## 2. Collaboration (Section 9.0 Organization and Collaboration)

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:


We view our relationship with DMS as an open and transparent partnership, with aligned goals to deliver quality services that improve the health of enrollees in a cost-effective and efficient manner. We will continue building strong relationships with DMS, other agencies and our peer MCOs as a critical element of our program. With a focus on collaboration and a spirit of cooperation, we will build trust through our ongoing interactions. We recognize that serving enrollees involves strong relationships and partnerships with many state agencies, and we have already developed relationships with several, including Department for Behavioral Health, Developmental and Intellectual Disabilities; Department for Public Health; and Department for Community Based Services. We approach our meetings with a sense of partnership and open-mindedness with DMS and with other agencies and MCOs. We welcome ongoing feedback and discussion as part of our desire to continually improve and evolve.

In accordance with Attachment C – Draft Medicaid Managed Care Contract Section 9.3 Monthly Meetings, our medical director/chief medical officer (CMO), pharmacy director, quality improvement director, population health management director, utilization management director, dental director and behavioral health director, in addition to our chief executive officer, along with their designees or other staff as requested by DMS, will meet with DMS and other MCOs. The collaborative meetings will address issues, ideas and innovations to support efficient and economical delivery of quality services to enrollees, in addition to administrative simplification and operational effectiveness of the MCOs. We fully support DMS's goals for these meetings to improve health outcomes, address social determinants of health (SDOH) and explore opportunities for population health management. We are committed to engaging our state and national resources and subject matter experts, and affiliate health plan leaders in similar states, to share best practices, lessons learned and innovations at the monthly meetings to help achieve DMS's goals to support the health and well-being of Kentucky individuals and families.

i. Meeting formats the Vendor proposes that will result in successful collaboration.

For meetings with our partners in DMS, other agencies and other contracted MCOs, the table presents our proposed meeting formats for successful collaboration.

| Meeting Name, Timing and Format | Meeting Participants | Agenda and Topics |
|---|---|---|
| **Standing MCO/State Collaboration**<br>*Timing:* Monthly with optional ad hoc meetings to address urgent issues<br>*Format:* In-person or via teleconference | ▪ DMS leadership, including the Medicaid Director and/or designee(s) and partner state agencies<br>▪ MCO executive leaders, including the medical director and finance and operations leads | ▪ Initial three to six meetings focused on enrollee transition and implementation of new MCO contracts and policies<br>▪ Ongoing meetings focused on presenting best practices, opportunities and challenges on policy and operational/financial issues, such as:<br>• Improving health outcomes<br>• Addressing SDOH<br>• Identifying innovative population health efforts locally and nationally<br>• Emerging issues as identified by DMS |

| Meeting Name, Timing and Format | Meeting Participants | Agenda and Topics |
|---|---|---|
| **Voice of the Customer**<br>*Timing:* Quarterly<br>*Format:* In-person | ▪ Cabinet for Health and Family Services (CHFS) and DMS leadership<br>▪ MCO executive leadership<br>▪ National subject matter experts based upon policy/operational issues | ▪ Candid, one-on-one dialog between Commonwealth leadership and MCO leadership on plan performance, clinical innovations, and operational and financial opportunities and challenges<br>▪ Health plan to share thought leadership insights and lessons learned on policy and operational/financial issues with CHFS and DMS leadership |
| **All MCO Quality improvement Committee**<br>*Timing:* Quarterly<br>*Format:* In-person or via teleconference | ▪ DMS quality improvement leadership and staff<br>▪ MCO quality improvement directors and staff | ▪ Established quality committee to allow for ongoing collaboration between MCOs and the Commonwealth on current and future quality improvement initiatives<br>▪ Committee will provide quality leaders at DMS and at MCOs with a venue to share best practices, identify process improvement opportunities and share process/data challenges<br>▪ Forum will allow for development and collaboration around performance improvement projects |
| **All MCO Information Technology (IT) Advisory Committee**<br>*Timing:* Monthly<br>*Format:* In-person or via teleconference | ▪ DMS IT leaders<br>▪ MCO IT leaders | ▪ Focus on IT issues and opportunities that improve data collection and transmission between MCOs and state partners<br>▪ Provide CHFS and DMS leadership with a structure to collaborate on planned and implemented IT upgrades and changes to verify clear communication and smooth implementation |

To confirm a smooth transition following implementation, we propose the first three to six monthly, in-person meetings focus on enrollee transition and implementation of new MCO contracts and policies. We have experienced that meeting in-person during the early months of the contract help to establish rapport and improve ongoing collaboration. We also propose DMS hold standing in-person or teleconference meetings with all contracted MCOs: monthly on IT and quarterly on quality. These standing meetings will provide the Commonwealth and MCOs with a forum that allows for discussion of IT and quality issues, opportunities and challenges across all MCOs, to identify and collaborate with DMS on issues and opportunities, and develop plans to move the program forward.

