) across five (5) main domains (housing instability, transportation barriers, food insecurity, financial stress and health literacy). The platform creates a single Social Needs Index (with five [5] levels) that indicates members' risk that could impact their health outcomes. The advantage of having a single index indicating how an individual's social needs place health outcomes at risk is not only the ability to prioritize members, but also the simplification of the workflow for Care Coordinators and Care Advisors to integrate social support into clinical care management. We will use the index to direct efforts and resources to the most at-risk members and pinpoint their individual needs. Results will be shared with our Kentucky SKY Advisory Committee, Passport's Quality Medical Management Committee (QMMC, Passport's quality improvement committee [QIC]) and Quality Member Access Committee (QMAC, Passport's "voice of the customer" committee that provides input regarding access to care and quality of care for the membership) for feedback from Passport's providers, advocates and members. Their collective experiences will assist us greatly in the interpretation of results and application of findings through policy change and programming.

Children in foster care are likely to be impacted by a wide range of SDoH. These SDoH affect former foster youth, as well, with increased risk of homelessness. By monitoring this population for risk factors, Passport will be able to intervene to provide assistance to at-risk individuals. Current foster children's natural families also likely need assistance addressing barriers related to SDoH, and the Kentucky SKY team can offer them referrals to community resources to help address those needs through our Healthify Social Services Directory and/or through United Community.

Healthy Kentuckians Measures

In addition to metrics specially targeted toward Kentucky SKY members, Passport will leverage Kentucky's state-specific performance measures, which provide information that augments the reported HEDIS measures. These measures are reflective of the Commonwealth's Healthy Kentuckians goals and objectives, and many are relevant to Kentucky SKY services. While not all Healthy Kentuckian measures will be relevant for the Kentucky SKY population, Passport has identified a subset of measures that we will focus on for these members. Healthy Kentuckians measures that reflect components of Kentucky SKY services include the following:

- **Disability and Health:** Promote the health and well-being of persons with disabilities.
- **Adolescent Health:** Increase the number of adolescents who are healthy, have a sense of well-being, and are prepared for adulthood.
- **Early and Middle Childhood:** Increase the proportion of Kentucky children who reach their maximal healthy development.

- **Maternal, Infant and Child Health:** Improve maternal health and pregnancy outcomes and reduce the rate of morbidity/mortality in infants, thereby improving the health and well-being of women, infants, children and families in the Commonwealth.
- **Immunization:** Increase vaccination coverage among Kentuckians.
- **Nutrition and Weight Status:** Achieve appropriate nutrition and weight status.
- **Oral Health:** Reduce Kentucky oral health disparities, identify evidence-based strategies and improve access to preventive services and dental care.
- **Physical Activity:** Improve health, fitness and quality of life through physical activity.
- **Tobacco Use:** Reduce illness, disability and death related to tobacco use and secondhand smoke exposure.
- **Mental Health and Mental Disorders:** Improve the mental health of all Kentuckians by ensuring that appropriate, high quality services are provided to those with behavioral health needs, particularly those that rely on the publicly funded systems of care for children and adults.

These services are available and monitored as part of Passport's early and periodic screening, diagnosis and treatment (EPSDT), health promotion and wellness programs.

Kentucky SKY Population Assessment

Each year, Passport completes a full population assessment to understand and evaluate the needs of our members. We will conduct a separate assessment specific to the Kentucky SKY population to evaluate the characteristics and needs of this population, crosswalk those needs to existing programs, and identify improvement opportunities.

The population assessment is the tool that gives us insight into the utilization of health care services, the effectiveness of existing programs, and opportunities for future initiatives. This assessment includes specific evaluations of member subgroups, including:

- Age cohorts, including birth to age twenty (20) and ages twenty-one to sixty-four 21-64
- Members with disabilities
- Members with severe mental illness (SMI)

Data is reported to facilitate an understanding of similarities and differences in health needs and status. When the data analysis is complete, it is used to determine whether changes are required to population health management programs or resources. In addition, there is an evaluation of the extent to which population health management (PHM) programs facilitate access and connection to community resources that address member needs outside the scope of the health benefit plan. Modifications to program design and resources are made based on these findings.

As an example of our use of utilization data, when we conducted our first population-wide assessment, we identified a greater than anticipated medical expense for members with autism. At the time, Passport did not have staff trained to offer comprehensive autism support, and we took steps to add social workers to

our team to provide additional support through care management for our members with autism and their caregivers.

This Kentucky SKY program assessment will review member trends and examine utilization trends as well as the types of members enrolled in the clinical programs we offer. The assessment provides an analysis of the impact of relevant SDoH. CAHPS and HEDIS measures are also analyzed to determine where we are successful and where improvement is needed. This population assessment helps us understand how our Kentucky SKY membership is changing and helps us identify whether we need to adjust the clinical programs or health promotion and wellness programs offered.

An important outcome of the population assessment will be the identification of performance trends for best practice as well as gaps in services offered to our members, including an analysis of the impact of relevant SDoH. Health status and risks are also examined by using utilization data and considering the needs of special populations, including Kentucky SKY members who are medically complex, living with disabilities or serious chronic illnesses such as diabetes, and members with severe emotional disabilities (SEDs).

An analysis of the population data determines whether changes are necessary to the care management programs or resources. Assessments of population data assist Passport with activities to support practitioners and providers with value-based care, coordinate across member programs, and provide education to members regarding availability of programs and services.

Annual Quality Improvement (QI) Evaluation

The QI program evaluation is an annual assessment of the effectiveness of the QI program that allows Passport to determine how well it has utilized its resources to improve the quality of care, service, and culturally and linguistically appropriate services provided to Passport's membership. This annual evaluation will be expanded to include Kentucky SKY-specific initiatives. When the program has not met its goals, barriers to improvement are identified and appropriate changes are integrated into the subsequent annual QI Work Plan. Feedback and recommendations from various committees are also integrated into the evaluation, as well as the results of the annual external review conducted by Kentucky's external quality review organization (EQRO) on behalf of DMS, accreditation status and annual reevaluation results.

Based on the results of the annual QI program evaluation and with input from all Passport departments, an annual QI Work Plan addressing planned and ongoing quality initiatives is developed. The QI Work Plan includes objectives, goals, scope, identified barriers and planned activities that address the quality and safety of clinical care, quality of services, culturally and linguistically appropriate services (CLAS), and reduction of health care disparities for the year. Planned monitoring of issues previously identified by internal and external customers is integrated, including tracking of issues over time and the planned evaluation of the QI program. Also included are persons responsible for each activity and the time frame for achieving each activity. As a recommendation of the EQRO, quantifiable goals, a timeline for implementation of activities and achievement of goals, and an annual executive summary of the Work Plan highlighting key

milestones, as well as the dates that the milestones were achieved, are incorporated into the QI Work Plan. The final document is presented to the QMMC, the Partnership Council and the Board of Directors for review and approval.

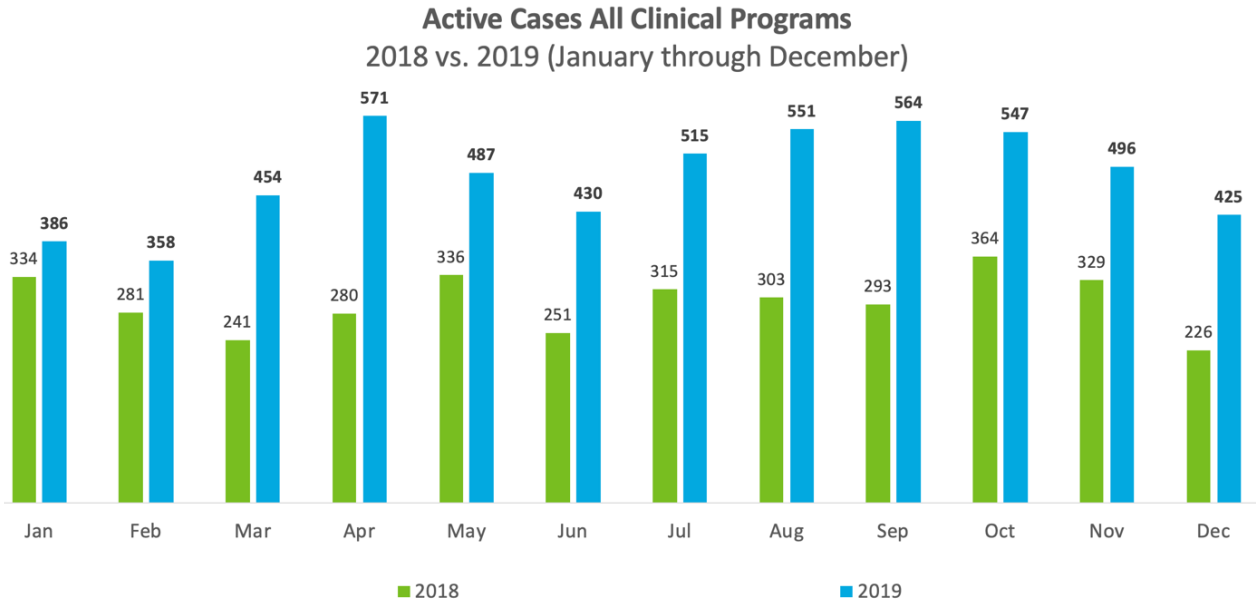
Population Health Management Evaluation

Similarly, Passport evaluates its PHM program, including our programs for Kentucky SKY members, in a monthly operations review (MOR) as well as annually through our clinical program evaluations. Passport understands that regular evaluation of its clinically validated programs is imperative to ensuring their ongoing impact and relevance to its members. We collect data on the care management processes we engage members in, including outreach and engagement, care plan development and care plan progress. We also collect data on outcome measures, measures of cost/utilization and member experience, and participation rates, as described further below. QI activities include measuring, trending, analyzing and interpreting results against performance goals and/or benchmarks for the program.

Monthly Operations Review

Its MOR is an important governance forum for Passport leadership to provide oversight for key initiatives. In the MOR, Passport clinical leadership reviews year-to-date (YTD) and year-over-year (YOY) metrics. Clinical program engagement is examined against established targets and delves into details related to the percentages of members rated engaged, graduated, unable to reach (UTR), and declined. Engagement is also examined on a YOY basis. These evaluations are used to identify engagement trends that need immediate correction. **Exhibit G.9-1** shows data from the Passport December 2019 MOR.

Exhibit G.9-1: Passport December 2019 Monthly Operations Review



Annual Program Evaluations

Passport understands that regular evaluation of our clinically validated programs is imperative to ensuring their ongoing impact and relevance to its members. On an annual basis, Passport evaluates the success of each of the clinical programs offered through the PHM program and will do so for the Kentucky SKY Care Management, Intensive Care Coordination and Complex Care Coordination programs. We collect data on the care management processes we engage members in, including outreach and engagement, care plan development and care plan progress. We also collect data on outcome measures, measures of cost/utilization and member experience, and participation rates. A summary of a recent evaluation of our Complex Care program can be found in **Attachment G.9-1_Evaluation Sample.**

QI activities include measuring, trending, analyzing and interpreting results against performance goals and/or benchmarks for the program.

For each program, the following metrics are tracked and reported:

- Participation rate (engaged vs identified members)—annual and monthly
- Member engagement year over year—annual and monthly
- Top ten comorbid diagnoses
- Referral sources
- Emergency department and inpatient utilization pre-/post-engagement
- Cost trends for emergency department (ED) and inpatient utilization and thirty (30)-day readmissions
- Total cost of care pre-/post-engagement
- Program discharge status
- Achievement of care plan goals
- Satisfaction results for services received
- Satisfaction results for improvement of health and quality of life

In addition, program-specific metrics are tracked and reported, including HEDIS and Healthy Kentuckian metrics relevant to specific conditions.

For each program, specific barriers are identified along with associated opportunities to correct or mitigate the barriers. A summary of key initiatives associated with each program is documented to ensure Passport achieves its overall goals for continuous QI and transformation. The data in the report informs planned activities for future years, which are also documented in the program evaluation.

At least annually, member experience with programs is also evaluated through member and family feedback obtained through a satisfaction survey and complaints data. This allows for identification of opportunities to improve satisfaction with the program.

Passport's Quality Organization Structure for Kentucky SKY

The overall quality of the programs Passport provides are monitored by its Quality organization. Upon award of the Kentucky SKY managed care organization (MCO) contract, Passport will enhance the structure of its Quality organization to include a subcommittee to the QMMC (Passport's QIC, chaired by Passport's chief medical officer and responsible for ongoing oversight of quality program deliverables), the **Kentucky SKY Advisory Committee**, that is focused on the specific needs of the Kentucky SKY population.

The Kentucky SKY Advisory Committee will provide the QMMC with feedback and recommendations related to Kentucky SKY, including issues related to physical health, behavioral health care and pharmacy. This group will review utilization and performance metrics for Kentucky SKY. It will also provide recommendations regarding proposed policy and program changes that impact Kentucky SKY members to ensure Passport policies and programs continue to have a meaningful impact on Kentucky SKY members. Having the perspectives of youth currently in foster care, foster care parents, providers, advocates and caregivers involved in policy development and performance review will help to ensure quality of care and increased access to services for this sensitive population. Decisions and recommendations from the Kentucky SKY Advisory Committee will be submitted to QMMC for review and adoption.

This committee will address ongoing QI and clinical programs for Kentucky SKY specific to the foster care population. In support of the high-level of integration of services received by Kentucky SKY members, this committee will collaboratively engage to provide input on programmatic direction, policy discussion and implementation, and QI initiatives to continuously improve the health outcomes and quality of life of the Kentucky SKY population.

The committee will be co-chaired by the Kentucky SKY executive director and the Kentucky SKY medical director. **Exhibit G.9-2** shows the composition of the committee:

Exhibit G.9-2: Passport Kentucky SKY Advisory Committee Membership

Members	Support Staff
Members Parents/guardians of members Foster parents State agency staff Practitioner representatives: • Pediatrics • Behavioral health • Clinical pharmacy • Psychiatric residential treatment facility (PRTF) Consumer advocates	Kentucky SKY executive director (co-chair) Kentucky SKY medical director (co-chair) Kentucky SKY quality improvement director Kentucky SKY behavioral health (BH) director Kentucky SKY UM manager Pharmacy director Provider Network director

Passport Meets Kentucky SKY-Specific Draft Contract Requirements

Passport will comply with all requirements for Kentucky SKY members, as specified in Section 19, Quality Management and Health Outcomes, and Section 41, Kentucky SKY Program, of the Draft Contract. As specifically required in Section 41.9 of the Draft Contract, Passport will meet the following requirements:

We will submit written policies and procedures for tracking and reporting individual Kentucky SKY member health outcomes, including the mechanism for reporting whether member health outcomes improved as a result of Passport's Care Coordination activities.

Passport will collaborate with DMS, DCBS, and DJJ to develop and implement performance measures for the Kentucky SKY program, including the evaluation of the following, as determined by DMS, DCBS, and DJJ:

- Operational measures, such as timely completion of required assessments and submission of required reporting.
- Monitoring of decertification of services.
- Appropriate utilization of psychotropic medications including the evaluation of prescribing patterns related to diagnosis, member age, polypharmacy, dosage and psychosocial therapy and interventions.
- Deployment and utilization of evidence-based practices applicable to the Kentucky SKY populations.

Passport will collaborate with DMS, DCBS, and DJJ in the design and implementation of at least one (1) performance improvement program (PIP) for the Kentucky SKY populations. Our experience of working collaboratively with DMS, DCBS and other state agencies, especially in the design and implementation of the Intensive Case Management pilot, has provided a solid foundation for the ongoing development and implementation of PIPs for the Kentucky SKY and Medicaid populations. For collaborative PIPs, we will work with DMS, DCBS, DJJ and the EQRO to identify feasible and impactful PIPs for Kentucky SKY. In support of this, we will work to define the scope of the PIPs, identify target populations, set improvement goals and define comprehensive interventions. We will coordinate with existing state or MCO initiatives as applicable, and support the development of meeting-agenda topics, the writing of quarterly reports, and the identification of subject matter experts who should attend meetings based on the agenda items. We will develop the PIPs, provide adequate funding and staffing resources to execute the PIPs, and evaluate the successes and challenges of interventions on an ongoing basis, providing quarterly progress reports and an annual findings report to DMS, and other entities as needed. Lastly, we will look for opportunities to share findings through scholarly or professional organizations so that we can collaborate, gain feedback from others around the country to continually improve, and help to advance the knowledge of what works in foster care by sharing solid empirical evidence from our experiences. For example, we previously presented a workshop with the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) and DCBS staff after the initiation of the Passport Foster Care Pilot about state government and MCO collaboration for the Annual Research and Policy Conference on Child, Adolescent and Young Adult Behavioral Health. We provided a poster summary of the pilot outcomes for the Centers for Medicare and

Medicaid Services (CMS) Quality Conference. We also presented the findings from the Passport Foster Care Pilot at the Annual Family Focused Treatment Conference.

Conclusion

Through more than two decades of serving individuals for coverage by the Kentucky SKY contract, Passport has learned that traditional HEDIS metrics do not adequately capture the health and well-being outcomes important for this population. While HEDIS is still relevant to these members, Passport has identified other relevant metrics, including Kentucky SKY-specific population health metrics, Healthy Kentuckians measures, and specialized metrics, including SDoH, specific to the Kentucky SKY population. Through measurement of these specific metrics, we can ensure that our policies and programs continue to have a meaningful impact on the health outcomes of Kentucky SKY members. We also recognize the importance of sharing the outcomes with other professional groups to hold ourselves to high standards, receive feedback, and help to advance the field of what works in treatment with populations like that of Kentucky SKY.

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.

G.10 Population Health Management and Care Coordination



G.10. Population Health Management and Care Coordination

a. Describe plan for identifying and coordinating care for those Kentucky SKY Enrollees with the most immediate service needs leading up to and immediately following implementation of the Kentucky SKY program.

b. Describe how the Vendor would identify and monitor new Kentucky SKY Enrollees with high physical or behavioral health needs to ensure continuity of care.

c. Describe how the Vendor will stratify Kentucky SKY Enrollees into tiers for Care Management services.

d. Provide a description of the Vendor's targeted evidence based approaches applicable to the Kentucky SKY populations. Provide details on the Vendor's approach for ensuring Network Providers' compliance with evidence based approaches mandated by the Vendor for Kentucky SKY Enrollees.

e. Provide a description of the Vendor's approach for ensuring Network Providers are providing Trauma-informed Care to Kentucky SKY Enrollees.

f. Describe how the Vendor will use telemedicine and telehealth to improve quality or access to physical and Behavioral Health services.

g. Describe how the Vendor will capture data related to Social Determinants of Health and incorporate this information into its Care Management approach.

h. Describe how the Vendor will coordinate with the Department, DCBS, DJJ, and physical and Behavioral Health Providers to ensure each Provider has access to the most up-to-date medical records for Kentucky SKY Enrollees.

Introduction

Passport has provided population health management (PHM) and care coordination services for 22 years through our care management programming, including specialized programs for foster care, former foster care, juvenile justice and adoption subsidy members. We have a comprehensive PHM strategy which is person-centered and supports each member from a "whole-person" perspective.

Passport will enhance our existing support for these members in order to address the specific needs and requirements of the Kentucky SKY program, and to support all populations covered by Kentucky SKY: foster care children; former foster care youth; adoption assistance children; dually committed youth; and children eligible via the Interstate Compact on the Placement of Children (ICPC) and the Interstate Compact on Adoption and Medical Assistance (ICAMA). Our Kentucky SKY programs will address individuals' needs across the entire health and illness continuum and help identify the least restrictive setting that is appropriate for an individual, plus as any support that is available to the member.

G.10.a. Describe plan for identifying and coordinating care for those Kentucky SKY Enrollees with the most immediate service needs leading up to and immediately following implementation of the Kentucky SKY program.

Upon assuming responsibility for the Kentucky SKY population across the Commonwealth, there will be a large initial influx of members. Passport will triage Kentucky SKY members using multiple techniques to effectively identify those with the most immediate service needs. As new members are onboarded, we will honor existing authorizations for members who are receiving treatment at the time of transition to Passport in order to reduce the administrative burden on providers and to prevent any lapse in needed care. We understand the Department for Community Based Services (DCBS) and the Department for Medicaid Services (DMS) will work closely with Passport to ensure access to member-specific information that is necessary to facilitate transition, including service plans from other managed care organizations (MCOs). Identification of all members with immediate service/care needs and members who are designated as Medically Complex is of particular importance. To manage the influx of members more effectively, we will begin this process shortly after award notification for Passport members who will become Kentucky SKY members in January 2021.

For all Kentucky SKY members–and especially those with Special Health Care Needs who are receiving services that were authorized in a care or treatment plan from a prior MCO–Passport will collaborate with the primary care providers (PCPs) and specialists of prior MCOs, other MCO care management staff and DCBS staff to ensure continuity of care. Passport's comprehensive provider network increases the likelihood that continuity can be quickly facilitated with members' identified provider of choice. Our model of care offers comprehensive care and ensures care is highly coordinated with providers to provide uninterrupted whole-person care. Passport ensures that member services are coordinated:

- Between settings of care, including appropriate discharge planning with providers for short- and long-term hospital and institutional stays, referrals to Case Management, clinical rounds and the authorization process
- With the services members receive from other managed care or fee-for-service (FFS) organizations. The Utilization Management (UM) department will ensure continuity of care so as not to disrupt treatment that was previously approved by another MCO or FFS plan
- With the services the member receives from community and social support providers

As needed, Passport would like to collaborate and schedule meetings with the existing MCOs to further support the transition of members with high acuity needs. As members transition in and out of Kentucky SKY, we will also coordinate with other MCOs to ensure continuity of care. To the extent that it is available, Passport would like to obtain information on inpatient psychiatric hospitalizations and psychiatric residential treatment facilities (PRTFs), members designated as Medically Complex, and members with designated medical diagnoses (e.g., diabetes, asthma).

G.10.b. Describe how the Vendor would identify and monitor new Kentucky SKY Enrollees with high physical or behavioral health needs to ensure continuity of care.

Ensuring Continuity of Care for New Kentucky SKY Members with High Physical or Behavioral Health Needs

Passport will identify and monitor new Kentucky SKY members with high physical or behavioral health (BH) needs through a combination of assessments, referrals and predictive modeling. When members are newly enrolled in Kentucky SKY, a Care Coordination team will be assigned within one business day of enrollment. A Passport Care Coordinator or Care Advisor will complete a Health Risk Assessment (HRA) and a comprehensive member needs assessment within thirty (30) days of enrollment to identify members with high physical and/or BH needs who are appropriate for Intensive or Complex Care Coordination. New Kentucky SKY members will also be stratified using Passport's predictive modeling described in response to G.10.c below.

As required, Passport will offer three (3) levels of care for Kentucky SKY members:

- Care Management
- Intensive Care Coordination
- Complex Care Coordination

All members will initially be placed in Care Management, unless they meet specific criteria:

- Identified by the Commonwealth as Medically Complex; These members will be placed in Complex Care Coordination from the start
- Identified through Passport's UM process as having a current or recent BH inpatient stay
- Identified by Passport's industry-leading risk stratification predictive models, described in response to G.10.c below

Members identified as having more immediate service needs will be placed in Intensive or Complex Care Coordination as their needs and the contract dictate.

Members in Care Management will be assigned a Care Coordinator who will conduct an assessment to identify any needs that would place them in a higher level of care coordination. Foster care members age seventeen (17) or older will be prioritized for assessment so care team meetings for planning for independence can begin as soon as possible.

Care Coordinators will be bachelor's degree-prepared staff. All Care Coordinators will also be trained and certified in High Fidelity Wraparound Care, including those working in Complex Care Coordination as required by the contract. To streamline and expedite coordination of care, initial comprehensive assessments will be conducted by a Care Advisor for members who pre-identify as qualifying for Intensive or Complex Care Coordination. Care Advisors are licensed professionals (e.g., nurses or BH professionals) who

participate on Kentucky SKY care coordination teams. Their responsibilities include conducting assessments and developing care plans.

The Kentucky SKY Care Coordinator will build a Kentucky SKY care team comprised of a Care Coordinator, the member (as appropriate based on age and other factors), the legal guardian, the foster/adoptive/fictive kin family, the biological family (when appropriate), providers involved in the member's care (e.g., PCP, dental provider, BH provider and any specialists), as well as other individuals pertinent to the member's care, such as coaches, mentors or religious leaders. This team will review any completed assessments and, based on their findings and the team's knowledge of the member's strengths and needs, develop a care plan for members in Care Management or Intensive or Complex Care Coordination. Passport will provide documentation of team participation to DMS, DCBS and the Department of Juvenile Justice (DJJ) as needed.

Children in foster care are at greater risk for receiving disjointed care. Medical records often do not travel with the child, and frequent changes in placement may result in disruptions in care. Transitions between levels of care (e.g., residential to outpatient) may also impact continuity of care. To combat these endemic problems, Passport's Kentucky SKY Care Coordinator or Care Advisor will serve as a central point of contact to connect the dots between providers as members move from one setting or placement to another.

Passport will also work diligently to ensure continued provider adoption of electronic health records (EHRs) and will require participation in the Kentucky Health Information Exchange (KHIE). Both of these initiatives will increase the portability of vital health information for Kentucky SKY members.

Passport Connects the Dots to Ensure Continuity of Care

Ten-year-old Donald * has been committed to CHFS for the past three years. His current foster parents, PCP and SSW did not have records pertaining to previous treatment or medical home. A Passport Foster Care Specialist assigned an administrative member of the Care Coordination Team to complete a claims review to determine previous PCPs and other providers, as well as diagnoses and treatments. The result was sent to SSW, PCP and, with SSW permission, the foster parent. Additionally, the team requested from the Kentucky Immunization Registry a list of immunizations received by the member. The results were also shared with the SSW, PCP and foster parent.

**member name changed for privacy*

G.10.c. Describe how the Vendor will stratify Kentucky SKY Enrollees into tiers for Care Management services.

Stratifying Kentucky SKY Members for Care Management Services

Passport's identification and stratification models will be applied to the Kentucky SKY population to stratify members into three tiers:

- Care Management

- Intensive Care Coordination
- Complex Care Coordination

Members who are designated as Medically Complex or who have a current or recent inpatient BH stay will automatically be triaged into Kentucky SKY Complex Care Coordination.

For members not falling into these categories, Passport will apply its industry-leading predictive modeling to stratify Kentucky SKY members into appropriate tiers for care management services based on risks, costs and ability to have meaningful impact through our interventions.

Passport's stratification process combines data from medical and behavioral claims/encounters, pharmacy claims, laboratory results, health appraisal results, EHRs, data from health plan UM and/or Care Management (CM) programs, and advanced data sources such as the Commonwealth of Kentucky immunization registry. Passport also uses external data to detect any social determinants of health (SDoH) risk factors affecting our members to provide better comprehensive CM services.

Better Risk Stratification Drives Better Member Identification

In 2019, by using our risk stratification methodology, Passport identified roughly fifteen percent (15%) of the population for care management services compared to industry standard of one to three percent (1-3%).

The SDoH data sources include:

- The U.S. Census Bureau's American Community Survey (ACS) that tracks more than one hundred (100) data elements regarding education, poverty and housing status by specific neighborhoods
- The U.S. Department of Transportation's affordability index, walkability index, food access and supermarket availability by location
- The Environmental Protection Agency's Smart Location Database, which supplements our existing social economic and environmental information
- U.S. Department of Agriculture records on food scarcity and deserts
- Data.gov, which has over 230,000 datasets on demographics, education, community and safety
- The Department of Housing and Urban Development, which reports on housing needs by geography
- Google technology (e.g., the algorithms used to located services within Google Maps) to calculate distances to the nearest pharmacy, grocery store, physician's office and hospital, which may identify potential gaps in a community's access to health care

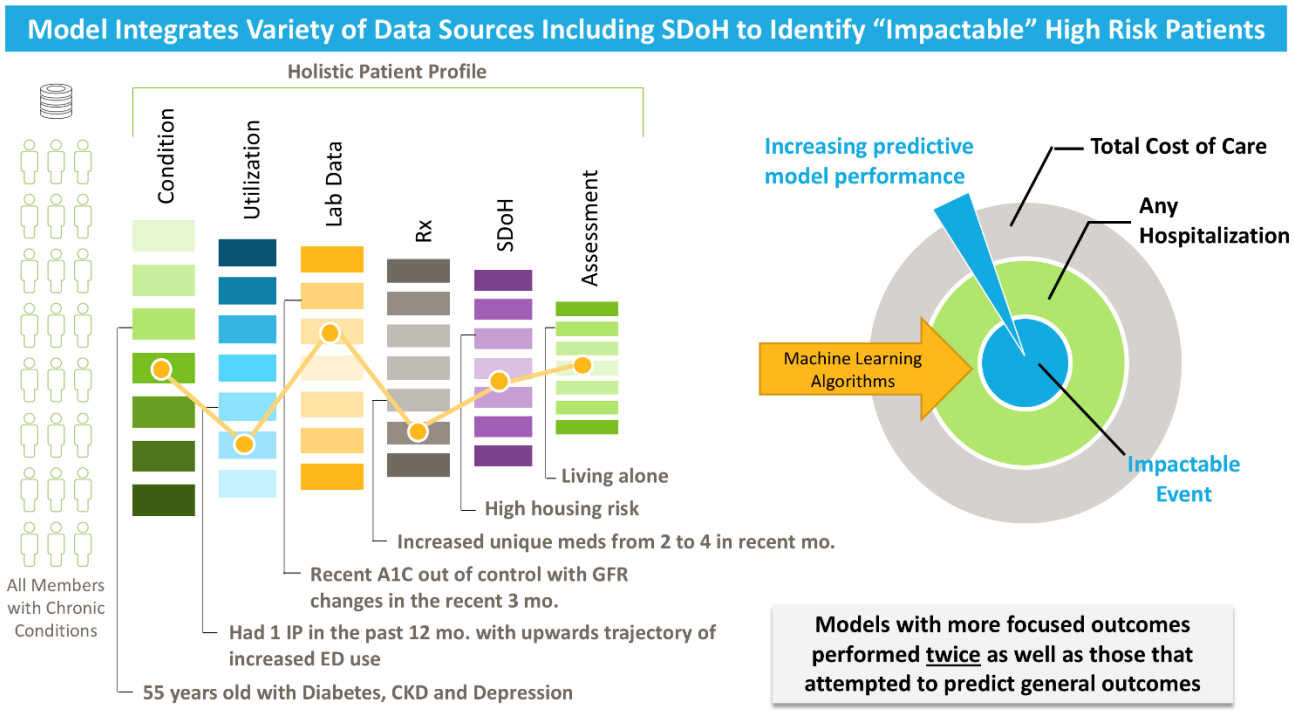
Our system integrates dispersed SDoH data sources across five (5) main domains (housing instability, transportation barriers, food insecurity, financial stress and health literacy) to create a single Social Needs Index (with five levels). The Social Needs Index indicates a member's risk and how social factors could impact their health outcomes. To enhance our risk identification tools, in late 2020 the Social Needs Index will be available in Identifi℠ as a separate risk score and it will identify which of the five (5) domains has the highest risk for the member. Kentucky SKY care team members will use the index to help stratify members into the level of care coordination they require, pinpointing their individual needs and directing efforts and

resources to the most at-risk members. This Medicaid-specific predictive model is dynamic and customizable, and its performance improves the more it is used due to an inherent feedback loop.

