6. Provider Network

a. Explain the Contractor's plan to develop a comprehensive Provider Network that meets the unique needs of Kentucky SKY Enrollees. The plan must address the following:

UnitedHealthcare Community Plan of Kentucky is proud to serve 65,000 children and youth in foster care across 13 states — including dually committed youth, children receiving adoption assistance, and youth formerly in foster care up to age 26. Through this experience, we know there is no one size fits all approach to developing a network that meets the needs of Kentucky's children and youth in the SKY program. As outlined in the pages that follow, our network development approach aligns with the Commonwealth's mission to transform Kentucky's child welfare system through well-informed strategies — achieving the vision to make Kentucky the national gold standard for child welfare. We will leverage our current networks through our Medicare and Commercial business and build an enhanced network for children and youth served through the SKY program. Our Kentucky SKY network development and maintenance strategy combine the following elements to create a solid foundation of care and resources upon which Kentucky's youth can build a stable, healthy future:

- A coordinated network of high-quality, experienced providers with a shared vision to address the physical, emotional, social and educational needs of SKY children and youth, their families and caregivers. We primarily focused on provider types and services critical to youth in foster care, including PCPs, dentists, social services, wrap-around services, behavioral health specialists, crisis services and 24-hour emergency care

- Strategic partnerships with local community and industry organizations to enhance the care we are able to deliver to children and youth in foster care, such as the Boys and Girls Clubs of Glasgow and Hartford, Kentucky Youth Advocates (KYA), Kentucky Primary Care Association (KPCA), Kentucky Children's Alliance and the National Foster Parent Association (NFPA)

- Transparency, communication and support of the provider community through proactive outreach and education (e.g., Child and Adolescent Needs and Strengths [CANS], Six Seconds Emotional Intelligence [SEI], and Trauma-informed Care), health information exchange, and local provider advocates

- Continuous network monitoring and innovative solutions to address gaps in care, including those that may exist due to geography or provider shortages in underserved areas such as Eastern Kentucky through value based contracts with specific provider types pertinent to the care of children and youth in the SKY program

- Strong relationships with the Commonwealth's Community Mental Health Centers (CMHC) and Federally Qualified Health Centers (FQHC) to make sure these children and adolescents have immediate access to the right care in the right place at the right time to address their complex needs

- Ongoing engagement of providers and other stakeholders to better understand the landscape of Kentucky's managed care system, support the unique needs of children and youth in foster care and inform our approach to addressing coverage gaps, continuity of care, or operational barriers to delivering care

UnitedHealthcare believes everyone involved in the life of a child in foster care should have an understanding of the implications of trauma for these complex, vulnerable youth. Our mission is to help these children recover developmentally and emotionally to be confident, resilient youth and competent adults. Through collaboration with providers and other stakeholders (e.g., social services, law enforcement, juvenile justice, education) who share this commitment, we are building

a Trauma-informed Care framework that provides predictability, support and nurturance to the child, helping them feel safe and improving their long-term wellbeing.

Children and youth in foster care and those who are dually committed are a unique and particularly vulnerable population. As a group, the children and youth who make up Kentucky's SKY population face more significant health care issues than their peers in the broader Medicaid population, often lasting long into adulthood. Therefore, we have built our SKY network to include diverse, local, and culturally and linguistically proficient providers who understand the impact of trauma on children and youth and their families and use evidence-based approaches to care, both traditional and nontraditional.

As we have worked to expand our understanding of the unique needs of Kentucky's youth in foster care, we have toured the Commonwealth listening to providers, community organizations, the Kentucky DCBS staff, families, and former foster youth. For example, in January 2019, we attended the Commonwealth's "Transformers of Child Welfare Summit" in Louisville along with 800 representatives from across Kentucky to discuss how to serve children in foster care better. It was an opportunity for UnitedHealthcare staff to meet with stakeholders, providers, advocates, former foster youth and foster parents who are on a journey to transform the child welfare system for the Commonwealth's most vulnerable children. We have the ability and capacity to help propel that journey by ensuring our provider network collectively has the expertise and skills to address the needs of these youth and the tools and resources to provide intensive interventions as early and often as necessary to help them thrive into adulthood with the effects of trauma behind them.

Development and Composition of our Kentucky SKY Network

In addition to the relationships we have with Kentucky providers since 1986, we began developing our Kentucky MCO and SKY network in early 2018 by deploying a carefully developed strategy. This strategy included asking our local network team to provide our implementation team with a list of providers we already contract with in the Commonwealth. We then determined providers who would contract with us and were committed to amending their existing contracts. We obtained Letters of Intent (LOIs) for providers pending a Medicaid amendment garnering a network of 10,969 providers statewide, including physicians, hospitals, behavioral health providers, essential community providers, dental, vision and other ancillary providers. For SKY, we will work to enhance our network through outcome-based contracts and community stakeholder partnerships. The network we currently have contracted and LOI's with were built using the following methodology:

1. We built upon our contracted Commercial medical, behavioral, dental, ancillary and allied networks in Kentucky to identify and target care providers and health systems vital to serving the health needs of SKY children and youth and extended an amendment for network participation

2. We targeted essential Medicaid providers such as Local Health Departments (LHDs), rural health clinics (RHC), FQHCs and CMHCs and offered them contracts

3. We reviewed the existing MCO contract and Kentucky Medicaid website to identify unique provider types serving the SKY population and offered them a contract (e.g., Office of Children with Special Health Care Needs, behavioral health providers through the Children's Alliance Foster Care Independent Physician Association [IPA], and prescribed pediatric extended care). We also connected with St. Francis Ministries, with whom we partner in other states with vast rural areas. St. Francis provides child welfare services and has been in conversation with KYA and the Cabinet about providing services, specifically in rural areas like the East Mountain region

We use GeoAccess reporting data throughout the network development process to continually review provider adequacy and identify network access gaps where additional network development is required. We hosted various Kentucky provider education sessions (in-person and via webinar) to support our network development and will continue to conduct outreach via telephone and face-to-face visits throughout the Commonwealth.

i. Approach to contract with PCPs and specialty Providers who are trained or experienced in Trauma informed Care and in treating individuals with complex special needs, and who have knowledge and experience in working with children in Foster Care and those children receiving Adoption Assistance.

Our approach to assuring the delivery of well-coordinated, holistic, culturally informed and compassionate care is grounded in our understanding that every child and youth in the SKY program has experienced trauma on some level. The majority of children and youth in foster care endure multiple and often prolonged traumatic events throughout their experience — whether in the environment that caused the foster care placement, at the time of removal, or within the foster care experience itself through placement moves, changes in community and disruption of family ties. These Adverse Childhood Experiences (ACEs) may include physical or emotional abuse, neglect, criminal behavior, and behavioral health issues (including substance use) within the household or domestic violence. Cumulatively, these events can lead to long-term maladaptive behaviors, and have been linked to lifelong physical health conditions.