In addition to the group meetings, we also have found that quarterly *Voice of the Customer* meetings with each individual MCO are valuable, so the Commonwealth can share its upcoming priorities and what is working well, and the MCO can share best practices and address any challenges. This meeting allows for a successful one-on-one collaboration between key MCO executives, such as UnitedHealthcare Community Plan of Kentucky (UnitedHealthcare) leaders, and DMS to discuss topics such as quality, clinical, financial, policy, benefits, compliance and IT, while creating a forum to share emerging trends and policy opportunities through our national subject matter experts.

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.

We offer the issues, ideas and innovations detailed in the following table as important topics to address during the initial three to six meetings. These recommendations align with our core goals to deliver high quality and cost-effective services, engage beneficiaries, support providers and collaborate on innovation and health and wellness initiatives to improve health outcomes.

| Description | Rationale/Short–term or Long-term Solutions |
|---|---|
| **Operational/Financial Topics** | |
| **Early meeting to discuss transition of enrollees from one MCO to another** | Focus on collaboration between DMS and MCOs with the goal of establishing a seamless transition of enrollees between plans. The initial three to six meetings also will provide DMS with oversight and engagement in the implementation of new emerging policies.<br>*Requires short-term solution during transition* |
| **Flexibility to incentivize social investments** | Allow for collaboration between DMS and MCOs on innovative approaches in medical loss ratio (MLR) calculation that create flexibility and incentives to improve overall health outcome through the incorporation of SDOH interventions. UnitedHealthcare has worked with other states to devise MLR methodologies that provide MCOs with flexibility that supports population health-focused interventions through identifying and addressing social barriers.<br>*Requires long-term solution* |
| **Provider Support Topics** | |
| **Credentialing** | In the short term, share thought leadership and best practices from other states to support providers and limit administrative burden. In the longer term, support the Commonwealth's move to single credentialing source and develop a unified approach to make things easier and simpler for providers and deliver a quality network.<br>*Requires both short-term and long-term solutions* |
| **Provider relations and value-based payment (VBP)** | Discuss concept of VBP targets for all MCOs and how to make certain the Commonwealth is receiving the most value from MCO contracts.<br>*Requires long-term solution* |
| **Health Information Exchange (HIE) adoption** | Explore approaches to motivate providers and show value of engagement in HIE platforms; share best practices that meet DMS goals and support provider advancement.<br>*Requires long-term solution* |
| **Innovation and Health and Wellness** | |
| **Share best practices and enrollee feedback** | Identify areas of improvement seen across MCOs, such as improving early childhood health through innovative approaches to increase Early Periodic Screening, Diagnostic and Treatment (EPSDT) screening rates, to serve diverse populations across rural and metro communities better.<br>*Requires long-term solution* |
| **Innovative approaches to population health** | Opportunity for MCOs to influence population health levers at state level; share approaches for SDOH and behavioral health integration; compare best practices on how to improve access; and collaborate on regional performance improvement projects.<br>*Requires both short-term and long-term solutions* |
| **Standardized HEDIS measures** | Collaborate with MCOs and DMS on key quality metrics all MCOs will use to improve the health system in Kentucky.<br>*Requires both short-term and 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.


Our objective is to be a partner with the Commonwealth through open exchange of ideas and issues, with a focus on enrollee needs and improved health outcomes while driving cost-effective solutions to care.

In our experience, it is essential that all parties have time to prepare for meetings adequately and are aware of each other's objectives going into the meeting. This will facilitate a productive meeting and clear next steps for the Commonwealth and MCO partners. To foster a partnership and enhance meaningful engagement during the required meetings, we propose the Commonwealth include an agenda item for MCOs to share lessons learned on specific topics of interest to DMS related to improving health outcomes and addressing SDOH, population health management, operational efficiency or other topics that may arise during the course of the contract. We will apply our knowledge, experience and lessons learned in other states and within the Commonwealth, and will enlist our UnitedHealth Group affiliate health plans and national teams to contribute, to help implement innovations and best practices in our Commonwealth operations.

We have learned and we recognize the importance of collaborating on agenda items before scheduled meetings to address key areas of focus for both DMS and MCOs. This gives MCOs and DMS the ability to prepare and apply best practices, provide data and operational measures, and connect with appropriate internal or external subject matter experts to address identified priority agenda items.

The following examples illustrate how we have collaborated with other states, MCOs and community-based partners. These examples serve as a framework on how we will collaborate in the Commonwealth to identify lessons learned that address existing and emerging issues and interventions to improve population health, increase screening of social barriers, improve connection to local social services, create an efficient and sustainable safety-net program, and improve enrollee health and quality of life.

## Collaboration with other MCOs in North Carolina

As one of four statewide health plans in North Carolina collaborating in advance of program go-live, we worked closely with the state and other health plans in deploying the state's innovative approach in linking health care and social services. Using a statewide, standardized screening tool, all health plans will collect important data on key social domains of housing, food insecurity, transportation and interpersonal violence. In addition, all plans will use one statewide resource and referral tool, NCCARE360, to connect enrollees with social barriers to services in the community. With this system in place, and as data on enrollee social needs and community-based providers' capacity is identified, health plans will work together with health systems, local health departments and philanthropy groups to identify gaps and align investments, and provide support to grow and strengthen the community-based infrastructure.