Achieving Industry-Leading Predictive Modeling Results for Improved Performance

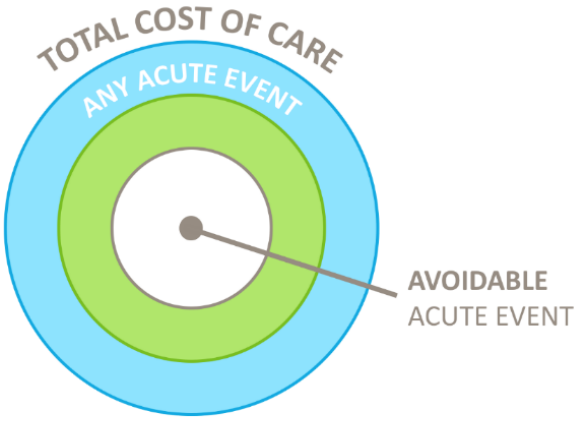
Our predictive modeling and condition-specific member profiling tool stratifies members into risk levels using medical diagnoses, emergency or hospital visits, national standards/evidence-based clinical guidelines and gaps in care. Using the outcomes data, members are classified into low-, medium- and high-risk levels. Then Passport can effectively prioritize clinical outreach and management for our members. **Exhibit G.10-1** illustrates the model.

Exhibit G.10-1: Data Sources to Identify Impactable Events



Our predictive models outperform industry standards. One of the most frequently cited measures of predictive performance is the model's c-statistic, which is the measure of the area under a Receiver Operator Characteristic (ROC) curve. A c-statistic of 0.5 indicates a random chance at predicting a future event (i.e., a coin toss), while a value of one (1) is a perfect predictor. A model with a c-statistic of 0.8 or higher is considered to have strong predictive ability. In 2012, the Mayo Clinic presented a meta-analysis of the performance of risk stratification methods at predicting inpatient and emergency department encounters at the Academy of Health Conference. Our c-statistic is 0.82, significantly higher than the rest of the industry and indicative of strong predictive ability as illustrated in **Exhibit G.10-2**.

Exhibit G.10-2: Our Predictive Model Performance in Avoiding Acute Medical Events



PREDICTIVE MODEL PERFORMANCE[1]		
Model	**ED Visits c-statistic**	**Hospitalization c-statistic**
Johns Hopkins Adjusted Clinical Groups (ACG)	.67	.73
Charlson Comorbidity Measure	.59	.68
Complex Care Predictive Model	**.81**	**.86**
	.82*	

The result of effective stratification is improved engagement. We identify impactable members and focus on those with a high "willingness to engage" index score. As a local health plan with staff living in the communities across the Commonwealth, we can meet the member where they are-literally-to attend appointments, work with doctors and coordinate social services that are helpful to the member.

Population Health Management Programs

While we offer specific programs tailored to the needs of Kentucky SKY members as described above, we understand that every child is unique and they may have special ongoing or episodic needs that are better managed through other programs that are available to Passport members. For example, a child in our Care Management program may have asthma that is not well-controlled. Asthma symptoms may be causing the child to have multiple emergency department (ED) visits and miss school regularly. In this situation, a Care Coordinator may connect the child to our Condition Care Asthma program. In that program the child and family would receive health coaching specific to asthma and the child's unique symptoms and situation. This is a short-term program, typically lasting ninety (90) days, and it has proven to reduce ED utilization and inpatient stays. While enrolled in the Condition Care Asthma program, the child's Passport Kentucky SKY Care Coordinator would maintain contact with the family and continue to facilitate care team meetings. Similarly, in the event a Kentucky SKY teenager becomes pregnant, she is considered high-risk (due to her

age) and would be enrolled in the Mommy Steps program for high-risk maternity and newborn care. A maternity nurse Care Advisor would assess the member and develop a care plan with the member and her care team, following the member until ten (10) weeks postpartum. Further, some neonatal intensive care unit (NICU) babies are Child Protective Services (CPS)-involved and enter into DCBS's care upon release from the hospital. For these infants, our Mommy Steps team refers these members to the Kentucky SKY team so there is a smooth care transition when the Mommy Steps team closes with the member. Additionally, certain services such as early and periodic screening, diagnosis and treatment (EPSDT) and wellness outreach programs are available to members, in addition to the benefits received through Kentucky SKY.

Given the nature of the Catastrophic Care program, Kentucky SKY members who experience a catastrophic event may be placed in this program on an episodic basis. While it is more likely that Kentucky SKY members with multiple, severe or intensive conditions would be designated as Medically Complex and therefore supported through Complex Care Coordination, Passport will evaluate each situation on a case-by-case basis to determine the most appropriate care for the member.

Passport's proven, evidence-based programs and care model blend clinical and social interventions to improve member outcomes. Our suite of programs is continually assessed for effectiveness through controlled studies to determine the impact on total cost of care and return on investment (ROI) and to identify key operational drivers of impact for focused performance and member outcome management. Outcomes from a controlled study of Passport Medicaid members show demonstrated results across multiple clinical programs as shown in **Exhibit G.10-3**.

Exhibit G.10-3: Key Performance Indicator (KPI) Management Drives Impact Across Programs

Impact of programs in 6 month post-period

	Total Medical Expense	Inpatient Admissions	ED Visits
Transitions Care (n=1016)	▼ 8%	▼ 14%	▼ 8%
Catastrophic Care (n=426)	▼ 16%	▼ 33%	▼ 16%
Complex Care (n=1322)	▼ 20%	▼ 32%	▼ 35%

G.10.d. Provide a description of the Vendor's targeted evidence-based approaches applicable to the Kentucky SKY populations. Provide details on the Vendor's approach for ensuring Network Providers' compliance with evidence-based approaches mandated by the Vendor for Kentucky SKY Enrollees.

Passport's Targeted Evidence-Based Care Management and Care Coordination for Kentucky SKY Members

Passport will draw upon multiple evidence-based practices to ensure effective and compassionate whole-person care for Kentucky SKY members. Two (2) of the core evidence-based practices we rely upon and require our providers to use are Trauma Informed Care, described in response to **G.10.e** below, and High Fidelity Wraparound Care, described in detail below. These practices will be supported by other important evidence-based approaches, including:

- **Parent-Child Interaction Therapy (PCIT):** PCIT is a combination of play and behavioral therapy for young children and their parents/caregivers. The adults learn skills and techniques for relating to children with emotional or behavior problems, language issues, developmental disabilities or mental health disorders. PCIT can be effective for children who exhibit disruptive behavior or have experienced trauma, as well as those on the autism spectrum. PCIT and PCIT-based programs are also evidence-based interventions for preventing child abuse and neglect and for decreasing a child's risk of antisocial and criminal behavior later in life.
- **Screening, Brief Intervention and Referral to Treatment (SBIRT)**: SBIRT is an evidence-based approach for identifying members who are at risk for abuse of alcohol and other drugs. It is intended to identify members who have substance use disorders, as well as those who are at high risk for developing such a disorder, to reduce their level of risk.
- **Motivational Interviewing**: Motivational interviewing is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior or make healthier choices. Motivational interviewing is often used to address addiction and the management of physical health conditions.
- **Dialectical Behavior Therapy (DBT)**: DBT gives people new skills to manage painful and uncontrolled emotions and to decrease conflict in relationships. DBT specifically focuses on therapeutic skills in four (4) key areas: mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness. DBT was originally developed to treat borderline personality disorder and has also been used successfully to treat people experiencing depression, bulimia, binge-eating, bipolar disorder, post-traumatic-stress disorder and substance abuse.
- **Seven Challenges®**: The Seven Challenges program supports young people with substance use disorders and is designed to motivate them to choose and commit to changes and to support their success in implementing the desired changes. The program aims to help participants address their substance use issues as well as any co-occurring life skill deficits, situational problems or psychological problems.

High Fidelity Wraparound Care

Passport is adopting High Fidelity Wraparound Care, an evidence-based practice, as a model to inform all care coordination. All Care Coordinators will be trained and certified in High Fidelity Wraparound Care and will use its principles to meet the needs of Kentucky SKY members in all three (3) levels of Care Management and Coordination, as illustrated in **Exhibit G.10-4**.

Exhibit G.10-4: Levels of Care Management and Care Coordination for Kentucky SKY Members

Level of Support:	Designed For:	Frequency of Contact:
Care Management Services	• All Kentucky SKY members not meeting criteria for higher levels of support	• Outreach every three to six (3-6) months or more frequently if warranted • Annual care plan updates
Intensive Care Coordination	• Kentucky SKY members identified through referral, assessment or by risk stratification as needing intensive support	Per month: • Weekly contact • One (1) face-to-face visit • One (1) care team meeting including the member and caregiver • One (1) care plan update
Complex Care Coordination	• Kentucky SKY members identified by the Commonwealth as Medically Complex or as having Special Health Care Needs • Kentucky SKY members identified through Passport's UM process as having a current or recent BH inpatient stay • Kentucky SKY members otherwise identified as high risk by Passport's industry-leading risk stratification predictive models	Per month: • Weekly contact • Two (2) face-to-face visits • A minimum of two (2) hours per week of Care Coordination • One (1) care team meeting including the member and caregiver • One (1) care plan update

High Fidelity Wraparound

"Passport and Seven Counties/Centerstone have partnered on a number of unique projects, what I would call "innovative, outside the box projects". One of those was the Passport Foster care project…. In partnership with each other and in collaboration with DCBS, we wrapped intensive services around these children to stabilize and keep 90% of them out of higher levels of care. This was a unique funding situation, outside the traditional box of incremental fee-for-service reimbursement."

—Abbreial Drane, Centerstone Kentucky (Seven Counties Services) President & CEO

Passport has experience implementing a holistic High Fidelity Wraparound approach for foster children. As described elsewhere in this proposal, in 2015, Passport partnered with DMS, DCBS, the Department of Behavioral Health, Developmental and Intellectual Disabilities to implement a pilot program for High Fidelity Wraparound services. There is strong evidence that High Fidelity Wraparound helps reduce disruptions in placement and improves the overall functioning of children and adolescents, including justice-involved adolescents. Based on our experience, we believe Care Coordinators who are trained and certified as High Fidelity Wraparound facilitators (regardless of the level of care coordination) will greatly increase successful transitions and overall health and functioning for Kentucky SKY youth. Our experience implementing an intensive CM pilot based on High Fidelity Wraparound resulted in a one hundred and fifty percent (150%) increase in youth placed with natural or adoptive families six (6) months post-intervention and an overall decrease in the use of psychiatric hospitals, PRTFs and other facility-based placements. Participants also averaged a twenty-point (20) point improvement in the total Child and Adolescent Functional Assessment Scale (CAFAS) score, indicating significant improvement in overall functioning across settings. Overall per member per month (PMPM) costs also decreased by thirteen percent (13%) from baseline to the six- (6) month period following intervention.

Our strategy and approach is to create a model of care for foster children using ten (10) core wraparound principles: Family Voice and Choice, Care Team Based, Natural Supports, Collaboration, Community Based, Cultural Competency, Individualized, Strengths Based, Unconditional Care/Persistence and Outcome Based, as described in **Exhibit G.10-5**.

Exhibit G.10-5: Ten Core Wraparound Principles Guide our Model of Care

Ten Core Wraparound Principles
1. Family Voice and Choice: Passport values and respects the thoughts and opinions of Kentucky SKY members and their family members and caregivers. Throughout the care planning process, we take into consideration the youth's goals and visions for their life.
2. Care Team Based: We use a member-centric, team-based approach to wrap a multi-disciplinary team of Passport health care professionals around each member. Team members are selected by the youth and their family members to provide effective, high quality care. Decision making is team-based as much as possible.
3. Natural Supports: A member's personal network is an important source of support that is needed for the member to have a successful health care journey. Natural supports could include coaches, faith-based members, teachers or other people the member and their family choose to be a part of the care team.
4. Collaboration: A diverse care team works collaboratively and shares responsibility for the care planning process. They collectively work to help the Kentucky SKY member and his or her family achieve their established vision for better health.
5. Community Based: To support our members, Passport's team has deep relationships with community-based organizations. As part of our holistic, wraparound approach, our team includes community agencies and connects them to members. We also provide options for youth and families to integrate into their communities.

Ten Core Wraparound Principles
6. Culturally Competent: Passport values and respects the diversity of our members and their families. Our team seeks to incorporate their values, preferences, beliefs, culture and identity into the care planning process and provide culturally sensitive care.
7. Individualized: Each member is unique and special. Our model of care is individualized and can be tailored to meet their needs. Our team incorporates member and family preferences, options and desires to ensure members receive the personalized, high quality CM they deserve.
8. Strengths Based: We understand each member and his or her family has various skills and talents. The Passport team identifies, builds and utilizes family and youth strengths that help the team/family meet their needs and vision of better health.
9. Unconditional Care/Persistence: From over two decades of dedicated and persistent experience helping members, we understand there can be setbacks in a member's process or their health status may change. Our team is flexible, adaptable and able to modify the plan to best fit the member's needs. Our caring staff is understanding and compassionate in offering unconditional care.
10. Outcome Based: Passport's model of care is designed to be outcome-based using the latest evidence-based practices. Our suite of programs is continually assessed for effectiveness through controlled studies that determine the impact on total cost of care and ROI. We also identify key operational drivers of impact for focused performance and member outcome management.

Kentucky SKY High Fidelity Wraparound Care Management

Basic Care Management

All Kentucky SKY members will have access to care coordination. A Care Coordinator will develop an individual care plan with the member and/or caregiver that will detail interventions, therapies and action steps the member and/or other members of the care team will undertake. Care plan development will always include attempts to obtain input from a member's PCP, dental provider, BH providers, specialists and other providers.

Kentucky SKY Care Management will take a holistic and member-centric approach. This approach is designed to provide support and resources for members and their families. Examples of this support include:

- Functioning as a health care advocate
- Helping to close gaps in care
- Locating and scheduling provider appointments
- Facilitating and/or arranging transportation
- Connecting the member to community-based organizations and resources
- Resolving barriers to access for needed care and services
- Addressing challenges related to SDoH, health disparities and health literacy

Passport will leverage a team-based model to support members. Members in foster care will be supported by a core team comprised of a Care Coordinator, the member, caregivers and social service worker (SSW). For members under adoption subsidy, the core team will be comprised of a Care Coordinator, the member

and parent/caregiver. The core team for former foster care members will be the Care Coordinator and the member. As needed to support a member's progress toward his or her care plan goals, these core teams will be supplemented by providers, community supports, nurse Care Advisors, Passport BH clinicians, Passport psychiatrists, Passport's medical director, Passport's BH director, Passport behavior specialists, Passport registered dietitians and/or a Passport clinical pharmacist.

For the lowest-risk members in this population, Care Coordinators will connect with the member or caregiver every three to six (3-6) months, depending on individual need. Initially, these touchpoints will be more frequent to stabilize the member, close any care gaps and ensure the member has the services and support he or she needs. Should the member or caregiver need additional support, they can reach out to the Care Coordinator at any time for assistance and guidance. The care plan will be updated annually unless a new need emerges, such as an inpatient admission, placement change, aging out, etc. Most contacts with the member will be telephonic to provide ease of access, but face-to-face support can be provided if desired or needed.

Passport Success Story: Intensive Care Coordination

John* was 9 years old when he was engaged in the foster care pilot program. John's mother had been given multiple chances to complete her case plan and had not succeeded, so proceedings for termination of parental rights had begun. From the beginning, the Intensive Care Coordinator included John's foster mother and his mother in the Child and Family Team, which set a goal to get John safely home with his mom. After much hard work, John was ultimately returned to his mother's custody, while his foster mom remained a support to both of them.

*member name changed for privacy

Higher-risk members within the CM population will receive more frequent contact and may have other Kentucky SKY Care team members assigned to them, such as a peer support, based on their individualized needs. For example, a foster youth age seventeen (17) or older has limited time to prepare for independence, particularly if they are planning to exit the DCBS's care at age eighteen (18). In this instance, a peer support may be deployed (if the member is willing) to help the member gain needed documents (e.g., picture ID, birth certificate, Passport member ID) and learn skills to prepare for independence. Care team meetings for this youth would be scheduled on a quarterly basis to track progress toward independence readiness.

Intensive and Complex Care Coordination

For members with more intensive needs, Passport offers two (2) levels of Kentucky SKY care coordination: intensive and complex. For both levels, we will use the same High Fidelity Wraparound evidence-based approach to care, with the primary difference between levels being the frequency/intensity of contact with the member and the support provided to the care team.

As part of our expanded Care Coordination program for the Kentucky SKY population, wraparound services will be highly individualized for children identified as high risk for inclusion in the Intensive or Complex Care Coordination programs, with a goal of providing more timely interventions to prevent or address crisis situations and lead to improved long-term outcomes. Core to the wraparound approach is the presence of a Care Coordinator, who serves as a focal coordinator or hub of all care team activities. As required by the contract, any member with complex BH needs will be supported by a Care Coordinator who is certified and trained in the delivery of High Fidelity Wraparound, and a BH Care Advisor will be assigned to assess the member and create a care plan. Members identified as Medically Complex foster children will have a Nurse Case Manager to assist them. Together with the Care Coordinator, the Nurse Case Manager will team with the SSW to obtain the child's medical records and to conduct the initial home visit of the Medically Complex child to identify medical and BH issues and needs.

After the Care Advisor completes an assessment, the Care Coordinator will convene the core Kentucky SKY Care team as described above. These core teams will be supplemented by providers, community supports, Care Advisors (RNs or BH professionals), BH specialists, Community Health Workers, peer supports, a registered dietitian and/or pharmacist as needed to support the member's care. The Care Advisor will ensure the active participation of the child and family, DCBS or DJJ worker, and other individuals involved.

The Care Advisor will gather from the care team members perspectives on underlying needs and concerns for the individual member and get a sense of the family narrative. The initial care team meeting will focus on developing a care plan with the intent of getting or maintaining the Kentucky SKY member in the least restrictive setting possible. Documentation of input from (or attempts to obtain input from) the PCP, dental provider, BH providers, specialists and other providers will be part of the care planning process. The Care Coordinator will also coordinate wraparound services and supports to meet the goals of each member's coordinated care plan. Throughout, the Care Advisor will work with the care team to identify strategies to meet the member's needs and ensure continuity of placement and care whenever possible.

The Care Coordinator will ensure:

- The Kentucky SKY care team has necessary information, including from prior MCOs or providers, to make timely, appropriate authorizations and referrals to meet the member's needs;
- Approved care plans and authorizations are communicated timely to providers, DMS, DCBS and DJJ as required; and
- Kentucky SKY members, providers, foster parents, adoptive parents, fictive kin caregivers, DCBS and DJJ have the most current information regarding community resources available to assist the member with meeting their needs and connecting the member with these resources.

The Care Coordinator convenes ongoing monthly care team meetings to assess progress. To supplement the care team meetings, the Care Coordinator or other team members will also contact members monthly as follows:

- **Intensive Care Coordination:** Weekly outreach with one (1) face-to-face contact per month. At least one (1) meeting will be with the Kentucky SKY member and caregiver. The care plan will be updated at least monthly, unless an interim need arises.

- **Complex Care Coordination:** Weekly outreach with two (2) face-to-face contacts per month. At least one (1) meeting will be with the Kentucky SKY member and caregiver. A minimum of two (2) hours per week of care coordination will be provided. The care plan will be updated at least monthly, unless an interim need arises.

The Care Coordinator will provide information to team members to help them coordinate care. If assistance is needed to locate provider or schedule appointments for primary, dental, or specialty care or support services, the Care Coordinator is available to help. He or she can also coordinate Non-Emergency Medical Transportation (NEMT) services if needed to access these appointments or services and can arrange community supports for Kentucky SKY members and make referrals to community-based resources as necessary.

Importantly, the Care Coordinator can expedite scheduling appointments for assessments and facilitating timely submittal of assessment results used to determine residential placements. The Care Coordinator will also compile results of these assessments and submit the results to the appropriate DCBS or DJJ staff within the timeframes identified by DCBS or DJJ or otherwise specified in the contract.

The Care Advisor will help the care team evaluate the effectiveness of interventions, modifying the care plan as needed and removing any barriers to success. The Care Advisor will coordinate regular updates to the care plan (at least monthly via care team meetings) to change and redirect interventions as appropriate. Whenever possible, the ultimate goal of the care plan will be to develop a plan to transition the child and family from Intensive or Complex Care Coordination to the CM program to foster long term support and stability.

To that end, Passport will conduct a formal discharge planning program that includes a comprehensive evaluation of the Kentucky SKY member's health needs and identification of the services and supplies required to facilitate appropriate care following discharge from an institutional clinical setting or when transitioning between levels of care.

All care coordination and CM activities are documented within Identifi, Passport's PHM system. This documentation will include efforts to make provider appointments; arrange transportation; establish meaningful contact with the members' PCP, dental provider, specialists and other providers; and arrange for referrals to community-based resources. This documentation will detail any barriers or obstacles to arranging or obtaining these services. Providers who use Identifi Practice can see members' care plans within the platform.

Staffing Ratios

Passport's practice is to form a highly integrated and member-centric team for varied clinical disciplines and specialties across the organization. Caseload ratios specific to Kentucky SKY are as demonstrated in **Exhibit G.10-6**.

Exhibit G.10-6: Passport's Caseload Ratios for Kentucky SKY

Program	Caseload Ratio
Kentucky SKY Care Management	350:1 staffed by Care Coordinator (Note: Caseloads may vary based on needs of members and their caregivers.)
Kentucky SKY Intensive Care Coordination	70:1 Care Coordinator
Kentucky SKY Complex Care Coordination	65:1 team of 1 Care Coordinator and 1 Care Advisor

Ensuring Provider Compliance with Evidence-Based Approaches

Passport's commitment to evidence-based practice can be seen in the use of our Passport provider-driven committees, which recommend evidence-based clinical practice guidelines for adoption by the health plan. These committees include the PCP workgroup with its Child and Adolescent subcommittee and the Quality Medical Management Committee (QMMC) and its subcommittees, the Behavioral Health Advisory Committee and the soon-to-be Kentucky SKY Advisory Group. The QMMC functions as Passport's Quality Improvement Committee (QIC). We have an established onboarding, training, education and support program for our providers that is managed by our statewide network of locally based Provider Relations Specialists. One function of our Kentucky SKY Provider Relations Liaison will be to work with our full provider relations team to ensure that all providers receive the training, tools and supports needed to be compliant with Passport's evidence-based care expectations for our members.

Provider Contracts and Training

All PCPs and other providers serving Kentucky SKY members will receive orientation to the specific needs of the Kentucky SKY population and initial training in trauma-informed care (TIC) and High Fidelity Wraparound or be required to document their training. Passport will also establish providers' expectations by including language in contracts requiring the use of evidence-based practice. Not only will we educate and inform our contracted providers, we will also monitor and evaluate their performance. Network providers who meet the established quality benchmarks, including measures of TIC, will receive incentives for providing quality care to our members.

Provider Tools

Passport also supports providers in delivering evidence-based care across the spectrum of care. Passport providers have access to Identifi Practice, which provides physician practices with workflow and analytics to enable greater engagement in value-based care activities. Identifi Practice allows users to access actionable electronic intelligence at the point of care and provides a physician-centric view of real-time Passport member insights such as gaps in care and quality measures, care program engagement and current care plan. Identifi Practice's on-demand reporting enables providers to access insights into clinical, quality and financial performance, with the ability to drill into specific areas of opportunity for which actions to take.

Timely, relevant, personalized reports give providers valuable insight into our members. Identifi Practice provides reports featuring provider, practice and/or Passport member details, which surface information to

make evidence-based decisions. Some of the most popular dashboards and reports available through Identifi Practice include:

- **PCP Panel Summary Dashboard:** This simple and singular view empowers providers and brings focus to the actionable opportunities of their panel of attributed members. This dashboard categorizes a provider's or practice's full panel of attributed members into key practice level objectives:
  - Gaps in care
  - Comprehensive condition capture to allow accurate identification and stratification
  - CM activity
- **Physician-Level Quality Compliance:** The Quality Compliance Report (QCR) summarizes quality measure performance at provider, practice and system levels. QCR allows comparisons to client average and line of business-specific benchmarks (e.g., MA Stars).
- **Categorized Member Rosters:** Identifi Practice presents the provider a series of interactive rosters for attributed members specifically aligned to key performance objectives to ensure the highest level of usability and accessibility for the provider. These sortable, exportable member rosters contain the contextual data needed to identify high-impact members and augment their clinical workflow.

HEDIS and Other Metric Reporting

We have found that initial provider engagement and participation make downstream performance improvement and behavior change more likely. Our providers participate in medical record reviews to ensure all required documentation is captured, engage in EPSDT file audits and education, and review routine adherence to clinical practice guidelines.

Passport provides outreach and engagement to provider practices focused on improving performance on specific measures, including HEDIS, Healthy Kentuckians and measures specific to the Kentucky SKY population. We supply providers with reports that illustrate necessary screenings due and use our Provider Recognition Program specific to HEDIS measure improvement. Where appropriate, we support providers with site visits by the Kentucky SKY Medical Director, Quality Director, pharmacist, Provider Recognition Program Manager or Kentucky SKY Provider Relations Representatives.

G.10.e. Provide a description of the Vendor's approach for ensuring Network Providers are providing Trauma-informed Care to Kentucky SKY Enrollees.

Ensuring Providers Provide TIC

Kentucky SKY members have a higher propensity for Adverse Childhood Experiences (ACEs) and other traumas than the general pediatric and young adult population. To support them, Passport will take a TIC approach for our provider network. We will also use and support a TIC approach for work with foster

parents and other caregivers who may suffer from secondary trauma because of their own trauma history, work in social services or other helping profession, or a lack of a natural support system or other factors.

Passport is committed to training all providers in TIC. As DMS and DCBS are aware, the University of Kentucky College of Social Work's Training Resource Center (TRC) has designed and implemented child welfare training, evaluation, and service programs across the state for nearly three (3) decades. Passport has entered into discussions with the TRC to help us build training curricula and materials and potentially assist in delivering TIC training. These training materials and classes would provide education to Passport Care Advisors and Care Coordinators, our providers, and—as needed—state agencies on TIC and other topics relevant to the specialized support Kentucky SKY members require.

Providers that serve Kentucky SKY members and Passport's extended provider support team will participate in initial and ongoing training that incorporates TIC. Passport currently consults with providers about incorporating TIC practices into their services. For Kentucky SKY, all member- and provider-facing staff will be trained in the basics of a TIC approach. This training initially will occur during provider orientations for the Kentucky SKY program and continue through workshops, lunch-and-learns and webinars. The training is designed to teach trainees about the unique needs of this very vulnerable population, the role of the caregiver and Kentucky SKY program requirements. We also provide resources, such as Substance Abuse and Mental Health Services Administration's (SAMHSA's) Concept of Trauma and Guidance for a Trauma-Informed Approach and the American Academy of Pediatrics' Becoming a Trauma-Informed Practice, to guide agencies in doing a self-study on their TIC approach. In-depth specialty consultation, such as that currently provided to PCPs by Dr. Jessica Beal, a clinical child psychologist, is also available.

Furthermore, Kentucky SKY providers must agree either through contracts or contract amendments to practice using a TIC approach with SKY members. We will not only educate and inform our contracted providers but also monitor and evaluate providers' performance. Network providers who meet the established quality benchmarks, including measures of TIC, will receive incentives for providing quality care to our members.

For additional support, Passport will offer a provider relations representative dedicated to Kentucky SKY providers who will help train providers on the specific needs of this population, including the specifics of the CM and Care Coordination programs and their use of TIC. The provider relations representative will document all training sessions to ensure that applicable Kentucky SKY providers complete the training to offer documentation that lists participants and evaluations, as required for compliance, for audit purposes.

Today, when a member experiences a problem with a provider, DCBS or the foster parent contacts Passport to notify us of the issue, and we contact the provider to offer corrective education. To help us more closely monitor the provision of TIC by our providers, Passport will use member, legal guardian and foster parent/caregiver surveys specific to each provider's experiences. These surveys will help us reinforce and retrain providers if needed. We maintain close relationships with providers and currently work with providers who may need supplemental training on TIC or other matters and will continue to do so. We will also incorporate provider audits and pop quizzes related to TIC topics in our provider relations program and intervene with additional education when providers fail the quizzes.

G.10.f. Describe how the Vendor will use telemedicine and telehealth to improve quality or access to physical and Behavioral Health services.

Using Telemedicine and Telehealth to Improve Quality and Access

We welcome the opportunity to expand telehealth options as one solution to Kentucky's access issues and to better meet the needs of Kentucky SKY members. With the assignment of all Kentucky SKY members to Passport, we can offer even more opportunities to access telehealth services and provide support to rural members or members with other access limitations.

Approach to Telehealth Service Delivery

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

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

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

Passport also works with other organizations, such as our provider owners like the University of Louisville, to offer telehealth opportunities to our provider network. For example, we have joined with the Kentucky Rural Healthcare Information Organization to support its efforts in bringing Project ECHO, one of the nation's most respected telehealth platforms, to rural providers. During TeleECHO clinics, an interdisciplinary team of experts videoconferences with PCPs on difficult disease states or conditions and advanced consultations at no cost to the provider. Subject matter experts present brief didactic presentations, discuss new developments and treatments, and use case-based learning to help rural PCPs acquire the most up-to-date skills to diagnose, treat and monitor their patients through complex conditions. Project ECHO also offers free continuing education and nursing education credits. Currently, we are promoting twice-monthly sessions on pain management and Medication-Assisted Treatment (MAT) via our provider website, fax, mail and email directly to our providers.

Passport's Experience Using Remote Care Monitoring, or Telemonitoring

Passport also monitors access issues that present not as statistical shortages but as barriers for individual members. For example, some members with chronic conditions that require routine monitoring are exactly the members who have the most personal difficulty getting to a provider appointment. Passport uses evidence-based **remote biometric telemonitoring** for members aged 18 and over—including those in Kentucky SKY—enrolled in our CM programs with certain chronic diagnoses who can learn to recognize their early symptoms of a worsening condition and help them respond to these symptoms appropriately, including contacting and/or visiting their PCP. The user-friendly technology is targeted for members with diagnoses of chronic condition such as congestive heart failure, asthma, chronic obstructive pulmonary disease and diabetes. As part of the member's CM Plan, Passport's Care Advisor sends the telemonitoring equipment, including a specialized electronic tablet, blood pressure cuff, oximeter, and weight scale to the member's home and teaches the member how and when to use the devices. The devices are Bluetooth enabled and integrated with the tablet to transmit the member's vital information directly to our Care Advisors, who can take immediate action on the member's behalf if changes in health status are noted. The system also sends a red flag alert based on preset, evidence-based measures for the member's condition and health status. The alert allows the member's care team to determine exactly which interventions are indicated. We have found that remote telemonitoring devices not only provide better management of the member's condition but also bring the member more peace of mind while eliminating unneeded visits to their PCP or specialist, and thus opening appointment capacity for providers to see other patients.

