12. Enrollee Services (Section 22.0 Enrollee Services)

At UnitedHealthcare, we understand the fundamental vision and importance of the Commonwealth's mission for Medicaid enrollees, the depth and range of Medicaid Managed Care Organization (MCO) program enrollee needs, and the need to strengthen the health care system to make it more accessible to Kentuckians. In support of Governor Beshear's health care plan, we will staff a Kentucky-specific member services center in compliance with Attachment C – Draft Medicaid Managed Care Contract, Section 22.0 Enrollee Services. Our efforts will support strengthening the Kentucky health care system and providing multiple resources and pathways for Kentucky families to improve their health.

Our member services (enrollee services) team will engage enrollees early, across a variety of mediums, to educate them on Kentucky MCO benefits and to help them understand the comprehensive coverage available to them. Collaborating with our provider network and local community partners, we have designed a program that engages enrollees early, simplifies the process of finding a high-quality provider, assists them with appointment setting and provides an understanding of their benefits. We look forward to partnering with DMS to improve the lives of Kentucky MCO enrollees and their families.

a. Describe the Vendor's operation of the Enrollee Services call center including:

We provide a straightforward, one-stop member services center experience for each enrollee. Our *Advocate4Me* member services advocates (MSAs) welcome every enrollee to the Kentucky MCO program. MSAs are trained to respond to inquiries and concerns from enrollees in a way that meets each enrollee *where they are* in the process of learning about their health care benefits. Our goal is *first call resolution* – with the emphasis on responding to enrollee questions in an efficient, respectful manner.

- ***Our member services call center model,*** *Advocate4Me,* joins together person-centered services that support our ability to understand an enrollee's health care history and motivate them to better health and well-being. We clear away enrollee confusion, guide enrollees to the care that is right for them, enable access to care and provide a high level of personal "concierge" service for each enrollee.
- ***Advocate4Me*** uses intelligent routing to direct calls to the MSA that can best assist the enrollee based upon previous call interactions. With intelligent routing, our technology system matches enrollees' telephone numbers and ID numbers to their eligibility file. Their clinical profile in the eligibility file includes population health management (PHM) risk stratification, health system utilization, benefits information and previous interactions with our services. This information helps us to anticipate the difference between routine questions and enrollees with more complex care needs.

Figure 1. QuEST Team. The QuEST team verifies that our members receive superior service and Quality Every Single Time through ongoing MSA training. Our QuEST team provides formal feedback, supervisor monitoring of calls followed by one-on-one coaching.

Our MSAs take pride in supporting our enrollees by offering prompt and positive experiences. We hire MSAs from the local community and provide 15 weeks of training that will enable them to build rapport with enrollees in a compassionate, professional manner both during and after business hours:

Access to Care During Business Hours

To serve our MCO program enrollees effectively, we provide an immediate connection through a toll-free 800 number, Monday through Friday from 7 a.m. to 7 p.m. in both Kentucky time zones (Eastern and Central time) except for the Commonwealth holidays. Our skilled and experienced MSAs deliver thoughtful, reliable and accurate service with an understanding that our enrollees are individuals with unique needs and concerns. To support accurate foster care service line reporting, we will use a separate toll-free 800 number for the Kentucky Supporting Kentucky Youth (SKY) program enrollees.

Access to Care After Business Hours

Enrollees have a variety of after-hours options available to them through the main member services center 800 number which is printed on the reverse side of the enrollee I.D. card. Our after-hours staff includes:

- ***NurseLine:*** Enrollees can speak to one of our qualified and trained nurses through NurseLine. Qualified medical staff is available through NurseLine (RNs) to address enrollee questions and triage immediate health concerns. Enrollees can call NurseLine directly, using the toll-free 800-number or, they can be connected through our call center. Since 2008, NurseLine has earned and held NCQA's Health Information Product certification.
- ***Doctor Chat Virtual Visits:*** UnitedHealthcare Doctor Chat is a chat-first workflow with barrier-free access to care in 90 seconds or less (seven days a week, 9 a.m. to 9 p.m.). Visits that cannot be resolved through secure chat can be escalated to telephone or video. Availability of on-demand care is critical to avoid high-cost care in emergency settings. When someone experiences a moment of crisis, equipping them with appropriate on-demand resources is critical to stabilize the situation. Implementing innovations, such as Doctor Chat, is one way we address access to care issues outlined in Governor Beshear's priorities.
- Among our Kentucky enrollees in rural areas, and those who have visited an ED two or more times in one year, we will promote the UnitedHealthcare Doctor Chat capability. This program allows enrollees to initiate a virtual visit with an ED physician, board-certified and licensed in Kentucky. This program differs from other virtual visit solutions because the providers seek to understand thoroughly the enrollee's health concerns rather than addressing only the immediate need. The average encounter duration is 18 minutes. Visits not resolved through secure chat can be escalated to telephone or video. Ultimately, UnitedHealthcare Doctor Chat can resolve 90% of Medicaid enrollee issues without having to refer the individual to in person care. In addition to using this capability to improve access to care for enrollees in rural areas, we will promote this program to enrollees who have visited an ED two or more times in one year as a way of reducing medical costs driven by unnecessary ED visits.
- ***Behavioral Health Services Hotline:*** Understanding the importance of mental health care as one of Governor Beshear's priorities, enrollees will have access to the behavioral health services hotline, staffed by master's level licensed clinicians, available 24 hours a day, seven days a week to triage enrollee crisis calls. Clinicians triage enrollees who are experiencing emergency issues to 911 or other mobile crisis services. Our clinicians further assess enrollees who are experiencing urgent issues and refer them to a network provider for additional support. Should enrollees identify themselves in crisis through contact with our call center or NurseLine, they are immediately transitioned to our behavioral health services hotline for assistance by one of our crisis-trained clinicians.

- ***myuhc.com Enrollee Portal:*** Our secure enrollee portal provides "one-stop" education, benefit information, medication reminders and health reminders specific to the enrollee's health (e.g., gaps in care.) It includes links to other educational resources (e.g., *liveandworkwell.com*) as described later on in this section.
- ***UnitedHealthcare Mobile App:*** Since smartphones are an integral part of today's society and often a preferred method for our members to access and receive information, they appreciate the convenience of our free member mobile application. Our member mobile app provides instant access to critical health information such as gaps in care, provider searches and electronic access to their member ID card.
- ***Voice Mailbox Message Option:*** For non-emergent or non-crisis issues, our interactive voice response (IVR) voice mailbox option offers callers the opportunity to leave a detailed message that an experienced MSA will return on the next business day. The IVR voice mailbox provides instructions to callers regarding what to do in case of an emergency and clear instructions on how to leave their message otherwise.

MSAs support enrollees with complex or Special Health Care Needs (SHCN) by warm transferring them to our multidisciplinary care team (MCT) during business hours or through referral to our nurse care coordinator (after hours). Enrollees also have the option to speak to a nurse, live, 24 hours a day, seven days a week. For children with outstanding Early and Periodic Screening, Diagnostic and Treatment (EPSDT) needs our EPSDT coordinator in the Maternal Child program will be engaged to address gaps in preventive wellness care. Our MSAs receive training that helps them support individuals with special needs including those individuals with cognitive delays, or who require language assistance, TTY or have other cultural beliefs (e.g., women who request a female PCP). Our MSAs will engage the MCT and care coordinator if an enrollee has complex or unmet medical or behavioral concerns or an individual has needs related to social determinants of health (SDOH) such as food, housing or domestic safety.

i. How the Vendor will monitor and ensure full staffing during operational hours.

To monitor and support full-time staffing during operational hours, our member services manager, Moses Brutus, will work with our local staffing partner, *Teleperformance*, to staff and train new MSA hires for the member services center, located in the Commonwealth of Kentucky. Mr. Brutus has more than 10 years of call center experience and all required qualifications per Attachment C – Draft Medicaid Managed Care Contract, Section 9.2 Administration/Staffing. As member services manager, he is responsible for tracking and reporting issues and achieving problem resolution. He is responsible for making sure that we meet all member services call center performance metrics and that our Kentucky MCO enrollees are receiving the highest level of support in the most compassionate manner. Mr. Brutus provides leadership to and is accountable for member services' performance and direction, working with health plan leadership and senior-level professional staff.

We will hire MSAs from across the Commonwealth to best reflect the cultural diversity of Kentucky, the geography and the communities they call home. We expect the MSAs we hire — comprising neighbors, friends and relatives of MCO program enrollees — will help us reflect the diversity of the local community and the enrollee population. Our initial staffing plan will provide a level of service that enables timely response and prompt resolution of problems in alignment with American Association of Health Care Consultants (AAHCC)/URAC health care call center standards for call metrics. Our primary call center service location and all call center locations for backup staff will meet American's with Disabilities Act (ADA), the Commonwealth and federal requirements. We promote **Flexible Work Arrangements** recognizing that work from home and flexible work schedules result in happier, more productive employees, we offer this choice to our employees.

