

F. Turnover Plan

Submit a detailed description of the Vendor's proposed approach to providing turnover planning, as it relates to the Contract resulting from this RFP, in the event of Contract expiration or termination for any reason, including the following:

A detailed description of UnitedHealthcare's approach to turnover planning and activities in the event of Contract expiration or termination is provided in Attachment F. Turnover Plan. Tasks outlined in our written plan include enrollee and provider communications, website updates, clinical transition, information technology (IT) responsibilities and more.

UnitedHealthcare is sensitive to the risks the Commonwealth assumes when ending contracts. Regardless of the reason or party terminating the contract, we will cooperate fully with the Commonwealth and comply with turnover plan requirements, terms and conditions. In accordance with our corporate pillars — Integrity, Compassion, Relationships, Innovation, Performance — we will work with the Commonwealth in good faith to finalize turnover plan activities, including financial obligations. We will dedicate key staff to manage each aspect of the turnover plan. Our staff conducts themselves professionally and they will communicate early, often and in a transparent manner with personnel at the state, enrollees and providers. Our turnover team will share appropriate and pertinent information about enrollees and care plans with the receiving MCO(s) to support a safe and seamless transfer of services from our program to the receiving MCO.

In the event of a turnover, we are committed to providing high quality care while retaining relationships and delivering a seamless process for our enrollees, providers and the Commonwealth. We endeavor not to be in a position where we need to use our turnover plan. We have experience as new entrants to markets through competitive procurements where we managed the acquisition of turnover planning as the receiving MCO working with state agencies and displaced incumbents.

Approach to Turnover Planning

To deliver a seamless turnover, we will cooperate with the Commonwealth, the receiving MCO(s) and other business entities involved in the transition. We understand and we will comply with the requirement to submit a written Transition Plan to the Commonwealth for approval within 10 days of receiving a termination notice from the Commonwealth. Upon receiving a request for information from the Commonwealth, we will submit the information within 30 days of receiving the request, and in the format and other time frames as the Commonwealth requests.

Putting Enrollees First

With any transition, our focus is on serving enrollees and making sure their access to quality care and services is not delayed or interrupted due to the turnover, and that both enrollees and providers are held harmless throughout the transition.

To honor the Contract and our chief obligation to enrollees' uninterrupted access to care and services, we maintain business continuity, retain staff and continue operating key functions beyond the contract termination date. We assemble a dedicated turnover team responsible for each aspect of the turnover plan, including a point person to be a liaison to the Commonwealth for any post-turnover concerns or activities. Our Kentucky MCO senior management team will lead implementation of the turnover plan and receive support in critical areas such as:

- **Administrative/Leadership:** UnitedHealthcare's corporate and regional staff will support and assist our Kentucky health plan chief executive officer (CEO) and senior

management team in communicating and coordinating with the Commonwealth, other MCOs and associated agencies affected by the turnover.

- **Data Transfer Plan:** In cooperation with the Commonwealth, our local, regional and national IT and operations teams will oversee the transfer of information and data as requested and in the form required or approved by the Commonwealth. We would ask the state to serve as the central repository for this data.
- **Enrollee Services:** Our member services leadership participates on the project team to communicate the turnover action plan. In cooperation with Commonwealth and the subsequent contractor(s), they will oversee the plan to notify enrollees and providers of the transition, as requested and in the form required or approved by the Commonwealth.
- **Clinical Services:** Under direction of the chief medical officer, responsible for completion of assessments, quality assurance, data retention and transfer, and transfer of services. They will relax prior authorization or out-of-network protocol where appropriate, to foster the least disruption in the delivery of health care services.
 - **Complex and High-Risk Cases:** We coordinate warm-transfer hand-offs with the other MCO and the enrollee or their authorized representative or primary caregiver, which assures a safe and smooth transition to our health plan, no matter the complexity of the situation.
- **Claims and Related Services:** Claims, Quality and Compliance leadership will oversee all aspects of our obligations regarding claims payment, encounter data, Grievances and Appeals with respect to claims, drug rebates, reporting and other data or information requests regarding claims and encounter data received from the Commonwealth.

Dismantling our local operations is among the final steps of our transition plan, which takes place *after* the official contract termination date. We keep our local administrative offices and phone lines open to assist enrollees and providers as they settle in with their new MCO. We will maintain backup files and retain records for at least 5 years after the expiration of the Contract or longer as may be required by the Commonwealth, CMS or applicable law.

1. A summary of the support the Vendor will provide for turnover activities, and required coordination with the Department and/or another Vendor assuming responsibilities.