Telemedicine Experience

Passport has explored several telehealth service options in the past seven (7) years and gained valuable insight into the needs, wants, and capabilities of both our members and providers when it comes to emerging and quickly changing telehealth technologies. In our most significant effort, in 2015, we partnered with the University of Kentucky's Kentucky Telehealth Network (KTHN) to launch telehealth for our psychiatrists, physicians and nurse practitioners to meet with members electronically in place of face-to-face visits. We realized that telehealth technology had the promise of connecting members more easily to service, could extend access to areas of BH provider shortage and, in some cases, take excess appointment capacity from urban areas to rural locations thus helping members and providers. However, many providers did not wish to be engaged. Among the concerns we heard: providers were wary of the technology's application, did not want to visit with their patients electronically and would prefer more local solutions to address any access barriers. We continue to work closely with these providers to address their concerns.

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

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

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

G.10.g. Describe how the Vendor will capture data related to Social Determinants of Health and incorporate this information into its Care Management approach.

Incorporating SDoH Into Our Care Management Approach

SDoH are estimated to be responsible for up to eighty percent (80%) of health outcomes. For Kentucky SKY members and their families, the impact of SDoH may be even greater. In some cases, family struggles with SDoH may be a driving factor for the member's placement under state care. By incorporating SDoH into our CM programs, Passport can improve outcomes for Kentucky SKY members and their families. In some cases, our ability to address these underlying issues may facilitate more rapid family reunification (if that is the goal).

Every Passport CM assessment is completed in Identifi, our PHM platform, and includes questions related to SDoH. Passport assessments use evidence-based medicine to comprehensively assess and address each member's unique behavioral, physical and psychosocial needs. Assessments inform the development of person-centered care plans unique to the needs of each individual member.

Our **Closed-loop SDoH Model** magnifies the impact of our High Fidelity Wraparound model in achieving improved outcomes for our members. Using our locally driven community-based model, Passport has been an early innovator in the national movement to address SDoH. This model has been honed over our two (2) decades in Kentucky based on deep experience working with the population and understanding the specific needs and gaps in each neighborhood and community and creating multiple access points and service providers within the health network. Specifically, Passport's member-level social data and advanced analytics combine with its embedded community partnerships and thought leadership to address current limitations in local health care and social services delivery systems, resulting in higher member and family engagement and improved health outcomes.

Social Needs Index

One of the most pressing challenges to proactively identifying and supporting members with social needs is the lack of member-specific insights and data. To address this, Passport uses the Social Needs Index (SNI)—a unique, easily understandable score that quantifies a member's SDoH risk level correlated to adverse health outcomes. In 2019, Passport conducted a pilot demonstrating that the SNI could accurately predict those with the highest social needs and conduct SDoH outreach. Among the members with a high SNI score who were assessed, one hundred percent (100%) reported at least one (1) SDoH need, and ninety percent (90%) reported multiple needs. Food (thirty-four percent [34%]), employment (twenty-three percent [23%]), and housing (sixteen percent [16%]) were the most reported social needs. After the success of the pilot program, the SNI will be available as a unique risk score for every Passport member in 2020. SKY care team members will be able to see the score, which will change as new information is received, in the member summary screen in Identifi.

Tracking SDoH Referrals Through United Community and Healthify Social Service Directory

While many health care organizations make referrals to community-based organizations, very few track those referrals to ensure a successful outcome, let alone attempt to understand the downstream impact on the member's health or social well-being. Through Passport's partnership with the Metro United Way, we supported the launch of United Community—a community-wide initiative to deploy an innovative shared technology platform to initiate and close referrals across many organizations, agencies, and services and to create and maintain a social services record for citizens of the community. Passport represents the health plan perspective on the United Community Governing Team, along with the Louisville Metro Health Department for the health provider perspective, Evolve502 for the educational perspective, and Metro United Way for the social services perspective. The United Community's goal of becoming the first shared community social services record to include the local school system in the country was achieved beginning in January 2020. The platform originally launched in April 2019. Passport has taken the data from our work connecting members to social service providers and helped validate the Unite Us tool and ensure that the providers our members work with most are included in the United Community. We are currently designing analytics tools to evaluate the impact of the partnership and platform in not only improving health outcomes but also preventing other adverse social outcomes, such as unemployment and incarceration.

While Passport will continue to support the success and expansion of United Community beyond Jefferson and surrounding counties, we have also invested in Healthify as our statewide solution to closed-loop referrals. Healthify is web-based platform that curates the highest-quality nationwide social services into an online directory of BH resources, education, emergency services, family and youth services, financial support, food services, goods services, health services, housing, legal support and advocacy services, social supports, transportation, and employment. The platform the Accountable Health Communities (AHC) Health-Related Social Needs Screening Tool built into it, along with the capability to track referrals. Using Healthify, Care Coordinators and other SKY care team members can support members with identified social needs and track the outcomes of those referrals to understand impact. In a sample of 2,000 members

screened for SDoH, 1,787 total referrals were made across 451 distinct members, indicating that a portion of the population has multiple needs (on average approximately four [4] distinct needs requiring a specialized service). Preliminary results show that members used fewer acute services, resulting in an approximate twenty-two percent (~22%) reduction in PMPM costs in the six (6) months after a member acted upon the referral (i.e., closed the loop.)

Passport in the Community

Over the course of Passport's long history serving children in Kentucky's foster care system and the Medicaid population as a whole, we have established an extensive network of relationships with community-based organizations that can help meet the social needs of our Kentucky SKY members and their caregivers. In addition, Passport sponsors and participates in multiple community events across the Commonwealth focused on family needs, such as food security and nutrition, physical activity in schools and other mechanisms for addressing childhood obesity, dental care and health screenings.

As a Kentucky-based plan, Passport is highly engaged with our communities and draws upon our strong relationships with community organizations to help meet the social needs of our members. To foster these ongoing relationships, Passport staff serve on community committees and participate in coalition meetings to address many of the core issues our members face. We also actively serve the communities we serve through nearly 200 appointed boards, advisory committees, interagency councils, local chamber events, coalition meetings, re-entry coalitions, community health worker associations and more.

Passport believes that one of the greatest impacts we can have on improving the health and quality of life for Kentuckians is to coordinate and collaborate with other organizations and agencies within Kentucky's communities. Our staff works extensively with more than 649 agencies including the following:

- School-based advocates
- Faith-based advocates
- Family Resource and Youth Services Centers (FRYSC)
- Community action agencies
- Interagency groups
- Advocates for the homeless
- Extension offices
- Chambers of commerce
- Food banks
- Shelters
- Head Start
- HANDS
- Public health departments

We work diligently to uphold strong, collaborative relationships with our community partners and local Kentucky advocates through in-person meetings, presentations and staff trainings.

Passport has documented a sample of the thousands of interactions that have taken place in local communities to address the full spectrum of health and wellness, community engagement, and social/environmental issues across the highly diverse communities at the regional, county, and city/town levels. This sample of interactions included in **Attachment G.10-1_Community Engagement Examples**

describes the deeply embedded relationships has across the state not only with the geography but also within each community.

In these interactions in our communities, we help members address their barriers to care, which could include:

- **SDoH** such as housing, clothing, food security, transportation, education, record expungement, accessibility and domestic violence/safety;
- **Health-Related Issues** such as dental, wellness and BH, prevention/health education, vision, nutrition, substance use, heart health, respiratory care, cancer care; and
- **Community-Wide Issues That Create Barriers to Well-Being,** such as early childhood education, kindergarten readiness, school supplies, workforce-ready skills and after-school care.

G.10.h. Describe how the Vendor will coordinate with the Department, DCBS, DJJ, and physical and Behavioral Health Providers to ensure each Provider has access to the most up-to-date medical records for Kentucky SKY Enrollees.

Coordinating with DMS, DCBS, DJJ and Providers to Ensure Access to Up-to-Date Medical Records

Children in foster care are at greater risk for receiving disjointed care. Frequent changes in placement may result in disruptions in care and a loss of continuity in medical recordkeeping. Similarly, transitions between levels of care (e.g., residential to outpatient) also will affect continuity of care. To combat these problems, Passport's Kentucky SKY Care Coordinator will serve as a central point of contact to "connect the dots" among providers as members move from one setting or placement to another.

Passport will coordinate with DMS, DCBS and DJJ to develop workflows and processes related to the transmission of clinical and non-clinical Kentucky SKY member information.

Today, Passport has established relationships with DMS, DCBS and physical and BH providers including residential treatment facilities, PRTFs and therapeutic foster care programs. These organizations identify Passport as an excellent resource for providing up-to-date information on foster care encounter data and provider history. We currently work closely with DJJ staff to coordinate care for DJJ youth and make medical records available for providers serving them. We have not had an extensive engagement with DJJ leadership around statewide and regional systems of care coordination. We look forward to collaborating with them on this initiative. Any of these entities can contact us, and we can share the encounter history we have on record and connect the requestor to the rendering provider to facilitate collaboration.

Passport also helps foster parents and SSWs maintain and update each child's Medical Passport to assist with continuity of care.

No less than quarterly, Passport's staff will meet with DCBS staff to identify, discuss and resolve any health care issues and needs of Passport's Kentucky SKY membership. We currently meet with DCBS and DMS jointly quarterly. Our most recent meeting addressed HEDIS child care standards and how our foster care

members compare on those standards to the rest of Passport's child population. Other examples of agenda topics include needed specialized Medicaid Covered Services, polypharmacy with psychotropic medication, availability of applied behavior analysis (ABA) providers in the Commonwealth, community services and whether the child's current primary and specialty care providers are enrolled in Passport's network.

If the DCBS service plan identifies the need for case management or DCBS staff requests case management for a Kentucky SKY member, Passport's staff will work with the foster parent and/or DCBS staff to develop a case management plan, which will be a determination of which level of care coordination/CM is appropriate for the member. Passport's staff will consult with DCBS and/or DJJ staff before changing the case management plan. Passport will also consult DCBS staff before creating or update a member's care plan.

Designated Passport staff will sign each service plan made available by DCBS to indicate their agreement with the plan. If the DCBS and Passport staff cannot reach agreement on the service plan for a Kentucky SKY member, information about that member's physical health care needs, unresolved issues in developing the case management plan, and a summary of resolutions discussed by the DCBS and contractor staff will be forwarded to DMS's designated representative.

Passport has deep relationships with provider organizations and believes in working collaboratively with providers to improve member outcomes and costs. A key focus is availability of timely and accurate data to drive decisions. Unlike other MCOs who rely heavily on administrative claims for all operational and clinical purposes, Passport has access to purpose-built infrastructure that can integrate with data assets such as KHIE. The integration of claims data with a comprehensive set of information from KHIE can drive a multitude of member and provider initiatives in a much more automated, accurate and timely manner.

To that end, we will continue our efforts to connect all providers to KHIE and using EHRs to ensure each provider has access to the most up-to-date medical records for Kentucky SKY members. Our extensive efforts in promoting the adoption of these technologies has resulted in eighty percent (80%) of our members using providers connected to the KHIE. We have an ongoing multitiered approach to achieve one hundred percent (100%) provider network connectivity, including but not limited to:

- Educating providers on the benefits to their practice and the members they serve, including more comprehensive and timely member information, along with reports that identify gaps in care and at-risk members needing intervention, and opportunities for improving treatment outcomes.
- Helping providers adopt and integrate KHIE and EHR technologies into their workflow to ensure the administrative burden is minimized. This includes education on the Provider Assistance Program mini-grant opportunity through KHIE, and any extramural funds available for connecting.
- Offering incentives to expand provider connection to KHIE and use of EHR. This will range from Passport-sponsored meetings with KHIE to further educate providers on health system benefits to providing technical support and financial incentives to help defray the costs of connecting.

Using this collaborative approach with our Kentucky stakeholders, Passport is continually raising awareness, educating and reinforcing the advantages and requirements of KHIE and EHR participation, thus moving toward complete utilization by providers.

Conclusion

With 20 years of experience supporting children in foster care, former foster care, juvenile justice, and adoption subsidy members, including delivery of our innovative High Fidelity Wraparound program, Passport is passionate about supporting this fragile population and has the experience necessary to support Kentucky SKY members. Our Care Advisors and Care Coordinators will work with our members and their parents/caregivers to coordinate and facilitate all services necessary to support the permanency goal for the children in care or to maintain stability for children not in care and former foster youth. The primary goals of our program are to increase stability and improve the member's overall functioning. Our family-centered wraparound approach supports the entire family so that they can best help members achieve their goals. Passport will comply with all requirements for Kentucky SKY members, as specified in Section 34 "Population Health Management Program" and Section 41 of the Draft Contract. As we have throughout our history, Passport will continue to collaborate with DMS, DCBS and DJJ, as well as with the providers who support Kentucky SKY members to ensure that information is shared freely and that together we remain focused on providing the best, most appropriate support possible for each member.

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.

G.11 Utilization Management



G.11. Utilization Management

a. Describe how the Vendor will collaborate with Network Providers, the Department, DCBS, and DJJ to provide coordinated care for those Kentucky SKY Enrollees accessing psychotropic medications.

b. Describe how the Vendor will collaborate with the Department, DCBS, DJJ, hospitals, psychiatric residential treatment facilities (PRTFs), residential providers, physical and Behavioral Health Providers and others on Discharge Planning needs of Kentucky SKY Enrollees across all levels of care.

Introduction

For twenty-two (22) years, Passport has worked to ensure members receive the appropriate level of care by coordinating health care benefits and ensuring that services are rendered in a timely manner, provided in appropriate settings, and planned, individualized and evaluated for quality and effectiveness. We have implemented a comprehensive NCQA-accredited Utilization Management (UM) program focused on identifying and reducing inappropriate utilization of services while ensuring timely access to appropriate care. Our UM program provides complete prior authorization, concurrent review and retrospective review support as part of overall medical management administration. However, more importantly, our UM program is designed to be one of the initial provider engagement touchpoints. It achieves this goal by targeting services that present inappropriate use, cost or quality concern and emphasizing referral to appropriate care programs.

Our UM philosophy is centered on partnering and collaborating with providers to ensure that members receive appropriate high quality, whole-person care. This collaboration is especially important when supporting Kentucky SKY members who are accessing psychotropic medications because of the challenges surrounding appropriate prescribing of these medications for children and youth. For children and youth in the Kentucky SKY program, this collaboration extends to the Department for Medicaid Services (DMS), the Department for Community Based Services (DCBS) and the Department of Juvenile Justice (DJJ) to ensure fully coordinated care for these members.

Appropriate coordination of care through UM is also crucial at times of transition of care across all levels of care. Discharge planning, especially in transitioning children and youth to lower levels of care, has been a challenge in Kentucky for many years. To ensure Kentucky SKY members have timely transitions to the most appropriate level of care, Passport will implement the High Fidelity Wraparound model to collaborate with DMS, DCBS, DJJ, hospitals, psychiatric residential treatment facilities (PRTFs), residential providers, physical and behavioral health (BH) providers and others.

G.11.a. Describe how the Vendor will collaborate with Network Providers, the Department, DCBS, and DJJ to provide coordinated care for those Kentucky SKY Enrollees accessing psychotropic medications.

Providing Coordinated Care for Kentucky SKY Members Accessing Psychotropic Medications

Passport has been at the forefront of recognizing and working to resolve the challenges of appropriate prescribing of psychotropic medication for children and youth. We provided funding to the University of Louisville School of Medicine, Department of Pediatrics, to study the use of psychotropic medications in young children with Medicaid. Many children in foster care have complex health needs, including a need for psychotropic medications. The use of this medication often continues post-adoption and after members age out of care. To support members in foster care, Passport will continue to collaborate with providers, DMS, DCBS and DJJ to provide coordinated care for Kentucky SKY members who use psychotropic medications.

Passport Experience Helping Manage Pediatric Psychotropic Drug Use

Kentucky has one of the highest rates of psychotropic medications prescribed to children in the United States. A study by the University of Louisville, funded in part by a grant from Passport, found that psychotropic medications are being prescribed to young children (under the age of six [6] years) in the Commonwealth at doses above those that were approved for use in adults, often in combination with other medications[1]. In Kentucky, the rate of use of psychotropic medications in foster children is nearly six (6) times that of children in the Temporary Assistance for Needy Families program receiving Medicaid benefits. Between 2014 and 2016, Passport engaged in a Performance Improvement Project (PIP) to improve prescribing patterns and the management of children and adolescents on antipsychotic medications through a cohesive and coordinated approach.

As part of this PIP, Passport adopted clinical practice guidelines (CPGs) related to the prescribing and monitoring of children and adolescents on antipsychotic medications to reduce variations in treatment and to promote adherence with the appropriate forms of treatment for psychiatric disorders based on those guidelines. We utilized CPGs developed by national clinical professional organizations and worked to educate our providers to increase the use of psychosocial treatment options as a first line of treatment in addition to or instead of polypharmacy as the sole treatment option. We also stressed the importance of metabolic screening (i.e., tests of blood glucose, lipids and BMI/weight), monitoring, appropriate clinical follow-up and compliance with CPGs.

[1] Lohr WD, Brothers KB, Davis DW, Rich CA, Ryan L, Smith M, et al. Providers' behaviors and beliefs on prescribing antipsychotic medication to children: a qualitative study. Community Mental Health Journal. 2017; 54(1), 17–26.

In addition, Passport provided education and outreach to increase provider, member and caregiver awareness regarding the appropriate prescribing and management of antipsychotics, specifically the potential side effects associated with antipsychotic medications and the appropriate prescribing and management of children and adolescents on such medications. We also ensured members had access to and knowledge of their BH conditions and the importance of antipsychotic medication monitoring. The results of this PIP are shown below.

Passport Performance Improvement Project Delivers Results

Passport achieved sustainable changes to processes related to the treatment and care of members on antipsychotic medications. The interventions resulted in favorable changes in the baseline rates for:

- Metabolic monitoring for children and adolescents on antipsychotics (APM), with a 10.8% improvement from baseline
- Use of multiple concurrent antipsychotics in children and adolescents (APC), with a 49.6% improvement from baseline
- Follow-up visit for children and adolescents on antipsychotics, with a 1.1% improvement from baseline
- Use of higher-than-recommended doses of antipsychotics in children and adolescents, with a 31.3% improvement from baseline

Passport Helps Members Manage Psychotropic Medication Use

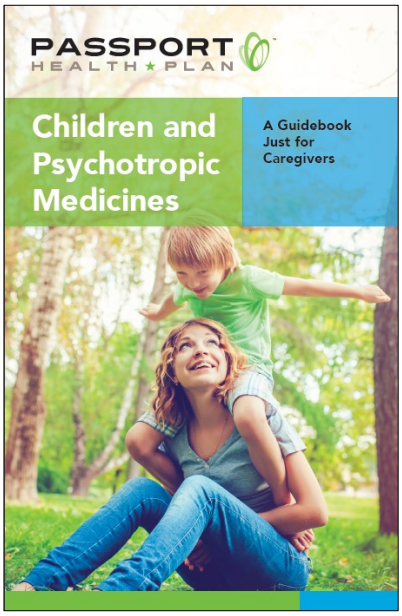
Passport has a drug policy specific to antipsychotic use in children under six (6) years of age that was developed to ensure safe and appropriate use in this vulnerable age group. In addition, the chair of our Pharmacy and Therapeutics (P&T) Committee is a psychiatrist for the largest community mental health center in the Commonwealth. Passport often solicits his input on pediatric issues because of his expertise and experience in this area. Passport also utilizes the expertise of another psychiatrist and two (2) advanced practice psychiatric registered nurses who serve on our BH Advisory Committee; these professionals often provide recommendations regarding psychotropic medications as well.

Medication reviews are a critical component of the care planning process. Passport has discovered that a lack of communication regarding medication therapy to members, caregivers and transition health care facilities links to poor member outcome and creates potential medication errors. These errors are also linked to members' lack of understanding about their pharmacy treatment regimen. Our Care Advisors perform an initial medication review with the member and during each subsequent session with the member or caregiver. The member's comprehensive medication list is available in Identifi – Passport's fully integrated administrative and clinical Management Information System platform – for the care team's

review. The care team can then speak to the prescriber about any concerns related to the member's pharmacy regimen. Care Advisors also educate caregivers about the importance of ongoing monitoring (metabolic monitoring, weight, BMI, etc.) by a provider when members are taking certain psychotropic medications. Care team members can refer to a Passport clinical pharmacist if further intervention is needed with or on behalf of the member.

Passport has created educational brochures focused on pediatric BH that include important information about the management of psychotropic drugs, as exemplified in **Exhibit G.11-1.** These brochures cover topics including warning signs of BH issues, what psychotropic medications are and how they can help, how parents and caregivers can help the child, what side effects to look for, and what questions to ask a provider in the event of concern. The brochures also include information on how to reach Passport for additional assistance.

Exhibit G.11-1: A Guidebook Just for Caregivers



RxSolve Psychotropic Drug Intervention Program

Passport is upgrading its current Psychotropic Drug Intervention program (PDIP) to an enhanced RxSolve solution. RxSolve is a comprehensive and integrated quality management program focused on identifying claims-based, medication-related problems, including medication safety issues, through the use of informatics, analytics and clinical review. The original program focused on adherence, polypharmacy and suboptimal dosing. The enhanced program deploys new algorithms to deliver more comprehensive medication management analysis and more refined insights to providers that will promote better results for patients and members. New focus areas for the enhanced program include excessive dosing, substance use disorder (SUD) management and opioid management. The program engages both prescribers and members, utilizing innovative technologies to achieve an understanding and resolution of medication-related issues. The program was developed to improve medication adherence among members and to support best practices prescribing among providers.

The program's interventions alert both primary care providers (PCPs) and specialists to medication-related issues that help to promote the integration of care for members. Pharmacy claims are reviewed and providers receive a report on medication-related issues. The issues identified by RxSolve algorithms focus on adherence, polypharmacy, appropriateness of dosing, including suboptimal and excessive dosing, SUD management, opioid use disorder and gaps in care. The algorithms have been refined to address concerns specific to each age group – adults, children and the elderly. In addition to the sophisticated analytics, the program's clinical team reviews findings to eliminate false positives and identify opportunities for referral to care management and focused review by our medical director. The experienced clinical team consists of Board-certified psychiatrists, pharmacists and nurses with experience in psychiatric settings and substance use medicine. A summary report showing all members for which the provider has written prescriptions that

fall within any of the four (4) intervention areas explained below is shared with providers so they can be aware of prescribing trends and can contact the individual members identified in the report.

Enhanced reporting allows age group segmentation if there is a specific question. In the past, our Board of Directors had been curious about the splitting of data between adults and children in understanding utilization patterns, especially with psychotropic medications. This newer reporting will allow us to split the data in this way and drill down to better understand the subtle differences between groups within our membership. This will be useful to our Board as the evaluate trends from a strategic perspective and validate them through their experience as providers for our members.

RxSolve Interventions

- **Polypharmacy.** Communication across all medical and psychiatric practitioners involved in the care of a member promotes collaboration for continuity of safe, comprehensive, efficient and effective care. It also reduces the risk of redundant, competing or conflicting treatment, which is the result of uncoordinated treatment. While rational polypharmacy is recognized and widely practiced in psychiatry, a single prescriber of psychotropic medications, collaborating with prescribers of any and all other medications, is vital to safe, effective practice. To address potentially inappropriate duplicate therapy, we identify members with polypharmacy occurrences within the same drug class as well as multiple drug classes involving multiple prescribers. This approach helps bridge the gap sometimes caused by the fragmentation that can exist between BH and physical health providers.
- **Potential cases of SUD and opioid monitoring.** SUD monitoring is directed primarily toward young adults in the Kentucky SKY program but will run in the background against all Kentucky SKY members. Clinical algorithms monitor and address suspected SUD by monitoring prescription fill patterns of high-risk medications such as opioids and benzodiazepines through a monthly pharmacy and medical claims data analysis. Members are identified through the following algorithms:
  - Member who is taking buprenorphine and another opioid with different prescribers
  - Member who is taking buprenorphine and benzodiazepines with different prescribers
  - Member on a high dose of opioids without diagnosis of malignant cancer or other supporting diagnosis
  - Member who is taking opioids for more than thirty (30) days with a diagnosis suggesting opioid, alcohol or other substance use
  - Member who is taking opioids prescribed by multiple providers
- **Overuse/underuse.** Overuse and underuse of medications is addressed by employing excessive dosing and suboptimal dosing algorithms. For the dosing efficacy clinical rules, we notify the prescriber of the target medication that it is higher than the maximum recommended daily dose or lower than the therapeutic dose. While a number of factors must be considered for appropriate dosing, these algorithms remind prescribers to review the member's medication profile and to adjust the dosage as clinically appropriate so that drug overdose related to excessive dosing or a relapse and unresolved symptoms due to a low dose are prevented.

- **Non-adherence**. Our non-adherence algorithm addresses the underuse of antipsychotics, antidepressants and mood stabilizers by assessing fill and refill patterns. Prescribers of the relevant medications are alerted to the potential concern and can then address the issue with members who are reminded of the importance of continuing to take their medications.

Provider Collaboration

Passport's approach to care management and its role in provider engagement is a key component of appropriate use of psychotropic medications. As a provider-driven health plan, Passport is uniquely differentiated from other national plans and intimately understands the challenges that providers face, which in turn impact providers' ability to care for members. Our team contacts the PCPs who manage BH treatment for members to make them aware of the additional BH benefits available to enhance care. They are offered use of the Passport Psychiatric Decision Support Line (PDSL), with Passport offering consultation to PCPs with a team of psychiatrists for questions regarding BH interventions, including those related to medications.

PDSL services were put in place based on concerns raised by the child and adolescent subcommittee of our PCP Workgroup, which had concerns over the number of children who needed follow-up and psychotropic medication refills. Many pediatricians did not feel comfortable with the medications and/or dosages their patients were being prescribed. Investigation as to why this was happening noted limited psychiatric access, especially outside Jefferson County. Because of this, Passport initiated the PDSL for PCPs to utilize. Access to psychiatric care in limited access areas was developed, and our BH program offered training to providers on these medications. A positive side-effect of this response to an immediate need was the development of stronger integration between BH services and primary care, which is a cornerstone of Passport's whole-person approach to care.

Passport's clinical team also contacts current treating providers to review treatment plans. Our BH Care Coordinators assess existing plans for the efficacy of services and offer suggestions for plan enhancements, if applicable. Passport has implemented safety edits, dose information and quantity limitations for BH drugs based on age, and any prescriptions outside these edits will reject at the point of sale for clinical evaluation through the prior authorization process. We closely monitor the utilization of medications and communicate any potential polypharmacy, adherence or dosing concerns to providers and members. When services are appropriate, our team documents the current plans in our BH care management system as a reference for ongoing management.

Passport also staffs outreach pharmacists who educate providers about pharmacy changes, quality measures, etc. These individuals are available to meet with community pharmacists and providers to address any Kentucky SKY-specific concerns or plan information.

We also support providers treating Kentucky SKY members with integrated rounds, which take an interdisciplinary approach to bring clinicians and physicians together to review the clinical status, medical necessity, psychosocial influences and barriers that impact timely transitions to appropriate levels of care for select members in various inpatient settings. Components of integrated rounds include collaboration among clinicians, robust engagement from all participants, reciprocal sharing of knowledge and problem-solving related to member movement across the health care continuum.

Helping PCPs Understand Psychotropic Medications

Passport has made available training modules prepared by a child and adolescent psychiatrist at Bingham Child Guidance Center to aid primary care providers (PCPs) in better understanding behavioral health conditions. These modules were created as part of a grant by Passport to improve the prescribing of psychotropic medication to Kentucky children and adolescents.

In our integrated rounds process, our medical director and psychiatrist conduct case reviews for those cases that meet certain criteria. We look for medication concerns, comorbid and complex conditions, support, placement issues and access to services to address social determinants of health across all types of case review. UM nurses refer cases to our medical director based on an individual case review and from daily inpatient census reports.

If quality issues or concerns are identified by the medical director, he/she reaches out to the utilization and quality management teams for immediate discussion, and UM nurses track these cases. Through this process, UM nurses and the medical director are able to identify members who require referrals to higher intensity levels of care management, identify provider trends, identify barriers to care and identify claims with high dollar amounts. In addition, regular reviews of service utilization, including psychotropic medications, continue the momentum generated through our PIP.

Collaboration with Governmental Agencies

Today, Passport coordinates with governmental agencies, including DCBS and DJJ, to inform them when members are prescribed multiple psychotropic medications or any antipsychotic. Passport's Specialty Populations team also educates foster parents about CPGs (metabolic monitoring, importance of psychosocial interventions, etc.). For Kentucky SKY members, Passport will continue this collaboration with DMS, DCBS, DJJ and the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) to support coordination of care, including the use of psychotropic medications. Additionally, for cases of polypharmacy involving certain medications, a Passport clinical pharmacist is available to review the member's medication regimen and, if needed, consult with prescribing physicians on recommended

adjustments. As required in RFP Appendix C, the Draft Contract, Passport will collaborate with DMS, DCBS and DJJ to develop and implement performance measures on the appropriate utilization of psychotropic medications, including the evaluation of prescribing patterns related to diagnosis, member age, polypharmacy, dosage, and psychosocial therapy and interventions.

Collaboration with DJJ is especially important. As incarcerated children transition in and out of the justice system, it is important that they have continuity in their access to medication. Passport will work with DJJ to ensure that medication reconciliation and adherence reviews occur as children transfer between programs to ensure continuity of care. Passport plans to engage DJJ on a regular basis, likely at least monthly initially, to address barriers to transition and specific needs of children who might require specialized support during the transition back to the community. In addition, Passport would like to include information from the DJJ/Administrative Office of the Courts (AOC) criminogenic needs risk assessment into treatment plans. This risk assessment tool reviews factors that increase the likelihood of recidivism, including static facts like the history of antisocial behavior. However, dynamic factors such as school/work, family relationships, SUD and how individuals spend their leisure or recreational time are also critical to preventing them from returning to incarceration. We believe it is important to consider this aspect of the lives of children who have been incarcerated and will collaborate to generate care plans that support the DJJ/AOC plan to address criminogenic needs and reduce the risk of recidivism.

G.11.b. Describe how the Vendor will collaborate with the Department, DCBS, DJJ, hospitals, psychiatric residential treatment facilities (PRTFs), residential providers, physical and Behavioral Health Providers and others on Discharge Planning needs of Kentucky SKY Enrollees across all levels of care.

Collaborating on Discharge Planning Across All Levels of Care

Passport recognizes that discharge planning, especially in transitioning children and youth to lower levels of care, has been a challenge in Kentucky for many years. Passport will collaborate with DMS, DCBS, DJJ, hospitals, PRTFs, residential providers, physical and BH providers and others, leveraging the use of our High Fidelity Wraparound model to ensure that members have timely transitions to the most appropriate level of care.

Passport Experience Providing Coordinated Care to Foster Care Children

Passport currently has a specific foster care program that serves many future Kentucky SKY members. Our team members have developed relationships with a wide range of stakeholders to assist in discharge planning. We will continue to grow these to serve Kentucky SKY enrollment in the future.

Kentuckians Serving Kentuckians

Passport will co-locate Care Coordinators in all DCBS service regions and all DJJ community districts to foster collaborative relationships with key state stakeholders and community partners. These Care Coordinators will serve as liaisons between Passport and DCBS/DJJ, private foster care agency staff, foster parents and

other social services entities. As part of their role, Care Coordinators will communicate continuously with all key stakeholders involved with the member's care to review and update care plans. With permission from the legal guardian, they will also communicate with the current foster parent or caregiver to discuss the member's medical needs and provide ongoing support. As we move forward with Kentucky SKY, we plan to assign Care Coordinators regionally to support collaborative relationships with DCBS, DJJ, child-serving agencies and other resources within the community.