All MSAs will be cross-trained to support Kentucky enrollees. This creates staffing efficiencies and flexibility in our ability to provide trained Kentucky MCO staff at all times. Additionally, we have a staffing capacity planning team that uses a staffing formula (used across all of our Medicaid member services call centers) to confirm that we are staffed appropriately for additional membership. We use a three-pronged approach to staffing:

- ***Initial Staffing:*** To determine initial staffing levels, we use a sophisticated workforce management tool to review expected membership, product types, benefits offered and specific contractual requirements. Our experience establishing health plans for our state partners is extensive and we have staffing models that help us predict the impact of new health plan setup to major or minor enrollee benefit changes.
- ***Monitor/Substantiate Staffing:*** To monitor and substantiate that we are staffing at appropriate levels, our workforce management team uses a series of applications, including scheduling software, to aid in monitoring our call service levels daily. We conduct daily, weekly and monthly meetings between operations and workforce management to monitor and adjust our call handling capacity as needed.
- ***Confirm/Adjust Staffing:*** Following "go-live," when actual call center data becomes available, we determine the need to adjust our staffing model and to confirm — using call metrics — that we are providing excellent customer service and meeting or exceeding performance metrics.

Our workforce management team is highly adept at understanding the impact to our call centers when a benefit is changed or modified because of our 45 years of experience across31 Medicaid plans. This understanding allows us to set appropriate hiring goals, anticipate expected call volume and average call length, which facilitates appropriate staffing levels to meet contract requirements.

ii. Examples of training and resources provided to call center staff.

We look forward to introducing all Kentucky families to their new health plan. We will use the following resources to support them and engage them in improved health and well-being across the Commonwealth.

To serve our Kentucky enrollees, our MSAs will receive training on our state-of-the-art, award-winning member services model, *Advocate4Me. Advocate4Me* provides the real-time desktop information MSAs need to connect with enrollees and understand their health history, status and potential gaps in care. Our comprehensive training and supportive technology prepares our MSAs to support each enrollee in a personalized and thorough manner. The result is a significantly reduced need for call transfers, fewer repeat calls, and a simple call center experience that has increased our enrollees' satisfaction. We will train two tiers of MSAs to support Kentucky families:

- ***Advocate4Me MSAs (Tier I)*** will perform traditional MSA functions that may include explaining how managed care works, finding a PCP or helping an enrollee obtain a new I.D. card. Hired through our primary vendor, *Teleperformance*, many of these MSAs will work-at-home and will be hired in parts of the Commonwealth where unemployment is high or to meet other identified strategic needs.
- ***Senior Advocates (Tier 2)*** are highly experienced MSAs who bring a wealth of knowledge and understanding to complex enrollee issues that can arise. For those enrollee questions that require time beyond the length of the enrollee's call for resolution — referred to as "commitments" — our senior advocates spend time offline documenting the tasks to resolve the enrollee's need and designating time to complete them. We

monitor these commitments daily to confirm that every enrollee follow up is completed and that we have adequately responded to enrollees, based upon their questions or concerns. **According to internal tracking data, in 2018, 85% of all Medicaid enrollee commitments made by MSAs were resolved within two days.**

Core Training Topics

We provide all MSAs and senior advocates with a broad range of regulatory and state-specific training, such as:

Commonwealth-specific Training: Even though we are hiring Kentuckians for these roles, we will introduce them to all aspects of the culture, the people and regional differences in Kentucky including unique pronunciations, heritage and language use (see graphic for Louisiana example). The MSAs also learn about the Commonwealth and regional geography. Training includes an overview of the products offered, eligibility requirement, regulatory compliance and typical challenges enrollees face. Our MSAs take great pride in the state they represent.

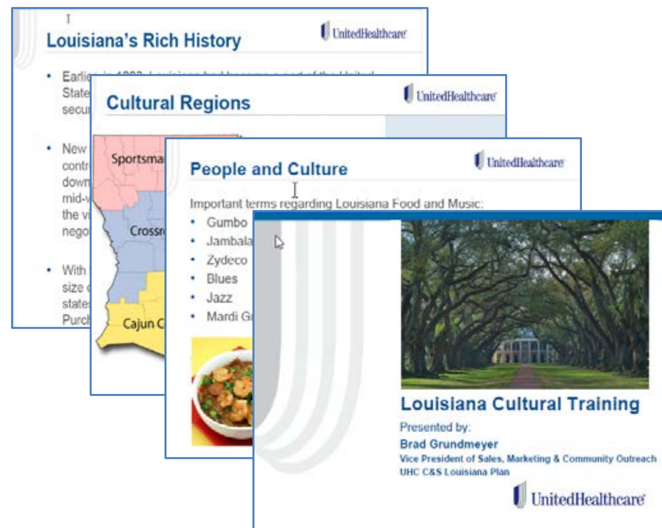

Figure 2. "We are here to Louisianify YOU!" An example of the intensive state-specific training MSAs receive so that they can appreciate cultural nuances statewide and build shared understanding to support enrollees.

General Compliance Training: All MSAs complete general compliance training including individual responsibility for knowledge of and compliance with laws, regulations and policies related to the Kentucky MCO program contract requirements. Information about reporting violations or questionable conduct, fraud and abuse and the Compliance Help Line, a toll-free telephone line (available 24 hours a day, seven days a week) is designated for reporting incidents of suspected noncompliance or other misconduct.

Urgent Situation Training: We train MSAs to recognize and respond effectively when an enrollee calls with an immediate need, situation or crisis, or if there is a perception of urgency. The goal of this training is to make sure the enrollee quickly gets the right level of support during their time of crisis. This training has helped our MSAs connect enrollees to mental health resources during crises including helping to facilitate safety checks by local police or EMTs if a member's health and well-being might be in immediate jeopardy,

Ongoing Training: Ongoing training addresses the latest in program updates for the MCO program, related changes and requirements. It reiterates cultural competency and SHCN coordination needs of enrollees. We provide periodic reinforcement of the lessons detailed in our new hire training, including cultural awareness and understanding of health disparities among cultural groups; treating each person with dignity and respect; communication protocols for enrollees with LEP; and barriers facing individuals with SHCN. All MSAs receive annual retraining on mandatory topics such as cultural sensitivity, privacy, integrity and compliance. Regularly, our QuEST (Quality Every Single Time) team performs call-monitoring activities to make sure MSAs are providing accurate information and adhering to established policies and procedures. In addition to the formal monitoring performed by the QuEST team, supervisors

replay recorded MSA calls for quality training purposes at least one day per week, allowing timely quality reviews.

Cultural Competency Training: We build our programs with an understanding of the cultural, linguistic and socio-economic diversity of our enrollees. We include lessons and activities to promote communication protocols for enrollees with limited English proficiency (LEP); different cultural beliefs and build their awareness of health disparities among different cultural groups. We guide MSAs in their training to be sensitive to the characteristics of and barriers facing SHCN enrollees; and SDOH and their affect to enrollee health care needs (see text box).

Working to End Severe Maternal Morbidity (SMM) and Disparity

As an organization, UnitedHealth Group is working to curb both pregnancy-related deaths and SMM. UnitedHealth Group is also working closely with partners such as March of Dimes, Centers for Disease Control, National Healthy Start, Morehouse School of Medicine and others in a collective effort to solve these complex challenges. We continue to evolve our efforts to:

- **Identify** specific causes and locations of adverse maternal and infant health outcomes using Commercial and Medicaid maternal morbidity and mortality data.
- **Enhance** UnitedHealthcare and Optum processes and programs to address specific causes of adverse outcomes leveraging Quality of Care, Adverse Events Guidelines and Value Based Contracting.
- **Partner** both nationally and locally to address specific causes and areas of concern, including efforts to engage hospitals and providers in implementing proven safety measures in clinical settings.

We reinforce and refresh procedures for handling urgent and emergent calls. We review and discuss urgent calls, including example scenarios and use role-playing exercises to make sure our MSAs are prepared and confident when handling calls of this nature.

We also provide ongoing training using recorded calls. MSAs attend monthly team and department meetings to review new program developments and areas identified for group retraining through audits.

Member Services Advocate Training Timeline and Methods

The MSAs we select will experience 15 weeks of rigorous training (Phase 1 and 2) followed by 12 weeks of on-the-job learning and supervision. During this time, they receive the tools and information they need to provide comprehensive assistance to Kentucky MCO program enrollees. This time frame allows trainees to build skills and confidence, beginning with simple enrollee requests, progressing to more complex scenarios and problem-solving, as illustrated in the graphic.

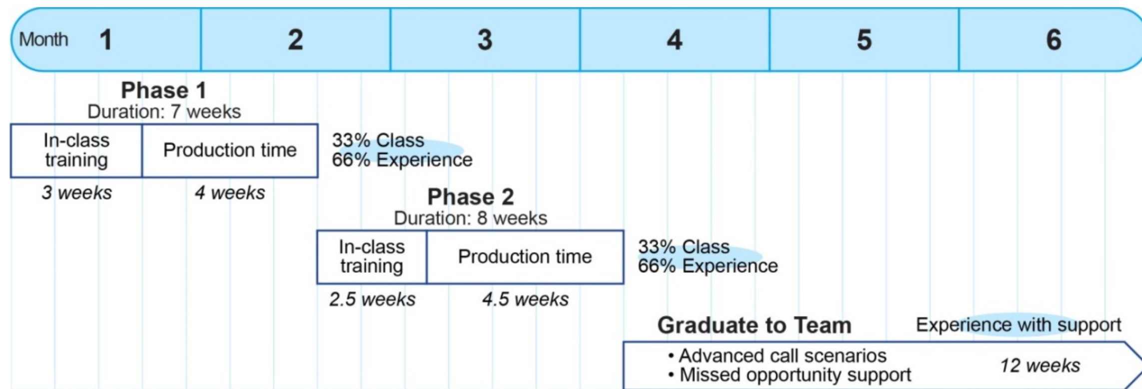

Figure 3. Our member services progressive training allows new hires to build confidence in two phases before graduating, in class and then in the live production environment, so they are fully prepared to assist Kentucky enrollees with their needs.