We put enrollee needs first and we will collaborate with enrollees, providers and organizations throughout the turnover process. We train our staff, network providers and community stakeholders on our “no wrong door” approach to delivering services that focuses on safety and quality. We focus on care coordination and continuity during any transition of enrollees. For providers, we post our continuity of care and transition P&Ps in our *Care Provider Manual* and on our website. Our network providers are contractually obligated to participate in the transition process and cooperate with the interdisciplinary care teams serving enrollees, other providers, the state agency, other MCOs and community-based stakeholders to make sure enrollees receive continuous quality of care throughout the transition.

Supporting the Commonwealth and Vendors Assuming Responsibilities

Our CEO, Amy Johnston Little, will be the dedicated liaison to the Commonwealth. She will confirm compliance with all turnover requirements, such as those stipulated in the Attachment C - Draft Medicaid Managed Care Contract, Section 39.12 Obligations upon Termination. She and the turnover team will work closely with the Commonwealth in a collaborative and cooperative manner to deliver a smooth transition and complete the agreed upon transition plan and turnover activities. Our written turnover plan will comply with the requirements specified by the Commonwealth and includes activities specific to coordinating with the MCO(s) assuming responsibilities. Our CEO will be responsible for carrying out the turnover plan, leading the

dedicated turnover team and securing additional functional systems needed to carry out all activities related to the contract termination.

We will have adequate staff to assist enrollees and we will provide our staff with the necessary information, training and tools to serve enrollees and providers throughout the process.

The transition plan will be a comprehensive document detailing the proposed schedule, activities and associated resource requirements. The timeline, with specific dates, events and dependencies, will include our quality assurance processes for monitoring our performance during the turnover and tracking quality outcomes.

2. Approach to identifying and submitting all documentation, records, files, methodologies, and data necessary for the Department to continue the program.

UnitedHealthcare is an experienced Medicaid health plan management company with well-established processes and policies for securely receiving, transmitting and submitting documentation, records, data and encrypted data files pertaining to transitioning Medicaid beneficiaries into or out of health plans. Our processes and policies align with state and federal policies regarding HIPAA, secure data exchange, business continuity and continuity of care.

Transition Plan Scope Document

Preparing and adhering to a transition-plan scope document has proven foundational to our successful approach. We jointly develop the scope document in concert with key stakeholders at the Commonwealth. Key elements that make up the scope document include, but are not limited to:

- **Care Coordination Approach:** Specifies start and end dates, lead entity (i.e., our team, the receiving MCO or state), and authorization protocol to follow based upon the care or service setting.
- **Data Files:** Specifies the types of files and lists (e.g., open authorizations, inpatient, pregnant) to be maintained and shared, details of the data elements each file must contain, how often lists are updated, and who is responsible for sending, receiving and updating each file. *Note:* We recommend the state to serve as the central repository for all files shared between MCOs.
- **Assumptions and Dependencies:** Describes agreed upon protocols each party will follow based upon the enrollee's health status during the pre and post transition cycle.
- **Risks:** Describes any risks the parties have identified and outlines alternatives, criticality, needs from state or other partner to avoid or mitigation the risk.
- **Scope of Clinical Outreach:** Delineates scope of clinical outreach for internal staff and subcontractor and external staff (i.e., MCO, state, or their subcontractors).
- **Measures and Metrics:** Used to track progress and task completion status.
- **Tasks, Accountable Staff and Timelines:** Specifies tasks, task owners, and due dates while it serves as a project plan outline to ensure milestones are met and accountable owners are identified.

The scope document contains details for each functional area (e.g., clinical services, member services, provider services) that outline our plans within each function for review and sign off by our state partner.

Early in the planning process, project leads, our clinical team leads and other UnitedHealthcare project sponsors will work closely with the Commonwealth and the receiving MCO(s) to establish project management and reporting standards, communication protocols, key points of

contact and standing meetings and to ratify or adjust the turnover schedule as necessary. Among other things, the final turnover plan documents the content and format of contract deliverables, project management procedures (including steps or processes that require the Commonwealth's or subsequent contractor's involvement), turnover reporting requirements and deadlines.

To confirm data sharing compatibility, our IT team will collaborate with the Commonwealth and the successor(s) IT teams to determine systems compatibility, transfer mechanisms and formatting requirements to enable secure, HIPAA compliant, timely and correct data transfer. We will transfer to the Commonwealth or subsequent contractor(s), data and information as requested or required per the contract and as necessary to transition operations.