Our system of care framework — illustrated here — aims to develop a unified, trauma-responsive system of care that incorporates trauma-informed principles at all levels of the SKY program through close partnership with our provider network. We will coordinate and collaborate with our network providers and community partners through the system of care approach to improve health outcomes for children and youth in foster care and strengthen support to families in crisis.
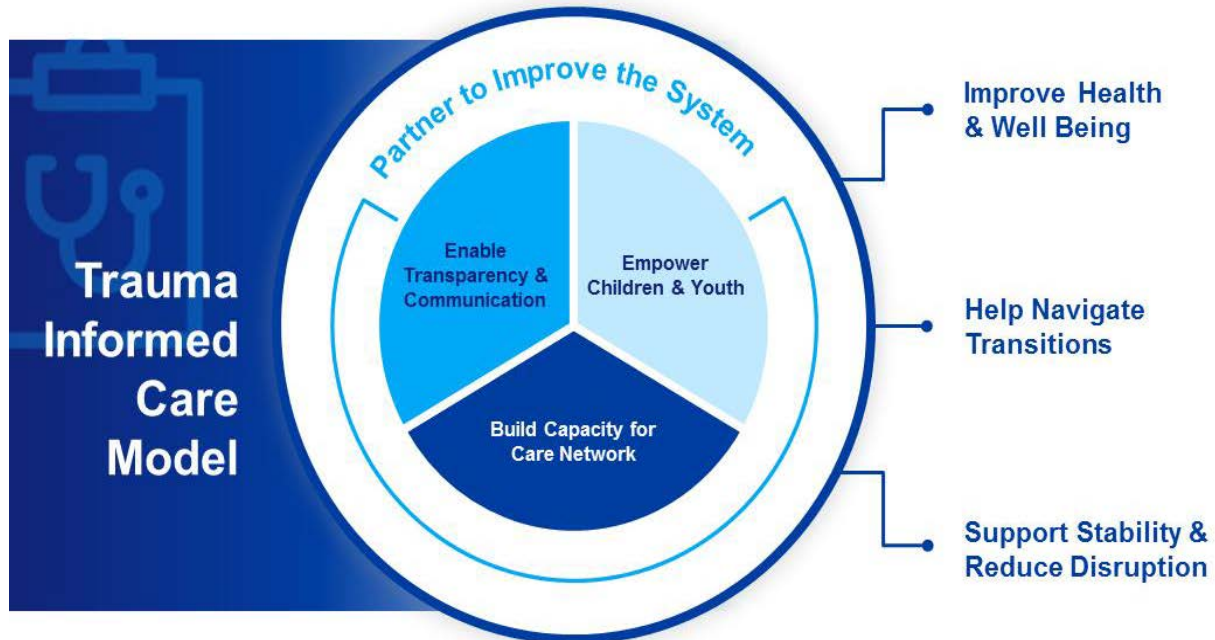

Figure 9. Foster Care Model Framework

Contracting with Providers Experienced in Trauma-informed Care

Our commitment to the principles of Trauma-informed Care is embedded in everything we do — we hire experienced staff, recruit and contract with providers who are knowledgeable of and

experienced with specific types of trauma (e.g., emotional, physical and sexual abuse) and trauma-informed principles. We employ a comprehensive training program to incorporate these principles into our everyday practices, including enrollment, screening and assessment, person-centered care planning and care coordination, discharge planning and enrollee services.

We are committed to facilitating network-wide access to providers experienced in and sensitive to treating the complex needs of children and youth in foster care and committed to dedicating time to children and youth participating in SKY. Based upon our experience in other states where we serve children and youth in foster care, we anticipated the need to recruit higher numbers of behavioral health specialists. These specialists include those with experience treating survivors of abuse, neglect and child sexual exploitation, and those who specialize in Trauma-focused Cognitive Behavioral Therapy (TF-CBT), intensive in-home services, multi-systemic therapies, family functioning therapy, high fidelity wraparound and other evidence-based treatments and substance use providers.

We will work with our providers to verify they complete ongoing training related to Trauma-informed Care as part of their participation in the SKY network. Training is offered during new provider orientation and is available ongoing through Foster Care Corner and UHCprovider.com via our provider portal *Link*. We also deliver free online training that allows providers to earn continuing education units (CEUs) on topics such as care coordination, compassion fatigue, and ACEs affect. During onboarding (and every 90 days after that), we collect demographic data from providers — including whether they have completed Trauma-informed Care training. In the event a provider has not yet completed the required training, a provider advocate will guide them to the courses available via *Link*. We also will offer to provide training related to trauma-informed care onsite at provider sites. We know network providers sometimes prefer this modality of training. To date, our SKY Network includes all of the Commonwealth's CMHCs and 467 behavioral health providers across Kentucky who have attested to providing trauma treatment services. Additionally, 407 individual clinicians have attested that they work with children in foster care.

Collaborating with Kentucky Providers, Agencies and Community Organizations

We owe a special thanks to Terry Brooks and the team with Kentucky Youth Advocates (KYA). We engaged them early in our network development process, knowing their mission and distinction aligned with ours. They have provided invaluable insight into providers and provider groups we should have relationships with for this population (e.g., the Kentucky Children's Alliance, Uspiritus). We have engaged in various conversations with these providers about serving the SKY population. They indicated a need for our network to extend access to children in rural areas, to develop outcome-based contracts to incentivize providers, and to educate kinship families on the importance of health care. We also met with the foster care IPA through the Children's Alliance and hosted a listening session with board member agencies to learn what they see as critical to helping the system better serve children and youth in foster care.

Kentucky Providers, Agencies and Community Organizations	In-Person Meetings and Listening Sessions
Kentucky Youth Advocates	✓
Kentucky Children's Alliance	✓
Uspiritus	✓

Kentucky Providers, Agencies and Community Organizations	In-Person Meetings and Listening Sessions
Mayhurst	✓
Ramey-Estep home	✓
DCCH Center	✓
Hope Hill Children's Home	✓
Mountain Comprehensive Care Center	✓
St. Francis Ministries	✓

For those agencies not in attendance, we received information through Michelle Sanborn, Executive Director of the Children's Alliance, about their thoughts in building a complete network with Trauma-informed services for children in the SKY program. With their vast knowledge of Trauma-informed Care and how the child welfare system works, they are key partners to our success in Kentucky. Through the initial listening session, and now subsequent meetings, the Children's Alliance has provided us with a proposal that aims to keep children in their homes or in foster homes via In-home Services to Prevent Institutionalization or Removal (INSPIRE). This program offers services short-term, intensive, individualized, family-based, services to children and youth between the ages of 5-18 who are at imminent risk of being institutionalized or removed from their home due to the child's mental health or high-risk behaviors. INSPIRE Kentucky aims to provide a strengths-based approach to service planning and delivers intensive care coordination to meet the needs of Kentucky's children in their homes and communities. INSPIRE Kentucky services are provided in the home, the community or an office-based setting to stabilize the child in his/her community.