In addition to in-depth telephone etiquette and systems training, we base our new hire curriculum on the theme, *Lives of the People We Serve.* Through this lens, our training programs include enrollee-focused scenarios that provide background on the lives of our enrollees and explain the critical importance of understanding program benefits and how they support each individual. These specifics help MSAs identify and connect with the unique needs and challenges of the populations they serve. Training allows MSAs to learn the details of benefits, Kentucky health and social service resources, and provider networks. Through role-playing and mock calls, trainees practice cultural sensitivity as they respond to our enrollees' needs. We train specific protocols and provide ample practice to develop the confidence and compassion to support, respect and connect with enrollees.

MSA Enrollee-call Resources

Our MSAs have training on and access to all of the enrollee's information across our systems. Our goal is to delight enrollees on every call and to use our conversations with them to not only satisfy enrollee's needs but also to promote the best possible health outcomes through proactive discussions about their health status. This allows for a consistent, integrated and comprehensive approach to meeting each enrollee's unique needs. The table describes the resources available to MSAs and other staff to engage and support enrollees in their path to improved health.

Kentucky-specific Information	Description/Action	Update Frequency
"NEW Kentucky MCO Enrollee" Prompt	Our staff uses the *Benefit Summary* to assist callers with enrollment and benefits, including covered services and authorization requirements. Our MSAs confirm the enrollee received the new enrollee materials and understands the program and their benefits. The enrollee will then have the opportunity to complete their HRA.	Timely updates for any benefits changes
Provider Network PCPs	Our MSAs have access to the Provider Recommendation Engine (PRE) to help enrollees locate a PCP. Network provider data includes address, telephone number, specialty, board certification status, geographic location, office hours, open/closed panel, accessibility for enrollees with a disability, linguistic capabilities, hospital affiliation and more to match enrollees' needs as closely as possible.	Daily refresh
Interpretive Services line	Free interpretive services are available in over 240 languages. Internal resources are available for community services referral.	Timely updates

Kentucky-specific Information	Description/Action	Update Frequency
Eligibility and Claims	The CSP provides access to enrollee and provider information, including enrollee eligibility, PCP, benefits information, claims transactions and previous enrollee call documentation.	Daily/monthly upload of 834 files
"Knowledge Central"	Our online tool, *Knowledge Central,* aids in assisting Kentucky enrollees, providing global and MCO-specific program information including job aids, processes and bulletins. Our reference resource, *OneSource*, provides the Commonwealth-specific summary level information (e.g., benefits, demographic and geographic information).	Real-time
Clinical Information and Program Enrollment	Our care management system houses the enrollee's personal health record, including clinical information, enrollment in PHM programs or SHCN, prescription history and person-centered care plan.	Real-time
Grievances and Appeals	Grievance and appeals staff use our *Escalation Tracking System (ETS)* to record and maintain all dispute, grievance and appeal activity. The ETS allows staff to identify outstanding or priority disputes, grievances and appeals and to query and review a specific provider's dispute, grievance and appeals history.	Real-time
Population Health Management (PHM) Program	Our MSAs have the skills and knowledge to integrate with the PHM program and help enrollees access preventive care, tools, and community support services that will lead to improved health outcomes and well-being. Examples of how MSAs integrate into the PHM program include connecting enrollees to community programs for tobacco cessation, diabetes self-management and opioid use, in addition to helping schedule and access necessary preventive care like colorectal cancer screenings needed to promote wellness and to assist at-risk individuals.	Real-time
Healthify	*Healthify* is a web-based tool easily accessible by mobile phone or tablet. All MCT members have access, in addition to MSAs, RNs, behavioral health advocates, PRNs and community health workers, and use *Healthify* to connect enrollees to relevant and available social resources. These social resources deliver services (e.g., food, housing, legal resources, employment assistance, energy, support groups, child care and clothing) to individuals at risk for poor health outcomes or inappropriate use of health care services.	Real-time
HEDIS Gaps in Care	*Conversation Manager*, an interactive application, prompts MSAs when the enrollee's history indicates they are overdue for preventive visits or screenings. The MSA educates the enrollee about their benefits and offers to schedule an appointment. The MSA steers the conversation toward working with the enrollee to resolve gaps and further helps by contacting the PCP to schedule an appointment and arrange transportation if needed.	Real-time

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.

To monitor and support increased call volumes regardless of reason, we use the latest in call center and workforce technology to drive efficient, and flexible, planning models for long-range forecasting, short-range planning and real-time intraday management. Our National Operations Center oversees all our local member services call centers by using resource optimization tools, operational reports and business continuity planning to provide seamless member services

center delivery. Our teams of workforce management experts use these technologies to collaborate with our local call leadership to adjust to the ever-changing needs of enrollees. To reduce the risk of shortages, we monitor and incorporate all call center efficiency metrics into future staffing plans. Using advanced technology that includes skill-based routing and call forecasting, we can overflow calls easily in an emergency, and enrollees can expect the same level of service.

Figure 4: Our National Operations Center uses technology to manage local Kentucky call volume so our member services team can support Kentucky MCO program enrollees in a timely manner.

Location of Backup Staff

To ensure that our Kentucky MCO program enrollees receive knowledgeable service from backup staff, we have several, prime out-of-state backup locations and train an appropriate number of MSAs on the Kentucky MCO program. To be respectful of the cultural sensitivities of Kentucky MCO enrollees, we will use backup MSAs located primarily in Tennessee, with occasional overflow to the Central U.S. region. **With this geographically dispersed staffing model, we strengthen business operations and provide business continuity options for enrollees in the case of a natural disaster or other issues affecting local staff.** In general, we will feed 5% to 10% of Kentucky MCO call volume to our back up team during high call times so that, during an emergency, they are familiar with the Kentucky MCO program and ready to support enrollees. As part of our implementation efforts, we will supply the Kentucky call center and every call center backup location with access to the most current MCO program materials

All MSAs, both primary and backup, will be held to the same high AAHCC/URAC health care call center standards for performance. Our planned focus on redundancy and performance back up staff testing is critical for proper business continuity in case of weather events or other challenges the Kentucky-based call center may experience.

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.

Our overall approach to initial outreach and engagement involves leveraging multiple touch points to make it easy for enrollees to receive needed information and take action to improve their health. This includes everything from making a welcome phone call to help the enrollee complete an HRA to working with our community partners to host health education events that engage enrollees — and potential enrollees — on topics that are prevalent in their communities.

Outreach and Education during Enrollment

Key components to onboarding and educating enrollees revolve around understanding their current health status, health outcome goals, and unique needs. During the first 60 days after enrollment, we will deploy our national Hospitality, Assessment & Reminder/Retention Center (HARC) team to support rapid health risk assessment (HRA) completion and to understand individual enrollee needs better. Our HARC team makes outbound calls to engage enrollees in completing their HRA as a way to move enrollees to better health. Both our HARC team members (outbound) and our MSAs (inbound) are trained to identify if the caller they are

speaking to has completed their HRA and, if not, they will guide the enrollee to complete it. Using this process**, last year our inbound MSA team helped members complete 72,000 HRAs (October 2018, internal data) across our entire Medicaid population.**

Our initial onboarding activities and ongoing enrollee engagement methods include personalized HARC welcome calls, easily understood printed materials, technology-driven efforts that include social media (e.g., Facebook, Twitter) and targeted texting campaigns (enrollee opt-in) along with proactive outreach to engage hard-to-locate enrollees identified through our Hotspotting tool or by direct referral. Our onboarding begins by sending the *Welcome Packet* to new MCO program enrollees and includes the following:

Figure 5. Our Welcome Packet and Member ID Card mailing provides enrollees with basic information to get started on finding a doctor, making an appointment or calling for assistance.

Getting Started Guide: We send our *Getting Started Guide* to new enrollees so they can easily access the important information they need in a simplified format. The guide provides basic information to help enrollees learn the covered benefits and services, how to get help scheduling appointments and how to access services.

Member Handbook: Our *Member Handbook* is easy to read, simple to navigate and applies clear graphics, charts, diagrams and lists to deliver understandable information. It is written at a sixth-grade reading level and conforms to all standards outlined in Section 508 of the Rehabilitation Act to meet the needs of individuals with visual or hearing impairments and physical or mental disabilities. In compliance with Attachment C – Draft Medicaid Managed Care Contract, Section 22.0 Enrollee Services, all health-related enrollee materials are written at a sixth-grade reading level determined by Flesch-Kincaid, and provided in English and Spanish. Other prevalent languages such as Chinese and Arabic are also made available for specific populations and communities.

Welcome Letter and Member ID Card: The welcome letter that accompanies the member's ID card includes important information to help new enrollees access benefits and services. Our new enrollee materials, including the *Member Handbook* and *Getting Started Guide*, help enrollees understand the information on their ID cards; and how to use them. We will mail the *Welcome Packet* to new MCO program enrollees **within five business days** (see timeline) following receipt of the 834-enrollment file. The *Welcome Packet* includes a welcome letter, a Getting Started Guide, enrollee ID card and the *Member Handbook*. In compliance with Attachment C – Draft Medicaid Managed Care Contract, Section 41.6 Conditional Eligibility.