For over two decades, Passport has served as the leading innovator with the Commonwealth to pilot new programs, approaches, populations and payment models. As described elsewhere in this Kentucky SKY proposal, in 2015, Passport partnered with DMS, DCBS and DBHDID to implement a pilot program for High Fidelity Wraparound services. High Fidelity Wraparound has strong evidence of helping reduce disruptions in placement and improve the overall functioning of children and adolescents. Based on our experience with this pilot, we believe that the use of Care Coordinators trained and certified in this model (regardless of the level of care coordination) will greatly increase successful transitions for Kentucky SKY youth. Our experience in implementing an intensive care management pilot based on High Fidelity Wraparound resulted in a one hundred fifty percent (150%) increase in youth placed with natural or adoptive families six (6) months post-intervention and a decrease overall in the use of psychiatric hospitals, PRTFs and other facility-based placements.

Providing Coordinated Discharge Planning and Decertification for Kentucky SKY Members

Passport's Transition Care program is a formalized discharge plan program that includes a comprehensive evaluation of the Kentucky SKY member's health needs and identification of the services and supplies required to facilitate appropriate care following discharge from an institutional clinical setting or when transitioning between treatment settings. This includes any unique criminogenic needs identified during the DJJ/AOC risk of recidivism assessment. Our Care Coordinators and Care Advisors collaborate with DCBS and DJJ workers, hospital discharge planners and social workers, PRTFs and other residential providers to identify special treatment needs and support medication reconciliation and adherence during transition.

In consultation with Commonwealth agency workers, the care team develops a member-centric transition of care plan and coordinates the appropriate level of care to help our members remain in their home environment and have a lower risk for hospital or emergency department (ED) readmissions.

Objectives of the program are to decrease avoidable readmissions, decrease post-discharge ED utilization and increase post-discharge follow-up appointments in the outpatient setting, as well as support medication reconciliation and adherence by creating a streamlined transition process and productive environment at home. One of the most important objectives is to ensure that members and their families fully understand their discharge instructions.

The clinical processes in our Transition Care program are a synthesis of the Coleman Transition Model and the Project RED Model requirements and follow-up protocols[2] to ensure that members have a post-discharge follow-up visit with their physician or other provider, a medication reconciliation occurs, the member has a discharge plan and the member or family/guardians can teach back the symptom response plan.

Passport understands that transition care coordination should involve multiple stakeholders in the member's care, account for the member's placement and extend beyond the days following the discharge. When a member is discharged, our Care Advisors work collaboratively with utilization review clinicians and acute care facilities to ensure appropriate discharge plans are developed and shared with members, family/guardians and caregivers, if applicable.

The Transition Care program initiates prior to a member's discharge from the facility. Our Care Advisors work closely with the hospital discharge planning team to effectively coordinate and implement the discharge plan. Collectively, they provide proper continuity of care as members transition and achieve stabilized health.

After receiving the discharge notification, our Care Advisors contact the member, or if applicable, DCBS or DJJ workers, families and caregivers, within twenty-four (24) to forty-eight (48) hours to begin the process and schedule a telephonic meeting or home visit. Every effort is made to make members and their caregivers feel respected, comfortable and at ease. Our team first takes the time to carefully listen and answer member or family/guardian questions. We then perform an assessment to identify any special needs the member may have, determine any health risks, reconcile medications for adherence and ensure that proper support resources are available. The assessment information is essential in developing the individualized care plan with the member, family/guardian, our team, caregiver and provider. This outreach includes assessment of member and family/guardian understanding of the discharge plan, assessment of their knowledge of discharge medications, reinforcement of the discharge/treatment plan, evaluation of gaps in care and barriers to treatment adherence, crisis planning, evaluation of safety in the home and support of the member's and family/guardian's self-management skills. During transitions of care, care plans will be reviewed with the member, family/guardian and the member's treatment team to determine whether modifications are necessary to meet transitional needs, and with member input, care plans will be modified as necessary.

The care plan details the member's health status and goals, equipment required in the home, current medications and adherence plan, caregiver support needs, needed referrals to community resources, member education and health progress measures. Serving as a member advocate, the Care Advisor assists the member as needed in arranging for any post-discharge outpatient provider appointments and makes arrangements for any special accommodations (i.e., caregiver support, durable medical equipment, medications and referrals to community resources). A key component of the Transition Care program is member education. The Care Advisor thoroughly reviews educational materials with our members and their

[2] Coleman Transition Model: caretransitions.org; Project RED: bu.edu/fammed/projectred

families/caregivers if applicable, so that they fully understand the information and can begin to successfully self-manage their condition.

During the process, the Care Advisor shares all information with the member's providers to fully engage them in the development of the care plan, seek their input for treatment and convey all information discovered through care management outreach efforts. The team works to confirm members and their families are receiving the necessary care and services for health stabilization.

Our Transition Care program also ensures network providers are available and formulary medications are in use whenever possible. Outcomes for care during transitions are monitored and additional resources are engaged as needed. If a higher level of care coordination is needed, the intensity of care management is increased. Each program is designed around a team approach, incorporating Care Advisors (nurses or social workers), community health workers, dietitians, pharmacists and member coordinators, as appropriate. This process enables a safety net of care for the member, regardless of whether the member's needs are medical, behavioral, socioeconomic or a combination therein.

Because Neonatal Intensive Care Unit (NICU) stays are often prevalent among the Medicaid population, we assign a medical director (pediatrician) to conduct a daily review of NICU stays of concern. We will work closely with the treatment team as well as DMS, DCBS and foster parents/caregivers to begin planning for transition care at the beginning of any hospitalizations to address potential barriers as early as possible.

Specific to our Kentucky SKY members, Passport coordinates with providers of BH services, psychiatric hospitals, including for members committed by a court of law to Commonwealth psychiatric facilities, and treatment facilities regarding admission and discharge planning, treatment objectives and projected length of stay. Passport is contracted with all state-operated or state-contracted psychiatric hospitals. These contracted providers are expected to ensure continuity of care for successful transition back into community-based supports through discharge planning, with a follow-up appointment scheduled within seven (7) days for all members before they are discharged. In addition, regular meetings are held with high-volume inpatient providers to promote coordination of care.

Passport will provide basic, targeted or intensive care coordination services depending on member needs to Kentucky SKY members with severe emotional disturbance (SED), serious mental illness (SMI) and co-occurring conditions. The Care Coordinator, Care Advisor and other identified BH service providers will participate in discharge planning meetings. If a Kentucky SKY member is hospitalized in a state psychiatric facility, we will coordinate with the discharge planning process to ensure compliance with federal Olmstead and other applicable laws. Appropriate discharge planning will be focused on ensuring that needed supports and services are available in the least restrictive environment to meet the member's BH and physical needs, including psychosocial rehabilitation and health promotion. We will follow up to ensure that community supports meet the needs of the member.

Decertification of Kentucky SKY Members

Decertification has always been a challenging issue. Decertification occurs when a child is in a care setting and no longer meets medical necessity criteria to support continuing the stay in the existing setting. For a child in foster care and for the adults caring for them, the absence of an immediate transition plan for the child is especially distressing. Such uncertainty can be overwhelming for the child. The decertification process is quite complex and has many layers that need to be thoughtfully and collaboratively approached in order to achieve a lasting impact. Much time has been spent identifying trends and engaging providers to assist in developing alternative models through two (2) routes. The first is to work with providers to reduce the lengths of stay for children and improving the quality of care in the acute setting. The second is to work with providers to build more home-based crisis services to prevent children from disrupting their placements and getting to the hospital in the first place. We are focusing initially on the first model of reducing the lengths of stay and improving the quality of care in the acute setting.

Passport has recently started the Select program with our largest BH inpatient provider, UofL Health - Peace Hospital (Peace). Select was started with Peace initially for adult members. The goal of the Select program is to align clinical goals with the provider, reduce administrative burden and improve the quality of care for members. Through an analysis of the data around the UM process, Passport and Peace were closely aligned in decisions impacting the care of adults. We collectively decided to try another model of working together for adults. The conversation between Passport and Peace has shifted from one around individual approval of days to one of a population perspective that tracks and targets quality indicators, such as seven (7)-day follow-up after hospitalization, readmission rates and rates of restraint usage. By achieving jointly agreed upon quality targets in these clinical areas, the authorization burden has been reduced for adult members at Peace so more attention can be directed to the delivery of care rather than to individual communication and approval processes.

Passport Partners with UofL Health - Peace Hospital

"UofL Health - Peace Hospital (formerly Our Lady of Peace) has worked with Passport for a number of years. A large volume of our patients are Passport recipients. Over the years, I've found the leadership team to be engaged and responsive. I appreciate and recognize their dedicated efforts. Moreover, having Passport in our community is good for all of us!"

-- Martha Mather, Chief Administrative Officer, UofL Health - Peace Hospital

Passport and Peace have not previously been as closely aligned in clinical decisions impacting children and adolescents as they have for adults. However, there is a spirit of collaboration and passion to finding solutions to improve the care and transition experience for our members and for them to receive the right care, at the right time, in the right setting. Passport has worked to engage the clinical team at Peace in discussions about how to collaborate and increase alignment on treatment planning, working to ensure a discharge plan is initiated at admission and implemented in a timely manner when needed. Both Passport and Peace have brought data to the table to collectively and fully better understand the needs of our members and the barriers to their appropriate transition of care. This began with resolution of old decisions

where we disagreed about a backlog of appeals. We have agreed to a plan for resolving these decisions and identified trend information to better inform both Peace and Passport going forward.

The next step in the Select program involves a deep dive analysis about trends in care received by children and adolescents at Peace. This has been a transparent and collegial process where we are reviewing the performance of providers that appear to be outliers and are working together to help support Peace in implementing a trauma-informed care model. At the same time, Peace is partnering with members of our clinical team who have experience in reducing the use of restraints in acute settings. We are hopeful that as we identify specific performance targets, we can work to establish goals together that meet these targets. This process will include identification of specific barriers in the continuum of care process so that other provider and community partners can be engaged to assist with creating solutions. The ultimate goal of this process is to eliminate decertification and enhance the transition process for all parties while achieving improved quality outcomes for Peace and our members. We are hopeful that once the program has been implemented and evaluated at Peace, we can extend the program to other inpatient providers in our network.

Until the Select program is fully developed and implemented with children and adolescents to improve transitions of care, increased access to trauma-informed services, reduction of the use of restraints, increased follow-up after discharge and reduced readmissions, there will likely continue to be some episodes of decertification. Kentucky SKY members often have an intensive or ongoing need for services. Passport's prior authorization process for these members is designed to avoid being unnecessarily burdensome to providers or Kentucky SKY members. To that end, Passport will collaborate with DMS and DCBS to enhance our workflow and process for certifying and decertifying inpatient stays. This process incorporates requirements to notify DMS and DCBS no later than three (3) business days prior to the decertification of a foster child for services at a hospital or other residential facility located in Kentucky and no later than seven (7) business days prior to the decertification of a foster child for services at a hospital or other residential facility located out of state. The decertification notification includes name, member ID, facility name, level of care, discharge plan and the date of the next follow-up appointment. Passport has developed an accountability plan around prevention and intervention for decertification in an effort to improve the process for members, providers, Commonwealth agencies and other sources of wraparound support for each child engaged in the decertification process.

The next phase of the process is to keep children from getting to the hospital in the first place. As the sole managed care organization (MCO) working with the Kentucky SKY population, Passport will interface with DCBS, DJJ, the Children's Review program (CRP), providers, foster families, natural families (if appropriate) and members (as appropriate based on age and other factors) in a coordinated way by using High Fidelity Wraparound interventions as a foundation. The model is designed to create a team of collaborative supports around a member that includes informal supports such as teachers, coaches and others who are important to the child at the center of the plan.

Our past efforts to build alternative services with community providers have not produced the large-scale change for which we hoped. To address this, Passport has designed a team that can build upon our experience from delivering High Fidelity Wraparound in collaboration with other community supports, including those previously listed, and the informal social supports that are important to each child. We intend to build upon our experience to create scaled opportunities for more children in foster care to have the chance to participate in a model of care crafted specifically around them, especially in conjunction with the modernization of private child caring agency payments.

We are prepared to assist the provider community in developing expertise in the evidence-based High Fidelity Wraparound model through connection to trainings and exploration of alternative payment models that would afford the provider the ability to provide these services at the level they need to be provided for children to receive the kind of care they need and deserve. In addition, Passport is holding itself accountable to provide not only access to care but access to the specific kinds of care children in the decertification process need most often. Collectively, we feel these components will greatly improve both the discharge planning and the decertification process for Kentucky SKY members. Our accountability plan includes:

- **Value-based contracting.** Contracting based on value ties incentives to performance. Aspects of the Building Bridges initiative will be brought in with the tracking of restraints, rate of thirty (30)-day re-hospitalization and coordination of care tied to seven (7)-day follow-up.
- **Out-of-state contracting.** We will identify and contract with additional high quality out-of-state providers, establish service standards and fees, and provide education about the need for a facility and treating provider Medicaid ID (MAID). While out-of-state care will continue to be a last resort, entering into provider contracts in advance will streamline the process when use of such facilities is necessary. Entering into agreements with facilities in advance will reduce the dependence on negotiating single-case agreements for out-of-network providers. As access to High Fidelity Wraparound services expands, the need for these services should decrease.
- **Closing gaps in care.** We will conduct an analysis with DMS, DCBS, CRP and providers of the gaps in care at this time. If a child needs additional resources to be successful in existing facilities in Kentucky, we will work jointly to provide additional supports and resources, address needed licensure changes and develop alternate payments to provide the care some of these most clinically challenging cases might need.
- **Foster home training.** We will work with private child caring agencies to help bring the kinds of training needed to create more foster home placements that are skilled in taking children experiencing higher acuity BH symptoms. Incentivizing these providers to reward homes that successfully achieve stable placements and more children toward permanency in their placement is one possibility.
- **Decertification monitoring.** On July 1, 2019, we implemented new tracking of decertification. Performance is being evaluated based on the number of children decertified and for how long. This performance will be reviewed with our proposed Kentucky SKY Advisory Committee, BH Advisory Committee and Quality Medical Management Committee (QMMC) to provide feedback and suggestions for improvement.

- **Care delivery innovations.** As described previously, Passport has begun a new partnership with its largest inpatient BH provider to design a payment model tied to the quality of care provided, with planned results of decreased quality of care concerns, decreased use of physical and chemical restraints, increased use of psychological assessment to aid in differential diagnosis and treatment planning, decreased lengths of stay, increased seven (7)-day follow-up outpatient visits after discharge, decreased thirty (30)-day readmissions, reduced lengths of stay, reduced numbers of children decertified and reduced lengths of decertification for children who are decertified.
- **Trauma-focused cognitive behavioral therapy.** We are looking into increased access to treatment options like the River Valley Trauma Focused Cognitive Behavioral Therapy Treatment (TF-CBT) program, specifically, partnering with providers and sharing the success of members who have participated in the River Valley TF-CBT Program. We were creative with this program, designing a model that would meet licensure and allow the time needed for participants to complete their trauma narrative work. This has been provided as an early and periodic screening diagnosis and treatment (EPSDT) service for the extended care unit (ECU) level of care. We would like to work creatively with other providers to develop models that work with payments to support their efficacy.

Passport has also recently engaged in very preliminary talks with Kentucky Youth Advocates (KYA) and St. Francis Ministries about St. Francis' work in other states to create home-based crisis services. The unique model KYA, St. Francis and Passport would like to see introduced is a public/private partnership involving corporate partners in the community to help improve access to appropriate care for Kentucky SKY members. St. Francis also has a model for helping individuals recover from sexual trafficking that we would like to make available in Kentucky. Passport is still in the exploratory phase but is interested in how to collaborate with KYA, St. Francis and other private partners together with DCBS to meet a small group of Kentucky SKY members' needs in a different way.

Passport Meets Kentucky SKY-Specific Draft Contract Requirements

Passport will comply with all requirements for Kentucky SKY members as specified in RFP Appendix C, Section 20, "Utilization Management" and Section 41 of the Draft Contract, especially Section 41.10.

For Kentucky SKY members, we have a modified authorization program in which we only require review for critical services such as inpatient services. We recognize the need for this population and the providers who serve it to gain immediate access to services for complex medical needs. Our approach is to ensure that the members and families who care for our most vulnerable population obtain the services needed to ensure successful transition to the lowest level of care appropriate for the member.

Our prior authorization processes for BH services similarly recognize the intensive and ongoing need for these services among Kentucky SKY members. We will collaborate with DMS and DCBS on the development of a written PRTF certification and decertification business process and workflow that will be completed thirty (30) calendar days prior to the contract's effective date.

As required by the contract, prior authorization will not be required for the first twelve (12) individual or group outpatient psychotherapy sessions provided by a contracted BH provider, per twelve (12)-month

rolling period, including sessions for initial evaluation. Passport already exceeds this requirement and does not require preauthorization of outpatient psychotherapy services.

Conclusion

For more than two (2) decades, Passport has supported foster care, former foster care, juvenile justice and adoption subsidy members, and has met the Commonwealth's specific requirements for this sensitive population. We have experience coordinating with providers, DMS, DCBS and DJJ to provide coordinated care for Kentucky SKY members and have a strong program supporting those members taking psychotropic medications. We have also met the Commonwealth's requirements for discharge planning for foster care members and welcome the expanded requirements for Kentucky SKY that foster increased continuity of care as members transition between settings and levels of care. We look forward to the implementation of the additional layers of accountability to address decertifications to better meet the needs of all parties involved in the process and to improve the health and quality of life for the impacted member.

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.

G.12 Aging Out Services



G.12. Aging Out Services

Provide the Vendor's recommendations for enhancing the services and outcomes for FC Enrollees, Former Foster Care Enrollees, and DDJJ Enrollees aging out of Care and the Kentucky SKY program. Provide examples of services or tools the Vendor has used for other similar programs and detail how these tools have contributed to the Vendor achieving program goals.

Introduction

Passport has specific plans for enhancements to our services for foster care, former foster care and juvenile justice members aging out of care and the Kentucky SKY program. These services will support improved outcomes for this population. Examples of the tools and services we will use with the Kentucky SKY aging out population are described in this response and include the following:

- Supporting comprehensive early transition plan development with each member
- Use of Kentucky SKY peer supports
- Streamlined referral resources for social determinants of health (SDoH)
- Independence Readiness Program (IRP)
- Community organization relationships

Passport currently serves a significant portion of the foster care population, including transition-age youth. In Kentucky, approximately 600 youth per year age out of foster care (594 in 2017). Based on our experience with this population and our familiarity with state-specific data (Child Trends, 2015), we know that about a third of these youth will experience homelessness by the age of 21, and only a small percentage will be employed, either full- or part-time. Nearly 60% will use some type of public assistance.

Kentucky's aging out population is unique in that it includes a higher than average number of youths who were committed to the Department for Community Based Services (DCBS) for behavior problems (56% in Kentucky vs. 38% nationally). Although Kentucky's transition-age state-committed youth compare favorably to the national statistics for completion of high school by age 21 (80% to 76%) and continuation of health coverage (81% to 75%), we understand that these results only come with quality care and case management.

Enhancing Services and Outcomes for Transition-Age Youth Through our Transition and Aging Out Process

Given that continued enrollment in Passport upon turning 18 may be one of only a few constants for these youth, Passport recognizes that it has a critical role in improving outcomes for this population. Successful aging out of foster care or a juvenile justice setting requires that the following core elements be addressed:

- A specific plan for safe housing
- Health insurance and transition to adult health care providers as needed
- Education, workforce and employment support that lead to financial independence
- Continuing relationships with supportive adults and peers, including mentoring opportunities

In addition, unique circumstances in youths' lives may require continuation of other support services, e.g., mobility assistance or supports for intellectual disability. Passport will work closely with DCBS and the Department of Juvenile Justice (DDJJ) in the development of a transition plan for each youth beginning no later than age 17 to address these concerns.

Transition planning will include the elements discussed above, as well as the following:

- Determining what services and providers are needed for the member
- Addressing SDoH
- Addressing risks (such as medication compliance)
- Addressing any needed special supports such as behavioral supports, durable medical equipment (DME), inpatient care, PDN, Prescribed Pediatric Extended Care (PPEC), and communication devices, including services that may be covered under Early and Periodic Screening, Diagnosis and Treatment (EPSDT) special services.

Passport will use its access to specialized screening and referral tools including Healthify and Unite Us, both described below, to identify appropriate local resources statewide. Given that establishment of independence and autonomy in the context of the social/cultural environment is one of the primary developmental tasks of late adolescence, the care team will engage transitioning youth as equal partners to ensure that Passport's participation is member-driven and aligned with the youth's personal goals.

Passport will also develop specific written and electronically available educational materials on the importance of having a trusted relationship with a primary care provider, receiving preventive care, and maintaining a healthy lifestyle, including safe and responsible management of sexuality. We will also provide the opportunity for a young adult to designate a health care proxy. Given that over half of the transition-age youth (56%) in Kentucky are in out-of-home care due to behavior problems, Passport care management will especially focus on assessing the need for, and providing access to, appropriate behavioral services.

Passport aligns closely with DCBS and DDJJ on their process of preparing youth for transition beginning at age 17 (or sooner) and supports caregivers in readying teenage foster children, with the aim of reducing anticipatory anxiety about the process.

Passport will fully support DCBS and DDJJ and participate in transition planning for all our foster care, former foster care and juvenile justice members. For those members turning 18 and exiting foster care, Passport understands that DCBS will begin transition planning one (1) year prior to the foster care member reaching his/her 18th birthday and aging out of foster care (and will repeat the planning process one (1) year prior to the member's 21st birthday if the youth elects to continue services to age 21). Passport will continue to offer transitional assistance for our former foster and former DJJ members until age 26 unless those members decline to receive these services. If a transition-age youth becomes a Passport member on or after

his/her 17th birthday, transition planning shall start within 1 month of enrollment in the Kentucky SKY program. Transition planning activities may include but not be limited to the following:

- Working with DCBS and/or DDJJ to assess the member's ability to maintain stability in his/her home and community through the transition out of foster care, including but not limited to the following:
  - Determining and identifying the array of services needed and providers of these services
  - SDoH
  - Assessing risks, such as medication compliance
  - Assessing needs and providing recommendations for access to specialized supports including but not limited to positive behavioral supports, medication support, DME, communication devices, or vehicle or home adaptations.
- Reviewing the member's health status and other appropriate factors to determine if the foster care member meets the general eligibility criteria for entering a home and community-based services (HCBS) waiver program
- Initiating the waiver application processes and, if necessary, placing youth on the waiver waiting list(s)
- In collaboration with DCBS and DDJJ, educating our Kentucky SKY members about options for services and supports available after eligibility terminates. Information may include post-high school options and options for accessing disability services available from educational institutions and employers where appropriate.

Passport will collaborate with DCBS and DDJJ to develop a work group with our foster care members, former foster care members, DJJ members and peer support specialists to identify opportunities for improving outcomes for those transitioning out of foster care by improving service delivery and transition planning coordination. We will draw on advisory assistance from Voices of the Commonwealth in developing and monitoring the success of our transition programs.

Transition planning will include an ongoing focus on the importance of health care and maintaining seamless health care benefits to ensure both access and necessary supports in the critical years of young adulthood. Passport's Kentucky SKY care team will complete a health and needs assessment addressing physical, behavioral and SDoH needs, and will support each youth and social service worker in establishing a transition plan that includes specific timelines such as for outreach intervals, educational goal achievement and resource allocation. When applicable, timelines will reflect a member's intent to remain in foster care (to age 21 or 26) and will include information on adult health care providers in the area in which the member plans to reside. Regardless of the member's exit plan or timeline, the team will work to prepare the youth to the greatest extent possible for independence by age 18, in case the member's plans to remain in care change.

During the assessment, to assist with the development of the transition plan, care will be taken to review developmental and intellectual disabilities, physical disabilities, brain injury or other conditions that might qualify the individual for one of the HCBS waiver programs. HCB waivers are an important option for a small

number of DCBS youth. If it appears that an individual may qualify, Passport will arrange for needed assessments and work with the social service worker to make referrals to the appropriate option. The care team will also track the individual's access to the waiting list and provide support to maintain his/her place on it.

Education shall include information on accessing disability services available from educational institutions and employers where appropriate. Kentucky SKY staff will work with post-high school educational options (vocational/trade schools and colleges/universities) to educate them on the unique needs of former foster and state-committed youth and to promote appropriate supportive services.

For foster youth with chronic medical or behavioral health conditions, additional care will be taken to ensure the member understands the importance of receiving regular care from providers, following the prescribed course of treatment and maintaining health care benefits. The Kentucky SKY care team will work to coordinate any transitions into adult specialty medical care. All adolescent members will be instructed in the importance of preventive care and building a trusting relationship with a primary care provider and, as needed, maintaining behavioral health care. Passport will also help connect aging out youth with the Transition Youth Launching Realized Dreams (TAYLRD) peer centers established across the state to support transition-age youth. In the year prior to the member reaching age 18, there will be heightened efforts in this area, especially if the member's pediatric provider discontinues care at age 18.

While children in foster care may have prior experience changing providers, that experience can cause a lack of understanding of the value of establishing a longer-term relationship with a primary care provider. The Passport Kentucky SKY team, with assistance from our Kentucky SKY provider relations liaison, will work to establish a preferred network of providers to deliver primary care to the Kentucky SKY population in general and particularly to transition-age youth. For all Kentucky SKY children and youth up to age 21, we will monitor and evaluate for medically necessary services that extend beyond traditional coverage but that can be covered via EPSDT special services.

Empowering youth to be drivers of their own health care experience and advocates for themselves within health care systems is a key to the young person's ultimate success. Helping youth to become more comfortable navigating these systems will be a particular focus of the Kentucky SKY care team's work. Passport will ensure transitioning youth are aware of appropriate resources and of who and how to contact should issues arise. When it would be helpful to the youth, a Kentucky SKY peer support will be added to the care team to provide direct skill teaching to the member in this area.

Discharges to Family

Our experience with this population, along with relevant research (e.g., Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave State Care, Chapin Hall, 2004), shows that more than half of older youth intend to reestablish relationships with their biological families after their commitment ends. As a result, more youth return to their families in some fashion than the number of discharges to family planned by state agencies. Their efforts to maintain contact with their families often happen outside of the services provided by the DCBS and DDJJ when the agency's plan for the

child does not include family. For this reason, unless prohibited by DCBS or DDJJ, Passport's Kentucky SKY care teams will incorporate natural family members (e.g., parents, grandparents, older siblings, fictive kin) into the youth's transition plan and provide support to facilitate a successful transition.

Examples of Effective Transitional Services and Tools

Passport uses a variety of resources, tools and systems to support our Kentucky SKY members. Having a robust referral and relationship network allows us to make sure these members can transition into a solid foundation from which to build a healthy, productive life.

Streamlined Referral Resources for SDoH

The Kentucky SKY care team will use multiple cloud-based resource-solutions tools to assist transitioning Kentucky SKY members with needs related to SDoH. Passport will also educate members about the Cabinet for Health and Family Services' Kentucky Resources for Independence, Success, and Empowerment (KY RISE) and the possibility of establishing an iFoster account to conduct personalized searches for resources.

Kentucky SKY care team members will use the Healthify application to complete an online questionnaire with the member to gain insights into his/her personal situation. Healthify is a web-based platform that curates the highest quality nationwide social services into an online directory of behavioral health resources, education, emergency services, family and youth services, financial support, food services, goods services, health services, housing, legal support and advocacy services, social supports, transportation and employment. It also offers built-in SDoH assessments and the capability to track referrals. Passport has screened approximately 2,000 members in Healthify since 2018. Of those, 451 individual members were referred to community resources. A total of 1,787 referrals were created for these members, which indicates members often have multiples needs. Preliminary results show that per member per month (PMPM) costs dropped by approximately 22% (or $390 PMPM) in the 6 months after a member completed a referral. Passport plans to apply Healthify within our Kentucky SKY program, with a strong focus on transition-age youth and young adults.

In addition to Healthify, Passport's Kentucky SKY care team members will use another resource application, Unite Us, which allows sharing of the community social service record. The Metro United Way is a primary sponsor of the United Community program, which is a community-wide initiative to deploy an innovative shared technology platform to initiate and close referrals across many organizations, agencies and services, as well as create and maintain a social services record for citizens of the community. The tool enables active referrals between agencies across a multitude of services. Passport represents the health plan perspective on the United Community Governing Team, along with the Louisville Metro Health Department for the health provider perspective, Evolve502 for the educational perspective, and Metro United Way for the social services perspective. In January 2020, the United Community achieved its goal of becoming the first shared community social services record in the country to include the local school system. The platform was launched in April 2019 in Louisville and surrounding counties and will expand to other regions in the

commonewealth in the coming 1-2 years. Passport has taken the data from our work connecting members to social service providers and helped to validate the Unite Us tool and ensure that the providers our members work with most are included in the United Community. We are currently participating in the design of the analytics tools to evaluate the impact of the partnership and platform in not only improving health outcomes, but also preventing other adverse social outcomes, such as unemployment and incarceration.

Kentucky SKY staff will track all referrals and activities in Identifi℠, our integrated medical management system, so that all Kentucky SKY care team members can see the actions taken on behalf of each member. This technology enables us to better serve this vulnerable population in an expedited manner.

Independence Readiness Program

Passport has been collaborating with the Boys and Girls Haven, along with other community groups, to implement an innovative initiative called the Independence Readiness Program (IRP). As part of IRP, Boys and Girls Haven provides job and skills training to foster youth and brings in local employers to share entry-level employment opportunities. The Kentucky Community and Technical College System provides trade-skill training and counsels participants on affordable ways to get into college. The program works to provide support as youth transition to independence through provision of trauma-focused treatment, connection to community supports, job readiness assessment and training, financial independence readiness training and social supports as the youth actually move to independent living. While the initiative is not exclusive, most participants thus far have been Passport members.

We are interested in working directly with DCBS and Boys and Girls Haven to expand this program, channel more Kentucky SKY members into it, or others like it, and add new program components that would connect Kentucky SKY members to additional specialized housing. This effort is well designed to help young adults achieve independence and leverage community support.

Community Organization Relationships

Passport has a long history of embedding Care Advisors, social workers and community health workers in provider offices and social service agencies where our members are frequent consumers. For example, our team members spend time each week at Family Health Center Phoenix, University of Louisville's 550 Clinic, Park Duvalle Community Health Center, Kentucky Refugee Ministries, Catholic Charities and homeless shelters. Passport has served local Kentucky communities for the past 22 years with passion and enthusiasm, because these are our neighbors.

Passport's strong community engagement team has developed close relationships with health and related community service agencies across Kentucky, including sponsorship agreements with agencies such as the National Alliance on Mental Illness (NAMI), substance use disorder (SUD) treatment programs, and preventive health programs that support our members, including the Kentucky SKY membership.

