

D. Implementation Plan

1. Describe the Vendor's proposed approach to support the readiness review process, and include the following information:

Supporting the Commonwealth's Readiness Review Process: Overview

The readiness review process is an essential component of our implementation planning process, and we agree to comply with the Commonwealth's readiness review requirements. We will undergo a readiness review at the Commonwealth's discretion with a view toward meeting the Commonwealth's readiness requirements no later than October 1, 2020, and will be ready to assume responsibility for contracted services upon the go-live date of January 1, 2021.

Success is no Accident

With successful completion of 21 implementations and transitioning nearly 2.8 million enrollees between January 2016 and December 2019, we have a broad scope of recent implementation experience. We incorporate lessons learned, adjust our project management techniques and develop best practices for the future.

Our detailed processes will make certain the Commonwealth has a complete and transparent overview of our implementation and go-live activities. As part of this process, we study the RFP requirements, scope of work and contract to develop a work plan that includes readiness review preparation. We prepare for and will participate in readiness review meetings and bring the depth of our experience to demonstrate operational readiness in accordance with the requirements in the draft Medicaid Managed Care Contract, including the requirements set forth in the federal requirements outlined in 42 C.F.R. 438.66.

As we enter Kentucky's Medicaid market, we will build upon the strength of our existing managed care infrastructure and operational capacity that provides a platform for the innovations we promote. During readiness review and beyond, we welcome the opportunity to collaborate with DMS staff, enrollees, providers, stakeholders, other Commonwealth agencies, MCOs and community groups to demonstrate our ability to serve as an agent of transformation for Kentucky's Medicaid health care system.

Our dedicated implementation team lead coordinates readiness review activities with the local health plan executives, functional leads, and our regional or national leadership teams. Our implementation team has refined implementation and readiness review processes over time to include lessons learned, debriefs and multiple process evaluation activities to move toward steady state and ongoing operational sustainability of each functional area.

a. A proposed Program Implementation Plan beginning from Contract Execution through ninety (90) days post go live, including elements set forth in the Contract, such as:

- i. Establishing an office location and call centers.
- ii. Provider recruitment activities.
- iii. Staff hiring and a training plan.
- iv. Developing all required materials.
- v. Establishing interfaces to other Information Systems operated by Subcontractors, the Department, or others as required.

Implementation planning for statewide Medicaid programs as large as Kentucky's is a process that typically begins 12 to 18 months prior to the go-live date and ends when the health plan maintains operational steady-state for at least 90 days post go-live. A detailed implementation work plan that addresses the elements set forth in the Contract is provided as Attachment D. Implementation Plan.

Proposed Implementation Plan

Our Kentucky-based chief executive officer (CEO) Amy Johnston Little will lead the implementation supported by our national Implementation and Business Alignment (IBA) team. Because there may be new MCOs serving enrollees, we know it is critically important to the Commonwealth that awarded MCOs deliver a well-executed implementation — meaning continuity of care for enrollees and minimal to no disruption to enrollees, providers and DMS as we approach and pass the go-live date. To facilitate a successful implementation, UnitedHealthcare has dedicated two highly experienced IBA implementation leads to Kentucky. Sharon Slotnick, who works closely with all UnitedHealthcare Medicaid health plan CEOs and functional leads; and Jessica Epp, who is the dedicated lead working closely with Amy Johnston Little, CEO, and our Kentucky-based leadership team on all aspects of the implementation. Ms. Slotnick will provide project oversight; and Ms. Epp will manage day-to-day tasks and will collaborate with Ms. Johnston Little on communication with the Commonwealth and stakeholders. They will provide the Commonwealth with an updated work plan on a regular and mutually agreed upon basis. Their dedication, expertise and innovative project management approach will bring forth a successfully implemented program that fits the Kentucky Medicaid managed care program and the needs of enrollees and providers.

Our reliable and replicable implementation approach enables us to launch health plan operations efficiently and in accordance with our state partners' objectives, timelines and requirements. By understanding and anticipating issues that may affect enrollees and providers and providing timely resolution of those issues, our implementation team successfully facilitates continuity of care as enrollees and providers transition to our services.