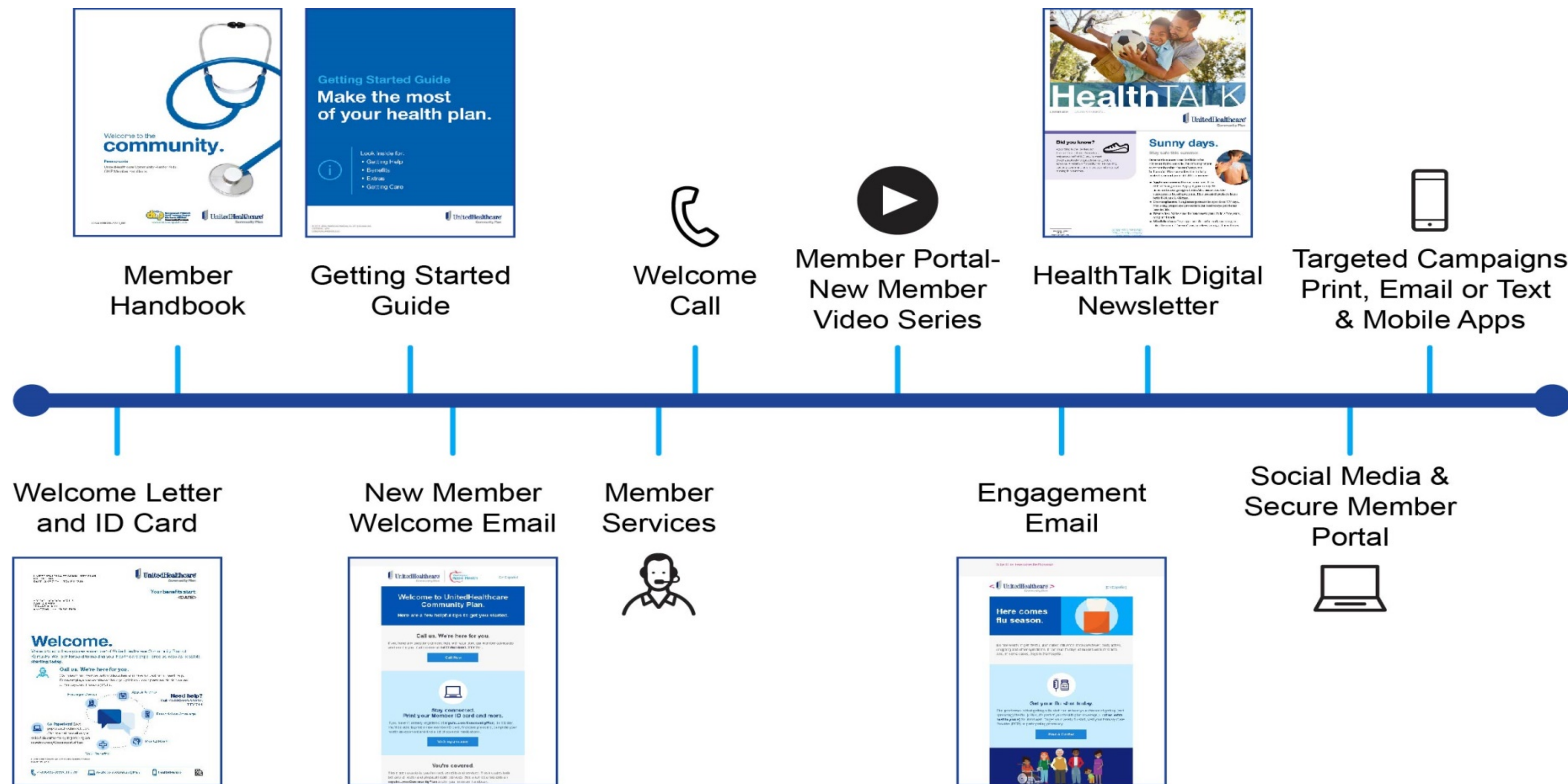

Figure 6. Outreach efforts to new Kentucky MCO enrollees: We use a variety of accessible outreach efforts to engage new enrollees. This multipronged approach improves the effectiveness of this outreach, educating enrollees about managed care and their benefits. In addition, we organize live community events across the Commonwealth to extend successful enrollee engagement.

Enrollee Engagement during the First 60 Days

As highlighted previously, within the first 30 days of an individual's enrollment, our HARC team initiates welcome calls and complete HRAs to better understand an enrollee's needs and better position us to initiate an individualize care plan. The HARC staff can also provide enrollee support for basic eligibility and available community resources (e.g., food, clothing, child care) through the *Healthify* app. To meet the size and scope necessary during this time frame, we will deploy national HARC staff to support rapid HRA completion. For complex persons engaged in care coordination, the MCT will actively work to complete their HRA and other key health risk assessments. Connecting with members within their first 60 days is a priority. Our HARC team attempts to reach enrollees if our first contact is incomplete.

Enrollee Education Topics

While helping enrollees complete the HRA, our HARC team will answer questions and begin to educate enrollees on the ease of accessing their new benefits. During this first interaction, our goal is to support the enrollee, reduce uncertainty and build trust for future opportunities to engage them in their health care. We will address the following enrollee engagement topics during enrollment:

Covered Services: Our MSAs confirm that enrollees have received the *Welcome Packet* and make sure enrollees understand the program, their benefits, their rights, the role of the PCP and other material contained in the *Member Handbook*. The enrollee will have the opportunity to complete their HRA and the MSA can assist the enrollee with appointment setting and convenient transportation to their PCP.

Accessing Care: As described in detail in our response to Section 13, and in compliance with Attachment C – Draft Medicaid Managed Care Contract, Section 28.4 Provider Network Access and Adequacy, enrollee PCPs are assigned based on historically provided services and standards. This allows for continuity of care and administrative simplification for network providers. For those enrollees who do not select a PCP during enrollment, we auto-assign them using our logic-based Provider Recommendation Engine (PRE). Within the PRE, we have the ability to review enrollees' location, claims data history and important demographics (e.g., language), resulting in a logic-based PCP assignment to a provider that can meet their needs. During our first contact with an enrollee, we confirm their PCP and work with them to set up needed appointments for urgent needs and preventive services.

Enrollees Respond to Doctor Chat

We use creative methods to move enrollees to improved health in a way that meets their needs. We surveyed Doctor Chat users and here's the feedback we received:

- "I suffer from **anxiety, depression and panic attacks** and when I am faced with a stressful situation, such as this, I tend to stop being compliant with my doctors. **The CHAT doctor was so patient and understanding with my issue**, I felt he was really "trying to solve a puzzle" and determined to arrive at the best possible answer/advice for me. **He helped motivate me to keep trying and work at seeking medical advice.** If I had not "chatted" with the doctor yesterday, my plan was to stop and just see what happens without further treatment. I was shocked, that over a CHAT session**, I am thinking on going back somewhere and see what's going on in my body**. Thank You."
- "This is **a great service** for people who don't want to wait in the ER with 5 kids for 6 hours to get seen"
- "Very attentive and on point. **Spent time getting to know my medical needs**, much more efficient than the usual wait an hour and see a doctor for 10 minutes"

Improving Overall Health: We will engage enrollees on an ongoing basis with communication materials that educate enrollees about their health benefits and encourage them to close gaps

in care through regular checkups, immunizations and maintenance of current health conditions. In fact, from Jan. 1 through Dec. 31, 2018, ***our MSAs assisted members nationally by engaging in over 99,587 gaps in care conversations to deliver preventive health education. In the same time frame, over 93,703 health care appointments were directly scheduled through call center interactions.***

Population Health Management (PHM) program: Based upon the results of the HRA, the MSA can specify that certain enrollees have a higher risk level based upon the individual's assessment. The program supports enrollees by promoting preventive services and tools such as tobacco cessation programs, colorectal cancer screenings, diabetes screening and opioid use interventions. PHM also assists individuals with chronic or complex conditions and empowers enrollees to manage their conditions effectively. Our PHM program engages the enrollee in comprehensive care that addresses their social, physical, behavioral and functional needs. Once the HRA or other high risk PHM concerns are identified during a HARC phone call or routine inbound enrollee call, enrollees can be directly connected to our PHM staff. Alternatively, the PHM staff can contact the enrollee at a future date using the contact information identified as preferred during the call.

Special Health Care Needs (SHCN): Using the HRA and an algorithm-based blended identification and stratification process, we can identify SHCN enrollees (e.g., high risk utilization patterns, complex social, behavioral or medical needs including multiple population health program risks) and warm transfer them or make a referral to the MCT. Using our Hotspotting tool, our MCT can locate and engage enrollees with multiple chronic conditions directly in place-based interventions, whether it is at the hospital bedside, at a homeless shelter, women's shelter or community clinic.

Educating Providers on our Enrollee Education and Outreach

To meet the needs of Kentucky MCO program enrollees, in addition to our enrollee direct education efforts we will use a high-touch provider education and orientation approach to educate and inform PCPs on available enrollee programs and services, including special program requirements. To facilitate provider understanding of the Kentucky MCO program, we create and share provider education materials via email, in-person meetings, town halls, Expos and Lunch & Learn webinars.

ii. Topics the Vendor proposes to be priority areas of focus for Enrollee outreach and education.