To support successful transition of Kentucky SKY members from DCBS/DDJJ custody, we will expand our focus on community partnerships specifically for transition-age youth. In addition to independent-living providers, with which we have a long-standing working relationship, we also will outreach directly with homeless shelters, specialized programs for sexual minority youth, food banks and community nutrition programs, and DCBS Family Support offices across the commonwealth. These community providers include, among many, many others, the following:

- TAYLRD—drop-in centers with recreation, job support, mental health services and case management for transition-age youth
- Jumpstart KY (jumpstartKY.com)—assistance for youth ages 18-24 in finding housing, negotiating with landlords, getting legal advice and accessing peer support
- Kentucky Career Center
- Self-Help Parenting Program (Leslie, Knott, Letcher and Perry counties)—parenting classes funded through Prevent Child Abuse Kentucky
- Street Tips booklet (Coalition for the Homeless website)—food, shelter, clothing and other resources within the city
- Catholic Charities—housing, therapy and case management for human trafficking victims

Conclusion

Passport will fully support transition planning for all our Kentucky SKY members. Our support will focus on empowering youth and young adults to be drivers of their health care experience and advocates for themselves within health care systems to help them successfully navigate these systems.

Passport will use a variety of resources, tools and systems to support our Kentucky SKY members. Having a robust referral and relationship network allows us to make sure our Kentucky SKY members can transition into a solid foundation from which to build a healthy, productive life.

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.

G.13 Use Cases for Kentucky SKY



KENTUCKY SKY USE CASE 1

Based on feedback from experienced DCBS Social Service Workers, certain providers in the Eastern Mountain Service Region have limited knowledge of trauma-informed evidence based practices. The DCBS caseworkers have documented numerous examples where Emergency Department (ED) staff and physicians/office staff neglected to conduct and document trauma assessments on children and youth, exacerbated trauma when physical assessments were performed on pre-teen girls, and failed to seek medical records before ordering duplicate testing/services.

Describe how the Vendor would address and ensure the delivery of trauma informed care by the contracted provider network for the Kentucky SKY membership. In particular, address how it assesses providers' knowledge of trauma informed care, the approach for targeted provider education at regional and state levels, as needed, and plans for collaborating with DCBS staff. At minimum, address the following in its response:

a. Evidenced based practices and trauma-informed care for the Kentucky SKY membership;

b. Unique needs of children and youth in Foster Care;

c. Access to and sharing of medical records

d. Provider contracting;

e. Provider education and ongoing support;

f. Performance monitoring;

g. Cultural competency; and

h. Community engagement.

Introduction

Dr. David Hanna, Executive Director of Passport's SKY program, receives a call from Natalie Kelly, a Licensed Clinical Social Worker in the Department for Community Based Services (DCBS) Commissioner's Office. She reports a concern that providers in the Eastern Mountain Service Region have limited knowledge of trauma-informed, evidence-based practices. Ms. Kelly explains that it seems to be a regional issue and not limited to a single provider or provider group. Dr. Hanna listens and then asks a few questions to better understand the concern, for example, are the problems within the emergency department (ED) or primary care happening when a child has been abused and needs medical care, when a known foster child needs medical attention for a problem unrelated to his/her child welfare status or both? Dr. Hanna affirms Passport's commitment to trauma-informed care (TIC) throughout the SKY program and promises to get back with her soon.

After talking with Ms. Kelly, Dr. Hanna consults internally with the Kentucky SKY Director of Provider Network management, the Director of Community Engagement and leadership in Passport's Prestonsburg office to alert them of the concern. He asks them to check with local staff in the area, with these specific provider types emphasizing the importance of TIC in their routine interactions. He also consults with Passport's Care Coordinators and Care Advisors who are co-located in the area. After gathering this preliminary information, the Kentucky SKY management team assesses together if there are barriers or obstacles with providers and determines what additional information or resources are needed. Even without waiting for a full plan, Passport sends an e-news bulletin to all providers in the region reminding them of the importance of TIC and providing brief tips for implementation.

Evidence-based Practices and Trauma-Informed Care for the Kentucky SKY Membership and Provider Contracting

As described in this proposal, Passport is committed to all Kentucky SKY providers practicing in a trauma-informed manner. In the scenario above, following the management team's initial discussion, the dedicated Kentucky SKY provider liaison reviews the provider file to make sure that all providers, including ED practitioners and staff in primary care offices, have completed the required trauma-informed training. Passport incorporates this training in its initial provider orientations to the Kentucky SKY program and continues to emphasize its importance through workshops, lunch and learns and webinars. Kentucky SKY providers agree either through contracts or contract amendments to practice using a trauma-informed approach with SKY members. Because we understand that the development of trauma-informed competence is incremental, Passport also provides resources, such as SAMHSA's "Concept of Trauma and Guidance for a Trauma-Informed Approach" and the American Academy of Pediatrics' "Becoming a Trauma-Informed Practice," as guidance for agencies doing a self-study of their own trauma-informed approach. To help us more closely monitor the provision of TIC by our providers, Passport implements member, legal guardian and foster parent/caregiver surveys specific to provider experiences. These surveys are specific to each provider, allowing for targeted support when needed. These member/family surveys supplement our ongoing monitoring of TIC, including "pop quizzes" and provider audits.

Passport's Kentucky SKY Quality Improvement Director reviews claims data to identify high-volume providers of both primary care and ED services. Targeting high-volume providers first, all other considerations being equal, has the biggest impact in improving care for the foster care population. Using data and reports from staff in the area, Passport identifies four especially high-volume providers in the region that, based on feedback from staff, we think might be having difficulty with TIC implementation: one ED and three primary care offices. The Kentucky SKY Provider Liaison arranges for assessment/consultation visits from Kentucky SKY Behavioral Health Director Dr. Jessica Beal, a Clinical Child Psychologist. Dr. Beal has experience in providing training and consultation for medical providers incorporating TIC into their practices.

Using the information gathered during his initial discussions with staff working in the area, Dr. Hanna and the dedicated SKY Quality Improvement Director meet with Ms. Kelly to discuss their findings, to report on initial steps taken to address the problem and to develop a shared rapid cycle improvement project with clearly stated measurable outcomes. Ms. Kelly confirms that the providers targeted by Passport for assistance have been identified by DCBS staff in the region as being of concern, but she also mentions an additional primary care office in the region where despite relatively low volume of Kentucky SKY members, there have been several incidents of concern to DCBS staff in the region. This provider is added to those Dr. Beal will visit.

Unique Needs of Children and Youth in Foster Care and Cultural Competency.

Passport has extensive experience with the unique needs of children and youth in foster care. Much of this knowledge about foster children is documented in our statewide proposal. As it relates specifically to youth from the Eastern Mountain region, these foster care members have been especially impacted by the opiate crisis or other substance use in the region. Due to incarceration or parental death, in some school districts, as many as 80 percent of the students do not live with a natural parent. The instability in living circumstances and lack of consistent caregivers have also interfered with consistent medical care. Care may be more likely to be provided in acute circumstances, and providers may not be aware of members' medical histories, leading to repetition of evaluations or procedures. In response to the concern raised by DCBS, provider relations and community engagement staff make a concerted effort to inform providers of the availability of Identifi℠ and the ability of providers to obtain medical histories from Passport.

Many youth placed in foster care and residential placements in the Eastern Mountain region, disproportionally African-American, come from outside the Appalachia. These youth may be placed in private childcare foster homes or a residential program in the area. Often coming from a more urban background, for them, the area can appear isolated and dangerous. Passport would use its data analytics capacity to review whether there were significant cultural, age, race or other factors that seemed to be associated with a lack of trauma-sensitive care. Whether considering an African-American youth from urban Louisville or a Hispanic farm worker from central Kentucky, we incorporate training about cultural diversity into our efforts to address TIC. We would also begin to explore whether any of these population

characteristics were associated with a lack of TIC. Based on our findings, additional training or consultation with providers would be arranged, for example, training on trauma-informed approaches and racial disparity offered by Pastor Edward Palmer.

Provider Education and Ongoing Support

The Eastern Mountain Service Region is a large geographic area with significant diversity among counties, ranging from the relatively large university and industrial city of Pikeville with a medical center affiliated with the Mayo Clinic to the small community of Beattyville with limited business and community resources. Addressing the problem raised by DCBS requires a localized approach that is sensitive to the diversity of providers, communities, resources, etc., in the area.

As part of the rapid cycle improvement process, Dr. Hanna also contacts external partners such as Eastern Mountain Service Region DCBS staff and the peer resources of the Kentucky Partnership for Families and Children to identify if there are providers who deliver exemplary care in this area and who might serve as models for other providers. Passport reviews claims data to identify high-volume providers of both primary care and emergency medical services. Targeting high-volume providers first, all other considerations being equal, has the biggest impact in improving care for the DCBS committed population.

Simultaneously, Passport is aware of the strain on EDs and primary care physicians in an area with many needs and limited resources. We are especially aware of the secondary trauma that affects providers on the front lines of the battle against opioid use in Kentucky. Although Passport will focus on improving provider performance through training and contracting as outlined above, we also work to understand the perspective of these providers and to develop supportive systems that may contribute to their own difficulty in implementing TIC.

Community Engagement

Passport has an office in Prestonsburg (Floyd County), community engagement staff based in Jackson (Breathitt County) and many other staff with roots in the Eastern Mountain region. We believe that our active engagement in the community helps us to develop the informal networks that provide valuable information for our members. We maintain a presence at many community events such as the Hillbilly Festival in Pikeville and the Black Gold Festival in Hazard. Community engagement also enables us to tap into resources for foster youth, such as the John Turner Educational Foundation in Breathitt County, which might not be as well known outside the region.

As relates to this use case, we will use our community connections to identify and reach out to local opportunities to reach EDs and primary care practitioners. For example, Saving Our Appalachian Region conducts events on the opioid crisis for health care workers in the region, including hospital/ED staff and primary care providers. We will provide speakers and otherwise use these connections to bring additional TIC information to providers. In conjunction with DCBS and Mountain Comprehensive Care Center, Passport arranges to sponsor a major training event held in Hazard, Kentucky, bringing in a national speaker to address TIC. Although the impact of events such as these is hard to measure, the attendant publicity raises

the profile of TIC throughout the region. Our community engagement staff also work closely with Division of Family Resource and Youth Services Centers (FRYSC) throughout the region to promote TIC information distribution to students and families. While not directly impacting health care providers, such efforts raise awareness and help establish appropriate expectations throughout the community. Many primary care providers in the region are affiliated with the Kentucky Primary Care Association, and we use our contacts there to plan activities that will promote TIC within their membership.

Access to and Sharing of Medical Records

In addition to the issues outlined above, Passport's rapid cycle improvement project identifies that some children and youth receive multiple traumatic physical assessments when they move between placements. Passport approaches this problem in two ways. First, our Care Coordinators continue to focus on the availability of health records available through Identif[SM] and Kentucky Health Information Exchange (KHIE) in their routine visits with providers. Passport is committed to integrated care coordination services, which promote better communication and less duplication of care. Second, provider representatives in the region discuss ways of avoiding service duplication a focus of their regular visits. They remind providers to use KHIE to reduce duplication and of the easy availability of consultation from Passport if there are questions about a member's medical history. We obtain current release of information authorizations and make sure they are appropriately executed. Our team recognizes that information sharing helps the care team to understand the member's medical history, aid in closing care gaps and assist in coordinating appropriate care and treatment for our members. The Kentucky SKY team, to the extent possible, makes certain that care plan information and health record data is shared across the care team, including the member's primary care provider. This goal is accomplished through electronic communication, the member portal, phone calls and routine meetings with guardians and other state agency representatives.

During our provider orientation and ongoing training sessions, we stress the available mechanisms under HIPAA guidelines for disseminating health information, the importance of sharing information to reduce further trauma to our members and ways to encourage the adoptions of electronic health records.

Performance Monitoring

Planning together, DCBS representatives from the Central Office and the Eastern Mountain region, along with the Passport team, develop an agreed upon plan for identified providers for targeted intervention while maintaining an overall focus on the region. The joint team also agrees on specific metrics, including assessment of provider practices using the American Academy of Pediatrics and SAMHSA materials referenced earlier. They also agree to monthly surveys of each of 13 DCBS offices in the region to monitor the experience of youth in state custody. The rapid cycle improvement team uses this information to continue to refine their approach to improving practice in the region. Throughout the improvement process, Dr. Hanna keeps Ms. Kelly or her designee apprised.

Conclusion

Within a few weeks, Passport has put in place a plan that is supported by DCBS and whose effectiveness can be evaluated with agreed upon metrics. The plan will continue to evolve as new perspectives are added through provider feedback, DCBS collaboration and monitoring the experience of members in the region. Six months later, in a regular meeting with Ms. Kelly and others, Passport is able to report that DCBS Social Services Workers and supervisors in the Eastern Mountain region are reporting significant improvement in the use of TIC with Kentucky SKY members.

SKY USE CASE 2

Kimberly, 15 years old, has been in foster care for two years with placements in three different Service Regions during that period. She was placed in foster care following a report from her school that she came to school exhausted and hungry. Kimberly's teacher, who had been concerned about her outbursts at school, was able to get Kimberly to describe violence at home between her mother, Linda, and Linda's boyfriend. Kimberly would care for her two younger siblings, ages five and two, when the adults in the house fought and used drugs. Twice a week, Kimberly asked neighbors for food for her siblings, and occasionally stole money from Linda's boyfriend to buy food at a nearby gas station/food mart.

Upon investigation, the Social Service Worker found a filthy house without food in the refrigerator or kitchen cabinets. Kimberly's siblings were dirty and hungry. Kimberly told the Social Service Worker that Linda and her boyfriend would fight and use drugs "all of the time." Kimberly's siblings were placed in separate foster homes but have since been reunited with their mother. Linda now lives in eastern Kentucky, approximately 200 miles from Kimberly's current foster home.

After coming into foster care, Kimberly has been suspended from school four times for behavior issues. She has a pattern of absences, and is currently failing most of her classes. Kimberly has a 17 year old boyfriend and is sexually active. Attempts at reunification with her mother have failed after Linda expressed concerns over Kimberly's anger and hostility.

During a recent appointment for birth control, the PCP noted multiple cuts on Kimberly's arms and legs as well as healed scars. She told her physician that she was depressed, couldn't focus on school, and wanted to run away from home. The PCP prescribed an antidepressant and referred her to a behavioral health specialist. Kimberly was reluctant to visit a specialist and scheduling appointments was challenging for her foster parents given the lack of providers within 45 miles of their home. Kimberly's foster parents contacted the Social Service Worker about their concerns over Kimberly's behavioral health issues and the availability of providers.

To her classmates and on social media, Kimberly began describing her suicidal thoughts. Over the weekend, Kimberly's foster parents found her unconscious with a suicide note on the bedside table. Kimberly had overdosed on pain medication she found in her foster parents' medicine cabinet.

Kimberly had to stay in the ED for three days pending availability of a bed. Her foster parents discussed care options with the Social Service Worker and described their fears once Kimberly returns home. The Social Service Worker was unable to find a residential facility with an available bed and the hospital initiated plans to discharge Kimberly.

Describe how the Vendor would address Kimberly's situation and coordination with the DCBS Social Service Worker, the ED, residential facilities, behavioral health providers, foster parents, and mother. At a minimum, address the following programs and services:

a. Care management, including coordination with the foster parents;
b. Discharging planning between levels of care;
c. Network adequacy and availability of services;
d. Availability and utilization of telehealth for behavioral health services;
e. Applicable evidence based practices; including psychotherapeutic interventions;
f. Prescribing psychotropic medications and documentation in medical records (e.g., rationale, follow-up assessments and monitoring, etc.);
g. Coordination of transportation, if needed;
h. Provider contracting;
i. Provider education and support;
j. Access to and sharing of medical records; and
k. Maintenance of the care plan.

Introduction

Passport's care management team is unfortunately accustomed to hearing stories like Kimberly's. When the child in question is an adolescent, youth often develop harmful coping skills or exhibit suicidal ideations. Passport's member-centric, team-based approach helps Kimberly's team look at all factors impacting her health and develops a plan that puts Kimberly's safety and well-being as the highest priority.

Understanding the Situation

Frank and Maggie Deacon raised three children of their own. They had a couple of years of foster experience before they accepted Kimberly into their home. The Deacons now have only one child of their own, 17 year-old Carrie, living at home.

Passport's Kentucky SKY Intensive Care Coordination program assigned a Kentucky SKY Care Coordinator, Marissa, and Behavioral Health Care Advisor, Emily, to this case. Marissa and Emily are aware that when Kimberly first met the Deacons, she initially presented herself as withdrawn. Occasionally, she also showed behavior outbursts when asked to do things around the house. Lately, she has been finding more reasons to stay in her room. Her increased absenteeism (and resulting failing grades) and the discovery of cutting behaviors disturbed the Deacons. To receive assistance, the Deacons drove Kimberly 45 minutes to Columbia for an intake appointment with a therapist, but Kimberly refused to participate.

Creating a Plan

The Passport Member Services team receives a call from the emergency department (ED). They recognize that Kimberly is a Kentucky SKY member, and the triage nurse and charge nurse recall the training that they received from Passport. The Member Services team conducts a warm transfer call to Marissa, who obtains additional information. Marissa then calls Mrs. Deacon on her cellphone. Mrs. Deacon steps out of the room to share with Marissa her fears about Kimberly being discharged back to their home without receiving additional treatment. She is afraid that the family will not be able to stop Kimberly from harming herself after discharge.

Marissa contacts Emily first to get her mobilized. Once at the hospital, Emily checks in with Kimberly, who is still feeling depressed but now also embarrassed and frustrated. Kimberly wants to leave the hospital and go back to her foster home. Emily spends some time alone with Mrs. Deacon, who talks about events in Kimberly's life in the days leading up to the suicide attempt. Emily is able to administer a Beck Depression Inventory to assist in recommendations.

Marissa next activates Kimberly's Care Coordination team and works with the hospital social worker to schedule an assessment team meeting at the hospital at a time convenient to the hospital social worker. Kimberly's foster parents, the Department for Community Based Services (DCBS) social services worker, the hospital social worker and Emily attend the meeting in person. Linda and the SKY Utilization Management Manager attend via phone. Kimberly's primary care provider (PCP) is invited to the meeting but is unable to attend.

Facilitating Care

The team needs to address the immediate issues for Kimberly, which are her placement and care management plan. The Deacons are adamant that she cannot return to their home at this time, but they are clear that they do want her to return after she receives treatment. The social services worker is frustrated because a residential provider initially could not be located. The hospital social worker shares that Kimberly was assessed by a crisis team from the local psychiatric hospital after coming to the ED but did not meet criteria for hospitalization; when she spoke with the assessing provider, Kimberly denied current suicidal ideation. Emily, knowing that Kimberly has a trauma history from the initial Kentucky SKY pediatric assessment, suggests River Valley Behavioral Health's (RVBH) Trauma-Focused Cognitive Behavioral Therapy program as an excellent option from Passport's extensive statewide network. She explains what the program is and that Kimberly would likely qualify. The program would also encourage Linda, Kimberly's mother, and the Deacons to participate in Kimberly's treatment there. Their participation could be facilitated via telehealth if needed. The assessment team agrees this would be a great option. Passport has an established relationship with RVBH, and the UM manager leaves the meeting to call RVBH to begin assessment for the program. Fortunately, as a contracted network provider, RVBH has undergone training specific to the Kentucky SKY program and is very familiar with Passport's care team and program expectations.

The Passport team works for the next several hours with RVBH to gather and supply needed documentation and information related to Kimberly's history and recent upticks in maladaptive behaviors. Emily pulls together a summary of records that the team had gathered when Kimberly first became a Kentucky SKY member that includes past medical history. After some back and forth to clarify need and medical necessity for this level of care, River Valley agrees to accept Kimberly into the program. Because Kimberly is currently stable, the Deacons pack clothing and other comfort items for Kimberly to drive her to River Valley after discharge from the ED is completed. Marissa schedules a care team meeting at RVBH so the team can create an updated care plan based on River Valley's assessment of Kimberly.

Between meetings, Marissa gathers more information. She secures records from both the ED and River Valley. Marissa sees that while Kimberly was in the ED, testing for sexually transmitted infections was performed as well as a pregnancy test. The results of all tests were negative. She makes a referral to a Passport Clinical Pharmacist for a medication reconciliation and comprehensive medication review following discharge. The pharmacist assesses the medication regimen for potential safety-related drug therapy problems, such as appropriate dosing, contraindications and adherence, and does not identify any problems with the medicines Kimberly is currently taking.

Continuing Care

At the next Care Coordination team meeting two weeks after Kimberly's intake at RVBH, the Deacons and Marissa attend in person with the RVBH therapist and Kimberly. Emily, the social services worker, and Linda attend via phone. Marissa leads the team meeting, beginning with discussion of Kimberly's strengths: her resourcefulness, sense of responsibility, strength, academic achievements and courage. She notes that Kimberly had been brave enough once before to know when she needed help for her and her siblings, and that she hopes that at RVBH, she can pull on that courage once again to allow herself to get the help she needs and deserves. Marissa then shifts into a discussion of how team members can together address Kimberly's and her family's needs.

Kimberly states that she hates being at River Valley but reluctantly agrees with participating in therapy. She is already showing small signs of progress. While her externalizing behaviors (angry outbursts and even some aggression) have increased, Kimberly is beginning to verbalize her thoughts and feelings more frequently. The therapist reports that the RVBH psychiatrist has seen Kimberly for medication evaluation. He increased her antidepressant medication but otherwise has not made changes. Kimberly's trauma history and subsequent moves after being placed in foster care seem to be the major contributing factors to her externalizing behaviors.

Marissa asks Kimberly what she wants to happen after leaving River Valley. Kimberly says that she really wants to go home to live with her siblings; she misses her family and feels it is not fair that she is the only one not back home. She worries about her brother and sister. Linda raises the issue that visitation has not gone well. When there were visits or phone calls, Kimberly would "just get so angry" when she saw or talked to her mother, often losing her temper for "no good reason."

Kimberly's social services worker suggests discharge should be back to the Deacons' home with a long-term plan of returning to Linda, if Linda becomes open to reunification in the future. Linda agrees with this plan. The team creates a plan for the RVBH therapist to have family sessions with Kimberly and Linda (and eventually Kimberly's siblings) via telehealth to try to build back their relationship. They also plan for family sessions with Kimberly and the Deacons. Finally, Linda is connected with an individual therapist near her home, which will help her in parenting all of her children. She achieved sobriety prior to her other children being returned to her, but she confirms that she has not been to therapy since.

Looking Forward

It has been another month, and the care team meets again. The Passport SKY team has continued to monitor progress with Linda and the other children, as well as the foster family, and are able to bring reports of success to the meeting. They also look for other barriers and update the care plan after soliciting input from Kimberly and the larger team.

When pressed to identify long-term goals for herself, Kimberly says she wants to "do better at school" and to not hate going to school. Emily asks about the last time Kimberly felt successful at school, and she says the seventh grade. Kimberly says that she had teachers who she really liked, that she had kept friendships from sixth grade. Marissa gets consent from the social services worker to reach out to the school system for

records from Kimberly's seventh-grade year. She contacts Kimberly's favorite teachers as well to identify a few strengths and successes that can be communicated to the new school. She looks for things like classroom structure or any accommodations that were in place, as well as how teachers managed Kimberly's mood during challenging times. The classroom behavior system for completing work might be adaptable to home, helping Kimberly contribute more successfully there.

Marissa offers to help the Deacons and Linda find education and resources that they can access in their own communities. Some topics they discuss include trauma-related behavior understanding and management, depression and self-harm symptom recognition. Having consulted the literature and the medical provider, the recommended plan put out by the care team is in line with "Guidelines for Adolescent Depression in Primary Care." Emily helps coordinate the education, linkage and support with the treatment work going on at RVBH and the community providers when Kimberly discharges. Emily also makes sure that there is a solid continuity between families, providers and the SKY care management team.

The Deacons express concern about the future. Driving 45 minutes to Columbia for therapy does not work for their family. Marissa, after consulting with Beth, the provider representative for Cumberland County, tells the Deacons that there are other options closer to their home in Burkesville (Cumberland Family Medical Center is one), or Adanta in Columbia can provide telehealth services with the family. The RVBH therapist explains that Kimberly can continue seeing her and the RVBH psychiatrist, including for medication management, post-discharge and telehealth services. Kimberly, Linda and the Deacons are happy to continue with RVBH via telehealth services.

Linda brings up Kimberly's boyfriend and asks how to plan around him. The RVBH therapist talks about their strengths-based approach to helping Kimberly really think through her goals, values and decisions around risky situations. Emily adds that to the care plan as another objective to monitor. While on the topic of the boyfriend, the RVBH therapist encourages Kimberly to speak with the RVBH physician at her next appointment to talk about her reproductive health and options to keep herself healthy. Marissa helps Linda and the Deacons find some positive social events and skill-building opportunities in the community. These searches begin prior to Kimberly's discharge. The RVBH staff offer to share the strategies they use to assist with behavior and to help the families implement aspects of them in their homes.

Returning Home

Kimberly makes significant gains in being able to identify and share her emotions. She improves in mood stability, and her incidents of self-harming thoughts decrease. She is able to maintain good education focus and to decrease incidents of acting out behavior. As monthly treatment planning sessions continue, the team decides to update the care plan with a focus on helping Kimberly transition. Emily coordinates a meeting with the social services worker, the Deacons, Linda and the RVBH team to review and update whatever pieces need to change.

Emily sets up a time to help Linda and the Deacons learn how to accommodate/use telehealth on their home computers. The team sets up a schedule of treatment appointments for the first month, adding in a plan for psychiatry and ongoing prescriptions for antidepressants to bridge to the first outpatient appointment. The pharmacy team monitors to make sure that the medication is being refilled unless an order to discontinue is received as part of the care plan. Collectively the SKY care team monitors to ensure appropriate outpatient follow-up occurs. The RVBH therapist gives a summary of treatment successes and barriers, and shares the planning made in family sessions for structure and communication within the households. A crisis plan with 24/7 contact information is shared and penned just in case.

Marissa is able to review the school plan and ensure the transcripts are forwarded from River Valley to Kimberly's home school. There are some opportunities for after school programming, and the Deacons were able to find a couple of upcoming social events at their church for Kimberly. Marissa lets the team know that she follows up with the PCP and provides an update of the care plan. Emily schedules weekly phone check-ins for Kimberly and the Deacons for the next month, and the team decides they will wait to schedule visits at Linda's until Kimberly's first session in outpatient family counseling so that Kimberly has time to settle back in before that next step.

It has been four months since Kimberly returned to the Deacons' home. The "boyfriend problem" took care of itself: he broke up with her via social media, and Kimberly took it better than expected. Since returning, she has been spending more time with Carrie and her friends. A meeting was held at the school prior to Kimberly's first day back, and Kimberly does not qualify for an individualized education program (IEP). She was always capable of good grades and is starting to get back on track academically. There were a few bumps when Kimberly first returned home related to defiance and outbursts, but the Deacons were better prepared to manage these after the work they had done with RVBH.

After her first visitation with her mom and siblings, Kimberly's mood declined a little. She had been very nervous before the visit, but when it was time to leave her mom, she became sad and that lingered for a few days. Because of the education the Deacons have had since Kimberly's hospitalization, they were ready for the response and managed it as a family. Subsequent visits have been better, and Kimberly has asked Linda to consider allowing her to move back so that she can transition to a new school at the beginning of the next school year. Linda is still hesitant, but they are continuing with family therapy sessions to help them further repair their relationship. The outbursts have dwindled, but Linda also now understands that such anger outbursts were not "for no good reason." Through her individual therapy, Linda has been learning to be more honest about the impact of her previous substance abuse and violent relationship with her boyfriend.

Emily and Marissa are still working closely around Kimberly's care and needs. In coordination with the social services worker, they are looking ahead toward reunification with Linda. Most importantly, the team can see that Kimberly is hopeful. With continued support, everyone expects Kimberly to do well.

KENTUCKY SKY USE CASE 3

Shakira, 16 years, entered foster care two months ago after her primary caregiver, her grandmother, Mrs. Miller, passed away. Shakira was nine years old when she went to live with her grandmother in Lexington after her mother was incarcerated twice for shoplifting and drug possession with intent to sell.

Before the death of her grandmother, Shakira was an excellent student, a member of the swim team, played the clarinet in the school band, and hoped to go to the University of Kentucky (UK) to fulfill her dream of becoming a veterinarian. She had a boyfriend, Mike, who was the star player on the school's baseball team. Mrs. Miller had a full-time job with a modest income and was supportive of her granddaughter's studies and extracurricular activities. Shakira and her grandmother had discussed UK scholarship opportunities with the high school counselor.

Three months ago, Shakira's PCP confirmed that she was pregnant in her first trimester. Shakira and her grandmother discussed options: keep the baby, adoption, and abortion. Eventually, they decided to keep the baby to raise in their home. Mike and his parents strongly recommended adoption and refused to be involved in the baby's support or upbringing. Within a week of the final discussion with Mike, Mrs. Miller died from a myocardial infarction. She was found in her home by Shakira when she came home from band practice.

Shakira stayed with school friends for two weeks but the school counselor contacted DCBS and Shakira was placed in foster care. After two weeks in a Lexington group home, Shakira was placed in a private foster home in Bowling Green. Shakira began seeing an OB/GYN and made plans to keep her baby. She was also diagnosed with depression resulting from the death of her grandmother and transition to a foster home in Bowling Green. Shakira stopped talking about her dream to become a veterinarian. Shakira's foster parents wanted both Shakira and her baby to stay with them as a teen mother and baby in foster care.

The foster parents expressed concerns to the DCBS Social Service Worker, however, about Shakira's depression, poor school performance, and development of her skills to care for a baby.

Describe how the Vendor would address Shakira's situation and coordination with the DCBS Social Service Worker, the foster family, physical and behavioral health providers, transition from the family to the community, and community resources. At a minimum, address the following programs and services:

a. Care management;
b. Access to and coordination between physical health providers (e.g., OB/GYN, pediatrician) and behavioral health providers;
c. Access to network providers;
d. Discharge planning for all levels of care;
e. Coordination of school based services and an Individualized Education Plan
f. Community services for parenting skills;
g. Applicable evidence based practices;
h. Coordination of transportation, if needed;
i. Options for aging out of foster care and risk management;
j. Social determinants of health;
k. Provider education and support;
l. Access to and sharing of medical records; and
m. Maintenance of the Care Plan.

Introduction

Passport's approach to managing the care of Kentucky SKY members is to work in partnership with the Department for Community Based Services (DCBS) and identify critical factors needed for long-term success. Passport services support the goals of permanency, safety and well-being. For Shakira, the overriding goals are to provide access to health care and support systems that will allow this remarkably accomplished young woman to regain her momentum toward finishing high school and transitioning to college as well as achieving a healthy and safe outcome with her pregnancy.

Understanding the Member

Upon enrollment in Kentucky SKY, Susan, a care coordinator with Passport, telephones Shakira's foster parents, Mr. and Mrs. Lewis, to begin to connect and build a relationship with them and Shakira. Susan arranges to meet Shakira and her foster parents. She tells them she will bring Nicole, a Passport Mommy Steps Maternity and Newborn Nurse Care Advisor with her. At the first meeting, Susan and Nicole complete the Health Risk Assessment (HRA) and the SKY Pediatric Assessment (Enrollee Needs Assessment), but their main focus is establishing a supportive relationship with Shakira and Mr. and Mrs. Lewis. Because she works from a strengths-based, youth-driven model of care, Nicole uses the interview to highlight Shakira's accomplishments, to normalize her depression in light of the circumstances, and to begin to convey support for Shakira's goals. Shakira says that she had hoped to be a veterinarian, but she is not sure that will be possible. Nicole tells her that she will make a note of this important goal and keep it in mind as they work together. She places the goal on Shakira's care plan as a first step to person-centered planning.