3. Resources and training that the Department or another contractor will need to take over required operations.

Resources Needed for a Successful Turnover

The key resources needed for any turnover plan where large groups of enrollees will be moving from one MCO to another are:

- **Dedicated staffs** to work with state and federal agencies, enrollees, providers and the receiving MCO's personnel
- **Solid IT capabilities** to manage and support the higher volume of data sharing, phone calls, mailings and enrollee outreach activities that occur during large transitions

UnitedHealthcare provides these key resources with every turnover plan, regardless of the reason or entity canceling the contract. As a nationwide health care company, we know our reputation for putting the needs of enrollees first depends on doing the right thing. We will do whatever it takes, working with all parties involved, and following the state agency's instructions and directions to hold providers and enrollees harmless and to secure a safe and seamless transition to the receiving MCO for every enrollee.

Training Needed for a Successful Turnover

We find that state regulators are most concerned about the communication methods and materials we use and the transition of individuals who are in the midst of treatment. Therefore, our training focuses on these critical areas. We will submit our proposed communication methods and materials, including training materials and call scripts, to DMS for review and approval prior to use. We would be happy to train any DMS staff on our communication plan and turnover reporting once DMS approves the plan.

No matter the size or complexity of a transition, enrollees, providers and receiving MCOs have questions and concerns about how the transition will take place or they want confirmation that the transition is complete. UnitedHealthcare will have adequate enrollee and provider services staff trained and ready to assist enrollees and providers through the transition. Our member services staff will contact enrollees to reduce their concerns and will respond to enrollee inquiries. Our care coordination staff initiates contact with providers serving enrollees with complex care needs to deploy interim protocols where appropriate and ease the transition. Team managers collaborate with internal, community-based and state stakeholders to address concerns that our staff has become aware of while assisting enrollees and providers with transitioning to the new contractor(s). We would also like to work with DMS to confirm that any of our complex case management and transition of care reporting are understood by DMS. Further, ideally we would like to train receiving MCOs on clinical cases we are transferring and would work with DMS to serve as the convener of such training.

4. Methods for tracking and reporting turnover results, including documentation of completion of tasks at each step of the turnover.

Because a turnover project is similar to an implementation project, but in reverse, we will use similar processes and methods as those described in detail in our Implementation Plan response within this proposal. These processes include methods for following the written turnover plan, tracking and reporting turnover results for data, and reports, such as clinical tasks completed, we submit to the Commonwealth and for internal project management purposes.

The turnover team applies Project Management Body of Knowledge (PMBOK)-driven project management principles and techniques. Techniques include project governance, project plan management and action item, risk and issue management. The 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. The team will document task completion using our IRAAD tool. With IRAAD, we coordinate assignment of tasks to functional team leads and business owners, with deliverable expectations and due dates.

5. Document and verify how all data is securely transferred during a turnover ensuring integrity of same. Maintain the CIA concept in turnover, Confidentiality, Integrity, and Availability.

UnitedHealthcare has systematic controls to confirm HIPAA compliance when sharing sensitive data. We follow a well-defined process to transfer data and information necessary to delivering a seamless transition before shutting down operations. Our Secure Share program is a governance framework that makes certain protected and confidential data exchanged with external entities is done following HIPAA policies and industry-standard security procedures. Through Secure Share, users submit a profile request to obtain authorization to share protected or confidential information to external entities. This data is:

- **Protected information:** Data classified as protected health information (PHI), personally identifiable information (PII) or cardholder data (CHD; e.g., credit card statements) governed by the Payment Card Industry (PCI)
- **Confidential information:** Proprietary corporate data, business documents, rates and allowable limits, source code/data schemas and intellectual property

There are two scenarios for when individuals are required to create and maintain a Secure Share profile:

- Individuals sending protected data to external parties
- Individual requesting others to send protected data on their behalf, as required by the team fulfilling the request (also subject to Secure Share per the first requirement)

Leaders in their organization, who attest to the individual's business need to send protected or confidential information outside of UnitedHealthcare, review and approve each Secure Share profile. The leaders also attest that users have been trained on business procedures for handling protected data, including secure data transmission methods. Profiles can be updated at any time, and leaders perform automated biannual entitlement reviews. Upon approval of a Secure Share profile, users are granted permission to use transmission methods that encrypt data per corporate and industry security standards and regulatory requirements.

For email transmissions, corporate policies and security procedures include using secure, encrypted email connections. Attempts to email unencrypted protected information result in delivery failure. Other data sharing methods (e.g., fax, removable media, using an Application

Programming Interface) must use secure options outlined by corporate security standards. Our enterprise information security (EIS) team must review and approve any sharing method not covered by the standards.

Data leaving the UnitedHealthcare environment is monitored, and in cases where individuals attempt to send protected information in violation of data security policy and standards, the communication is blocked. IT alerts senders of blocked data transmissions of their violation and direct them to resources to obtain authorization via Secure Share and to follow business procedures to secure their protected data with encryption tools before proceeding with the release of protected data.