We recognize the importance of providing our enrollees and their families with comprehensive resources that include essential health education and inform enrollees how to access services. Our *Member Handbook*, available in both hard copy and electronic format (on *myuhc.com*), will be customized for the Kentucky MCO program according to the requirements in Attachment C – Draft Medicaid Managed Care Contract, Section 22.2 Enrollee Handbook, and will include Kentucky MCO regulatory information such as:

- EPSDT benefits
- Population health management
- Enrollment information
- Service line contact numbers
- Benefits and coverage
- Non-covered services
- Non-emergency transportation
- Service authorizations
- Advance medical directives
- Enrollee rights and responsibilities
- PCP selection and change
- Family planning information
- Language assistance
- Alternative formats for materials
- Fraud, waste and abuse reporting

- After-hours and emergency care
- Assisting enrollees with filing formal appeals
- Continuity of Care
- Help with medications
- Using our member website and digital tools
- Programs including opioid misuse prevention
- Information on preventive care programs
- Grievance, appeal and State Fair Hearing information
- Scheduling appointments with their doctor

We will engage enrollees on health topics critical to the Commonwealth and critical to enrollee efforts to improve their health in alignment with MCO program goals. Please refer to our response to **Question 12.b.i** for a list of priority areas for enrollee outreach and education.

iii. Initiatives and education (health literacy) the Vendor will use to drive appropriate utilization and cost effective health care services.

We use a variety of programs to facilitate education (health literacy), to drive appropriate utilization and to provide cost effective services. We begin by aggregating member data and information to address trends in appropriate utilization and underutilization via targeted mailing, automated calls, live outreach calls and enrollee incentives. We use a combination of information learned through initial enrollee outreach combined with claims data, encounter data, and HEDIS gaps in care data to understand where enrollee are to help improve their health. These initiatives include:

> We develop our materials using our ***Just Plain Clear®*** Communications glossary, an internal initiative to improve health literacy by simplifying communications. *Just Plain Clear* uses health care and health insurance terms that are easy to understand and are prepared in English, Spanish and other languages as needed to make messaging understandable and actionable.

Advocate4Me Utilization Prompts: Under the *Advocate4Me* call center model, our MSAs are alerted through our platform of outstanding gaps in care for the enrollee that is calling. The MSAs will educate the enrollee about the importance of preventive health, encourage the enrollee to close this gap and offer to schedule an appointment on their behalf.

Doctor Chat Virtual Visits: UnitedHealthcare Doctor Chat is a chat-first workflow with barrier-free access to care in 90 seconds or less (seven days a week, 9 a.m. to 9 p.m.). Visits that cannot be resolved through secure chat can be escalated to telephone or video. In addition to using this capability to improve access to care for enrollees in rural areas, we will promote this program to enrollees who have visited an ED two or more times in one year as a way of reducing medical costs driven by unnecessary ED visits.

Health Literacy Education: Through *myuhc.com*, enrollees will have a one-stop shop to access their needed resources. To familiarize themselves with health insurance concepts, enrollees can access FAQs and (for expansion enrollees) how to access dental and vision benefits. An Explanation of Benefits, and generic geographic average cost estimates for treatments or procedures will educate and raise awareness on the cost of care, promoting enrollee health literacy.

Population Health Management: Our overarching PHM strategy provides enrollees with the preventive services and tools needed to promote wellness and assist at-risk individuals and those with complex conditions to better manage their conditions. We address trends in underutilization via targeted mailing, automated calls, live outreach calls and enrollee incentives. Services such as NurseLine help address enrollee questions and triage immediate health

concerns, helping promote the appropriate use of medical services (e.g., appropriate use of urgent care and emergent care).

Community-based Enrollee Engagement and Health Incentives: Through our demographic research, we know that Kentucky has a higher prevalence of adult diabetes than the national average. Rates are particularly high in Regions 2, 7 and 8. We are partnering with UK Barnstable Brown Diabetes Center to train qualified UK Cooperative Extension Service agents as Lifestyle Coaches to increase the number of National Diabetes Prevention Programs (DPP) offered in underserved areas. The project will focus on the following Kentucky counties that are served by an extension agent and have significant diabetes prevalence: Knox, Muhlenburg, Scott, Washington and Whitley. Working with our community-based partners, PCPs, clinics and FQHCs, we will collect claims data designed to identify enrollees at risk and set up opportunities for them to address gaps in care in their communities.

Oral health for low income adults in Kentucky is a challenge with one in five reporting that their mouth and teeth are in poor condition. We will offer an incentive to complete an annual dental visit to promote oral health.

In 2016, only 44.8% of adolescents received a well care visit. Adolescents are more likely to participate in risky behaviors. A well check can influence behaviors early to lead to better health habits as an adult According to Healthy People 2020, “behavioral patterns during these developmental periods help determine young people’s current health status and their risk of developing chronic diseases in adulthood.”

We will provide enrollees with a gift card incentive when they:

- Complete two or more diabetic screening visits ($15 gift card)
- Complete one preventive visit for adult dental care ($15 gift card)
- Complete one adolescent well-care visit for their child ($25 gift card)

When necessary to close gaps in care, we will use outbound calling (e.g., live or IVR calls) to remind enrollees of their gaps and to assist them in scheduling appointments with their PCPs. Other examples of innovation we will use in Kentucky to promote health literacy and drive improved health include:

Other Community Health Initiatives

We work with enrollees to tackle difficult health care concerns – like obesity --by providing them with the information and education they need while partnering with proven community resources and tools such as:

Playworks: In Perry County, we partnered with local elementary schools to provide education and guidance on healthier habits and to teach the importance of play and being active. ***“Within months, Playworks schools have seen an increase in engagement in physical activity and decreases in negative behaviors, thereby increasing the wellness of the whole child and the whole school,”*** according to Playworks executive director, Jo Yocum. ***Children in Playworks schools spend 43% more time in vigorous activity at recess.*** The Kentucky department of education is interested in possibly expanding the program into more schools, as the social and emotional learning intervention meets one of the highest criteria for evidence of impact under the *Every Student Succeeds Act*. We continue to partner with other local communities to move the needle on improving the health of Kentucky kids.

Boys & Girls Clubs Memberships: We know that obesity and pre-diabetes is a widespread issue in Kentucky and a DMS priority related to PHM. Working with the Boys & Girls Clubs

throughout the Commonwealth, we will offer Boys & Girls Club memberships to engage Kentucky youth in learning about healthy eating and provide opportunities for regular physical activity in a safe space to play and participate in team sports.

Weight Watchers Memberships: To support adults with weight loss and lifestyle management, we offer Weight Watchers memberships. Based upon our national experience in diabetes prevention programs and related insights, we will identify the appropriate DPP provider for Kentucky. Enrollees will receive vouchers to attend official Weight Watchers meetings where they will learn valuable skills about healthy eating and weight loss. In a recent study, participants on Weight Watchers were three times more likely to lose 10% or more of their initial body weight compared to those referred to standard care. Losing 10% of body weight reduces risk factors for diabetes and heart disease.

iv. Collaboration opportunities with other contracted MCOs, CHFS Departments, and community partners to support Enrollee needs through joint outreach and education.

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.

MCO Collaboration in North Carolina

UnitedHealthcare is fortunate to have been one of five health plans selected by the state of North Carolina to serve over 1.6 million Medicaid members collectively. As part of the state's overall objective to move away from purchasing health care to purchasing health, the state, health plans, providers, community based organizations (CBOs) and most importantly, members, are working in alignment to improve health by addressing social barriers.

Collectively, health plans are using a single statewide screening tool to identify member's social barriers. Health plans, health systems and community based organizations (CBOs) such as the Piedmont Triad Regional Council (PRTC), one of 16 regional councils in North Carolina, are aligned in using a single, statewide resource and referral platform--*NCCARE 360. NCCARE360 is designed* to build connections for a healthier North Carolina as it moves to whole-person health and health system transformation. It creates a collaborative network of health care and human services organizations that allow for a coordinated, community-oriented, person-centered approach to delivering care in North Carolina

COLLABORATE

As the model is rolled-out, we are working in tandem with our MCO partners to address inconsistences and differences that may adversely affect the ability of the state to reach its goals. For example, ***we collaborated with our MCOs partners to identify and correct an operational barrier in program data flow and payment to CBOs. Due to these efforts, our collaborative solution will become part of the state's final policy.***

Additionally, new data collected from the model will allow for MCOs, hospitals systems, philanthropy, state and local governments to collaborate on targeted, community and population based investment strategies to improve the health and well-being of Medicaid members and the communities they live in.

Based upon this approach and experience, we will look for opportunities in the Commonwealth to come together in “competitive cooperation” to create an environment of collaboration at the state and local levels to identify and address core population health and disparity issues across the Commonwealth.

Cross Sector Collaboration in Kentucky

We will collaborate with other MCOs, the CHFS departments and community stakeholders at the state, regional and local levels in the Commonwealth to maximize consistent information, capitalize on allotted resources, and promote an efficient approach across parties, to minimize enrollee efforts to find what they need, when they need it and how they need it.

Collaboration opportunities that we are currently pursuing for Kentucky MCO program include:

Kentucky Diabetes Network (KDN): As an active participant in the Diabetes Prevention Program (DPP) work group alongside staff from CHFS, University of Louisville, Anthem and others, we have worked diligently to enhance awareness of a student-created public service announcement on DPP. The goal of this effort is to encourage Kentuckians to receive Centers for Disease Control and Prevention pre-diabetes test, and through allocation of additional resources, including funding and in-house design for roughly 50 billboards across the Commonwealth and supported by the distribution of a DPP postcard in Walgreens retail locations. Using this approach, whether an individual sees a DPP public service announcement while watching TV in Lexington, drives by a DPP billboard in Cumberland, or grabs a DPP postcard at checkout in Louisville, they see a coordinated message designed to inspire action.