"The CA-IPA members met with Keith [Mason] and Sara [Goscha] on March 21, 2019 to talk about innovative ways to meet the needs of at-risk children and families in Kentucky and work to address their trauma and behavioral health needs within the community and prevent children from being removed from their homes. [...] The CA-IPA is eager to implement expanded in-home services and work in partnership with UnitedHealthcare to improve services for Kentucky's children and families. Both Keith and Sara have shared their personal stories and passion for foster children with the CA-IPA members and we believe, based upon their experience in other states and their personal drive to help foster children, they would be an asset to Kentucky."

Michelle Sanborn, President, The Children's Alliance

Finally, we engaged child welfare provider St. Francis Ministries, which has been in talks with the Cabinet to provide services to children in foster care. Saint Francis Ministries currently provides some or all the following trauma-informed interventions using evidence-based/informed service models in Arkansas, Kansas, Nebraska, Oklahoma, and Texas, and would propose to do so, as appropriate, in Kentucky. This relationship with St. Francis — an organization committed to serving the rural regions of Kentucky — will be invaluable to the successful implementation of trauma-informed services.

- Reintegration, Foster Care, and Adoption (RFCA) services
- Family preservation
- Intensive family preservation/intensive in-home services
- Youth Residential Care (YRC II)
- Secure care
- Bridge resource family services
- Behavioral health including Substance Use Disorder (SUD) treatment

- Intensive family reintegration
- Psychiatric Residential Treatment Facilities (PRTF)

- Family Centered Treatment (FCT)
- Trauma Systems Therapy (TST)

We will continue to build upon these close relationships with providers, Commonwealth agencies, and community organizations after award to continuously improve our robust network to serve children and youth enrolled in the SKY program.

ii. Recruitment strategy, including processes for identifying network gaps, developing recruitment work plans, and carrying out recruitment efforts.

Strategies to Recruit Providers

Our providers are essential partners in improving health outcomes for children and youth in the SKY program. We are committed to offering a network that enables access for these individuals wherever they reside. Our Kentucky SKY work plan to recruit providers includes:

- Research (e.g., consumer surveys, regional health analysis and provider/community organization listening sessions)
- Contact key providers and health systems in-person and via phone to develop a targeted list of PCPs, specialty providers and organizations needed for adequate access to care
- Target essential providers and physician extenders (e.g., nurse practitioners and physician assistants) who currently work in the community and understand existing regional health issues, social conditions and patterns of care for network participation
- Establish and expand partnerships with key Kentucky community resources to complement our network, address top health priorities in each region, and overcome expected accessibility challenges
- Offer outcome based contracts for providers targeted at meeting the unique needs of children in foster care related to behavioral health and physical health

Over the last 18 months, we have focused on researching and understanding the specific needs of children and youth who will be in the Kentucky SKY program across all regions, including conducting Consumer Need Studies. We have taken a "feet on the ground" approach, building relationships with key providers, provider groups, associations and community organizations, to develop a better understanding of the health priorities and social determinants in Kentucky. We have evaluated this data to stratify network needs and refine our recruitment approach. As indicated earlier, we have engaged with key network partners who will help us build and hone a unique network to meet the needs of children and youth served through the SKY program. In addition to relationship building and contracting with providers, our efforts to date have included research into the demographics, culture, geography, health disparities, and needs and concerns of current Medicaid enrollees statewide to facilitate a shared understanding.

When we identify opportunities to improve and enhance provider capacity and choice, we strategically recruit providers based upon the following:

- Feedback received from PCPs regarding referral patterns for the needed specialties
- Existing relationships with providers contracted with UnitedHealthcare's Medicare and Commercial lines of business
- Input from partners such as DCBS, the Department of Juvenile Justice (DJJ), and sister agencies on any network gaps
- Claims data from nonparticipating providers and contracts with cross border providers

- Online research and the Commonwealth's licensing board to identify any newly licensed providers

Our network management team engages these providers through in-person and via phone to discuss network participation and initiate the contracting and credentialing processes. When necessary, we are prepared to enter into a single case agreement (SCA) with an out-of-network or out-of-state provider to ensure children and youth in foster care receive the appropriate care.

Blank Page Recruitment Strategy

INNOVATE

In addition to these traditional recruitment methods and standard contract negotiations, we applied a unique "blank page" strategy with select providers. We met with major Kentucky health systems such as KPCA, University of Kentucky (UK), Baptist Health, CHI Saint Joseph Health, Owensboro Health, and Pikeville Medical Center, one-on-one and, with a blank piece of paper, mapped out a partnership. This approach allowed the providers to choose what was important to them and what practices and programs they wanted to expand, in addition to an opportunity for us to collaboratively discuss creative ways for UnitedHealth to support their efforts. We also asked them to help us design how we would work together to eliminate provider pain points, improve payment models and, most importantly, work together to better support Kentucky children and youth in foster care. Together, we have developed true partnerships and broken away from the traditional payer-provider relationship.

Partnership with Kentucky Provider Associations and Community Organizations

Our recruitment and network development efforts are informed by our partnerships with key Kentucky provider associations. For example, we worked closely with the Kentucky Health

COLLABORATE

Resource Association in scheduling network-participation discussion meetings with several behavioral health providers that are part of our network. These included CMHCs such as Adanta, Bluegrass, Mountain and River Valley, in addition to community-based providers InTrust, Key Assets, Maryhaven and Phoenix Preferred Care.

Further, we have established and we are expanding partnerships with key Kentucky community resources to supplement the provider network and help us address the top health priorities in each region. In addition to our work with the Children's Alliance Foster Care IPA, to develop outcome-based contracts that will drive better health outcomes for children in foster care, reduce ED visits, and reduce the need for inpatient visits, we are also partnering with Boys and Girls Clubs across Kentucky. This partnership will help make certain children in foster care, or at risk for entering foster care, have a safe and stable place to engage in pro-social activities.

To carry out our recruitment work plans, and to help grow the workforce of qualified providers, we will establish a committee that includes DMS, and partner MCOs and providers to align on quality improvement, share and collectively discuss Kentucky gap areas and mitigation strategies to meet the SKY population's needs. Together we can resolve issues not easily solved by one entity. For example, we can discuss jointly establishing grants, scholarships or other funding with Kentucky colleges that have social work counseling and medical programs for individuals willing to commit to employment with Kentucky MCO contracted providers or partner agencies once their degree is obtained. We will place a special emphasis on confirming these providers are trained in Trauma-informed Care so they are ready to serve the SKY population.