Shakira is already enrolled in school and had been connected to an OB/GYN provider, but Mr. and Mrs. Lewis ask Susan and Nicole about resources for counseling and education around parenting. Susan offers several options for behavioral health (BH) treatment in Bowling Green, including one that specializes in addressing grief. She also makes a referral to the local Health Access Nurturing Development Services (HANDS) program. Susan describes Passport's care coordination process and solicits the family's permission to convene an assessment team meeting. She also asks Shakira if she can have Passport's Kentucky SKY youth peer support specialist contact her. The peer support specialist has experience being a foster child, and Susan thinks her perspective might be helpful to Shakira, who agrees. Susan also informs Shakira of incentives she can earn from Passport for obtaining appropriate prenatal care.

Nicole asks Shakira about her mother. Shakira says she heard from a cousin that her mom was released about six months ago, but Shakira has not been able to reach her. Shakira says she would like to reestablish a relationship with her mother. However, Shakira does not want to get her hopes up and wonders how her mother will respond to her pregnancy.

Creating a Care Plan

Prior to the assessment team meeting, Susan gathers health and education records, follows up to make sure that Shakira has been connected to a BH provider and reviews the completed assessment, which includes a trauma assessment. Shakira has had several adverse childhood experiences that until recently were offset by the loving and stable presence of her grandmother. However, the trauma assessment reveals that Shakira

had felt pressured into a sexual relationship with her boyfriend. Her boyfriend said if she loved him, having sex would "prove" it to him. Now she feels confused about romantic relationships. Susan also follows up with the Social Service Worker (SSW) about Shakira's mother. The SSW says she has been trying to establish contact with the mother but has been unsuccessful in finding a good contact number; however, she will continue to try.

The assessment team meeting, facilitated by Susan, is held at Shakira's school, allowing Shakira, the school counselor, the Youth Service Center coordinator (who has experience working with teenage moms), and Mrs. Lewis to attend in person. Because the DCBS worker is located in Lexington, the DCBS worker attends by phone. The youth peer support specialist is also present and has discussed with Shakira her rights as a foster child and strategies for being a good advocate for herself. Neither the BH therapist nor someone from the OB/GYN's office are able to attend, but in preparing for the meeting Susan has contacted them to allow them to make recommendations. Based on her past academic performance, Shakira has been placed in advanced classes in which she is currently struggling. She asserts herself, however, by rejecting an offer to move to regular classes, saying, "I know I can do this. I just need some help." The school lets her know about after-school tutoring resources, and Mrs. Lewis promises to support Shakira's access to these services. If Shakira needs it, she can use homebound schooling during the last month of pregnancy and the initial postpartum period, but Shakira wants to remain in "regular" school as much as possible. The primary focus of the care plan initially is on supporting Shakira's adjustment to her foster home, her success at school and the healthy delivery of her baby. When the subject of Shakira's mom comes up, Shakira says she wants to know that her mother is okay. Susan suggests that the SSW reach out to the mother's managed care organization (MCO) to see if they have a current contact phone number and ask them to obtain the mother's consent for it to be released to the SSW.

Facilitating Care

In the coming months, the care coordination team meets monthly, reviews Shakira's progress and adjusts her care plan as her needs change. Shakira needs help with coping with her foster parent's expectations, planning for her baby and developing new peer relationships. With permission, Passport's care team communicates with the BH therapist around Shakira's specific issues related to intimate relationships.

After Shakira delivers, care coordination will be provided for her newborn. In the meantime, the team addresses childcare options for when the baby arrives. The Youth Service Center coordinator is instrumental in locating affordable childcare options for when Shakira is in school. Susan identifies charitable organizations that supply car seats for free.

Nicole maintains regular contact with Shakira's OB/GYN. When Shakira transitions to a more permanent primary care provider (PCP) (see information below regarding access to network providers), Susan assists in scheduling appointments and arranging for records sharing between the two practices. With appropriate permission, Nicole alerts Shakira's OB/GYN and later her PCP about Shakira's depressive symptoms. Shakira's therapist diagnosed her with an Adjustment Disorder with depressed mood, and recommended a trial of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Shakira was opposed to starting

antidepressant medication, and after consultation with the Kentucky SKY psychiatrist, her DCBS worker supported this decision. Shakira also expressed to Nicole that she was unwilling to take over-the-counter (OTC) medicines for fear that they would harm the baby. Nicole contacts the Passport clinical pharmacist, Carrie, for information on which OTC medicines should be avoided during pregnancy and which are safe. Carrie also makes sure Shakira is aware that Passport covers prenatal vitamins and understands the importance of taking them during her pregnancy.

Susan continues to monitor what additional providers are needed to help Shakira, and her role is to help in identifying options, scheduling appointments and arranging transportation if needed. Prior authorization is not required for OB/GYN appointments or outpatient BH treatment, so Shakira should not have issues with access to these services. OB/GYNs typically become a member's primary care doctor during pregnancy. When Shakira is ready to transfer back to a PCP, Susan works with her to select one, preferably a pediatrician comfortable seeing both Shakira and the newborn, providing ease of access for Shakira and Mr. and Mrs. Lewis.

Regarding transportation, the Kentucky SKY care team provides information on the Commonwealth-sponsored transportation services and assists with public transportation and voucher programs for OB/GYN or other providers visits. If Shakira has any extended medical or therapy visits, Susan will help the foster family with transportation reimbursement.

Passport trains all provider relations specialists in the unique needs of the SKY population. In this case, we want to ensure Shakira's OB/GYN understands trauma-informed care, and specifically, that the OB/GYN is sensitive with examinations and discussions given the traumatic nature of how Shakira may have been pressured into having sex with her boyfriend, and the underlying traumatic experiences related to her mom.

With an anticipated delivery, the discharge planning begins prior to the maternity admission. Nicole engages Shakira in a care and discharge plan that incorporates decisions and information discussed throughout the care coordination process, including the following:

- A birth plan including expectations around delivery. For any care/treatment that requires SSW signature, the SKY team works with providers and the SSW to obtain these in advance.
- A postpartum plan including discussion of long-acting reversible contraception, pregnancy spacing and other individual postpartum concerns. Passport discharge planners are available if the need arises after delivery to remove barriers to discharge and assist with follow-up care.
- Ongoing risk assessment for potentially avoidable complications during pregnancy and the postpartum period.

Following any inpatient admission (routine or unexpected), the SKY team assists facility care team members in evaluating Shakira for the following:

- Primary and secondary diagnoses
- Pertinent past medical history
- Current cognitive, functional and psychosocial needs
- Discharge needs
- PCP and/or specialist or BH practitioner referral and follow-up appointments
- Medication management
- Post-discharge medical support (home health, durable medical equipment [DME], therapy, rehab)

The care coordination team also provides resources to Shakira, her foster parents, and the SSW related to Shakira's educational rights, understanding of individualized education plans (IEPs), 504 plans and similar issues related to education for children and youth with special needs. Shakira is unlikely to need or qualify for an IEP, given her strong academic and athletic performance in the past. She may require a 504 plan for accommodations related to her pregnancy and emotional disturbance arising from her grief and foster placement. She may benefit from school-based therapy services to help manage the stress of navigating all of the facets of school (including peer relationships and homework) through pregnancy and early motherhood. Susan works with the school to understand the unique package of services offered as part of coordination of Shakira's health care, including Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services and screenings. Passport also ensures that services provided in school do not result in care gaps for Shakira, especially when she is not in school or school is not in session.

Shakira is connected to community resources based on her needs and preferences. Resources are made available without overwhelming the family, with optional referrals or appointments. Passport uses the Healthify software application, which identifies social determinants of health (SDoH) and then refers to local community resources. In addition, referrals can also be made for the following:

- Free prenatal/parent classes such as those offered by The Medical Center of Bowling Green Obstetrics, including "Prepared Child Birth," "Breastfeeding Basics," "Newborn Care and Safety," and "Ready, Set, Go!"
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Maternal Health Texting Program for reminders about appropriate prenatal care (https://www,text4baby,org/)
- Review of local health department or other incentivized parenting education programs in Shakira's residential area (the health department may offer a free breast pump for new nursing mothers using WIC and returning to school after four to six weeks postpartum.) http://www,barrenriverhealth,org/maternal-and-child-health/breastfeeding/
- Peer support to normalize Shakira's anxieties about caring for a new baby

For Shakira to obtain a sustained positive outcome for her life, she needs to make personal commitments in a dramatically changing environment (e.g., new child, new location, new family). All of Passport's care management team members have received training in the use of motivational interviewing—a collaborative, goal-oriented style of communication designed to strengthen personal motivation and commitment to a specific goal. Passport expects all providers to operate in a trauma-informed and trauma-sensitive manner and provides resources to support this practice. For mental health providers, specific trauma treatments may be appropriate, e.g., TF-CBT (referenced earlier), as well as evidence-based treatments for depression (e.g., The Society of Clinical Child and Adolescent Psychology's Effective Child Therapy resource).

Shakira is an excellent candidate to be a full partner in the transitional plan initiated by the independent living coordinator and the DCBS worker. Shakira's mother has recently reached out to the SSW, and Shakira reports that a recent phone call with her went well. Her mother's reappearance in her life adds another layer to Shakira's decision-making. Whether Shakira decides to remain in foster care and pursue college,

transition to an independent living program that supports mothers and their babies, or pursue some other option, Susan participates in the process by connecting Shakira with resources, attending to social needs (e.g., housing, food), and addressing risks that might compromise a successful transition.

To aid Shakira in making the best decision for herself, the SKY care team facilitates and provides the following:

- Educational sessions between the Passport transitional youth liaison and DCBS independent living specialist
- Connection with Voices of the Commonwealth
- Education on all of Shakira's available options
- Education-related information and services, e.g., concerning colleges and tuition assistance
- Identification of local housing/school support programs such as Scholar House in Bowling Green
- Assistance with college preparation resources if needed
- Connection to childcare assistance resources
- Referrals for housing assistance (Housing and Urban Development, (HUD), etc.)
- Referrals for employment assistance (vocational rehab, KY Career Centers, etc.)

The SKY Pediatric Assessment includes screening of SDoH. Susan continues to monitor social needs and conduct additional SDoH assessments as needed. The care coordination team would also assist with college preparation resources, connection to non–health care related transportation, and, with permission from her guardian, obtaining a cell phone via TracFone.

Internally, the Passport SKY team share access to medical and case management records for members via Identifi℠, our care and utilization management (UM) and communication IT platform. Information is available 24/7 through Identifi℠. During care team meetings, Shakira's SSW signs the required release of information forms so that medical records can be shared between providers and any community resources involved with Shakira's care, including those from the previous MCO.

The care plan is regularly updated with the care team. Frequency of updates is based on the intensity of care management being provided. At a minimum, care plans are updated at least every 90 business days, or with any changes to medication, treatment or goals. Monthly, Shakira, her foster parents, the SSW, and any other key team members are invited to participate in meetings to discuss progress and update the person-centered care plan. Between the regularly scheduled team meetings, the Passport care team keeps in touch with Shakira and/or her foster parents weekly. Weekly contact would continue until at least eight weeks postpartum to ensure Shakira and her foster parents are adjusting to caring for the new baby.

Conclusion

Shakira remains with her foster family and delivers a healthy, full-term baby boy. Both are doing well with ongoing check-ins with the Passport SKY team. She has had intermittent contact with her biological mother, but no contact with the father of her baby. Her OB/GYN and new pediatrician perform initial screenings for postpartum depression, but these are negative. Shakira is engaged as a new mom, has returned to school, and her grades have started to bounce back. At home, she has made hopeful comments about rekindling her college plans.

KENTUCKY SKY USE CASE 4

Kirk is a 3 year old with cerebral palsy (CP), hydrocephalus with a ventriculoperitoneal (VP) shunt, and seizures. He was placed in foster care when he was two months old after his parents terminated parental rights. Kirk has been in six different foster homes in four different Service Regions. He is on multiple medications for his CP symptoms, including anticonvulsant medication. His infant VP shunt was replaced when Kirk turned two years old but two foster homes have reported problems with the shunt and repeated follow-up visits with the pediatrician and pediatric neurosurgeon.

Access to a pediatric neurosurgeon and the availability of Kirk's medical records as his placements change have been a significant problem. In addition, medication management and pharmacy records are problematic for the DCBS Social Service Worker and foster parents.

Kirk's current foster family lives in a rural community in Webster County. They have discussed adoption with the Social Service Worker but expressed concerns with access to the care that he needs in the long-term. The family has attempted to access care at the nearest children's hospital but availability of appointments was problematic.

The family now must travel to Cincinnati Children's Hospital, which is more than a nine hour roundtrip commute. The travel and time off from work are hardships for the foster family but their primary concern is for Kirk's health. The foster family is concerned about availability of primary care and dental providers, clinical specialists (e.g., pediatric neurosurgeons), specialists to support his cognition, behavior, communication and developmental needs, medications to treat his CP symptoms and associated conditions, physical therapy, durable medical equipment, planned family respite care, etc. Describe how the Vendor would address Kirk's situation and coordination with the Social Service Worker, the foster family, in-state and out-of-state providers, and community resources. At a minimum, address the following programs and services:

a. Care management, including coordination to address fragmented care and timeliness of care;

b. Availability of services and network access, including out-of-state providers;

c. Availability of services, such as skilled nursing services;

d. Access to school based services;

e. Applicable evidence based practices;

f. Coordination of transportation, as needed;

g. Community resources;

h. Social determinants of health;

i. Planned respite care;

j. Provider education and support;

k. Access to and sharing of medical records; and

l. Maintenance of the care plan.

Introduction

Passport uses an integrated, whole-person approach to managing the care of Kentucky SKY members for sustained positive outcomes. Our approach identifies the critical factors that need to be addressed for the long-term success of children and youth in state custody, and it tailors services to support the goals of permanency, safety, health and well-being. For Kirk, the overriding goals are to develop a care plan and provide the support needed for him and his foster parents.

Understanding the Member

Upon enrollment, Kirk's foster parents, Cathy and James Smith, receive a phone call from Betty, who is a Passport Kentucky SKY Care Coordinator. She explains that in her role she is their primary partner, and she will coordinate all the care team members and services to support Kirk and the family. She conveys her understanding that his health care needs may feel overwhelming to the family, but also that having the presence of caring adults in his life is perhaps the single most important factor in his overall development and health. Betty arranges to do a home visit with the Smiths and asks permission to complete a health risk assessment (HRA), followed by a more detailed, complex care assessment to obtain all needed information.

Betty brings John, a Care Advisor, with her for the home visit. During the home visit, Betty and John meet Kirk, and then Betty completes the HRA while John works with the Smiths to complete an initial complex care assessment (member needs assessment). Going through this assessment is one of the first opportunities that Kirk's foster mother has had to think about his overall health care needs. The demands related to his cerebral palsy (CP), hydrocephalus and seizures have been the focus of her interactions with health care providers. While completing the assessment, Cathy has an opportunity to consider Kirk's broader developmental functioning and identify specific areas of concern, including the challenges imposed by limited mobility, the adequacy of positioning supports for eating and other family activities, and the lack of opportunity for social engagement outside the immediate foster family. John notes knowledge gaps related to Kirk's care, while Betty makes notes of Kirk's providers, who need to be engaged as part of the care team. John uses motivational interviewing techniques to talk with the foster mother, reflects on Kirk's challenges and successes, and affirms the positive steps that the parents have taken to address his needs. Betty contacts the social service worker (SSW) and uses information from previous assessments and care notes to help fill in gaps in the assessment. She asks the SSW for verification that the Cabinet for Health and Family Services (CHFS) wants to support this placement as a possible permanency option for Kirk. Betty also confirms with the SSW that Kirk has been designated medically complex.

Betty then requests electronic health records from health care providers and convenes the care team for the development of Kirk's care plan. The care team participants include Betty, John, Mrs. Smith, Mrs. Smith's mom (who sometimes cares for Kirk), the SSW, a liaison for medically complex members, providers, a behavioral health care manager, a family peer support specialist, pharmacists, a preschool education representative from Webster County, and the Department for Community Based Services (DCBS) representative . Betty was able get input from a nurse consultant familiar with Kirk's care at Cincinnati Children's Hospital, although he declined the meeting invitation. Betty conducts the meeting from the foster

parents' home and uses a conference call line to provide access for those who are remotely located. The DCBS representatives and foster parents open with their concerns, and then the various other professionals help identify and prioritize Kirk's and the Smiths' needs. One thing that becomes clear in the meeting is that the foster parents have been traveling to Cincinnati for all of Kirk's health care needs (even fairly minor ones) because they feared that a local pediatrician could not manage his care. Due to his medical needs, Kirk has not been enrolled in public preschool services. The Webster County preschool representative notes that Webster County has a highly ranked preschool program and that they are committed to serving all kids in the county, especially in light of limited daycare options. Kirk could be integrated into their developmental program if they could receive some consultation on how to manage his needs. Kirk is present in the home for the meeting and, despite significant developmental and medical challenges, all care team members are impressed with his social responsiveness. Mrs. Smith notes that when her sister's children, ages six and eight, come to the house, they love to play with Kirk, and that Kirk lights up in their presence.

Based on the team's assessment meeting, Betty and John develop an initial care plan that incorporates the individual health plan and time frames for accomplishing the goals. The initial care plan focuses on (1) evaluating local primary care pediatricians to find a group practice comfortable with Kirk's unique issues, so that routine medical care can be delivered near the Smiths' home; (2) completing a preschool referral and providing support to allow Kirk to be integrated into an environment with other children; and (3) referrals and completion of a comprehensive developmental assessment to determine Kirk's need for further services. Initially, John and Betty schedule weekly contacts with the family and explain that they will monitor the implementation of the school and local medical care plan. They also engage Lori, the local Passport community engagement specialist, so that she can provide information on resources available within the community. Betty also arranges for a medication review by a Passport pharmacist, Susie, to educate the Smiths and Kirk's SSW about his medications. Susie conducts a medication reconciliation along with a comprehensive medication review to obtain an accurate and complete list of active medications. The medication review includes outreach to the Smiths and to Kirk's providers and care team members, and that information is captured in the care plan. Betty assists with referrals and appointments, while tracking Kirk's progress. She assists Mrs. Smith in reviewing all the local pediatricians and schedules several pediatrician interviews with providers who are comfortable with Kirk's medical needs.

Kirk visits a local dentist, and the appointment does not go well. Mrs. Smith feels that the dentist had issues with Kirk being seen in a typical dental chair and Kirk's troubles with keeping his mouth open. Betty suggests that Mrs. Smith take Kirk to the Office of Children with Special Health Care Needs (OCSHCN) in Owensboro for dental care, since they are very experienced in working with children with special needs.

John and the Smiths discuss the option of transferring Kirk's neurological care closer to home. Betty and the Smiths discuss a referral to the Cerebral Palsy Clinic in Owensboro, which is associated with the OCSHCN. In this clinic, Kirk can see specialists for neurology, pulmonology and orthopedics. Mrs. Smith agrees to the referral, saying that over time, they will probably want to transition his care to Kentucky-based providers. Mrs. Smith adds that she and her husband are confident in Cincinnati Children's Hospital, and she would like

to use the hospital only for services requiring in-hospital care/treatment. John advises the Smiths of transportation benefits available via Passport. Passport orients all new and existing providers to the unique needs of Kentucky SKY members. The training includes information about the Kentucky SKY population, Health Insurance Portability and Accountability Act (HIPAA)-compliant exchange of information, working with foster families, and other topics detailed in Passport's SKY Education and Support plan.

Based on the developmental assessment, Kirk is determined to need physical, occupational and speech therapy. Although services are available through Baptist Health in Madisonville (within 30 minutes of Webster County), the Smiths express concern about the multiple appointments required each week. Services are available through school as well, but the care team agrees that additional services in addition to school-based services in this early period would be beneficial. John discusses these concerns with the director of the Physical Therapy and Rehabilitation program. Baptist Health agrees to develop an at-home program of therapeutic activities and exercises. Kirk is scheduled to be seen monthly by the therapists to monitor his progress. The Smiths report being pleased with the option and begin talking about ways to incorporate Mrs. Smith's niece and nephew into the home therapy. John speaks with Kirk's pediatrician about skilled nursing services via a home health agency. Kirk's pediatrician agrees that this could be beneficial to Kirk, and he makes a referral to Baptist Health Madisonville Pediatric Home Care for a nurse evaluation. The nurse assists with Kirk's care, and this adds to the coordination between the family and Kirk's providers. If the nurse's evaluation determines more intense nursing services are needed for longer durations, private duty nursing could be available to Kirk via Early and Periodic Screening, Diagnosis and Treatment (EPSDT) special services. Mrs. Smith is relieved to know she will have some hands-on help on a regular basis.

Having established contact with Webster County's preschool staff (and with the SSW's and Mrs. Smith's consent), Betty discusses coordination of school-based services, which is a benefit that Passport covers. Given the complicated nature of Kirk's condition, Betty and the preschool staff agree to use the developmental assessment obtained during implementation of his care plan. They are surprised to learn that although Kirk has many speech and motor challenges that limit communication, his intellectual ability appears to be in the mild range of intellectual disability. Kirk receives an Individualized Education Program (IEP), which provides physical, occupational and speech therapy, and gives access to a developmental interventionist. In his regular calls with Mrs. Smith, John asks whether the home therapy program appears to be meeting Kirk's needs, and he offers to arrange for additional therapies to supplement those he receives in school during summer breaks or extended school vacations.

Passport's approach to managing complex care needs and care coordination relies on (1) the recommendations of the medical and behavioral professionals who evaluate and treat Kirk, (2) agreement with care decisions from his caregivers and his SSW, and (3) whether the treatment or service supports long-term gains. Kirk has multiple pediatric subspecialists involved in his care, and they follow evidence-based practices, which are the main guiding principles when deciding on the best approach for his care. Many different medications, dietary approaches and therapies are recommended for Kirk. Using evidence-based guidelines helps determine the most appropriate course of action, especially when some proposed treatment options will fall in the experimental and investigational category, given his complex issues.

Based on the assessment, the Smiths report that most of their basic needs are met. Both parents work and own their home. They have adequate access to food. Both foster parents express a desire to learn more about Kirk's condition and what they might expect in parenting a child with disabilities as he grows older. Betty provides links to a number of relevant organizations and resources for them to engage with (see below) and recommends attending a workshop in Owensboro, "Special Education Process (ages 3-21)," sponsored by KY-SPIN.

Passport's initial assessment includes a basic Social Determinants of Health (SDoH) screening to help ascertain what other pressures are having an impact on Kirk and the Smiths. Betty may also complete a more in-depth SDoH screening if the basic screening warrants it. This SDoH screening centers on five (5) domains: economic stability, neighborhood and physical environment, eHealth Care, and community and social context. For Kirk and the Smiths, the main social need is his lack of normal social activity for a three-year-old. The Smiths also share that they would like to be sure their home is Americans with Disabilities Act (ADA) compliant by widening the hallways and doorways, as well as building a ramp to the front door. They are also interested in learning about car seats that might support Kirk more comfortably and are exploring the possibility of adapting their vehicle for wheelchair accessibility. The concern for the Smiths is that making all of the needed changes will be a financial burden, and they are uncertain who can help with this. Betty engages the help of Lori, who can help to identify community resources that offer support from a financial or volunteer standpoint.

Mrs. Smith tears up a little and says that she really misses being able to have occasional evenings out with her husband. Prior to accepting Kirk, they would try to get out about once a month. She had thought that her sister would be able to help with baby-sitting when they became foster parents; however, her sister is uncomfortable keeping Kirk because of his complex needs. Betty arranges for the SSW to talk with her about training to become comfortable as a respite provider for a medically complex child. Together, Betty and the SSW work with the Smiths' Recruitment and Certification worker to get approval for not only Mrs. Smith's sister, but also other family to become respite providers for Kirk. John offers to work with Mrs. Smith to help train all of the adults on Kirk's individual needs. The goal of the training is to ensure there is caregiver support from all angles, and the family feels supported and confident in meeting Kirk's medically complex needs.

Specific to Kirk's needs, a Provider Relations Liaison helps nonmedical providers (e.g., schools, daycares) to understand and manage his conditions. Betty and John also connect with Cincinnati Children's Hospital providers for support with Kirk's complex care needs. Betty maintains a record of Kirk's medical and developmental services and providers in his care plan.

Passport intends to develop a comprehensive medical records release form to reduce the burden on DCBS of signing separate consent forms for each new provider. Betty and the SSW obtain all known medical, dental, vision, pharmacy, immunization, therapies and behavioral health records during the assessment phase of care planning. As the care plan/individual health plan is developed and implemented, Betty communicates with the SSW regarding new providers, treatments and medications. At a minimum, care

team members are updated at the monthly SKY care coordination team meetings. While adhering to all relevant laws designed to protect the privacy and security of Kirk's medical information, Passport coordinates the open exchange of medical information for providers involved in this care.

After development of the initial care plan/individual health plan, Betty and John meet with Kirk and the Smiths once a month in their home. The medically complex service team meets every three months to review Kirk's individual health plan and ensures that the plan is updated at least every six months or more often as needed. Copies of the individual health plan and the SKY care coordination team care plan are shared with care coordination team members.

Two (2) years after the first assessment team meeting, Mrs. Smith reports that Kirk is doing well in his school placement, and that she and her husband are finding the daily management of his needs easier with the support they have received. Working with more local specialists has made scheduling appointments easier, and now they do not have to miss days of work. Kirk's strong social responsiveness, along with his quick adaptation to a new augmented communication device and improving motor skills, have contributed to his beginning to develop friendships with same-age peers. As a result, Mrs. Smith excitedly tells Betty that she has asked Kirk's SSW to begin the required steps for them to adopt Kirk.

KENTUCKY SKY USE CASE 5

Enrico, age 16, has a history of violence, aggression, and destructive behavior. Both parents live in the home and Enrico has five siblings, ages two – nine years. Spanish is the primary language spoken by his parent and Enrico often had to interpret for his parents when talking with health care professionals, school officials, and law enforcement. He has a history of harming his parents, siblings, and a family pet. When in middle school he started fires at school and physically bullied younger students. Once in high school, Enrico began experimenting with drugs and alcohol, and was suspended twice for bullying students and destruction of school property. After physically attacking a high school teacher, Enrico was arrested and placed in a DJJ regional juvenile detention center. The charges against Enrico were later dropped so that he could receive treatment. Enrico's parents refused his request to return home and DJJ and DCBS coordinated his placement in foster care. His behavioral issues in a private foster home (e.g., aggression and destructive behavior) caused him to be relocated to a group home. Despite repeated requests from Enrico, there has been no contact between Enrico and his family since he entered foster care.

Enrico has been prescribed two psychotropic medications at the higher end of the dosage range but hasn't been evaluated by his PCP or behavioral health provider in over a year. In addition to his ongoing behavioral issues, Enrico has moderate persistent asthma and has a history of several ED visits and one hospitalization related to his asthma over the past two years. His BMI is 25.

With his Social Service Worker, Enrico discussed his loneliness, desire to return home, and regrets over hurting his family, especially his parents. Enrico especially misses his siblings and is anxious to see them or to talk with them over the phone. He expressed his frustration over not being able to talk with his family to discuss how they "can be a family again." He shared his confusion over who could help him with talking or meeting with his family.

Enrico is ambivalent about remaining in foster care once he reaches his 18th birthday. Sometimes he expresses a desire to leave foster care and, at other times, he states his understanding of the support needed to transition into the community and possibly reconcile with his family. Enrico's poor performance in school has intensified his feelings of failure and caused him to question whether staying in foster care will be of any value to him.

Describe how it would address Enrico's situation and coordination with the DCBS Social Service Worker, group home, physical and behavioral health providers, and his family. At minimum address the following programs and services:

a. Care Management, including coordinated management of his physical and behavioral health conditions

b. Discharge planning for all levels of care;

c. Language accessibility;

d. Psychotropic medications and documentation in medical records (e.g., rationale, follow up assessments and monitoring);

e. Evidence based psychotherapeutic interventions;

f. Social determinants of health;

g. Community resources;

h. Aging out of foster care;

i. Access to and sharing of medical records; and

j. Maintenance of the care plan.

Introduction

Passport's approach to managing the care of Kentucky SKY members is to work in partnership with the Department for Community Based Services (DCBS) and the Department of Juvenile Justice (DJJ) to obtain sustained positive outcomes. This approach is based on identifying the critical factors that need to be addressed for the long-term success of Kentucky SKY members and to tailor services to support the goals of permanency, safety and well-being. For Enrico, the overriding goals include:

- A successful transition out of DCBS custody at the appropriate time
- A personal sense of competency
- Connections with caring figures that will last beyond his placements
- Having his asthma under control without acute exacerbations
- Understanding the root causes of his anger and behavior, and helping him to manage these

It will also be important to assess the extent of his substance use and how drugs and alcohol may be contributing to his behaviors.

Understanding the Member

Upon Enrico's enrollment in Kentucky SKY, Tim, a Kentucky SKY Care Coordinator, reaches out to the DCBS social service worker (SSW) and the treatment director at Enrico's group home in Boyd County, on the outskirts of Ashland. He gathers the basic information necessary to begin the Health Risk Assessment (HRA). The DCBS SSW has limited information because she has just recently been assigned to the case. Tim is somewhat taken aback that the treatment director focuses almost entirely on Enrico having a "bad attitude" and his belief that Enrico just needs firm consequences to get his behavior in line. Tim arranges to visit Enrico with Passport Behavioral Health Care Advisor Victor, and then afterward to have a meeting with Enrico and the manager at the group home. He also prepares to meet with Enrico by adding what additional information he could to the HRA based on information from DCBS, DJJ and Enrico's previous managed care organization (MCO).

Enrico appears depressed in the interview and is reluctant to engage with Tim or Victor, but he answers questions as Victor completes the Kentucky SKY Pediatric Assessment (Enrollee Needs Assessment) with him. Victor observes that Enrico seems to have several gaps in his own knowledge of his current health. For example, although the group home records show daily administration of both asthma and behavioral medications, Enrico only seems aware that he takes medicine "so I won't get so mad." Passport strongly endorses a family-driven, youth-guided and evidence-based approach to achieve sustained, positive outcomes. He reiterates that he wants to return to his family, especially his next-youngest brother, who is nine (9). Victor also encourages Enrico to identify what he is really good at. Enrico has difficulty naming any strengths, but he ultimately says he's good at the video game, Fortnite.

Victor speaks with the cottage manager alone and asks what he knows about trauma-informed care (TIC). The cottage manager says that he has heard of it but thought it was only for kids who had been abused. Enrico was sent to their program because of his abusive behavior toward others, so he did not see how it

was relevant. Victor offers the cottage manager TIC training, and Passport's Kentucky SKY Provider Relations Liaison follows up.

Creating a Plan

After meeting with Enrico and the cottage manager, and gathering available school and health records, Tim schedules the assessment/care team meeting. A psychologist who contracts with the group home has prepared an educational and personality assessment that includes administration of a trauma assessment test as recommended by Passport. The meeting is attended in person by Enrico, Victor, the group home's treatment director, the DCBS SSW, a DJJ representative, an asthma Health Educator from Passport, the psychologist, a teacher from the group home's on-site school, and Tim. Tim had used an interpreter to contact Enrico's parents, but they declined to participate, even by phone.