Kentucky Health Benefit Exchange (KHBE): Recognizing the important role Application Assisters play in the Medicaid enrollment process, we will collaborate with KHBE and other MCOs to better support enrollee needs through join outreach and education opportunities.

> ***“We believe UnitedHealthcare espouses the central tenants of the KDN Mission: Make Kentucky the best state for those affected by diabetes.”***
> -Terry Gehrke, Executive Director
> Kentucky Diabetes Network
>
> ***“UnitedHealthcare and Boys & Girls club have collaborated in some programs that will make a positive change in our community.”***
> -Mary Lee England, Executive Director
> Boys & Girls Club of Glasgow- Barren County
>
> ***“UnitedHealthcare has chosen to activate their sponsorship in a unique way — trying to find the root cause — reasons why, if you will — that Medicaid patients do not attend their initial wellness screening.”***
> -Joey Maggard, Executive Director of AHA
> Central Kentucky

American Heart Association (AHA): In partnership with the AHA as a “Healthy for Good” sponsor, we are creating awareness and hosting community stakeholder meetings to talk about what barriers and opportunities exist to incent individuals with Medicaid to complete their annual health assessments.

Naloxone Training and Distribution: Realizing that reducing the opioid epidemic in Kentucky is the Commonwealth priority, we are looking for ways to have impact through collaboration with the Commonwealth and local partners. During discussions with Operation UNITE (Unlawful Narcotics Investigations, Treatment and Education), we discovered that volunteer fire departments are on the front lines of reducing opioid-related deaths in rural areas. By initiating a partnership with the Kentucky Fire Commission and State Fire/Rescue Training, we identified 10 counties with the most need spread across the Commonwealth. Through further collaboration with the Foundation for a Healthy Kentucky and the Department for Public Health Mobile Harm Reduction, 10 volunteer fire departments have been trained to use naloxone and we provided

800 doses of naloxone in 2019 to decrease death related to opioid overdose. Post-naloxone delivery, individuals will be given a *FindHelpNow* wallet card, provided by the Kentucky Injury Prevention and Research Center, to find the resources to move toward recovery.

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.

Creative use of technology and enrollee supports provides us with a wide range of opportunities to educate and motivate enrollees toward healthier behaviors — resulting in improved health outcomes. We use a multifaceted approach to link enrollees to information and education that is easy to access and understand, in support of increased enrollee engagement and understanding of their covered benefits as described in the table.

Creative Methods to Engage Kentucky MCO Enrollees in Improved Health and Well-being	
Tool	**Informational/Educational Outreach**
Multiple Pathways to Health Literacy and Health Engagement	
Doctor Chat/Virtual Visits (App or Web Portal)	To provide enrollee-centric access to care, we will implement UnitedHealthcare Doctor Chat, a chat-based, virtual visit ED diversion program. Enrollees can also use the UHC Chat app or web portal to communicate via secure chat, telephone or video with an RN and M.D. if needed for care, seven days a week (9 a.m. to 9 p.m.) This expands access to care by assisting enrollees securely from their own device when they need it.
Enrollee Mobile app (Mobile App)	Free mobile app that provides education, basic benefit information, easy ways to contact us, alerts about needed preventive services and push notifications.
SUD Help Line (Telephone)	Confidential help line available 24 hours a day, seven days a week for enrollees and their loved ones to receive assistance with SUDs.
On My Way (Interactive Website)	The program uses an interactive website to help teens learn about areas that have historically prevented them from achieving stable, independent lives. Specifically tailored information for the young adult population to engage them in their health early as they transition to adulthood (*uhcOMW.com*)
Collaboration with Local Partners: Community Action Kentucky (CAK)	Our collaboration with CAK and their network of 23 member agencies with outreach offices in every Kentucky county has the potential to make a vast impact on moving the needle of Kentuckians health outcomes. Community Action Agencies (CAAs) are trusted service providers in local communities that we will partner with to connect members via direct referral linkage between our care coordinators and CAA case managers to help identify unmet health and social needs. The CAAs are a lifeline to meeting needs in their communities, with over 300,000 individuals participating in CAA programs and services over the past year. The CAAs help to strengthen families and build better communities through programs and services like transportation, workforce development, housing, food security and early childhood education. This innovative partnership will help improve the health of enrollees in a cost-effective manner. Initially, we will partner with three CAAs (LKLP Community Action Council in Hazard, Audubon Area Community Services in Owensboro and Northern Kentucky Community Action Commission in Covington) to refer and deliver highly targeted services based upon the enrollee's needs. Our collaboration will include a bidirectional referral tracking and management system to allow service level data and closed loop referral tracking. As we gain experience, we will scale, as appropriate, to other CAAs across the Commonwealth.
myuhc.com **Enrollee Portal (Smartphone or Laptop)**	Our secure enrollee portal provides "one-stop" education, benefit information, medication reminders and health reminders specific to the enrollee's health (e.g., gaps in care.) It includes links to other educational resources (e.g., *liveandworkwell.com*) such as: ▪ ***Individual health record:*** Prompts the enrollee to take action based upon recent

Creative Methods to Engage Kentucky MCO Enrollees in Improved Health and Well-being	
Tool	**Informational/Educational Outreach**
	claims data (e.g., "You are overdue for your annual well visit."). It pulls data from the enrollee's services from the past three years regardless of where they were seen, and with whom they had coverage. ▪ ***PsychHUB:*** Brief evidence-based training videos pertaining to common behavioral health symptoms, therapeutic interventions and SUDs. The portal is available to all enrollees and via the Behavioral Health Toolkit for providers. ▪ ***Personal Empowerment Programs:*** Online cognitive behavioral therapies for a variety of behavioral health conditions as a self-guided evidence-based therapeutic service. ▪ ***Liveandworkwell.com:*** Health and wellness website that provides confidential access to professional care, self-help programs, interactive tools and educational resources. A link is provided through *myuhc.com*. ▪ ***OptumRx.com:*** Pharmacy website that offers prescription text reminders, pharmacy search by ZIP code, drug lookup within the Preferred Drug List and customer service options. A link is provided through *myuhc.com*.
Complex Care Management and Connection	
PHM Clinical Texting Campaigns	Our enrollee communication capabilities feature SMS text campaigns and administrative messaging to meet the enrollee's communication preference. Features may consist of texting campaigns for expecting mothers and new parents, prevention advice for adolescents and adults, care tips for diabetics and tips to help smokers quit.
CommunityCare	*CommunityCare*, our care management platform, provides the collaboration mechanism to develop a person-centered care plan that meets complex care needs, goals and desired outcomes; it monitors the enrollee's progress toward achieving their goals; and identifies acute events (e.g., hospitalization) so the MCT can coordinate relevant and timely enrollee interventions. *CommunityCare* facilitates the delivery of timely, integrated and coordinated services and supports across varied populations and delivery systems. It supports the ongoing management of the enrollee's care as they achieve their goals or experience changes in health status or changes in care settings.
Social Media	We use Facebook to deliver targeted local health information and invite enrollees to community events. Our YouTube channel provides interesting and inspiring enrollee stories. We are also exploring Twitter strategies to expand our social media presence.
Member Services Notifications	When an enrollee calls us for any reason, our MSAs automatically see desktop notes that alert them to gaps in care. Our MSAs can then "check in" with the enrollee to see how they can resolve the gaps — by helping the enrollee set an appointment or talking through the incentives available.
Complex Care Management Team	The complex care management team provides case management and in-home stabilization care to individuals with mental health needs or multiple chronic conditions. Engagement includes identifying social barriers, including homelessness, to best support the enrollee in improving his/her overall health and well-being.
Housing Navigator	We will hire a housing navigator to help identify resources in the community, deepen community-based partnerships, train/support care coordinator and where needed, step in to directly engage/support those in need of housing. Our housing navigator will play an essential role in our Housing + Health housing pilot in the Louisville area.

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.

Our enrollee materials help enrollees understand the services covered by each program and how to easily access these services. They assist enrollees with locating providers, managing chronic illnesses and understanding the

importance of preventive health care.

Identifying Needs for Enrollee Materials

Successful, regionally targeted outreach requires extensive knowledge of the people that reside within the communities and the resources available to support these individuals (see text box for a Louisiana example). We are committed in our efforts to listen to stakeholders in every state we serve — leveraging their awareness and familiarity with the regions to better understand needs and concerns.

For example, UnitedHealthcare performed a Kentucky Regional Analysis by SDOH to help us understand regional variation and enrollee needs. In addition to the active claims and quality data, we will obtain during implementation and "go live," this information helps us identify the priority health concerns and needs for specific health educational materials and face-to-face interaction by region. For example:

- **Region 5** has ***consistently favorable*** (low) rates of obesity, tobacco use and diabetes. However, it also has the highest rate of severe housing problems.
- **Region 6**, the smallest of the regions with only six counties, shows ***consistently favorable*** (low) rates for SDOH, food insecurity and unemployment. However, Region 6 has the highest infant mortality rates and overdose mortality rates in the Commonwealth.
- **Regions 7 and 8** ***rank unfavorably*** (high) for almost all health (e.g., obesity, heart disease, smoking during pregnancy, overdose mortality) rates and SDOH markers (e.g., unemployment, high school graduation rates, food insecurity rates).