A Detailed and Comprehensive Implementation Work Plan

Implementation activities begin well in advance of RFP submissions, starting with the assembly of a dedicated implementation team, the IBA team, whose sole responsibility is project implementation. The IBA team developed the work plan based upon a thorough review of the Kentucky RFP and draft Medicaid Managed Care Contract. The work plan is an end-to-end project management tool containing specific tasks, accountabilities, timelines and milestones and includes details covering every aspect of the readiness review and implementation plan. Herein, we highlight the items in D.1.a.i. through D.1.a.v. as follows:

- **Establishing an office location and call centers:** We will evaluate staffing requirements to determine real estate needs beyond our existing offices in Lexington and Louisville. We will assess available space in the area, and sign additional leases, as necessary, in time for training and operational readiness.
- **Provider recruitment activities:** Provider recruitment activities build upon our existing comprehensive network, well in advance of contract award, and focus on providers important to the Kentucky Medicaid population.
- **Staff hiring and a training plan:** We determine staffing needs based upon contract requirements and market conditions. Our staffing lead makes sure positions are posted, sourced and hired by required timelines. Training begins well in advance of contract go-live and will include Kentucky Medicaid managed care specifics and functional area training required for staff to perform their jobs effectively before the go-live date.
- **Developing all required materials:** We begin with an inventory of all required materials for enrollees and providers (e.g., letters, handbooks, directories, ID cards, website, portals) and align material content with contract requirements; then we will submit to DMS for review and approval prior to production.

- **Establishing interfaces to other Information Systems operated by Subcontractors, DMS, or others as required:** We will implement and manage the Kentucky Medicaid managed care program on our shared strategic platform, CSP. Our IT team will build and configure project-specific information systems and interfaces as needed to connect with the Commonwealth's and other external systems and will perform systems testing as part of the readiness review process.

Other important elements of our implementation plan that we will focus on for Kentucky include:

- **Clinical and Non-Clinical Care Management:** We are taking great care to understand the current and anticipated needs for care management services along with integrated, clinical and nonclinical requirements (i.e., social determinants of health).
- **Quality Management:** We are working toward completing the NCQA accreditation application, including NCQA Population Health Management accreditation.
- **Behavioral Health:** We have developed staff, provider, enrollee training and distribution materials specific to behavioral health services, such as, but not limited to, opioid use disorder, which we will refine and submit to the Commonwealth for review and approval prior to production.

The work plan is a detailed and dynamic tool, which the implementation team uses to track and monitor activities, and to measure completion status for all aspects of the implementation project. Our disciplined implementation approach comprises several key components, including:

- **Implementation governance structure** for effective oversight and management of implementation tasks, including status and progress reporting, issues management and timely communication with DMS staff
- **Internal and external dependency management** that allows us to quickly adjust and modify our approach based upon potential and actual delays
- **Internal readiness reviews** in advance of DMS's readiness reviews that prepare us to meet the Commonwealth's readiness review requirements

Simultaneous to our prior proposal submission, Ms. Slotnick and Ms. Epp activated implementation work plan tasks, have begun to buildout the critical elements required for a successful implementation, and will prepare for the anticipated desktop and onsite readiness reviews. We are eager to continue work on our implementation plans for Kentucky.

The IBA team creates a highly detailed work plan using Planview, a customized project management system that enables us to tailor implementation details to the project's size and scope, enrollment size, population being served, staffing, real estate, reporting and technology requirements and a host of other operational and staffing needs for the magnitude of the Kentucky Medicaid managed care program.

With each implementation project, our IBA team applies Project Management Body of Knowledge (PMBOK)-driven project management principles and techniques within our stage gate framework. Techniques include project governance, project plan management and action item, risk and issue management. Using stage gates at specific intervals, the IBA team assesses project status, reviews and monitors dependent requirements, confirms status details, and identifies potential risks and issues. The team uses a dedicated SharePoint project portal to maintain all project artifacts, detailed requirements and business communications, and to provide all implementation team members with access to project resources.



Figure 6. Using PMBOK stage-gate techniques, we achieve readiness no matter the project size or implementation time frame.

The stage gate framework is an end-to-end overview of how the IBA team continually prepares for, conducts and assesses implementation progress at prescribed stages to deliver a smooth implementation experience for enrollees and providers. The stage gate framework consists of:

- **Stage Gate 1 – Requirement Assignments:** The project startup phase begins at the request for proposal (RFP) submission. At this first stage gate, we complete a detailed walk-through of contractual requirements, RFP commitments and communication with all operational teams that will support RFP requirements and cost estimations.
- **Stage Gate 2 – Network Readiness:** The IBA team collaborates with the network development team to assess network readiness status at several stage gates. We use this focused full network review to confirm requirement delivery, identify contractual status of all providers and finalize go-live communication strategies.
- **Stage Gate 3 – Requirement Readiness:** The IBA team lead orchestrates a detailed internal review and quality check of requirement readiness status. The IBA team lead uses the internal review findings to deploy any go-live contingency plans relative to achieving business continuity and enabling enrollee and provider transition activities.
- **Stage Gate 4 – Pre Go-Live Readiness:** At 60 days before go-live, the IBA team assesses operational readiness across all functions. The team reviews detailed go-live monitoring plans, with contingency planning to address and mitigate potential risk.
- **Stage Gate 5 – Go-Live Readiness:** At 30 days before go-live, the IBA team reassesses all functional areas to confirm operational readiness. If the team discovers issues that could adversely affect the implementation’s success, they collaborate with health plan leadership to deploy process alternatives to confirm an on time and successful implementation.