Tim, like all Passport Kentucky SKY Care Coordinators, has received training in the importance of and how to facilitate a health care interdisciplinary team meeting. He makes sure that all members of the assessment/care team have an opportunity to share their perspective, and he supports Enrico in saying that Enrico's main goal is that he wants to go home. The DCBS SSW expresses reservations about this goal, and the group home treatment director stresses that Enrico must "get his act together" before he can return home. In discussing his medications and medical needs, the Passport Health Educator notes that the asthma medicine Enrico is receiving can contribute to hyperactivity, and Victor chimes in that some of his psychiatric medications can contribute to weight gain. The Health Educator recommends that Enrico receive an evaluation by a pediatric primary care provider (PCP), which includes review of all his medications and conditions. Victor further recommends that Enrico have a psychiatric evaluation by an adolescent psychiatrist, and Tim coordinates an appointment at Pathways Community Mental Health Center (CMHC) within two weeks. The trauma assessment did not reveal any specific history of trauma other than his difficulty managing his emotions. In fact, Enrico tended to present an idealized, almost unrealistic picture of how good and supportive his family had been.

A Passport pharmacist reviewed Enrico's medicines and health records to better understand how his medicines might be affecting his current issues. Based on the review, the pharmacist noted several concerns, which were shared with prescribers. Enrico's psychoactive medications included a stimulant and an antipsychotic medication, both prescribed for behavior control but without clear evidence of effectiveness. Although consistent medical records were lacking, documentation was found that his height and weight were in the normal range when he was 14, prior to being started on the antipsychotic medication. Asthma medications appeared to be at suboptimal doses, and Enrico appeared to have inconsistent access to a rescue inhaler.

Many issues are discussed in the assessment/care team meeting, but in the end the team agrees that priority needs to be given to a primary care visit, a psychiatric consultation and the pharmacy review. Tim commits to helping the group home find a pediatrician and contacting the psychiatrist's office prior to Enrico's next appointment to share the team's specific concerns about the medication potentially causing

weight gain and cross-reactivity to his other medicines. Enrico's drug and alcohol use were discussed during the meeting, and it was determined that, with his placement in the group home in Boyd County, substance use no longer appears to be a current issue for him.

Balancing Enrico's desire to return to his family and concerns over his behavior, Victor proposes that Enrico see a mental health therapist who works from a strengths-based, trauma-informed perspective, with the goal of helping him determine what he needs to do to accomplish his goals. Because Passport maintains a close relationship with its provider network and has oriented all Kentucky SKY providers to the needs of DCBS youth, Tim is aware of a local mental health therapist adept at trauma-focused cognitive behavior therapy (TF-CBT) to evaluate for unrecognized trauma in Enrico's past. The DCBS SSW and the DJJ representative support the change in treatment providers.

Facilitating Care

After the initial assessment/care team meetings, either Tim or Victor visit with Enrico once a month and maintain weekly contact via telephone or video conference while he is at the intensive level of care coordination. Updated care plans and regular communication with the DCBS SSW and other members of the care team continue throughout the process.

Enrico is fluent in English and considers English his preferred language, but his family and others in the community that he identifies with speak only Spanish. Passport team members have access to interpreters at all times, and we make sure to include one whenever Enrico's family or friends participate with the team or in care conferences. Passport is dedicated to the tools and training to support the national Culturally and Linguistically Appropriate Service (CLAS) standards for cultural competence in health care settings. We also recognize that we may be unsure of our own cultural competency with specific members, so for Enrico and other members, we consult Sandra, the manager of Passport's Equity Diversity and Inclusion program, for feedback on what we can do to accommodate our members and their families or friends in a culturally competent way. Tim also reaches out to Steve from our Provider Relations team to find a male PCP for Enrico who is fluent in both English and Spanish. A member of the care team may include one of our regional community engagement (CE) specialists who live in the community. Their role is to seek out community resources that can advocate for or support the needs of our members. Specifically in this case, as Enrico is currently separated from his family, we have asked our CE team member to seek local Latino community activities or organizations that might help Enrico if some of his anger and behavior is because of separation from community and culture.

In early stages of treatment, Enrico's therapist helps him acquire skills to improve management of his behavior. These evidence-based skills included mindfulness, emotional regulation, and distress tolerance/acceptance of reality skills. As Enrico moves through his treatment, other evidence-based practices may be relevant for addressing grief, self-image, substance use or attachment issues. Passport strongly supports the use of evidence-based practices and promotes them through the adoption of clinical practice guidelines, distribution of written materials, and through webinars and workshops. Furthermore,

we promote the strong research-based finding that maintaining supportive relationships in a child's life is critical to overcoming adverse childhood events (ACEs).

Tim talks with the DCBS SSW about making a referral for medically complex designation by DCBS, but Enrico is not found to meet the criteria. He is assigned to an intensive level of care coordination. Tim and Victor maintain weekly contact with Enrico, and one of them does an in-person visit at least once a month. Tim convenes regular monthly meetings of the care coordination team, which is composed of the individuals in the assessment/care team plus the new mental health therapist. As part of Enrico's residential placement, the on-site school is kept apprised of care plan updates. Tim maintains close contact with the group home's treatment director and the DCBS SSW. The treatment director receives a copy of a self-study guide to assess whether the agency operates in a trauma-informed manner. Concurrent to all of this, the asthma Health Educator works with Enrico to create an asthma action plan to help reduce asthma symptoms, including how to exercise with asthma.

Over the next few months, Enrico continues to be drug- and alcohol-free, and his asthma comes under better control. His behavior medication is reduced, and Enrico reports feeling better. He becomes more active and experiences a slight weight loss, and the group home staff note some improvements in his behavioral functioning. Tim continues to do periodic outreach to Enrico's family, but eventually the father tells Tim that they definitely do not want their "bad son" back and to quit calling.

This information is shared with Enrico. The therapist takes the lead in talking with Enrico, and with this news Enrico becomes distraught and shares with them that his father is a very violent man who regularly beats his mother. As Enrico moved into young adolescence, he began trying to protect his mother. His behavior problems, including fire-setting and substance use, began at this time. He was afraid to tell anyone because he was afraid that his father would kill his mother or him.

This event became a turning point in Enrico's therapy and his progress at the group home. His DCBS SSW notified the investigative branch of DCBS. After contacting Enrico's mother and confirming his story, they assisted her in moving to GreenHouse17, the domestic violence shelter for central Kentucky. After moving into a safe environment, Enrico's mother expressed a desire to see her son. A family visit at the group home was arranged shortly thereafter. Tim worked with the mother's Greenhouse17 case worker to help arrange transportation for her to make it to the visit. Throughout this time, Tim works to make sure all care providers are aware of what is happening.

Tim uses Passport's Healthify social determinants database application to assist case managers at Greenhouse17 in locating resources for the family. Enrico's mother and siblings receive Medicaid and are assigned to a different health plan. With appropriate consents in hand, Tim calls a counterpart at the other health plan to alert them of the immediate needs of their new members. Passport's statewide Healthify database provides housing, food, childcare, language, employment and vocational resources, and a host of both physical and behavioral health resources.

Looking Forward

Because he is placed in DCBS custody in a group home, apart from social needs Enrico does not face immediate concerns about housing and neighborhood security, food, economic stability, health care or education. However, with a potential transition out of DCBS custody, all of these issues will become crisis concerns in less than two years. After addressing Enrico's immediate medical and behavioral needs, and as Enrico moves closer to age 18, the care coordination team recommends the use of a Kentucky SKY Peer Support Specialist with lived experience in foster care from Pathways Inc. to help meet Enrico's social needs and provide another avenue for him to learn about the opportunities and challenges related to maintaining his commitment vs. exiting DCBS care. The Peer Support Specialist meets with Enrico and works together with the Passport CE specialist in the region to help connect Enrico with the TAYLRD Youth Drop-in Center (the local CMHC), operated by Pathways Inc. TAYLRD gives Enrico more opportunities to connect with peers. Importantly for Enrico, it also gives him an outlet to play video games. Although his highly structured group home is reluctant to grant Enrico time away from the program, with support from his DCBS SSW and because TAYLRD operates under the supervision of the CMHC, they agree to his participation. Shortly after becoming connected with the TAYLRD Drop-in Center, his academic performance begins to improve.

Enrico's 17th birthday happens a few months after the disclosure of his trauma history. Although he can still be quite oppositional, he has had no further serious aggressive incidents. Regular follow-up and changes in medication, along with consistent use of a rescue inhaler, have also eliminated his trips to the emergency department for his asthma. A meeting is scheduled by Tim and the DCBS SWW, in collaboration with the DCBS independent living coordinator. The meeting is held in Lexington, which enables Enrico's mother to attend. Passport has paid for transportation to Lexington for two trips for Enrico to visit with his mother and siblings, but his placement in Ashland continues to be a barrier to close contact.

Enrico continues to display considerable ambivalence about maintaining his commitment to DCBS because he desperately wants to reestablish contact with his family. After a prolonged discussion, his DCBS SWW asks Enrico if he would be willing to continue his commitment if she could arrange placement in an independent living program located in Lexington. After learning that an independent living program would help prepare him for employment and teach basic skills (budgeting, cooking, etc.) for living on his own, Enrico agrees. Best of all, it will allow him to have regular contact with his mother and siblings. While the actual referral process to independent living is handled by DCBS, Tim initiates Passport Kentucky SKY program's formal discharge planning process to handle transitions between levels of care.

When the independent living program raises concerns about accepting the referral because of Enrico's asthma, Tim arranges for the Health Educator to speak with the program director about the improved management of his asthma. Enrico transfers to the independent living program six months before his 18th birthday. During this transition, Tim continues to monitor Enrico's progress and arrange for new primary care, pulmonary and psychiatric providers in Lexington. Victor ensures that Enrico is connected to a therapist who can continue working with him on his trauma issues and the skills he needs to manage his behavioral functioning. Throughout, Tim and the whole Passport Kentucky SKY team continue to support this young man's transition to independence.

Conclusion

Enrico's adjustment to the independent living program was not smooth. In the first few months, he had difficulty adjusting to the increased responsibility of taking care of himself. Overall, however, he continued to function better than expected. He maintained his commitment to DCBS and received vocational services, which was preparing him for a career in website management. He saw his mother and siblings regularly, although they too continued to struggle with adjustment in their new life situation. However, by the time Enrico was approaching his 21st birthday and ready to exit DCBS commitment, he had been working regularly for nearly a year in a job that provided benefits. He enjoyed regular contact with his family. After Enrico's successful transition to the independent living program, Tim asked him if he would like to serve on a workgroup sponsored by DCBS and Passport looking at how to improve the transition process for youth exiting foster care.

KENTUCKY SKY USE CASE 6

Mary is a five year old who was placed in foster care in Louisville when her mom left her in the car for six hours while visiting and drinking with friends. This is Mary's second placement in foster care within the past year.

Based on the initial assessment by her PCP, it was determined that Mary is deaf, has numerous dental caries, and is malnourished. She has almost no language (minimal speech) and has not been taught sign language. Her affect is flat, and she has almost no expression. After a more detailed assessment, Mary was diagnosed as being cognitively delayed.

The DCBS Social Service Worker was unable to locate medical, dental or pharmacy records, or evidence that Mary had been prescribed hearing aids. Mary's mother provided vague information about visits to a pediatrician, immunization history, and dental care.

Describe how the Vendor would address Mary's situation and coordinate with the DCBS Social Service Worker, parent, and providers. At minimum, address the following programs and services:

a. Care Management including coordination of multispecialty developmental evaluations and care;

b. Discharge planning for all levels of care;

c. Applicable evidence based practices;

d. School based services;

e. Social determinants of health;

f. Community resources;

g. Access to and sharing of medical records; and

h. Maintenance of the care plan.

Introduction

Five-year-old Mary embodies the situation of many of the children in the Kentucky SKY program. Although she has very specific needs, she also illustrates the fact that many of our Kentucky SKY youth have multiple and complex concerns that are best addressed through a multifaceted approach. In Mary's case, Passport's care management's approach employs a combination of provider- and member-level interventions in line with evidential practices and guidance from the Agency for Healthcare Research and Quality (AHRQ, 2014), specifically designed to target co-occurring medical, cognitive and behavioral concerns for Mary. These goals are pursued while maintaining an overall focus in keeping with the Department for Community Based Services' (DCBS) permanency planning and sustained positive outcomes.

Understanding the Member

When she is unable to locate medical records for Mary, the DCBS Social Service Worker (SSW) calls the Passport Kentucky SKY team to request assistance. When she was taken into protective custody, Mary was not yet enrolled in the Kentucky SKY program, but she is now due to the SSW's phone call. Passport's Kentucky SKY Referral Coordinator assures her that Luke, the Passport Care Coordinator assigned to Mary's case, will contact her the next day. Luke begins by accessing Identifi^{SM}, Passport's Care, Utilization Management and Communication IT platform, and reviewing all information that is available about Mary. He then calls Mary's SSW to introduce himself and request any additional information the SSW can offer, including Mary's mother's contact information and the cognitive functioning assessment that was completed on Mary. He then researches where Mary has been seen in the past for care and seeks to obtain those records, using information from both Mary's mother and from Mary's previous managed care organization (MCO).

With the SSW's approval, Luke contacts Mary's foster mother, June. Using Motivational Interviewing and other engagement skills, Luke encourages and assists June in collaborating with the Kentucky SKY Care Coordination Team to help improve Mary's situation. As a first important step, Luke helps June to make an appointment at Home of the Innocents Open Arms pediatric clinic within the next two days for a full physical assessment to address acute needs and better understand chronic issues. While speaking with Open Arms, Luke also makes an appointment for Mary at their pediatric dental clinic, where they are accustomed to working with children with special needs. Luke and June, with assistance from the SSW, complete an initial health risk assessment (HRA) for Mary, but there are gaps. Luke asks June if he and a Behavioral Health Care Advisor, Sunny, can come to the foster home to complete the Kentucky SKY Pediatric Assessment.

Luke and Sunny visit the foster home at the appointed time. Mary is withdrawn and does not want to interact with them at first. Luke and Sunny try to engage with Mary in non-threatening and friendly ways. They give her crayons and a coloring book about healthy behaviors for kids, and Mary colors quietly while Luke and Sunny speak with June. Sunny and June complete as much of the Kentucky SKY Pediatric Assessment (Enrollee Needs Assessment) as they can. This assessment includes questions to understand psycho-social, medical, environmental and trauma history and needs. Particular attention is given to further understanding the full extent of Mary's cognitive delay, her hearing impairment and her language delays.

Because June does not know much about Mary yet, Luke and Sunny help to fill in as many blanks as possible via conversations with Mary's mother, Mary's previous foster family and the providers at Home of the Innocents Open Arms Children's Health. While Mary's weight is very low on the growth chart, after a complete assessment, the pediatrician has found no indications of contributing health conditions causing malnourishment, so it seems to be a result of neglect. June mentions that while Mary is reluctant to try many of the foods she serves in her home, Mary has a voracious appetite when presented with junk food items. It is clear to Sunny from her time spent with Mary that a comprehensive psychological and developmental assessment and hearing assessment are necessary. She offers to send June some information on the impacts of trauma on a child's development as well as on parenting a deaf child.

Creating a Plan

Luke schedules the first Care Coordination Team meeting. Team members include Mary, June, Luke, Sunny, the SSW, Mary's mother (with DCBS permission), and the pediatrician. In order to include the pediatrician, the first meeting is held at the clinic. The dentist is unable to attend, but he documents in the same electronic health record (EHR) as the pediatrician, so the team is able to see his notes and treatment recommendations. Luke has received training and certification as a High Fidelity Wraparound Facilitator and understands the complexities and tensions of including Mary's mom. Prior to the meeting, he addressed potential feelings of anger toward Mary's mother, and stressed how important it was to support Mary's mother in making different choices.

The care plan developed by the team addresses all of the systems involved in Mary's care:

- **Dental Care.** Mary was very reluctant to allow her teeth to be cleaned and she became very agitated. The pediatric dentist set a plan to familiarize Mary with the dental clinic and help her to feel safer there so that the dental procedures can be completed without sedation. When June becomes overwhelmed thinking about managing her work schedule and multiple dental visits, the pediatric dentist assures June that the clinic has late and Saturday hours to help accommodate her work schedule.
- **Malnourishment**. While Mary's mother denies neglecting her, she agrees with June that Mary is a "picky eater." Luke offers to have Passport's Registered Dietitian work with June to create a plan for getting Mary to eat more healthy foods. The pediatrician recommends that Mary start drinking PediaSure® daily, which June can get at a pharmacy using the physician order, and the PediaSure is covered by Passport's benefits.
- **Deafness**. Mary's mother believes that Mary can hear, as evidenced by her having some speech, and confirms that she has never had hearing aids. The Care Team agrees that Mary needs to be assessed for hearing deficits. The Open Arms Children's Health pediatrician advises that the Little Ears Hearing Clinic is part of Open Arms and recommends a hearing assessment there. Luke assists June with making all of the needed appointments.

- **Cognitive deficits**. Sunny recommends a full psychological/developmental assessment for Mary. It's unclear if her cognitive delays are due to neglect and trauma history, deafness, other causes or a combination of these factors. Everyone, including Mary's mother, agrees that this testing is vital to appropriate ongoing care planning for Mary. The pediatrician once again chimes in to say that such testing is available within the Open Arms clinic. June is delighted to hear this.
- **Communication delays**. The hearing evaluation and psychological/developmental assessments will determine if Mary's communication deficits are related to deafness or something else. Prior to her hearing evaluation, Luke contacts the provider to request assessment of appropriateness for a setting such as the Louisville School for the Deaf. The team will wait for the results of these assessments before developing next course of action, which could include caregivers learning American Sign Language (ASL) and potentially procuring assistive devices for communication. As part of her care, Mary may also need additional Speech or Occupational Therapy, which is a covered benefit she can receive at the Open Arms clinic. Transportation is also covered, if necessary.
- **Psychosocial needs**. Everyone is concerned about Mary's flat affect and withdrawn personality. While she is starting to warm up to June, June reports she seems to be withdrawn into herself much of the time. The psychological assessments will determine the best course of treatment for Mary, based on findings suggesting cognitive behavioral depression or anxiety, autism spectrum, or severe neglect and lack of peer engagement direction. Passport's Behavioral Health Specialist will become a part of the Care Team and will work with June to find a home-based therapist for Mary. Home of the Innocents and multiple other providers in the community, such as Centerstone Kentucky (Seven Counties Services), can provide services. Sunny will help locate a therapist who has experience working with children with communication delays and hearing deficits.
- **Education**. June has enrolled Mary in school, and has scheduled an Individual Education Plan (IEP) meeting to ensure the school is meeting Mary's needs. Luke and Sunny offer to attend the IEP meeting with June, and the SSW agrees this is a good idea. They also connect June with Kentucky Special Parent Involvement Network (KY-SPIN) for the many resources that are available to her and her family, including parent resources to help her understand her rights in the IEP process as the foster mom, as well as the rights of Mary's mom. Luke advocates for Mary's mom to attend the meeting as well, as her signatures are needed by the school on the IEP. Sunny explains that the school may also be able to provide school-based therapy for Mary supplementing outside therapies.
- **Psychosocial needs for Mary's mom**. Part of DCBS' requirements for Mary's mom is that she remain sober and attend Alcoholics Anonymous (AA) classes. Mary's mom denies having a substance use disorder, does not feel she needs AA meetings, and agrees to submit to any tests required by the state. Sunny explains that each AA meeting has its own culture, suggests trying several to find the right fit for her, and gives Mary's mom a list of open AA meetings in the area. Luke offers that a Passport Peer Support Specialist can go with her to the first couple of meetings to support her, which Mary's mom agrees to try. As she is also a Passport member, Mary's mom also agrees to an assessment by a Behavioral Health Therapist for depression or other potential issues. If Mary's mom

is referred by the therapist for medication evaluation following the assessment, Passport's Pharmacist can assist with formulary recommendations, finding a pharmacy nearby and answering her questions about the medicine.

- **Visitation with Mary**. It's important that Mary and her mom have regular visitation to keep them both motivated and connected. In order for visits to go positively for them both, Sunny suggests having family therapy sessions in the foster home, but June is not comfortable with that. Although June wants to minimize appointments due to her own work schedule, she says she would rather have early evening appointments at a local provider agency site. Mom agrees to this, and Sunny agrees to work with both June and Mary's mom to get the first appointment scheduled with the provider. The SSW says supervised visitation can begin after two family therapy sessions have been completed. Luke will help coordinate for Non-Emergency Medical Transportation (NEMT) so that there are no travel barriers when the supervised visitation begins.

Facilitating Care

The group meets monthly to monitor progress and further develop the care plan. All providers are invited to the meetings, and the Kentucky SKY Peer Support and Kentucky SKY Behavioral Health Specialist also attend while they are involved with the case. The care plan is updated during the Care Team meetings, at a minimum, and Luke contacts the Care Team members if decisions need to be made more urgently. Perhaps the biggest concern for everyone on Mary's Care Team is reunification with her mother, given the previous history of neglect.

When engaging with behavioral health therapists, Sunny looks for someone who employs evidence-based approaches, such as Parent Child Interaction Therapy (PCIT). PCIT is generally used for children aged 2-7, so this should be appropriate for Mary both chronologically and developmentally, and because it has been used with children with hearing deficits. PCIT can also be used as part of the language-learning interventions for this family as they begin to learn and utilize ASL. Mary's mother has a Passport Peer Support available to her short-term, and Sunny can also help her talk with an agency such as Centerstone Kentucky (Seven Counties Services) about having one provided for her. Initial assessment has indicated a few possible focuses of therapy for Mary's mother, including possible substance use disorder, and possible grief and depression and adjustment issues arising from having a deaf and developmentally delayed child. The Kentucky SKY team will determine whether an evaluation of the mother and daughter's attachment is warranted via the University of Kentucky Comprehensive Assessment and Training Services (CATS) Clinic.

Luke works with Mary's mom to complete a Social Determinants of Health (SDoH) screening to identify her SDoH needs. The Passport SDoH screening centers on six domains: Economic Stability, Neighborhood and Physical Environment, Education, Food, Community and Social Context, and Health Care System. Upon completion of the comprehensive assessment, Luke makes referrals to appropriate community services via the United Community app. An ecomap interview also takes place to identify biological and natural supports for Mary's mother. Mary's mother also receives additional assessments by the local behavioral health

provider, with attention to depression and substance use, based on her history. The Kentucky SKY Care Team supports mom's treatment, as they are able, including identifying potential providers for her. As Mary's mother receives treatment, her providers may also be part of the Kentucky SKY Care Team, with her permission. Luke connects Mary's mom to support groups for families with deaf and/or developmentally disabled children and tells her about ASL classes available in the community.

Our Community Engagement representative also makes sure Mary's foster family knows about DeaFestival in Louisville, an event that Passport sponsors, celebrating the language, art and diversity of the deaf and hard of hearing. Without being judgmental about whether she is clinically deaf or hard of hearing, it would be a great event for both Mary and her foster family (the information is also provided to Mary's mother because it might help her feel more comfortable with Mary's condition). In addition, the team works to find some additional respite care and caregiver support for Mary's foster family. She also recommends Dare to Care Food Bank, which helps provide healthy foods and could possibly be a volunteer opportunity to take Mary to learn about healthy food choices and to engage her in volunteering to help with healthy food choices.

Looking Forward

As part of ongoing efforts toward reunification, June, as the foster mom, is trained in supporting Mary's biological mom by showing respect and concern and being honest with her, working with her on the goal of reunification, referring to her as "Mom" and looking for ways to break down any barriers. Support for June herself includes identification of respite providers, including family and biological supports that could be approved to care for Mary. Luke offers June peer support and connects her with support groups for families with deaf and/or developmentally disabled children. Luke and Sunny work hard to ensure that these ongoing partnerships between the foster and biological parents and the providers are characterized by reciprocity, mutual trust, respect, shared tasks and honest/open communication. Using a family-focused Building Bridges framework, the emphasis is on facilitated (foster and biological) family-child interactions (as opposed to child-directed therapies) and family-identified goals and priorities. Luke and Sunny continually share education and information with June, the SSW and Mary's mom to educate them about Mary's conditions and help them make informed decisions. Peer supports and natural supports are utilized to help the families learn to eventually function independently of the Care Team. If Mary is confirmed to be deaf or hard of hearing, the Kentucky SKY team will incorporate the core principles of Family Centered Early Intervention[3] in its work through the Care Team. These include early, timely and equitable access to services, with comprehensive family support for both biological mother and foster parent within the framework of informed choice.

Some of Mary's services continue through her school. June, Mary's Mother, the SSW, Luke and Sunny participated in the development of an IEP with the teachers and counselor at Mary's school. Mary has hearing loss, but is not deaf. Based on the school's assessment, and after being fitted for hearing aids, Mary qualifies for school-based speech therapy as well as occupational therapy. Mary can receive therapies in school and via external therapy providers to compound the intensity of effect and improvement for her.

Members of the Care Team assist in identifying needed services outside of what the school may offer, as well as helping to get services in place when school is not in session. The foster parents, biological mother and the SSW are encouraged to continue with therapies during all school breaks. If the member shows regression of development during school breaks, the school system may decide to offer therapies when school is not in session. Otherwise, the Kentucky SKY team, with the help of Passport's Community Engagement Specialist, Rhonda, locate service providers in the city who will provide the services.

Resources for Mary's caregivers (June, SSW, and Mary's mom) for development of IEPs in the state of Kentucky can be found here: https://www.kyspin.com/. Luke has connected with the Division of Behavioral Health, Deaf and Hard of Hearing Services (https://dbhdid.ky.gov/dbh/dhhs.aspx) to ensure he is appropriately linking Mary, June and Mary's mother with quality services and programs to promote well-being. With all of these supports in place, Mary has the best chance to have successful outcomes, including development of spoken language and utilization of sign language, progress in school, improvement in behavioral health and reunification with her biological mother.

Conclusion

Mary has been back in her mother's home for three months, after 18 months of placement in June's home, and is doing well. Since getting hearing aids, Mary has blossomed and become much more extroverted around people she is familiar with. Her vocabulary has broadened, and she is able to communicate her needs to her mother and teachers at school. Over the course of several dental appointments, Mary was able to get her dental caries filled. June and Mary's mother worked with Passport's Dietitian to help introduce new foods to Mary slowly. Mary will now eat a variety of fruits and vegetables, as well as most meats. Mary is now up in weight and her pediatrician is very impressed with her progress. Luke continues to provide support to Mary's mother, now that Mary is back home. He has checked on them monthly since Mary returned.

KENTUCKY SKY USE CASE 7

Julie is a 17-year-old who has been in the foster care system for ten years. She has minimal contact with her family.

Julie has been placed in residential care. She has been diagnosed with an intellectual disability and low IQ and has a long history of mental health treatment in outpatient and inpatient settings. She has highly variable emotional states, typically brief in duration and reactive to circumstances.

At the time of admission to residential care Julie's medication regimen included chlorpromazine, fluoxetine, lurasidone, lamotrigine, trazodone, and oxcarbazepine. There is limited information about the chronology of medication treatment and no records of psychotherapy services. Julie is not able to provide much information about her response to the medication regimen, and there are no other sources of information. She continues to demonstrate frequent shifts in emotions and aggressive behaviors. On one occasion, she became physically aggressive, which led to assault charges and a 72-hour incarceration.

The Social Service Worker and behavioral health providers are evaluating treatment in a setting that is a lower level than acute care but more structured than a PRTF.

Describe how the Vendor would address Julie's situation and coordination with the DCBS Social Service Worker, and physical and behavioral health providers. At minimum address the following programs and services:

a. Care Management;

b. Discharging planning for all levels of care;

c. Prescribing psychotropic meds and documentation in medical records (e.g., rationale);

d. Evidence based psychotherapeutic interventions;

e. Viability of aging out of foster care;

f. Option for transitioning to an applicable waiver;

g. Access to and sharing of medical records; and

h. Maintenance of the care plan.

Introduction

Passport works in partnership with the Department for Community Based Services (DCBS) to obtain sustained positive outcomes for its Kentucky SKY members. This approach is based on identifying the critical factors that need to be addressed to tailor services to support the goals of permanency, safety and well-being. For Julie, the overriding goal is a successful transition out of DCBS custody into a safe and supportive long-term setting that promotes the fullest use of her abilities and social bonds that are likely to last and be mutually satisfying. A second critical goal is to ensure that she has a strong behavioral health plan of care—including appropriate psychiatric practitioners, therapies and medication—given that she is on multiple medications that overlap and could cause significant side effects. The extensive lack of knowledge available at the time of enrollment makes even preliminary plans challenging. However, given that she has been in foster care for 10 years, with thorough evaluation from the Kentucky SKY team, we should be able to gather information and put a strong care plan in place for Julie.

Understanding the Member

Upon Julie's enrollment in the Kentucky SKY program, Becky, a Kentucky SKY Care Coordinator, reaches out to Julie's DCBS Social Services Worker (SSW) and to the treatment director at the residential facility located in Owensboro, Kentucky, to introduce herself and begin the process of gathering information to assess Julie's needs. The DCBS SSW has had the case for only a few months and is located in Morgan County, where Julie first entered care 10 years ago. Julie had been placed in her current setting shortly before the SSW took the case. The SSW has met with Julie only once, and a transition plan has not yet been developed.

Having comprehensive records is crucial to proper coordination of care. Becky utilizes a comprehensive medical records release form, designed to reduce the burden on DCBS of signing separate consent forms for each new provider, to obtain all known medical, dental, vision, pharmacy and immunization records. Becky also accesses the Kentucky Health Information Exchange (KHIE) for medical history and checks the Immunization Information System for any immunization records available there. Becky communicates with the DCBS SWW regarding providers, treatments and medicines now and in the future, as information is gained. While protecting the privacy and security of Julie's medical information, Becky facilitates open exchange of information that allows all providers to have a full picture. Becky also assists by providing documentation for maintaining Julie's medical passport. Passport's Kentucky SKY Care team shares access to medical and case management records for members internally in real time on a 24/7 basis via Identifi℠, Passport's care management, utilization management and communication IT platform, so any Passport-employed team member can access and share information with the SSW or other Care team members as needed.

The SSW expresses concern that Julie will turn 18 years old in less than 12 months and end her commitment to DCBS. Her family lives in Morgan County, but they are unresponsive to letters and do not have a phone. They have not had any contact with Julie in at least six months. The treatment director at the residential facility has more information about Julie's current situation and health care but knows little about her history prior to being admitted. Since coming to the facility, Julie has required two acute psychiatric hospitalizations, both due to threats to kill herself. The only health care she has received since entering the

facility is her admission physical, performed by a local family practice physician contracted with the facility. Julie's current psychiatric medications are being managed by the program's consulting psychiatrist. She attends an on-site school program operated by Daviess County Public Schools. With this information, Becky completes the Health Risk Assessment (HRA), but she knows that significant gaps exist.