Identifying and Engaging Specific Enrollee Populations
In 2018, we identified health disparities in four parishes (e.g., East Baton Rouge, Lafayette, Jefferson, Caddo) in Louisiana for women who were not receiving their diabetic eye exams. Supported with this data, we created culturally appropriate enrollee materials emphasizing the importance of diabetic eye exams and distributed them at provider expositions and at provider offices in all four targeted parishes. At the same time, we partnered with MARCH Vision to initiate an automated call campaign (June 2018) using a list of enrollees with diabetes that needed their eye exams. By October 2018, we received claims for 524 unique enrollees — some with multiple dates of service — and our HEDIS rates for diabetic eye exams increased nearly two points (from 53.49 in 2017 to 55.17 in 2018).

Kentucky *Homeplace* Partnership

Recognizing the unique relationship that Community Health Workers (CHW) hold with residents in their communities, we partnered with *Kentucky Homeplace* last year to host a CHW focus group to better understand the needs of Medicaid enrollees in Region 8. We will continue to partner with CHWs and other community-based organizations to host focus groups in each Region to benefit from their extensive community knowledge and verify we are tailoring enrollee materials appropriately. In addition to our own demographic research, we rely on regulatory requirements, the Commonwealth demographics and population reporting, community partners and PHM needs.

The listening process continues in Kentucky and we look forward to working with the Commonwealth to increase health literacy among enrollee populations, and to continuously develop and distribute enrollee materials that will positively affect the lives of Kentucky MCO program enrollees, their families and caregivers.

Development and Enrollee Material Review Process

Our marketing team will work closely with DMS to make sure we provide accurate and timely deliverables for prior approval, such as marketing plans and schedules, informational materials for community education, and outreach programs.

To maximize understanding of the Kentucky MCO program, our teams focus on appropriate, accurate and useful messaging for potential and current Medicaid enrollees on topics such as program information, enrollment, benefits and healthy behaviors. All public communications are subject to corporate communications policies and procedures (P&Ps), including material and content audits. These P&Ps result in accurate and clearly stated materials that are compliant with DMS and CMS requirements.

Distributing Enrollee Materials

In our efforts to raise awareness of the Kentucky MCO program and extend the reach of health care services to individuals living in the Commonwealth, we will produce both digitally accessible and print-based marketing materials, including advertisements and brochures. We will design DMS-approved written materials describing the health-related program to educate prospective enrollees, family enrollees and caregivers to help them make informed decisions. We also look forward to collaborating with the Commonwealth on emerging, effective communication strategies (e.g., texting, social media) that allow us to be good financial stewards of the Commonwealth's health care investment.

We will work with providers, including physicians, hospitals, pharmacies and community health centers to provide education onsite and encourage material displays to inform citizens about the MCO program. In this endeavor, we will provide our health care partners, including ED and maternity departments, with current, up-to-date materials to share through their PRNs and other appropriate staff to educate individuals about their health care options. We will work similarly with PCPs and other partners to reach potential enrollees. Collaboration with our community partners will be vital in disseminating information to Medicaid enrollees through local organizations like Community Action Agencies.

Enrollee Feedback Continuously Improves Enrollee Materials

We use survey data and call center feedback from enrollees to enhance materials. We also rely on our Quality and Member Access Committee (QMAC) to review marketing materials and our enrollee distribution process. As described in **Section 9.d.**, the QMAC is instrumental in providing candid feedback from enrollees and other community stakeholders that help us support member concerns, needs and new ideas. Their involvement is critical in many areas including enrollee material review.

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.

We customize enrollee materials and engagement strategies based upon unique cultural, ethnicity and identity needs and identified gaps in care. In compliance with Attachment C – Draft Medicaid Managed Care Contract, Section 22.2 Enrollee Handbook, all health-related enrollee materials are written at sixth-grade reading level determined by Flesch-Kincaid and provided in English and Spanish. Other prevalent languages such as Chinese and Arabic are also made available for engagement with specific populations and communities. We will collaborate with community partners and providers to better understand the populations they serve and how we can best meet the diverse language and cultural needs across the Commonwealth. For

example, recognizing pockets of Burmese and Somali in the state, we will send language appropriate materials and coordinate with local providers to confirm needs are met. The quarterly enrollee newsletter, *HealthTalk,* is written in both English and Spanish contains health education about asthma, diabetes, pregnancy, heart health, women's health and more. Recognizing the critical importance of culturally appropriate and effective communication to improve the service experience for enrollees and to reduce or eliminate health disparities, we support the diversity of our enrollees in obtaining health care in the following ways:

Supporting Enrollees with Diverse Cultural Backgrounds: In Kentucky, we will actively recruit employees who either represent the ethnic and cultural groups we serve or who have extensive experience working with diverse populations, including the perspectives of individuals with disabilities. We benefit from their diverse knowledge to provide formal and informal educational and training opportunities for our staff and the community. We actively pursue potential candidates who are bilingual. As described in response to **Question 12.a.i,** we use an established process to determine staffing levels to serve Kentucky MCO enrollees.

Assisting Enrollees with Limited English Proficiency: Upon enrollment into our health plan, the enrollee's need for linguistic and translation services is determined (834) and noted in the enrollee's record. We currently employ plan advocates who are fluent in Spanish to assist enrollees in Kentucky, and our interpretation services are always available to provide our enrollees with access to more than 240 languages to meet their communication needs through both plan and health care provider interactions. Enrollees also have the ability to select language preference on our public website (*uhccommunityplan.com*).

Training Clinical/Non-clinical Staff: Ongoing staff training addresses the cultural and linguistic characteristics and special health care needs of our enrollee population. Training includes building cultural awareness and understanding of health disparities among different cultural groups including beliefs related to health, illness, medical care and end-of-life issues; communication protocols for enrollees with limited English proficiency; characteristics and barriers facing individuals with special health care needs.

Assisting Enrollees Who Are Hearing or Sight Impaired: We use the 711 National Telecommunications Relay Service (TRS) TTY line to facilitate communication with enrollees who are hearing- or speech-impaired. When the office is closed, enrollees can leave a message on the system requesting a call back. We return those messages the next business day using TRS via 711, or comparable relay service. We also provide enrollees with written materials in alternative formats (e.g., Braille, large print, voice recorded audio formats). Our MSAs are also available to read enrollee materials aloud, and assist enrollees in understanding the content. We can also provide an audio version of the *Member Handbook* in English and Spanish.

Assisting Enrollees with Serious Mental Illness or Cognitive Delays: For enrollees with cognitive deficits or developmental delays related to either disease states (e.g., Alzheimer's, autism) or mental illness (e.g., depression, schizophrenia), our MSAs are trained to assist the enrollee using empathetic listening and if necessary, engage the assistance of a care navigator (for in-person enrollee assistance).

Supporting enrollees sexual identification or gender identity: We treat every enrollee with the utmost respect and dignity. We train our MSAs to be sensitive to enrollees related to sexual orientation, sexual identity and gender identity, which include those enrollees who may be transitioning. We encourage enrollees to share their pronoun of preference so we can address them in the manner they prefer and these preferences are noted in our systems for future contacts. We also look forward to partnering with local Kentucky LGBT organizations on their current community needs analyses and inclusion programs to support our enrollees.

d. Provide a summary of innovative methods and the Vendor's proposed outreach plan to assess the homeless population.

To we meet the needs of this special population in Kentucky; we will collaborate with partners and advocates working to combat homelessness in Kentucky. We will offer to host focus groups with key organizations including Homeless and Housing Coalition of Kentucky, Community Action Kentucky and other housing advocacy groups.

Recognizing the important role recovery housing serves in addressing the needs of individuals experiencing a substance use disorder, homelessness and other social stressors, we have had initial conversations with the Fletcher Group to discuss the feasibility of innovative models to support individuals in Recovery Kentucky centers. An advanced collaboration to explore peer support reimbursements, telehealth visits and targeted case management has the potential to develop value based programs to improve the mental and physical well-being of Kentuckians in recovery and experiencing homelessness.

Social determinants of health have a profound impact on health outcomes. Achieving the best outcomes for the most complex individuals requires addressing the social challenges that underpin health. It also requires specialized models of care to support traditionally marginalized patients. Our Housing + Health program supports persistent health care utilizers who are struggling with homelessness, addiction and transitions from incarceration using an evidence-based, biopsychosocial solution that integrates social services, nursing, medicine and behavioral health to transform human lives.

We understand that homelessness is a symptom of larger social determinant forces such as the lack of financial resources or employment, a sudden change in a living situation or caregiver support, unmet behavioral health needs, substance use, awareness of available community resources — and even health literacy. If an individual's "basic needs" are not being met, the ability to work toward better health becomes a lower priority. Our comprehensive approach to identifying and communicating with homeless individuals is based upon the following core elements:

- ***Implementing a clinical model*** that uses a hierarchy of needs concept to be sure to address first social determinants, then behavioral, medical and functional needs. Our model is designed to support the Triple Aim Approach of improving the experience of care (including quality and satisfaction), improving health outcomes and lowering the per capita cost of health care
- ***Using integrated assessments*** that identify the enrollee's social, behavioral, medical and functional needs to begin to gain a comprehensive view of the enrollee's overall health state and identify barriers that could affect the enrollee's ability to access care
- ***Employing MCT staff*** from local neighborhoods to help determine what the enrollee's barriers to accessing care might be, and identify and engage the services, supports and community resources that help the individual overcome them
- ***Implementing tools to connect enrollees to community resources*** that deliver food, housing, employment, energy assistance, support groups, child care, clothing and other services to individuals at risk for poor outcomes or inappropriate health care use
- ***Developing and supporting community partnerships*** through our organizational and individual support of community needs in the health plans we serve nationwide
- ***Improving access to care and follow up*** through partnerships with rural providers to expand telehealth capabilities that remove barriers to access specialty care (e.g., transportation.)