The stage gate process is an organized and disciplined approach to business development that keeps the end-to-end service experience of our state partners, enrollees and providers at the forefront. It helps us to understand and anticipate possible disruption points that may occur (e.g., new requirements, providers or contract changes) and mitigate any disruption. We then create specific contingency and communication plans to address these issues proactively.

b. Proposed staffing to support implementation activities and readiness reviews.

With new and expanding Medicaid programs we serve, we have a successful track record of responding to expanding staffing needs. UnitedHealthcare emphasizes local hiring. For the Kentucky Medicaid managed care program, and as detailed in Attachment D. Implementation Plan, we have dedicated key leaders who will oversee the completion of all tasks described in the implementation work plan. These tasks include all readiness review activities, and a staffing plan to confirm our compliance with contract requirements and to deliver the highest level of service to the Commonwealth, enrollees and providers. The list herein depicts key leaders on our implementation team for the Kentucky Medicaid managed care program, their roles and accountabilities.

- **Chief Executive Officer:** Accountable for oversight of the overall implementation project

- **Chief Operating Officer:** During implementation, responsible for verifying that all new operational policies, procedures and desktops are in place; also verifies readiness through testing and evaluation
- **Chief Medical Officer:** During implementation, the CMO will track enrollees transitioning into the plan with continuity of care needs and monitors known inpatient cases
- **Implementation Lead:** Responsible for providing project management oversight throughout each stage of the project's implementation
- **Management Information System (MIS) Director:** Responsible for system testing to address readiness review. Manages the MIS project portfolio for UnitedHealthcare's Medicaid managed care plans in the multistate region, including Kentucky, and manages all critical data interfaces with UnitedHealthcare's state customers to verify compliance with required contractual service level agreements; oversees system testing prior to implementation
- **Staffing Plan Lead:** Oversees and coordinates all hiring, onboarding and staff training activities to confirm compliance with readiness review and Contract requirements

Key functional teams, such as member services and provider services, are responsible for development and submission of deliverables relative to their functional role, including updating P&Ps and workflows to align with the Kentucky contract. For example, our member services team, in conjunction with the health plan, will submit enrollee materials to DMS for review and approval prior to production and distribution to enrollees. Likewise, our provider services team will create the *Care Provider Manual* and other materials for providers. Outlined in detail and with due dates in our implementation work plan, our local health plan leaders review and approve deliverables, such as enrollee materials, before submission to DMS for final approval.

At least 90 days post-implementation, the chief executive officer and chief operating officer will continue overseeing performance excellence and accountability, confirming steady state functionality of all operational areas and staff adequacy and retention in key operational areas.

c. An overview of system operational implementation requirements and related milestones.

Details of system operational implementation requirements and related milestones are articulated in the implementation work plan, which we have supplied as Attachment D. Implementation Plan. We determined milestone dates and completion timelines based upon DMS's anticipated readiness review and program go-live dates, as well as requirements and scope of work information we gleaned from the RFP and the draft Medicaid Managed Care Contract. Upon contract award, we will refine and adjust the work plan in accordance with DMS's requests and requirements.

d. Required MCO, Department, and other resources to ensure readiness.

We recognize that our implementation translates into a transition experience for every enrollee, and it may mean enrollees are transitioning to our health plan from another MCO. Through our experiences as both the receiving and exiting MCO, we have learned that an enrollee-centric approach is the best practice. We have learned what we need from the state and other MCOs and what they need from us to deliver a quiet and seamless transition for all enrollees and their care providers. We have learned that the three key requirements from MCOs, DMS and other resources to ensure readiness are prioritization of enrollees' clinical needs, organized communication venues with the state and other MCOs, and two-way data sharing with the state as the central repository of that data. Next, we describe how these apply for all parties involved in the transition.

What We Need from DMS

Because clinical coordination and continuity of care for incoming enrollees is critical, we need the 834 files and data that can better inform us of the enrollee's health care needs. We need to be sure that the state's priorities and ours are aligned to support the needs of all incoming enrollees.