Julie entered private childcare placements when she was thirteen, so much of her clinical services history is not documented in the Medicaid claims system. The Passport Kentucky SKY Care team is able to obtain pharmacy claims data and records of hospitalizations and Julie's psychiatric residential treatment facility (PRTF) stay from her previous managed care organization (MCO). The statewide placement coordinator at Children's Review Program (CRP) is familiar with Julie, and she provides Julie's placement history and most recent private child placing/caring referral packet. Becky begins making contact to obtain clinical records associated with each placement. Becky asks Crystal, Passport's Provider Relations Representative for the Owensboro area, for advice on primary care providers (PCPs) who might be a good fit for Julie and her unique needs. Crystal is familiar with providers and hospital systems within that region and can give Becky the name of a great match for Julie.

Creating a Plan

Becky schedules an Assessment/Care team meeting at the residential facility. Prior to the meeting, Becky and Carlos, a Passport Behavioral Health Care Advisor, meet with Julie. Julie is able to share very little information about her previous placements or her health history. She also is unaware of her rights as a foster youth and is unable to articulate a plan for what she wants to do when she turns 18 years old. Efforts were made to administer a trauma assessment to Julie, but her inconsistent and irrelevant comments made a valid assessment impossible.

In-person attendees at the care team meeting included Julie; Becky, the Kentucky SKY Care Coordinator; Carlos, the Passport Behavioral Health Care Advisor; the Treatment Director and a Nurse Manager from the residential facility; and Becky's teacher from the on-site school. On the phone were Julie's DCBS SSW, the statewide placement coordinator for CRP and the Passport Psychiatrist. The residential facility's psychiatrist was unable to participate. During the Assessment/Care team meeting, all the individuals involved in Julie's care begin to get a comprehensive picture of her functioning and health issues. CRP reports that she has had 42 separate placements, including six acute psychiatric hospitalizations, one lengthy PRTF placement, six crisis unit and shelter placements, and multiple stays in various therapeutic foster homes and residential treatment programs. An out-of-state placement was being considered prior to her going into the current residential placement. The medical records Becky was able to gather prior to the meeting document a long list of psychiatric diagnoses ranging in severity from oppositional defiant disorder to schizophrenia. The dosage and number of medications have increased over time, but the clinical reasons for medication changes are not clearly documented. The Passport Kentucky SKY Psychiatrist raises concerns about the use of multiple medications from the same classes due to the potential for significant side effects. It seems that given Julie's disjointed psychiatric behavioral health care, she has had medications added while others were not discontinued, or they were meant to be discontinued, but poor communication at handoff meant that

existing medications were continued along with the new ones. Julie's teacher reports that she does not have an individualized education plan (IEP) and she is uncertain whether testing would show an intellectual disability. Julie repeats her desire to return home but does not appear to understand the discussion around her needs.

The team agrees that the first step in her care plan should be to get an accurate understanding of Julie's physical and behavioral health needs. Over the next few weeks, Becky prepares a summary of what is known about Julie's history and, with appropriate permissions from her DCBS SSW, arranges for a complete physical examination by the adolescent medicine pediatrician and a psychiatrist in Owensboro, both of whom Crystal recommended. Becky also arranges for a complete psychological assessment of Julie's intellectual ability, academic skills, adaptive functioning and personality. Knowing that individuals with intellectual disabilities and institutional experiences are at greater risk for physical and sexual abuse, Becky asks that the physician and psychologist be alerted to evidence of trauma and use evidence-based, trauma-informed care principles when evaluating her. The DCBS SSW agrees to reach out to the Independent Living Coordinator to schedule a transitional planning meeting.

When the results of the assessments are available, Becky convenes the Care Coordination team to review the results and together coordinate a plan of care and services for Julie. Significant findings include test results consistent with a mild intellectual disability (overall IQ = 65) and gross deficiencies in adaptive behavior (overall functioning on a 10-year-old level). The psychological evaluation suggests that even considering Julie's intellectual disability, there is strong support for bipolar disorder as the main mental health condition. Both the pediatrician and the psychologist report findings consistent with past sexual abuse. With these findings, the DCBS SSW and the independent living coordinator begin to consider applying for state guardianship for Julie after she turns 18. Julie's SSW formally requests the school initiate and coordinate proceedings for an IEP.

Facilitating Care

The Care Coordination team agrees that Julie needs complex care coordination due to her challenging behavioral health needs. Becky has been trained and certified in the delivery of High Fidelity Wraparound, so Becky continues leading Julie's Care Coordination team. Over the next several months, Becky and Carlos work with the Care Coordination team to implement the care plan using the High Fidelity Wraparound Model. They maintain weekly contact with Julie and see her face-to-face at least twice a month. Additionally, monthly team meetings are held. Becky keeps the care coordination plan current and makes sure everyone has a copy with each update, and she provides support to and assists in coordinating the transition planning process overseen by the Independent Living Coordinator.

As is the case for many youths in DCBS custody, Julie's current medications appear to be the legacy of multiple providers, frequent moves and additions of new medicines without considering whether existing prescriptions should be discontinued. As requested by the Passport psychiatrist, a Passport pharmacist completes a medication review, which raises several concerns about the combination of medicines, possible adverse side effects and dosage ranges. The Pharmacist recommends adjustments, which are reviewed by the Passport Kentucky SKY Medical Director and Psychiatrist, who provide appropriate consultation with the

prescribing professional. Julie's medication list is pared down from six to three medications, both to give her synergistic positive effects and to eliminate the overlap that may have caused side effects and some of her aggressive behaviors. Carlos and Becky maintain documentation of Julie's medications in Identifi[SM], outlining history of active and discontinued medications, and communicate all with DCBS.

Julie's frequent shifts in emotions and aggressive outbursts are major barriers to obtaining a sustained positive outcome in a community setting. Fortunately, she is in a residential setting where she has the potential to acquire skills to help her manage these behaviors. The Kentucky SKY Behavioral Health Director talks with the Treatment Director about the use of evidence-based dialectical behavior therapy (DBT) as adapted for use with intellectual disabilities. The facility has staff trained in DBT, but the Treatment Director was unaware of adaptations specific to intellectual or developmental disability (IDD). The Kentucky SKY Behavioral Health Director shares resources, including written materials and training/conference information, and offers to consult.

In an early Care Coordination team meeting, after the comprehensive assessments are completed, Becky raises the possibility of using a Licensed Behavior Analyst to conduct a functional assessment of Julie's aggressive behaviors and develop an applied behavior analysis (ABA) intervention program. Passport Kentucky SKY does not require members to have autism to receive ABA therapy, but instead bases authorization on whether members are likely to benefit from a program based on behavioral learning principles. Passport's Behavioral Health Specialist can also help the direct care staff at the facility learn the most effective strategies for supporting Julie in managing frustration without resorting to aggression. In keeping with Passport's focus on long-term sustained positive outcomes, Kentucky SKY members receive evidence-based and best practices services known to improve the success of transitions for IDD clients. As Julie steps down to lower levels of care, these services will include adequate transition times between levels of care, available crisis services, use of comprehensive community supports to promote community integration and supportive advocacy to help Julie begin to see herself as a person capable of building a positive future for herself. Passport Care Management teams take a person-centered, strengths-based approach to working with each member. Julie's IDD may make direct application of evidence-based trauma therapies such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) challenging, but her likely history of abuse is recognized and considered in her care plans. Passport supports a trauma-informed approach to all care and works with providers to use best practices and evidence-based approaches that are specific to individuals with IDD such as Julie.

The whole team is acutely aware of Julie's approaching 18th birthday and her legal right to end her commitment. Several alternative proposals are considered, including continued placement with DCBS until the age of 21, followed by state guardianship; referral and acceptance into the Supports for Community Living program, a Home and Community Based (HCB) waiver; filing of 202A or 202B petitions for placement in a state facility, either for Serious Mental Illness (SMI) or IDD when she turns 18 years old; not pursuing guardianship and discharging Julie to a homeless shelter when she ends her commitment; and return to her parents, who have had no documented contact with her for over nine months now.

With the options clearly spelled out, DCBS decides to work with the Department for Aging and Independent Living (DAIL) to obtain a state guardian for Julie, with a tentative plan to refer to Supports for Community Living (SCL) when she turns the age of 21. Becky assists in this process, making records available and helping schedule needed assessments. Carlos provides consultation around evidence-based strategies for making such a transition successful. Achieving these goals will likely require multiple planned discharges to lower levels of care (e.g., residential, therapeutic foster care, SCL).

Looking Forward

With clear goals, the formalized discharge planning process will be oriented toward achieving long-term success for Julie, rather than simply handling the next step of her journey. This process includes a review of existing records and updates in light of long-term goals. The discharge planning process will consider at a minimum:

- Primary and secondary diagnoses
- Pertinent past medical history
- Cognitive, functional and psychosocial status
- Discharge needs
- PCP assignment and specialist and behavioral health provider referrals
- Medication management
- Post-discharge medical support (home health, DME, therapy, rehab)
- Post-discharge follow-up appointments with all providers

Based on this evaluation, Kentucky SKY Utilization Management and Care Coordination will work together to ensure that appropriate providers, authorizations, medications and services are in place at the new level of care. Although this does not apply to Julie's situation, Passport is aware of its responsibility to notify DCBS if services are decertified at an inpatient level of treatment. If the program is in-state, this notification would occur no later than three days prior to discharge—if out of state, no later than seven days. If this issue should arise for Julie, the Kentucky SKY Prior Authorization/Precertification Coordinator will alert the Care Coordinator immediately via Identifi℠, Passport's care, utilization management and communication IT platform, when there is a decertification.

With adequate preparation in adaptive living skills and a supportive family, many adults with IDD live independently in the community. Julie, however, has neither of these resources. Furthermore, her emotional lability, lack of impulse control and limited understanding of her situation does not make her a good candidate for successful aging out of foster care. Decisions she makes (e.g., to recommit to DCBS custody) are not likely to be stable and will likely change in response to her emotional state and environmental circumstances. For these reasons, Julie's Care Coordination team decides to pursue state guardianship. Becky works closely with the DCBS SSW to provide documentation, schedule appointments and support Julie throughout this process. The team is anxious about pursuing this option because there is always a chance that Julie will choose to leave care after she turns the age of 18 and not follow through with this plan, which would require more urgent action by the team. Passport's Guardianship Specialist will consult on this process and, at the appropriate time, become a part of the Care Coordination team. Should

DCBS decide not to pursue guardianship, Becky will work with the Care Coordination team using the High Fidelity Wraparound process to develop alternative transition plans.

The Care Coordination team has reviewed available waiver options since early in the care planning process. The choice to seek SCL coverage was based on the waiver's intended purpose of providing "Medicaid-paid services to adults and children with IDD . . . [allowing them] to live at home rather than in an institutional setting." Julie is likely to meet the emergency category of need for the SCL waiver. Although waiver recipients are not currently covered by MCOs, Becky works closely with the DCBS SSW to manage all aspects of transfer to the waiver, including assistance in researching available providers, gathering and sharing documentation, and completing the application. One challenge for Julie is her history of psychiatric hospitalizations and aggression, which may limit the providers willing to accept her. For this reason, Carlos will be careful to document treatment successes as Julie transitions to lower levels of care and the strategies that make successful living in the community possible.

Becky and Carlos have been visiting with Julie twice a month and maintain weekly contact via telephone or FaceTime. Becky convenes the Complex Care Coordination team to review Julie's care plan, and she ensures that the plan is updated monthly. Because a limited time window exists to address recommitment and transition-of-care issues, Becky consults often with the DCBS SSW and regularly contacts providers for updates on Julie's progress. She is especially attentive to needed assessments, documentation and applications related to the guardianship and waiver applications. Copies of the plan, including the progress toward goals, are shared with the DCBS SSW and other members of the Complex Care Coordination team with each update. Although these meetings often focus on the team's accountability for the service goals and on identifying new needs and services, the overriding goals are to prepare Julie for successful transition to a permanent and safe living situation and to ensure that her behavioral health care and medications are appropriately managed and addressed.

Conclusion

One year after Julie is enrolled with Kentucky SKY, she is still committed to DCBS, and the team continues working toward the plan of her transitioning to waiver services and entering state guardianship. Julie is living in a therapeutic foster home in Lexington. The local Passport Community Engagement Representative, Stacy, helped Julie connect with the Office of Vocational Rehabilitation, which assisted Julie in finding a part-time job at a local Kroger. Her application for the SCL waiver has been processed, and she is on the waiting list for services when she turns 21 years old. With comprehensive community support services via New Vista, the local community mental health center (CMHC), Julie has made significant strides in the acquisition of daily living skills. She has not had a psychiatric hospitalization in over a year. Becky and the DCBS SSW have worked together to establish more regular contact with her family. Carlos has talked with several SCL providers about Julie's history and believes that she will be able to obtain a placement when the time comes. At the time that Julie does obtain placement, Passport will have a comprehensive care plan that will be transitioned to the waiver case management staff.

KENTUCKY SKY USE CASE 8

Amanda, 10 years old, was born with multiple heart defects that affected blood flow between her heart and lungs. Amanda was placed into foster care when she was five (5) after her mother, a substance abuser, was incarcerated for neglect of a dependent. She has had multiple open heart surgeries, bouts of pneumonia, and frequent ED visits.

Amanda's initial placement was with her aunt who could no longer care for her due to the stress of managing Amanda's level of care. Amanda's second foster home placement is with a family located in eastern Kentucky with two (2) additional foster children, ages 6 and 8, in the home. The family has one car and transportation is an issue when it is needed to transport Amanda to appointments with her PCP, pediatric cardiologist, behavioral health therapist, dentist, and other specialists. Amanda's foster father works full-time as an assistant bank manager and her foster mother does not work outside of the home.

Amanda is on thirteen (13) medications and is oxygen dependent. She frequently exhibits behaviors such as defiance, impulsivity, and disruptiveness. She has been diagnosed with depression and has extended crying spells that trigger tachycardia and cyanotic episodes. Amanda has growing fatigue and is refusing to eat anything other than yogurt, fruit, and breakfast cereal. Amanda has multiple caregivers who assist with activities of daily living, medication management, and monitoring oxygen levels. Amanda participates in home bound school services provided by the public school system, as her health permits.

Over the past six months, Amanda has been to the emergency room nine (9) times for respiratory/cardiac distress. She had three inpatient admissions for pneumonia and evaluation of her cardiac status. During her last visit with the pediatric cardiologist, the family was advised that Amanda's oxygen levels were worsening with significant changes in cardiac function. The pediatric cardiologist recommended another open heart surgical procedure, but advised the family that a heart transplant may be the only viable long-term solution. The foster family met with the cardiologist's Nurse Practitioner to develop a plan for building Amanda's strength prior to surgery or placement on a transplant list. The foster family is struggling to figure out how to keep up Amanda's spirits up and improve her appetite.

Amanda meets the designation of a Medically Complex Child pursuant to 922 KAR 1:350, The Kentucky SKY Contractor is responsible for providing Care Management and nursing consultative services to enrollees who are determined by the Medical Support Section staff to be Medically Complex.

Describe how the Vendor would address Amanda's situation and coordination with the DCBS Social Service Worker, Medically Complex Liaison, foster family, all providers, and community resources. At minimum, address the following programs and services:

a. Care management, including the assignment of the Nurse Case Manager;
b. Involvement of Medically Complex service team;
c. Discharge planning between levels of care;
d. Individual Health Plan development and maintenance within specified timeframes;
e. Availability of and access to providers;
f. The Medical Passport;
g. Training and support for caregivers;
h. Coordination of transportation, as needed;
i. Coordination of physical and behavioral health services;
j. Community resources;
k. Assistance with the Individualized Education Plan;
l. Social Determinants of Health;
m. Planned respite care;
n. Applicable evidence-based practices;
o. Sharing and review of medical records; and
p. Maintenance of the care plan.

Introduction

Carolyn and Mike Jacobs have been foster parents for seven years, and for the first time they are feeling overwhelmed and a little hopeless. Amanda is a 10-year-old girl who moved in with them five months ago. She is one of three children in the Jacobs' home. Amanda requires many times the energy expenditure of the other two, but Carolyn tells herself that she needs many times the compassion, too. Sometimes Carolyn worries that she is short-changing Philip and Carmen, the two younger ones, and she also senses they do not know how to respond to Amanda's outbursts. Right now, nothing seems to be helping Amanda, and it feels like she is fading a little in spite of her outward defiance and disruptiveness. They have had so many emergency moments in the last few months, and now they are being told what she really needs is a heart transplant or, at a minimum, another heart surgery. Carolyn is struggling to keep up with the many appointments that Amanda needs. She has seen so many doctors, caregivers and specialists, yet it seems that no one can help with Amanda's depression or get her eating well enough to be stronger again.

Background

Amanda is tired of being sick. This is the first time she has lived with other children, and the other two kids in the Jacobs' home get to be "normal." They get to attend school, and they come back from school bubbling over about what they did and learned. Over the summer they played outside all the time, and now that school is starting, they are getting to buy new school supplies. They get to do whatever they want, and Amanda is stuck being cared for and tethered to an oxygen tank. Instead of going to school, she is shuffled from one appointment to another. Even seeing the teacher is an appointment–just one that comes to her house. Amanda is tired, she does not feel well at all, and she is sad or angry most of the time. Sometimes she is scared. She has had so many doctors, medicines, therapists, and hospital stays, and no one is making her better. She has almost no control, and she wants the adults to understand that hospitals and doctors and changing caregivers is not the type of "normal" anyone should have to live through.

Establishing a Care Team

Jenna is Amanda's Passport Care Coordinator (CC). Amanda is new to Passport, so Jenna has been reviewing all that is available regarding Amanda's five-year history in Kentucky's foster care program and her current status. She accessed the Kentucky Health Information Exchange (KHIE) and has spoken with the Department for Community Based Services (DCBS) Social Service Worker (SSW), who helped her obtain Amanda's claims history from her previous managed care organization (MCO). Jenna has also reached out to the Office for Children with Special Healthcare Needs (OCSHCN) nurse consultant for Amanda's Individual Health Plan (IHP) and general history. Jenna likes to have all of the information that is available before she makes her first outreach call. She feels it helps to build some pieces of the assessment so that more informed questions can be asked and clarification can occur more quickly.

Back at home, the phone rings just as Carolyn is finishing Amanda's braid; Jenna introduces herself as being from Passport Health Plan. She quickly assures Carolyn that there is nothing wrong; she just wants to let her know that Amanda, who recently moved into Passport's Kentucky SKY Program, is being enrolled in the

Complex Care Coordination Program. Jenna informs Carolyn that Amanda is being assigned a team from Passport to support her and the family, and that she, Jenna, is their primary point of contact and their Care Coordinator. In addition to Jenna, there will be a Nurse Care Advisor (CA) as well as a Community Health Worker (CHW), a Behavioral Health (BH) Specialist, and a Peer Support Specialist all available to Amanda and the Jacobs; if needed, Passport also provides a Dietitian and a Pharmacist. Jenna provides contact information for key team members and the number for Passport's Care for You free 24-hour nurse advice line. The team will work together with the OCSHCN nurse, Medically Complex Liaison, DCBS SSW, practitioners and others to coordinate care and ensure that Amanda's needs are being met. Carolyn is already familiar with care management, and in a vulnerable moment, asks what the team will really be able to do to help Amanda.

Understanding the Member

Jenna takes a pause to ensure that Carolyn is done speaking and gently asks how she has been doing. Carolyn's voice quakes a little as all her worries and exhaustion pour out. She explains that she feels like she is failing all three foster children right now and tells her how scared she is for Amanda. Jenna listens empathetically and says that she understands and is amazed at how strong Carolyn is for taking on so much. Hearing Carolyn's distress, Jenna asks if it is an okay time to start getting to know what Amanda needs over the phone, or if she would prefer to wait until the first in-person team meeting. Carolyn feels heard and is also grateful that she has the chance to get answers to some of her questions over the phone. She does not want to feel this emotional when meeting in person with new people. At Jenna's request, Carolyn says that she will also share Amanda's Medical Passport to help Jenna fully understand Amanda's medical history.

Jenna goes through the Health Risk Assessment questions with Carolyn, and then they conference in Cassie, the Medically Complex Nurse CA assigned to Amanda and the Jacobs. Cassie wants to participate in completing the Kentucky SKY Pediatric Assessment (Enrollee Needs Assessment), which takes a biopsychosocial approach and includes environmental factors as well as trauma screening. Carolyn feels a bit sheepish when she explains that transportation has been a big barrier in getting Amanda to all of her appointments, particularly due to how far away some of the visits are. She also notes that Amanda has an Individual Education Plan (IEP) in place and is currently in homebound school, but that the teacher only comes two days each week during the school year. She is not sure that Amanda is as far along as she should be academically. She is also worried that Amanda does not have enough time with other children, and that she will feel even more isolated when the younger two children go back to school. Jenna confirms with Carolyn that she has already coordinated an appointment day and time for the Passport care team to meet with Carolyn in her home. Carolyn is grateful that this is one care meeting where transportation will not be an issue. Before they end their call, Cassie schedules a follow-up call with Carolyn to take place in three days to talk more in-depth about Amanda's medical care needs.

When Cassie calls in a few days, Carolyn is very happy to learn that Cassie once worked in a pediatric intensive care unit (ICU) and has experience caring for children with chronic, life-threatening conditions.

Cassie uses motivational interviewing to elicit Carolyn's greatest concerns. Carolyn is frustrated that Amanda is not eating well and is increasingly fatigued, which requires more assistance from Carolyn in her activities of daily living (ADL). She is also very concerned that the protracted crying spells Amanda has are triggering cyanotic episodes and that no one has been able to help Amanda manage her depression and irritability well enough to prevent these episodes. The multiple emergency department visits and inpatient stays for pneumonia cause fear for the whole family, have exhausted Carolyn and are just as scary and stressful for Amanda.

Cassie asks if Amanda and the family receive any support during those hospital stays. Carolyn reports that at both Kentucky Children's and Cincinnati Children's Hospitals, Amanda really enjoys the people who bring her toys and things to do, but her favorite is the musician who sometimes visits her room and plays the guitar. Amanda hums along even when she is having difficulty with her oxygenation. However, with the other two (2) children being at home, childcare is a significant issue when Amanda is in the hospital. Carolyn reveals that while she loves every child that she fosters, and this has always been a calling for her, they cannot reduce the number of foster children in the home due to financial reasons. Carolyn would have to work outside the home if they fostered fewer children at a time.

Creating a Plan

At the first Coordinated Care team meeting at the Jacobs' home, Amanda and Carolyn are present, as well as Jenna, Cassie, the DCBS SSW and Amanda's teacher. Amanda's Pediatric Cardiologist, BH Therapist and Dentist declined to participate, but the Cardiologist did call Cassie before the meeting to discuss findings from the Kentucky SKY Pediatric Assessment and share feedback about the current course of treatment. Jenna uses skills gained at a training for High Fidelity Wraparound Care to ensure Carolyn's and Amanda's concerns and ideas are heard first. She works to elicit input from all members of the care team who are present, and promises to follow up with Amanda's providers after the meeting to share care plan information.

It is very clear to the team that all of the traveling between appointments and home has been negatively impacting the health and quality of life of the entire family and causing undue stress. While Kentucky Children's Hospital was a great resource and closer to the Jacobs' home, if a heart transplant becomes an option, they would eventually have to travel to Cincinnati. Cincinnati Children's Hospital is closer to their home than Norton Children's, where Amanda has previously received care. This was a worry for Carolyn until Cassie helped her understand that Cincinnati Children's has a collaboration with Kentucky Children's for cardiac care and that coordinating records and appointments is easy to do. In addition, Cincinnati Children's Hospital could offer cardiology e-consultation to an in-network pediatrician closer to their home. With this new understanding, Carolyn now feels comfortable with keeping Amanda's immediate cardiac care needs housed at Kentucky Children's, per the recommendation from the OCSHCN nurse and Cassie, rather than using the pediatric cardiologists in Pikeville.

Knowledge of the care coordination between Cincinnati Children's, Kentucky Children's and the new pediatrician has helped Amanda and Carolyn feel more at ease. Moving forward, Jenna or the Cardiology

Nurse Navigator at Amanda's pediatric cardiologist's office will ensure that if there are multiple specialist appointments, imaging or other tests needed for Amanda, all would be scheduled on the same day. This further enforces maintaining care at a larger pediatric center where multiple specialists are housed in close proximity. For any care needed at Cincinnati Children's, the navigator or Jenna would help ensure that the family had overnight accommodations at Ronald McDonald House or a nearby hotel. Carolyn was assured that out-of-pocket hotel costs would be reimbursed because the family lives more than 40 miles away from the provider. Meals for one (1) caregiver would also be covered, and the family can request reimbursement from Passport for any mileage traveled beyond 40 miles each way.

From the information gathered by Jenna prior to the meeting, as well as from reports submitted by Carolyn and the SSW, the team also realizes that Amanda has received inconsistent and disjointed BH services in multiple settings because of her many recent acute hospitalizations. Amanda is currently seeing a licensed clinical social worker (LCSW) at the local community mental health clinic (CMHC), but she occasionally missed appointments due to concerns about infection risk, hospitalizations or transportation barriers. At the care team meeting, Amanda reports that she likes the LCSW. Carolyn feels it would be helpful if Amanda could be seen more often. The team agrees to work to increase the frequency of Amanda's therapy. Following the meeting, Jenna coordinates with the SSW to request this increase from the LCSW. The LCSW reports that she is able to provide telehealth to help mitigate the family's concerns about traveling and risks of infection. Jenna also works to ensure that, moving forward, BH providers associated with the hospital collaborate with the outpatient LCSW to allow for better coordination.

Facilitating Care

At the next care team meeting, the LCSW participates via phone. She reports she was able to speak with some of the providers who worked with Amanda in the hospital and thereby learned what types of reinforcers improved Amanda's disposition while she was inpatient. The family is now using the same reinforcers to reward Amanda for eating better meals and are starting to see small improvements. Thanks to the new collaboration between the hospital and cardiology group-based BH Director, the LCSW was also able to learn that in the past Amanda has refused to talk or eat when in the hospital for longer periods. It was usually linked to times when Amanda felt that she had the least control.

With this knowledge, the LCSW was able to help the cardiac team understand some of Amanda's early childhood trauma and how she believes it has impacted some of her current behaviors. Utilizing telehealth has allowed Amanda and the foster family to participate in a family session which provided the LCSW the opportunity to observe how the other two (2) children respond to some of Amanda's impulsive acts and disruptions. Also, since the other two (2) children have been back to school now for two (2) months, Carolyn has noticed that Amanda's mood has been worse on Sunday nights and Mondays as she adjusted back to the school schedule. Amanda tells the LCSW and the care team CHW that she wants to go to school like everyone else. Jenna and Cassie wonder if the school might be flexible with Amanda's homebound plan and if the medical team might provide consent for Amanda to attend a half-day each week in a classroom. They

obtain the necessary releases from the SSW to speak with the school. Amanda seems pleased that the adults are listening to her and trying to help her be more like a regular kid.

Cassie works with Amanda's cardiologist on parameters for physical health stability that will indicate when Amanda can safely tolerate a few hours in the classroom setting. Jenna and the SSW work together with the school, where the administration is amenable to having Amanda build a relationship with peers both in-person and through Skype. The process is informal because Amanda's IEP was not due to be re-evaluated until the following year, and because her medical condition is too fragile to predict when she might be able to tolerate more than the half day. The homebound teacher will continue to work with Amanda twice a week. At this news, Amanda's mood begins to improve slightly. She works with her LCSW and physical therapist to develop the short-term goals that must be achieved to be well enough to go to school one half-day per week. Amanda also agrees to begin adding two (2) new foods per week. Jenna contacts Passport's dietitian and asks her to collaborate with Carolyn to help increase the nutrition in Amanda's diet.

Jenna reinforces the importance of Carolyn continuing to update the notes and medical history in Amanda's Medical Passport and offers to supply past claims data, diagnoses and provider contact information to help her complete and maintain Medical Passport documentation.

Realizing Results

At the six (6)-month IHP meeting (which Jenna also uses as a care team meeting to make things easier for the family), the OCSHCN nurse notes remarkable improvement in Amanda. Amanda had a pre-albumin of 16 mg/dL at the previous appointment with her cardiologist. Through the Passport dietitian's and Carolyn's efforts, Amanda's dietary intake now includes high-fat protein shakes and other high-protein foods. As a result of her improvement, Amanda was rewarded with the opportunity to leave the house for activities other than medical appointments and was able to make friends with peers through her desired half day at school each week. Additionally, the care team coordinated with the cardiologist for safe activities that Amanda can do with her family. Her new goal is to attend the Zoo Day sponsored by Cincinnati Children's Hospital, and she was advised she had to increase her weight by five (5) pounds in order to do so. Motivated by having set her own goal and reward, Amanda achieved this by adding chicken and bacon back into her diet along with three (3) additional vegetables. Amanda met her weight goal just before the IHP meeting, and her pre-albumin is now 24 mg/dL. She is looking forward to Zoo Day, and as an added bonus, the hospital arranged for a scholarship to help the family with the cost of transportation.

Looking Forward

Carolyn worried about Amanda and how to best care for her throughout the first six (6) months of complex care coordination with Passport. Passport's care team continues to provide Carolyn with additional resources for support, including references to Little Mended Hearts' Lexington Chapter and the Pediatric Congenital Heart Association. The care team assisted in finding a qualified foster family who can provide respite for the family. Working with the DCBS SSW, Carolyn meets with a family a few towns away who is willing to assist one (1) day every other month. In order to ensure sufficient respite, Amanda's aunt is contacted by the SSW and she agrees to provide one (1) day on the opposite month until another family

member can be trained. Amanda's aunt receives additional education about how Amanda's behaviors were impacted both by her own illness fatigue and by her trauma history in early childhood. Her aunt agrees to join the care team and participate in meetings.

Finally, the Peer Support Specialist on the team begins working directly with Carolyn to address her feelings of inadequacy and burnout. As much as Carolyn has appreciated the efforts of the Care Coordinator and CA, she finds it most helpful to talk to someone who has walked in her shoes, and she now feels supported more than she ever has in the past around being a foster parent.

Conclusion

It has been 13 months since the first Care Coordination Team meeting. Because the team has been able to improve the coordination of appointments into a single day, the Jacobs family is better able to obtain the support of friends to get Mike to work so that Carolyn is able to have use of the car for those less frequent trips to pediatric specialists. At the one (1)-year anniversary of the first care team meeting, Amanda met her goal for a peer-supported activity and attended Zoo Day. She is attending school one (1) half-day most weeks during the school year and she now has a new goal: to attend the Fall Family camp the following year at the Kerrington's Heart family camp weekend, sponsored by a non-profit organization aligned with Kentucky Children's cardiology group. Attempts by DCBS to engage Amanda's mother since she was released from prison have not been successful. Although Amanda is able to have her next surgery, she still needs a heart transplant for long-term quality of life.

Carolyn and Mike decide that they cannot be the family to see Amanda through a transplant if they continue to foster multiple children. However, they have grown attached to her. They have been seeking community support to offset the financial losses they would incur if they streamline down to having just Amanda in their care moving forward. In conjunction with the OCSCHN nurse, Jenna works to coordinate with the transplant center at Cincinnati Children's to help educate Carolyn and Mike on resources specific to transplant, such as KY Circuit Court Clerk's Trust for Life and Children's Organ Transplant Association (COTA). Carolyn has already reached out to Kerrington's Heart regarding assistance, should they retain care of Amanda for a transplant. While her mood has improved and her outbursts have decreased, Amanda is still often scared and tired of being "different," even on the days she feels better. But like the other lessons Amanda has learned, she has learned to hope.