Kentucky Outreach Plan

Leveraging national models that have significantly removed barriers to care in Arizona, Nevada and Wisconsin, our work in Kentucky will involve consistent engagement and measurement to drive action and guide decision-making. For example, in partnership with *Chicanos Por La Causa*, the Housing + Health program used a corporate investment to redevelop affordable housing in Phoenix, with 100 units set aside for members struggling with extreme social, medical and behavioral complexities. Using our experiences in these states, we analyzed our model using pre- and post-intervention utilization and cost medical claims data and found that in 2017 **average monthly cost of care per member per month decreased by 44% to 51% based upon eliminating unnecessary use of ERs, skilled nursing facilities, hospital admissions and the lengths of hospital stays**.

Localized Housing + Health teams in Kentucky will work within "community pods" comprising complex care medical and behavioral staff to bring together high-quality housing with an evidence-based, *Housing First* approach. This approach offers dignified housing regardless of the enrollee's situation alongside trauma-informed services that have demonstrated improved health outcomes and decreased inefficient health care utilization, particularly for the highest risk, most costly individuals experiencing homelessness.

Since October 2017, our approach has resulted in 248 high-risk, high-cost Medicaid members being housed in Arizona, Nevada and Wisconsin.

Once safely housed, we focus on critical SDOH. This process aligns counseling and guidance, reliable transportation, nutrition and trauma-informed health care. Our teams develop deep community relationships and build upon localized expertise to coordinate traditionally fragmented services to these most complex individuals as they transition off the streets. Moreover, our program lifts barriers that affect enrollees' health, resulting from lack of safety and ability to meet their most basic social, behavioral and physical needs. We accomplish this using the following approach:

Locating Enrollees Experiencing Homelessness: Using diagnostic codes and medical claims, we have created a data-driven technique to "hot spot" subgroups of individuals with complex needs across the Commonwealth. We also use this data to identify the most frequently used health systems. Leveraging UnitedHealthcare's medical network, the Housing + Health program meets, engages and activates targeted enrollees experiencing homelessness at the hospital bedside, in the ED, or at the shelters where they reside.

Housing + Health Socio-Clinical Care Model: Our model involves instructive partnerships between social workers, nurse practitioners and nurses who meet with enrollees and tailor programs based upon the enrollees' strengths and desires. They work with the enrollee to understand the barriers to utilization and navigate toward housing that is provided at low or no cost for 12 months. They also navigate toward elite health services such as dialectical behavioral therapy, medication-assisted therapy and trauma-informed primary care.

Housing Navigator: We will hire a local health plan based housing navigator to help identify resources in the community such as long-term housing vouchers, waivers, Social Security Income and food benefits (SNAP) to create long-term self-sufficiency. Over the 12-month program, we focus on helping the enrollee find safety, stability and move forward in their life.

The housing navigator identifies local housing vendors who can deliver high fidelity housing first services — a harm reduction model that targets enrollees with significant mental health and addiction issues. If the vendor is new to the housing first model, the Housing + Health team provides training and ongoing technical assistance. Vendors are paid a monthly "per enrollee/per month" fee which usually includes funds for both the housing and wraparound services.

UnitedHealthcare has invested more than ***$350 million to finance low-income and supportive housing since 2011 in 14 states.*** Andy McMahon, vice president of health and human services policy for UnitedHealthcare and former vice president for policy and external affairs for the Corporation for Supportive Housing, leads our expansion efforts for supportive housing as part of UnitedHealthcare's National Policy team.

Clinical Philosophy Training: The Housing + Health team has developed 12-week training for front line health plan staff, managers, supervisors and leaders, which provide a basic curriculum on trauma-informed care, harm reduction, motivational interviewing and stages of change, addiction, positive psychology and mental health. This accredited and evidence-based training verifies that front line staff has the basic skills to work with homeless individuals and family, many of whom have experienced significant trauma.

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.

To assess enrollee satisfaction and performance across the Kentucky MCO program, we develop quality goals based upon state and national benchmarks and the Commonwealth's requirements. We also assess meaningful improvement in PHM measures, such as HEDIS data that indicate the improvement of enrollee health over time, CAHPS, our enrollee satisfaction survey, and the interventions or performance improvement projects (PIPs) that will be developed to drive improved clinical and quality outcomes resulting in increased enrollee engagement and satisfaction. We identify opportunities for improvement through ongoing monitoring of key quality of care or service indicators that include access to and availability of care, patient safety issues and outcomes, utilization data, clinical quality performance measures, enrollee and provider surveys, enrollee complaints and appeals, enrollee input from our QMAC and provider input from our Provider Advisory Council. Evaluating our performance through enrollee satisfaction feedback enables us to improve services and simplify the overall enrollee experience. To uphold our accountability to our enrollees, we provide opportunities for them to voice their feedback through enrollee satisfaction initiatives using a broad range of modalities, described in the table.

Assessing Enrollee Satisfaction

We use the following tools and technologies to assess enrollee satisfaction and to support our efforts globally regarding quality improvement:

Point of Contact	Description	Frequency
Calls to Enrollees	***United Experience Survey (UES):*** Post-call survey to assess our enrollees' experiences, evaluate the performance of the MCO program member services staff and identify opportunities for training. We present callers with the option to participate in the UES. Callers who opt in automatically transfer to the automated survey upon completion of their conversation with the MSA.	Daily
	Key Member Indicator (KMI): Proprietary survey for enrollees, families and	Monthly

Point of Contact	Description	Frequency
	caregivers that provides feedback on their UnitedHealthcare experiences. This survey enables us to measure key performance metrics and identify drivers of satisfaction to inform decision-making and improvement planning.	
	Net Promoter Score (NPS): Close analysis of KMI surveys helps us determine the percentage of people who are highly likely to recommend us (e.g., Net Promoter Score). The NPS measures consumers' likelihood to recommend us to others. We use an NPS system to better understand our enrollees' needs and expectations with a focus on quality.	Monthly
Calls or Written Submission	***Member Grievances and Appeals (A&G) Data:*** Data related to quality of care, quality of service, enrollee experience and administrative issues are collected, reviewed and trended to identify opportunities for improvement. We review and analyze A&G data to monitor, evaluate and effectively resolve enrollee concerns timely and we use this data to identify opportunities for improvement in the quality of care and service provided to MCO enrollees and to identify opportunities for improvement in our process.	Daily
Website	***Member Website Survey:*** At any time, enrollees can link to an enrollee survey on the enrollee portal by clicking "Feedback." Enrollees have the ability to provide input on their website experience including the educational materials located on the site. We review survey data quarterly to initiate improvement opportunities for the enrollee portal.	Daily
In Person/ Webinar	***Quality Improvement Member Advisory Committee (QMAC):*** The QMAC is made up of Kentucky MCO program enrollees and reflects the demographics of the population. It is an important part of our formal Quality Improvement Program structure, providing enrollees with the opportunity to voice their concerns and feedback to health plan leadership. Enrollees are identified through partnerships and collaboration with community organizations, advocacy groups and specialty providers such as FQHCs.	Quarterly
Telephone, Email or Mail	***Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS®):*** The CAHPS member survey, conducted from February through June of each year by a certified vendor, measures enrollee experiences with UnitedHealthcare during the prior six months. The CAHPS survey team analyzes and trends the results annually with review by the Quality Improvement Committee to identify trends and opportunities to improve enrollee experiences If an enrollee called member services with a specific complaint we immediately escalate to the care manager.	Annual

Use of Findings to Support Improvement

As part of our commitment to continuous quality improvement, we monitor a broad array of data indicators and base our quality goals on local and national benchmarks and Kentucky MCO program expectations. At the core of our Quality Improvement Program is the analysis of data to monitor and improve the delivery of care, enrollee safety and service. By routinely analyzing key indicators that measure the processes and outcomes of care rendered to our enrollees, we identify where we should focus improvement efforts. For example, using the verbatim results provided by enrollees in our post-call UES survey, we find not only opportunities for coaching our front line staff but also certain trends in enrollee sentiment that lead to meaningful changes in our processes.

Our Service Quality Improvement Subcommittee (SQIS), part of our formal Quality Management and Performance Improvement effort, is responsible for in-depth review and analysis of

opportunities to improve performance based upon enrollee and provider satisfaction-survey results, grievances and appeals, and feedback from the areas previously noted. The SQIS monitors access and availability, member service quality, complaints, grievances and appeals and other metrics and trends with recommended interventions. It provides a formal, health plan analysis of our current performance and a roadmap for improving future operations.

We also listen to the MSAs who work with enrollees every day. Through our *Voice of the Employee* program, front line staff can provide feedback from enrollees to senior leadership, suggest process improvements and improve the overall level of service we provide. This program has recently resulted in many positive changes to our operations such as simplification of our IVR options, creating a channel for provider education topics and streamlining our provider search process.

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.

We have provided all sample materials in Attachments C.12.f.i Welcome Pack and Enrollee Card, C.12.f.ii Sample Enrollee Handbook and C.12.f.iii Sample Enrollee Materials.

This Page Intentionally Left Blank