We would like to work with DMS to hold information-sharing meetings to:

- Develop a priority list that identifies the top 10 high risk groups, so we can triage each group most effectively
- Find out if DMS can share additional data with us about the incoming enrollee's journey, including any prior authorization, complex/chronic care, out-of-state and out-of-network scenarios that we need to address as part of the enrollee's transition plan
- Agree upon a meeting schedule for the duration of the transition to review progress for high risk groups and critical transition tasks
- Share key contact names and numbers including identifying
- DMS and UnitedHealthcare team member assignments for key high priority deliverables

What We Need from the Other MCOs

Where possible, we enter into data-sharing agreements with the other MCOs. These agreements set the stage for effective two-way sharing of clinical and claim data to support care coordination with enrollees, providers, our clinical care team, and the other MCO's care coordination staff. We need our health services managers and our medical directors to work together and communicate often during the transition. For example, in other states our medical directors make contact with the other MCO's medical director to make sure our outreach activities align. We collaborate with the other MCOs to develop and update lists of enrollees in the high-risk groups, along with their health services status, which we share with each other and the state.

A best practice learned from past implementations is the establishment of twice-monthly "check-ins" between the Commonwealth and our implementation team leadership as we approach the January 1, 2021, go-live date. Increasing meeting frequency during this critical period (30 to 45 days prior to the go-live date) has worked very well in other states, such as Virginia. Virginia scheduled a mix of on-site and telephonic meetings that established ongoing dialog and transparency to verify there were no surprises or problems to delivering a seamless, quiet transition for enrollees, providers and our state client.

Resources Required to Ensure Successful Readiness

To confirm the involvement of key staff dedicated to the project and to secure the proper internal and external resources needed for a successful implementation and readiness (i.e., other MCOs, DMS, various vendors, MIS), we use a project governance approach built upon our results-oriented PMBOK processes and our stage gate framework for making critical implementation decisions. Our project governance approach includes oversight of crucial implementation activities, including:

- Adhering to the implementation work plan
- Reaching readiness milestones
- Tracking and managing implementation progress
- Contingency planning and risk mitigation strategies

Our project governance structure delineates direct, interdependent and cross-functional accountability for critical operational and strategic decisions, escalation trigger points and performance oversight committees. The result is an implementation plan delivered on time, a comprehensive provider network meeting network adequacy standards, trained internal staff, and properly functioning operational systems enabling our staff and providers to serve enrollees from day one.

Our IBA team, led by Sharon Slotnick and Jessica Epp, will support a timely and effective January 1, 2021 implementation. Using the framework of our governance and project management approach, they will confirm the IBA team's active monitoring and tracking of implementation progress and the quality of our deliverables to meet contract requirements. To effectively and transparently communicate with DMS during implementation, Ms. Johnston Little, and Ms. Slotnick will be the primary points of contact with DMS's point(s) of contact and will manage all communications with DMS including:

- **Internal Communication:** Ms. Epp will disseminate information to the appropriate functional team owners (e.g., clinical, technology and operations). They are responsible for follow up on outstanding items and deliverables to verify timely delivery to DMS and to coordinate a formal Q&A submission process for all internal operational team leads to ask questions about the implementation. This formal process keeps each functional team on track and accountable for responding to all questions. Answers to these questions become part of our implementation requirements.
- **External Communication:** Throughout implementation, we will collaborate with DMS staff to conduct individual and public implementation meetings with DMS. We recommend public meetings that include other MCOs and serve to identify issues that affect all MCOs, such as processes that require standardization. We will conduct individual meetings with DMS that include standing and new agenda items. Standing items might include issues that affect network, staffing or MIS development. If needed or requested, we will bring additional subject matter experts to individual and public meetings to discuss specific issues.

Our governance and project management structure identifies and minimizes risks and enhances our IBA team's ability to execute unique contract responsibilities. Our project managers will:

- **Lead Day-to-Day Program Delivery:** Lead the day-to-day implementation tasks and provide accountability for delivery of all program commitments. Ms. Slotnick and Ms. Epp will collaborate with our experienced regional leadership team to consult on any issues, risks or decisions that may arise during the implementation phase.
- **Provide Weekly Status Reports:** Lead and manage weekly status meetings with internal teams as early as possible in the implementation process, and establish project management and reporting standards, communication protocols and key points of contact.
- **Align Expectations:** Confirm mutual expectations with the Commonwealth and finalize the implementation work plan. The final work plan will document the content and format of all contract deliverables, project management procedures (including steps or processes requiring DMS involvement), transition reporting requirements and deadlines.
- **Report to Senior Leaders:** Report implementation status on a regular basis to the local leadership team and UnitedHealthcare's national Medicaid operations leadership.