We envision working with the UK and smaller schools such as Western Kentucky University, Murray State and the University of Pikeville to facilitate sustained statewide economic and workforce development. Additionally, we recommend the Commonwealth's community and technical (C&T) college system as an entry path for many Kentucky residents to earn a health care focused associate's degree, such as the Hazard, Owensboro or Jefferson community and technical colleges. We can also provide information on our innovative program with the Boys & Girls Club of Glasgow-Barren County, where we donated laptops to fulfill a need for community organizations to connect with the vulnerable populations they serve (e.g., youth, the elderly or people with disabilities).

Identifying and Remediating Network Gaps

Our interdisciplinary network team composed of network management, provider relations, the Quality Management Committee (QMC) and clinical/case management will meet at least monthly to identify and address potential network deficiencies. As described in our response to question G.6.iv, we use continuous network monitoring and direct interaction with providers and enrollees to uncover opportunities for network improvement in real-time.

As part of our process to identify network gaps, we take a holistic view and evaluate not only whether enrollees have reasonable access to necessary network providers, but also if critical local community resources are in place to help address the social determinants of health (SDOH). These community partners will supplement the Kentucky provider community, expand clinical resource capacity and help to relieve provider burden by addressing non-clinical care issues.

In our analysis, we have identified counties with key provider type shortages (e.g., PCPs, dental and behavioral health) across the Commonwealth, except Regions 3, 5 and 6, which have sufficient dental providers. We have also identified the top SDOH challenges, by county, within each region. A primary component of our continuous network development, we will use this knowledge, in our work with DMS, other contracted MCOs and regional stakeholders to support efforts and drive new, innovative solutions to address network gaps.

Additional approaches we employ to resolve network gaps include:

- Leveraging health care professionals like psychiatric Advanced Practitioners (ARNPs), and physician assistants
- Employing telehealth solutions
- Incenting providers via value-based arrangements
- Providing grants for community initiatives to make preventive and behavioral health care available
- Using our community resource tool, *Healthify*, to tap into additional community resources.

We describe these in more detail in our response to G.6.a.iv.

iii. Strategy for contracting and retaining specialists unique to the Kentucky SKY populations and perhaps different from those in the Medicaid managed care Provider network and how the Contractor will provide access to specialists not included in the Provider Network.

Contracting and Retaining Unique SKY Providers

As described in our response to question G.6.b, UnitedHealthcare has built networks to meet the unique needs of children and youth in foster care, adoption assistance, and those dually involved in the child welfare and juvenile justice systems in 13 other states across the United

States. We have built upon this experience and coupled it with a contracting strategy that complies with the standard provisions outlined in DMS's draft contract.

As a result of our strategy to identify and target key care providers and health systems, our local network team has already contracted, amended existing contracts, obtained LOIs and targeted commercially contracted providers pending Medicaid amendment with 10,969 providers statewide (e.g., physicians, hospitals, behavioral health providers, essential community providers, dental, vision other ancillary providers). Finally — as outlined in our response to question G.6.a.i, we worked with provider and community organizations like KYA, the Children's Alliance Foster Care IPA, and St. Francis Ministries to gain additional insight into the services and provider types critical to better serving Kentucky's youth in foster care.

In the event continuous monitoring uncovers a gap for a particular specialty in a given area, we can build upon these close community partnerships and adapt our network to meet the needs of the SKY population. For example, we are exploring tele-behavioral health pilots in local community centers, like Boys and Girls Clubs, to provide children and youth with access to care while in a non-medical setting. The following is an example of how we used a similar approach to provide treatment to youth dealing with eating disorders in Missouri.

Expanding Access to Treatment for Eating Disorders for Missouri Youth in Foster Care
When our Missouri foster care network learned of a shortage of specialists experienced in treating youth with eating disorders, we rapidly addressed the need by engaging a local psychiatrist, physicians and a dietician to offer consultations and learning groups for providers and develop training that UnitedHealthcare could offer to its providers on trauma and eating disorders. Through this initiative, we hope to educate existing in-network providers and recruit additional physicians with experience in this area. We are also collaborating with the Missouri HealthNet Division (MHD) and the Kansas City and St. Louis chapters of the International Association of Eating Disorder Professionals (IAEDP) to develop further outreach to students and providers in those regions. Finally, our Missouri health plan is working with residential treatment centers to provide consults or weekly eating disorder therapy sessions for youth in residential care.

In the event a provider requests to join our network, or DCBS or DJJ asks us to include a particular provider, our network management team will outreach for contracting and our provider advocates will help those providers through the onboarding process as soon as possible. For providers who offer a unique service needed to serve the SKY population, but are unwilling to participate in the network, we will negotiate an SCA to make sure the children and youth we serve can receive the care they need.

Ensuring Cultural Competency for Children and Youth in Foster Care

We design our network to incorporate providers who are sensitive to the unique cultures and abilities of the populations we serve, ensuring we consider diverse needs including language fluency, the norms and values of different cultural groups, healing beliefs, communication pre-trauma-informed inferences and family dynamics. Using gained local knowledge, in combination with Kentucky demographic analysis, we will conduct focused recruitment and strict contract monitoring for providers deemed critical to the MCO network due to their cultural and language capabilities.

Providers receive ongoing education regarding cultural competency through a variety of tools including *Link*, provider forums, newsletters and our *Care Provider Manual*. We gather language proficiency information during our provider credentialing process and list provider languages offered in our *Provider Directory*. Network providers can access our care collaboration platform,

CommunityCare, to view an individual's primary language preference and other demographic and clinical information before an appointment. We also facilitate access to real-time interpreter services for providers and enrollees and train providers on how to use our translation services through initial orientation, the *Care Provider Manual* and ongoing provider relations visits.

Retaining SKY Providers

Attracting and retaining high quality, experienced providers committed to serving the SKY population is essential to improving the well-being of Kentucky youth in foster care. We are dedicated to developing strong relationships with these providers through proactive outreach and support, provider incentives, comprehensive education, and access to useful data through technology. We employ these approaches to support a positive provider experience, reduce administrative burden, facilitate the best care for our children and youth in foster care, and engage providers as our trusted partners — all of which are critical to retention.

Incenting Providers through Value-based Arrangements

Value-based payment (VBP) arrangements are part of UnitedHealthcare's approach to incenting provider network participation, especially for specialty providers. These programs will drive improved outcomes for youth in foster care by paying providers for achieving the Commonwealth's priority quality measures and help address gaps in care by incenting measures tied to specialties where we have known shortages. VBP programs can lead to further system transformation when providers choose to reinvest their incentive dollars in expanding care, addressing cultural competency, training staff in topics like trauma-informed care, and trauma-related, evidence-based practices such as parent- child interaction therapy training. For example, in 2018, our Louisiana health plan recognized a pediatrician who serves a significant Spanish-speaking population for reinvesting incentive dollars earned through his VBP contract to hire Spanish-speaking office staff.