***Lesson learned:*** Partnerships and collaboration between the health plans will better serve our enrollees, while aligning MCOs in cooperation to support the health and well-being of the state better. As a ***"first of its kind" model and approach*** to addressing SDOH on a statewide scale, ongoing collaboration with our state partners and with other health plans allows us to work with and support the community-based organizations (CBOs) that are critical in meeting the needs of enrollees. In addition, it allows for clear and transparent messaging between the health care, social service and government sectors to confirm that issues are identified early, mitigation plans can be created and expectations can be met. We have done this in other states and plan

to do the same with our peer MCOs in Kentucky; we will foster this approach in our monthly meetings with DMS and other MCOs.

## Hawaii Accountable Health Communities Award

As part of our ongoing work to align and integrate health and social services, we are partnered with Hawaii and the Centers for Medicare and Medicaid Innovation (CMMI) award to offer 75,000 social needs surveys annually to Medicaid and Medicare beneficiaries in 16 clinical locations on the island of Oahu. The assessed social barriers include housing, food, transportation, utilities and interpersonal violence. In developing our screening and referral protocols, and working in partnership with our clinical delivery partners and local CBOs, our engagement with individuals around interpersonal violence has continually evolved to support the protection of the individual. As individuals engage with the digital screening tool, they are prompted when questions around interpersonal violence are next in the queue, and they are allowed to opt out of these questions if they are fearful of someone seeing the answers. For those who do continue with the interpersonal violence screen and who screen positive, the data system generates real-time alerts of possible safety situations. This allows the local clinic or hospital ED to follow their internal processes and procedures to confirm that any engagement with the individual and referral information to local domestic violence resources is private. Finally, unlike other referrals to social services where individuals receive paper printouts of local CBOs, individuals who screen positive for interpersonal violence and who wish to engage with local community supports are provided this information verbally, ensuring that there is minimal risk of an abuser seeing a paper referral and potentially placing the individual at an increased risk of abuse. Our work in Hawaii is an example of our commitment to ongoing quality improvement and serves as the type of lesson learned that we would share across MCOs and providers.

***Lessons learned:*** Through collaboration with CBOs, providers, MCOs and individuals, we were able to improve internal processes in supporting enrollees and individuals who are at risk of interpersonal violence, and share lessons learned with partners at the state and local level, and with CBOs and other MCOs to establish best practices for our enrollees and for the community. Building from this experience, we are connected to and partnering with many CBOs in Kentucky to address SDOH issues, such as with Volunteers of America and Scholar House for supportive housing, and Goodwill Industries of Kentucky for job training. As we build upon these successful community partnerships, we look forward to continuing to be a thought and action leader in this area in the Commonwealth, and we recommend this be a best practice topic to share with DMS and MCOs during our monthly meetings.

## MCO Collaboration for Complex Enrollees in Tennessee

Our approach for enrollees in our Tennessee health plan focuses on whole person care management through a holistic, integrated approach that addresses physical health, behavioral health and SDOH. This emphasis is reinforced through a process where all MCOs within the state collaborate to share information across technology platforms when a complex, at-risk enrollee transfers between health plans.

***Lesson learned:*** Collaboration and data sharing between MCOs verifies that care for complex enrollees, regardless of health plan, is not interrupted as he/she transitions between plans. When comparing 2017 to 2018, we saw 10% to 20% reductions in inpatient admissions, and 23% to 33% reductions in ED visits. In addition to the utilization successes observed during implementation, this model closed over 18,300 gaps in care in 2018. In addition to these clinical improvements, enrollee satisfaction with their overall health, wellness and quality of life through qualitative measurement has also improved. The data-sharing component of this is

recommended as a recurring topic during our meetings to verify as a group that all Commonwealth MCOs are partnering to provide the best support possible to Kentuckians.

## EPSDT Wellness Collaboration Focus

In addition to our partnership around complex enrollees in Tennessee, we have collaborated with other Medicaid MCOs in Tennessee and Tennessee Primary Care Association, which is the state's association of FQHCs. We are providing backpacks with school supplies to the FQHC, along with a list of enrollees currently in need of EPSDT screenings. In addition to using the backpacks as an enrollee incentive, we pair that with a monetary provider incentive for the FQHC with the highest rate of EPSDT gap closures. In an attempt to maximize outcomes, we specifically aligned this program with the summer months to take advantage of the children being out of school.

***Lessons learned:*** We have found through our partnership that a unified vision from the state around improving EPSDT rates has allowed for greater synergy among the MCOs. It also provides greater emphasis around this meaningful work in the provider community. We also identified that, in addition to enrollee incentives, working with providers to drive outcomes is essential. Through engagement with 13,518 children last summer, we yielded a 13.45% gap closure rate and completed 1,818 EPSDT screenings. We would like to bring this same topic to DMS and our peer MCOs in the Commonwealth during regular meetings to see if together, we can attain the same positive results.