2. Describe potential limitations or risks that the Vendor has identified that may impact planning and readiness, and indicate the Vendor's proposed strategies to address those limitations and risks. Include examples of similar situations the Vendor has encountered with prior readiness planning and resulting solutions.

As one of the nation's leading Medicaid managed care organizations with 45 years of public sector experience, UnitedHealthcare is highly experienced at delivering well-executed and successful implementations. With any implementation, potential risks and challenges come with the territory. We consistently overcome, mitigate and successfully address risks and challenges by establishing open dialog and communicating often with our state clients as we proceed with readiness and implementation activities. Each internal team tied to our implementation planning process manages their implementation plan including areas of key risk and lessons learned from past implementations.

In Kentucky, risks are tied to delays and areas with pending state decisions. With an implementation program of this magnitude, delays in decision-making and related blackout periods could create a barrier to timely implementation and has the potential to slow downstream implementation and program setup activities. In addition, pending or delayed decisions can affect multiple downstream areas including:

- Release of information tied to ancillary providers or vendors providing care management services
- Delays in receipt of rates paid to providers, which can hinder timely implementation and communication with providers
- Delays in sharing pertinent information about the existing care and services enrollees are receiving, which could negatively affect transition of care.

We are eager to coordinate with DMS and continue to manage an internal issue and question log that we will share with DMS post decision and closure of the blackout period.

Proposed Strategies to Address Potential Limitations and Risks

Using the stage gate framework described previously and the IRAAD tool — *Issues, Risks, Analysis, Action and Decision* — the IBA team will conduct internal reviews throughout the project to identify potential risks and resolve issues. The IRAAD tool serves as a single repository to log and track business and technology items, enabling the team to uncover and address any risks or issues early in the process to keep the implementation project on track. Assignment of action items to functional owners (e.g., enrollment, claims) aligns with the project-governance accountability matrix.

Chief executive officer, Ms. Johnston Little, will provide status updates to the Commonwealth until the issue is resolved or for as long as the Commonwealth requests. IBA team lead, Ms. Slotnick, will report regularly through the project governance structure on the status of action items through the IRAAD and communicate directly with the functional owners until the action item is resolved. To mitigate the risk in the event of delays, we will work with the Commonwealth or its designees to establish alternate workflows, staggered timelines, or to be granted an extension for completion of certain aspects of the project. This makes sure enrollees and providers do not experience care gaps or service issues due to the delay or identified risk or limitation.

Rapid Response Team

To address potential increase in enrollee and provider needs during transition, our Rapid Response team will open in December 2020. The center will be staffed with experienced clinical, member services, provider relations and operations staff on call 24 hours a day, seven days a week — to quickly address issues. It will remain open for least 60 days after the transition, tapering off based upon needs, with handoff to operational teams to support.

Examples of Similar Implementation Barriers and Resulting Solutions

It is common in Medicaid managed care markets for providers to wait until after awards are announced to make a decision to join the MCO's network. To minimize this barrier, early in the process we dispatch our network team to meet with providers and engage them in the network participation discussion. In Virginia, for example, our team's proactive outreach helped to reduce concerns some providers had regarding the changes in the Medicaid program's administrative procedures regarding long-term services and supports. In addition, in new service areas, some providers may be slow about completing and submitting applications. To mitigate the effect of such network issues to enrollees and the implementation process, we increase our interactions with providers and include additional UnitedHealthcare leadership in the discussion. We keep our state partners informed of these situations and involve them when appropriate. If the provider is not contracted but critical to access for our enrollees, we will enter into letters of agreement and/or single case agreements to facilitate continuity of care and uninterrupted services for enrollees.

A potential barrier we could encounter, based upon our extensive experience, is the timing of the first 834-enrollment file transfer. It is critically important to load this initial enrollment file accurately and to confirm enrollment information flows to the appropriate systems correctly so enrollee materials are mailed timely. To overcome this barrier, we build in additional time to upload this first file compared to the ongoing files. Receiving the first 834 file at least 30 days prior to the go-live date is preferable and enables us to perform downstream enrollee outreach activities in a timely manner. Receiving ID cards in advance of their effective date will be especially important for enrollees served through the Kentucky Medicaid managed care program, particularly for enrollees currently receiving services, needing prescriptions filled and those who have scheduled appointments. Sending and loading the 834 file earlier will enable us to produce and distribute ID cards in batches and to manage the related influx of calls that ensue when enrollees receive new ID cards and transition to this new program. We will work with the Commonwealth to ascertain the file transfer timing for this program.

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