We will collaborate with the Commonwealth to develop a modular suite of value-based incentive models that drive success in DMS-approved and selected performance measures and related targets. We recognize that a "one-size-fits-all" approach will not be effective, and thus will not prioritize a single model. We have several programs that can be selected and configured as we customize our approach with providers across all stages of the risk continuum and support them as they become more accountable for cost, quality and experience outcomes. Our VBP strategy — developed in conjunction with identified Commonwealth priorities that account for the current Medicaid and provider landscapes, quality priorities and local Kentucky health and market needs — will align with all DMS requirements noted in Attachment C – Draft Medicaid Managed Care Contract and Appendices, Section 19.9 Value-Based Payment.

Provider Education and Support

We support a positive provider experience by pairing effective communication and collaboration with technology to enable improved performance, ease the administrative burden, and promote quality care. Components of our provider outreach and support include:

Provider-facing Technology: *UHCprovider.com* is our public web home for provider information, which includes connection to our secure provider portal, *Link*. Link provides administrative tools to simplify common clinical tasks. For example, through our *CommunityCare* tool, providers can access plans of care and information about children and youth participating in SKY from agencies such as DCBS and DJJ. These tools enable our providers to quickly make well-informed decisions to provide comprehensive quality care.

Provider Support Staff: Our goal is to create a supportive provider experience, focusing on service, simplicity and reduction of administrative burden. Our dedicated, Kentucky-based SKY

provider relations team, including a network provider liaison, regional care coordinators, and clinical staff — in addition to our provider advocates — will work with our network providers to facilitate timely access to quality care for children and youth in the SKY program.

Provider Education and Training: Timely communication and education through provider-friendly tools found on *UHCprovider.com* and *Link are* essential to helping providers interact and transact with us and access free continuing education units. Most critical to serving the SKY population, our providers can reach Foster Care Corner via Provider Express on *Link* to access training including, but not limited to, CANS, SEI, and Trauma-informed Care.

Working with children and youth in foster care can be challenging and can lead to compassion fatigue or burnout without proper training and support. To enhance provider retention, our robust support network includes awareness training on the impact of secondary and vicarious trauma, and the effects to those staff supporting the children and youth in the SKY program. Based upon our experience, being part of a team can significantly assist the process of serving children and youth eligible for the SKY program., We look forward to building a team atmosphere with DCBS, DJJ, and other system partners to help retain staff.

Provider Expos: We arrange biannual provider education expos that focus on a broad range of topics that includes, refresher training on billing and claims issues, portal updates and the introduction of new programs or products. Our staff is available to provide a live demonstration of *Link* and answer questions during the expo.

Out-of-Network Contracting

Our goal is to keep out-of-network (OON) use to a minimum by delivering a comprehensive network that meets the needs of the SKY population. For example, our OON use/spend was only 2.7% in 2018 (physicians, ancillary facilities and facilities) for our Kentucky commercial business line. For SKY, we are leveraging our broad Medicaid provider network, which offers the capacity and diversity to meet the unique needs of children and youth in foster care.

Our enrollee services staff and care coordinators work closely with families and caregivers to locate an in-network provider when the child is experiencing access to care issues. However, when OON care becomes necessary, our care coordinators provide hands-on assistance to arrange care that meets the youth's needs, including compliance with our appointment standards. Intervention approaches include authorizing needed services with out-of-network (OON) providers. We agree to cover OON services at a cost no greater than, if the participating providers were to provide the contracted services, for as long as we are unable to provide them. We treat each child's circumstances individually, considering linguistic, cultural and mobility needs when locating a qualified provider. Our established policies direct us to engage OON providers in the following ways to verify enrollee access and minimize gaps in network accessibility:

- *Short-Term Intervention:* If a contracted provider is not available to meet access and availability needs, we enter into a single case agreement (SCA) with the out-of-network provider to make sure the child can receive needed care
- *Long-Term Intervention:* We allow existing relationships with out-of-network providers to continue when considered to be in the best medical interest of the child. For example, if a new enrollee previously received services from an OON provider, we continue authorizing services for that provider for continuity of care purposes. As appropriate, we would also work to contract with the provider to join our network.
- *Urgent and Emergency Services:* To mitigate potential delays in accessing urgent or emergency services for circumstances that threaten a child's health or welfare, we do

not require the prior authorization of these services, regardless of a provider's network status. Enrollees have the right to access emergent or urgent care at any hospital, trauma center or licensed emergency facility/urgent care center they choose. We will work with DMS on their expedited enrollment process to obtain a provider number for those providers not already enrolled in Medicaid for emergencies only.

Our *Enrollee Handbook* communicates the expectation that an enrollee must seek care within the service area with in-network providers when possible. Our *Handbook* also defines out-of-area instructions for emergencies; and how to seek medical attention at the nearest hospital. We will work with DMS on an expedited enrollment process to assign provider numbers for those not already enrolled in Medicaid for emergencies. When OON care becomes necessary, our care coordinators provide hands-on assistance to arrange care that meets enrollee needs, including compliance with appointment standards.

iv. Process for continuous network improvement, including the approach for monitoring and evaluating Provider compliance with availability and scheduling appointment requirements and ensuring Kentucky SKY Enrollees have access to care if the Contractor lacks an agreement with a key Provider type in a given DCBS Service Region or DJJ Community District.

We will continuously measure our network against DMS's access, adequacy and availability standards and employ the methods described later to improve access to care. To monitor provider compliance with appointment availability and wait times, UnitedHealthcare performs compliance audits quarterly (or more often, as needed) through phone surveys conducted to a random sampling of network providers. We solicit information about appointment availability and access and measure results against contract requirements and per our internal appointment and access policy, which requires corrective action plans to improve outcomes based upon survey findings. We will conduct phone surveys to assess after-hours availability; these calls occur after standard working hours, and we document the length of time for provider call back.

We use the results of the tools below to monitor and assess the strength and depth of our network, identify opportunities for improvement, and implement timely actions as required or necessary. Post go-live as appropriate, we also will implement our No Closed Door strategy to make certain the SKY population has access to care. No Closed Door expedites enrollee access to care by connecting our enrollee services teams directly to our provider relations and network management teams via standard tools and routing. Through this model, we can identify access challenges and seamlessly refer to these contracting opportunities to our network management team for accelerated response and resolution. For instance, if a family indicates, they have had a challenge finding a physician for their child during a conversation with our enrollee services team; our network management team is immediately notified.

Monitoring Method/Tool	Description	Frequency
GeoAccess Reporting	Maps travel time between enrollees' ZIP codes and providers' service locations. Analyzes access and availability and identifies provider types and locations needed to meet Commonwealth requirements.	Monthly
Membership and Capacity Reports	Review of membership-to-provider counts and capacity reports confirming appropriate access to providers.	Quarterly
Utilization Data	Review of out-of-network prior authorization data by specialty type, location and program to identify and close network gaps.	Quarterly
Physician Profiles	Benchmarks providers across the health plan to identify utilization and access to care outliers for preventive care, chronic care and UM measures.	Reviewed and mailed to PCPs three times/year

Monitoring Method/Tool	Description	Frequency
Additional Surveys and Feedback	Input received via CAHPS enrollee and provider satisfaction surveys; enrollee and provider complaints; quality of care concerns; feedback received from provider and enrollee advisory groups; and informal feedback relayed from our front-line staff (e.g., care coordinators, provider advocates, enrollee advocates).	Ongoing (e.g., surveys reviewed annually; work-group meetings at least quarterly)
Review of Requests	We monitor requests for out-of-network providers, transportation requests and requests for telehealth services to identify geographic patterns that may indicate an access issue in a particular part of Kentucky.	Ongoing
Community Engagement	We partner with local groups who help us identify community-specific network gaps and give us the perspective of local providers on changes and updates to our network operations.	Ongoing
Quality and Member Access Committee (QMAC)	Listening to feedback from enrollees is critical for achieving the best possible access to care. The QMAC will include enrollees, health plan representatives, providers, community groups and advocates, Commonwealth agencies and other critical community-based organizations that represent our enrollees and providers. Quarterly QMAC meetings will allow enrollees to discuss current trends in their communities, network issues, cultural needs and potential barriers to care related to language, health care and current policies. Information gathered is shared with the network teams to resolve gaps and inform network growth.	Quarterly (minimum)
Provider Advisory Council (PAC)	Our statewide, multidisciplinary Kentucky Medicaid PAC will provide the opportunity for us to understand providers' concerns and issues. The PAC also will include representatives from Kentucky provider associations (e.g., KPCA, Kentucky Medical Association, Kentucky Hospital Association) to ensure we receive their input on targeted training needs and topics, the overall program, and UnitedHealthcare initiatives. This regular engagement with the provider community will provide another avenue for us to address any emerging gaps or trends in the communities we jointly serve.	Quarterly

Improving Access to Care for Children and Youth in Foster Care

Our regional care coordinators will help DCBS and foster parents access the right care at the right time in the right place for children and youth in foster care, ensuring gaps are filled if there is an access to care issue. Coordinators are part of our overall SKY provider relations team and have a direct link to the SKY provider relations liaison. We have implemented the following solutions to mitigate challenges in geography, provider shortages, and transportation.

Improving Appointment Availability

Foster parents and caregivers take on a tremendous responsibility in ensuring the children in their care receive the resources and care they need when they need it. Making sure our network providers are available to dependably deliver that care in compliance with Attachment C – Draft Medicaid Managed Care Contract and Appendices, Section 28.4 Provider Network Access and Adequacy is critical. We use our quarterly appointment availability surveys to assist in monitoring and identifying any opportunities for improvement. Provider compliance with timely appointment access measures is essential to providing quality-driven, person-centered care. The goal of meeting the standards is to afford children and youth timely access to care and promote improved health outcomes. When our monitoring uncovers non-compliance with

appointment availability or after-hours access to care, we take the following steps to address it:

- Our provider advocate team contacts the provider, reviews the issue and educates them on the requirements and how they failed to meet them
- We send a follow-up letter to the provider clearly outlining the deficiencies and actions needed to meet the requirements, and notify them of a follow-up audit
- Our provider advocate team meets in-person with persistently noncompliant providers to identify the source of the issue, deliver re-education and confirm steps are taken to address deficiencies (e.g., supplying written scripts to noncompliant network providers to confirm answering service or voicemail meets standards)
- In the rare instance that a provider is uncooperative and not making the necessary changes to meet access standards or coverage requirements, we refer them to the Credentialing Committee for a corrective action plan or possible termination

Expanding Access to Care through Telehealth

Telehealth is one of our most innovative strategies to provide Kentucky children and youth in foster care with virtual access to behavioral health, substance use services, and primary and specialty care in the communities where they live. These solutions not only address gaps in underserved areas, but they also enable children and youth to access care regardless of scheduling or transportation challenges. Recognizing Kentucky's progressive new telehealth regulations, areas of provider shortages throughout the Commonwealth and in compliance with all requirements noted in Attachment C – Draft Medicaid Managed Care Contract and Appendices, Section 28.10 Termination of Network Providers, we will support our SKY network providers' efforts to expand the use of telehealth. We have established relationships with KPCA, Norton Healthcare, CHI, Saint Joseph Health and the UK and we will partner with them on telehealth initiatives. As shown in the following table, we are already developing telehealth pilots tailored for Kentucky providers and enrollees:

Telehealth Service	Description
New Pilot Telehealth Programs for Kentucky	
Community-Based Behavioral Health Virtual Visit Program	Barren County has seen an increase in children living in poverty and being placed in out-of-home care. To address the effects of this amongst children and youth in Glasgow, alongside a shortage in outpatient behavioral health therapy providers, UnitedHealthcare is partnering with the Boys and Girls Club of Glasgow-Barren County, using our behavioral health virtual visit technology and network of providers. A key local behavioral health provider, Cumberland Family Medical Center, recognizes the increased need for additional providers in their community and they have fortified this partnership. The Children's Alliance and Dr. Steve North and Amanda Martin, leaders of the North Carolina Health-e-Schools program, will provide additional support. With 167 out of 254 Glasgow Club enrollees using Medicaid, Fall 2019 collaboration will allow the children and youth to receive needed services toward improved emotional health outcomes during their usual routine at the Club.
Telepsychiatry	Our telepsychiatry programs allow us to distribute psychiatric access across the Commonwealth to any location that has a computer and internet access. Our telepsychiatry vendor, Genoa Healthcare, and Pennyroyal Mental Health Center (Hopkinsville) are planning to enter an agreement where Genoa would match Pennyroyal with dedicated psychiatrists who are experienced in addictions and have a DATA-2000 waiver. At this time, Pennyroyal has indicated they desire at least 16 hours of weekly care from our network providers to treat all their clients with SUD and dual diagnoses.
Teledentistry	We are piloting teledentistry programs in several markets nationwide that focus on

Telehealth Service	Description
New Pilot Telehealth Programs for Kentucky	
	collaborating with pediatric and family medicine clinicians to perform screenings for dental caries, providing anticipatory guidance to parents, applying fluoride varnish and providing a referral for a dental visit. In Arizona, to promote access, we are working with a pediatric dental practice to pilot a teledentistry program that uses remote dental care providers to support rural-area public health hygienists in treatment planning and follow-up. If coverage for asynchronous telehealth is restored following the expiration of emergency regulation 907 KAR 3:170E, we will develop a teledentistry program in Kentucky, with KPCA's integrated sites targeted for potential implementation.

We also will build upon the strength and experience of our national telehealth programs. Our Kentucky health plan leadership is helping to bring these solutions to the Commonwealth. Our proposed telehealth service approach for Kentucky includes tracking utilization data and health outcomes for all programs to validate effectiveness.

Telehealth Service	Description
Effective National Solutions to Support Local Telehealth Initiatives	
Medical Virtual Visits	Our UnitedHealthcare Doctor Chat program will enable enrollees to initiate a virtual visit from their home with an ED physician, board-certified and licensed in Kentucky. This innovative, chat-first workflow enables barrier-free access to care in 90 seconds or less while engaging enrollees via their preferred communication channel. Ultimately, Doctor Chat can resolve 90% of Medicaid enrollee issues without having to refer the individual to in-person care. We understand that a chat-based encounter does not meet the definition of "telehealth" in Kentucky and our Doctor Chat providers will not be submitting claims. As we believe this solution is a way to drive cost-effective health care and increase access in rural areas, UnitedHealthcare will cover the cost of this program for our enrollees and share details of each encounter with the Kentucky Health Information Exchange.
Behavioral Health Virtual Visits and Telemental Health	We incorporate behavioral health virtual visits into our standard offering for enrollees and providers as an alternative method to seek and provide care, and will bring this solution to Kentucky for the SKY program. For providers, we pay the same for virtual visits as we do for in-person care, as we believe telemental health can be used as an extension of the provider's office. We will use Kentucky-licensed providers located in neighboring states to ensure a robust behavioral health virtual visit network. Our behavioral health virtual visit solution has been successful in many states and use continues to increase year-over-year (YOY). Nationally, from 2017 to 2018, we saw 70% YOY growth, with the top conditions treated including depressive disorders, neurodevelopmental disorders and bipolar and related disorders. In the Medicaid population, 70% of service utilization is currently for psychotherapy versus psychiatry. For families and caregivers of children and youth in foster care who do not have internet access in their home, as of July 1, they will have the ability to access resources through community organizations (e.g., churches, libraries). We also will bring the UnitedHealthcare Community Computer Program to Kentucky to help facilitate telemental health care access. Used most recently in Hawaii, the program consists of donating used UnitedHealthcare laptops to rural PCP offices. The computers are installed so enrollees can receive local behavioral health services from remote behavioral health clinicians. This innovative program allows our enrollees to be seen for routine therapy and drives quality — particularly for our enrollees who have been hospitalized for a behavioral health incident. We want to make sure these enrollees are seen within 7 days by a behavioral health clinician. By using telemental health solutions, we can reduce barriers to accessing care. We understand the need to reduce barriers for our enrollees to access care; this program uses technology and creates an integrated health environment among PCPs.

Increasing Access through Community Providers/Partnerships and Care Extenders

We have strategically expanded our network and access to care by including community providers (e.g., FQHCs, SBHCs and CMHCs), care extenders (e.g., medical assistants, paramedics) and care through peer support specialists. By allowing care extenders to operate in expanded roles and provide routine health care services, we can efficiently improve access for families who may be experiencing access or availability challenges (e.g., high wait times, provider shortages, low PCP engagement). We engage provider organizations like KPCA and other providers for guidance on preventive care and required health care screenings in accordance with HEDIS requirements. To promote timely access to behavioral health services and minimize non-emergency medical ED visits, we have implemented the following initiatives:

Express Access Behavioral Health Network: While the industry standard (and our requirement) for a routine appointment is within 10 business days of the request, Express Access providers are contractually committed to offering an appointment within 5 business days. To date, our network includes 78 Express Access providers in Kentucky. Growing the Express Access network is a priority to increase access for youth with behavioral health needs.

FQHCs: To make sure children and youth in foster care have immediate access to care — especially during times of transition — we employ our strong relationships with Kentucky's FQHCs. We have an LOI in place with KPCA, which includes all FQHCs in the Commonwealth. These centers are critical to expanding access in underserved areas, including providing flexible appointment times so children brought into the foster care system immediately receive a medical assessment. They also support continuity of care as youth age out of foster care.

School-based Health *Clinics:* UnitedHealthcare has an LOI with KPCA, which includes all SBHCs in the Commonwealth. School-aged youth in foster care and their caregivers rely on SBHCs to provide a full range of age-appropriate health care services including primary medical care, mental health, dental health, substance use counseling, nutrition services and health education.

Peer Support: Peer support is an important tool in treatment, resiliency skill building, and long-term recovery. Our network will include CMHCs and other organizations that offer peer support. We also will have on staff a certified peer support liaison/specialist for transition-age youth who has completed all initial and ongoing DBHDID-approved training as required by the Commonwealth. This peer support specialist:

- Uses their own experience to offer hope and support
- Provides education on Trauma-informed Care and transitional living
- Helps with placement stability
- Supports youth experiencing behavioral health issues
- Performs community outreach

- Introduces enrollees to self-care and activation tools
- Helps children, caregivers and family identify their strengths and goals
- Encourages the use of community services and supports
- Helps children and families prepare for clinician visits and navigate systems

In Missouri, where we serve over 10,000 youth in foster care, our foster care peer support specialist has supported 42 of our most complex individuals in the last year. The program has shown positive results, and we are expanding it to include a second specialist. We screen all of our Missouri youth in foster care who have two behavioral health admissions within 60 days to determine if they are candidates for peer support. The following is one of many examples demonstrating how peer support can improve outcomes for this vulnerable population.

Successful Intervention through Foster Care Peer Support in Missouri

Our Missouri foster care peer support specialist (PSS) was working with an adoptive youth who had recently been discharged from a behavioral health hospital. Over 2 months, the PSS applied Trauma-informed Care principles to build a trusting relationship with the youth — spending time talking with her about her feelings, her recent hospitalization, whether she felt safe at home and could talk with her family. This foundation of trust was critical support; given the youth was spending time in an area of St. Louis well known as high-risk for abduction and sex trafficking, especially for youth in or formerly in foster care.

While on a home visit with her parents, the youth threatened suicide. After unsuccessful attempts to encourage her to commit for safety or for her parents to take her to the ED for evaluation, our peer support specialist contacted the Children's Division and law enforcement for a welfare check with suicidal risk. While there was a feeling of betrayal within the family, our PSS explained their ethical, clinical, and legal obligation to contact authorities and ensure the youth received the care she needed. Because she took time to understand what the youth was going through, our PPS knew the youth was turning to thoughts of running away or suicide because she was overwhelmed with depression, not feeling safe at home, and her parents were adamant that she did not need hospitalization. During the welfare check, the police expressed concern for the youth's living situation and took her to the hospital for evaluation. During the resulting 2-week inpatient stay, the youth was able to have her medication adjusted and was treated for depression. Due to unsafe family dynamics and her ongoing behavioral health condition, today, the youth is safely receiving treatment in a residential facility.

v. How the Contractor will ensure appointment access standards are met when Kentucky SKY Enrollees cannot access care within the Provider Network.

As stated in our response to question G.6.iii, should a SKY enrollee be unable to access care with an in-network provider, our network team and care coordinators will help them and/or their caregiver schedule appointments via telehealth solutions (where available) or provide hands-on assistance in arranging out-of-network care. Our coordinators tailor support to meet enrollee needs, scheduling appointments in compliance with Commonwealth access standards. When care coordinators contact an out-of-network provider who cannot meet the requirements, they continue outreaching until they can locate a provider willing to meet the needs of the enrollee and the specified access standards. Non-network providers operating under a single case agreement (SCA) must provide care in compliance with our policies, including appointment access standards.

b. Provide an example of how the Contractor has contracted for similar networks for similar populations in other programs. Provide a workplan to contract with Kentucky SKY Network Providers, with accountabilities and timelines.

Our Kentucky SKY network development approach is informed by over 30 years of serving Kentucky's communities and 45 years of building Medicaid networks across 25 states, including 13 states where we serve 65,000 youth in foster care, dually committed youth in the juvenile justice system, former foster youth under age 26 and post-adoptive children. We understand the importance of engaging and supporting providers experienced in providing culturally sensitive, Trauma-informed Care. Recently, we have supported network development in Ohio and Kansas for the provider types most needed by the Kentucky SKY population, including PCPs, specialty physicians, mental health professionals, speech and language pathologists, special education experts, occupational therapists, dietitians and social workers, with particular focus on those who have attested to providing trauma treatment or are trained in Trauma-informed Care.

VBP Arrangement with the Child and Family Health Collaborative of Ohio

With our experience building networks for children in foster care, we understand the importance of offering value-based contracts to incentivize quality outcomes in alignment with the state's priorities. One way we have built a specific network partnership in this area is in our Ohio market, where we served over 6,000 unique children in Ohio in 2018. We are proud to work with the Child & Family Health Collaborative of Ohio, a provider network that delivers services to an estimated 125,000 clients in Ohio annually and employs over 10,000 staff. Their estimated combined annual expenditures exceed $600 million. The Child & Family Collaborative's providers offer the full continuum of behavioral health and substance use disorder services, including assessment, therapy, case management, psychiatry, nursing, residential treatment, therapeutic foster care, partial hospitalization, intensive outpatient and acute psychiatric programs. Unlike traditional clinics, most of the providers also offer direct services in homes, schools, out-of-home care placement and other community settings. We established a value-based contracting arrangement with The Child & Family Health Collaborative through which they:

- Participate in pay for performance contracts on select HEDIS outcomes
- Integrate their providers as a treatment and care management referral source for our Comprehensive Primary Care (CPC) network
- Administer delegated credentialing

This arrangement exemplifies our commitment to understanding the state's unique provider landscape and employing creative solutions with our provider partners to resolve network gaps and ensure quality care and outcomes for children in foster care. As this arrangement began in 2018, we are currently in the process of gathering results.

PRTF Diversion for Kansas Children and Youth in Foster Care

Children in foster care often experience multiple placement moves due to the trauma they have experienced, which can result in behaviors that may require care at a psychiatric residential treatment facility. In Kansas, where we served over unique 7,000 children and youth in foster care in 2018, we saw a high rate in the number of children discharged from PRTF facilities who were then re-referred. We knew this was not healthy for the children and decided to take action in strengthening the network to care for these children and youth. We decided to set up a program to try to divert re-admissions and admissions to PRTF by employing the following interventions:

- Leveraging partnerships with foster care agencies through which we pay an additional per diem to the foster parent and include wraparound services in the home to prevent re-entry into a PRTF
- Leveraging our network of providers who can provide in-home stabilization services both in a family home or in a foster home to stabilize the child in place
- Holding biweekly meetings with our state partner to staff any children referred to PRTF to discuss options for stabilization

Between July of 2018 and May of 2019, 209 children were referred to PRTF level of care. Of those, 25% (54 youth) were diverted from the PRTF level of care using wrap around outpatient services, and another 6% (13 children) did not require a PRTF level of care as they stabilized in the placement post-referral. Of the 12 children receiving services where we paid an additional per diem to the foster parent with wraparound services, 100% of those children have not re-admitted to inpatient or PRTF level of care. By building these unique provider relationships and networks, we can show real results that produced quality outcomes for children and youth in foster care.

Contracting Work Plan

The following work plan outlines accountabilities and timelines for developing our Kentucky SKY network. Additional detail is provided in our attached overall SKY implementation plan.

Task Name	Start	Finish	Duration (Days)	Accountable
Provider Network and Services	**1/1/18**	**7/1/19**	**391**	**Network team**
Strategy and Development	**1/1/18**	**7/1/20**	**653**	**Network team**
Develop and implement network build strategy to support Medicaid and SKY populations	1/1/18	2/1/18	24	Network team
Identify providers experienced in Trauma-Informed Care and treating individuals with complex special needs, and with knowledge/experience working with children in foster care and receiving adoption assistance	2/1/18	3/1/18	21	Network team
Outreach and contract with identified providers (multiple mailings)	3/1/18	7/1/20	610	Network team
Identify any network gaps by specialty and region using our GeoAccess tool and outreach to available providers	11/1/18	7/1/20	435	Network team
Continue provider credentialing/re-credentialing based upon NCQA standards until a CVO is selected by the Commonwealth	3/1/18	7/1/20	610	Network team
Confirm and revise current provider termination process as appropriate	5/16/19	7/1/19	33	Network team
Confirm and revise current process for out of network providers as appropriate	5/16/19	7/1/19	33	Network team
Receive Commonwealth approval of network access and adequacy	4/1/20	4/30/20	22	Network team
Submit provider network plan for approval 30 days after contract execution as required	4/1/20	4/30/20	22	Network team
Finalize strategy to retain SKY providers	10/1/19	12/31/19	66	Network team
Continue to develop and monitor the network, as necessary for Medicaid and SKY populations	3/1/18	7/1/20	610	Network team
Finalize strategies to improve appointment availability and provider access for SKY	10/1/19	12/31/19	66	Network team
Access to Providers	**1/1/18**	**12/2/20**	**763**	**Network team**
Use surveys to ensure collaboration with providers to improve appointment availability	1/1/20	7/1/20	131	Network team
Support providers who use telehealth services for enrollees	7/1/20	Ongoing	Ongoing	Network team
Continually expand network with community providers/partnerships and care extenders	11/1/18	Ongoing	Ongoing	Network team
Implement process for navigators to continue provider outreach for enrollees who are unable to access care with an in-network provider	1/1/20	6/1/20	109	Network team

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