D. Implementation Plan

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

   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.

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

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

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

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.

Passport Highlights: Implementation Plan

How We're Different	Why It Matters	Proof
Passport has collaborated with the Department for Medicaid Services (DMS) to successfully implement new health care programs for Kentuckians over the past twenty-two (22) years.	• We know Kentucky and have existing infrastructure (people, processes, technology, providers) in place. Our experience reduces risk to DMS and allows us to focus our implementation efforts on continuing to enhance our ability to serve members and providers. • We successfully implemented programs to expand coverage for Kentuckians.	• Recognized eight (8) times as top-performing Medicaid plan by the National Committee on Quality Assurance (NCQA). • Successful launches: KY Medicaid managed care program (1997), KY Children's Health Insurance Program (CHIP) program (1998-99), KY Affordable Care Act (ACA) expansion (2013), implemented statewide coverage in July 2014.
We conduct comprehensive mock internal readiness reviews to proactively identify gaps before readiness review.	• Enables issue resolution prior to readiness review. • A smoother transition for providers, members and DMS.	• Passport invested over 11,000 hours developing a comprehensive program for Kentucky HEALTH. We conducted a program implementation readiness review to verify our efforts and were the only managed care organization (MCO) selected by DMS to demonstrate readiness to the Centers for Medicare and Medicaid Services (CMS).

Introduction

The Passport team first implemented Medicaid health plan operations in Kentucky in 1997 and continues to serve Kentuckians today. We are a low-risk, high-value option for DMS, with a mature provider network, trained and experienced staff, innovative operational systems and technology, and we are successfully providing services to our members today. We are Kentuckians, with deep roots in our communities and extensive experience with Kentucky Medicaid.

Accordingly, for the Jan. 1, 2021 go-live, our implementation efforts are primarily focused on:

a) Delivering a suite of enhancements designed to optimize the experience for our providers and members
b) Complying with new requirements of the Medicaid program being procured with this request for proposal (RFP)
c) Executing on a comprehensive communication, training and readiness plan for all operational staff, subcontractors, members and providers

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

     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.

Supporting the Readiness Review Process

Passport has partnered with DMS since 1997, with the shared common goal of operating a successful program for Kentucky members, providers and DMS. To continue this partnership, we have developed a Program Implementation Plan at the milestone level (please see **Attachment D-2_Passport Health Plan Program Implementation Plan**), that is based on a thorough review of the RFP deliverables and draft MCO contract to ensure that all services and systems will be fully operational by readiness review and, ultimately, go-live. Passport has also identified what is already in place, what is in place that might require additional refinement, and what is new pertaining to its systems, processes, clinical programs and operations. Our many years of working with you in Kentucky, with these members, taught us that less transition and disruption to the system is better. It also provides DMS with less risk than a full transition to a new entity that would have to implement all systems and processes, potentially at a high cost to the program.

Approach

Passport's program implementation approach is grounded in the Project Management Institute's Project Book of Knowledge, found at www.pmi.com. The internationally recognized framework provides guidance and best practices for planning, measuring and overseeing complex projects and programs over their entire life cycle. Our flexible, capable approach ensures appropriate capacity and internal controls are in place to accommodate the enhancements needed for the new contract.

The program implementation is led by an implementation lead and program management office. The effort is organized by domains, as illustrated in **Exhibit D-1** to bring together end-to-end functions and create connection points between implementation, operations and IT. The overall program is overseen by an Executive Steering Committee charged with ensuring successful implementation.

Exhibit D-1: Implementation Domains

Domain	Description
Claims	Configuration (Benefits, Pricing); Provider Data Management; Claims Workflow; Accumulators; Encounters; Payment Integrity
Customer Service	Call Center (Member & Provider); Portals (Member, Provider); Fulfillment
Enrollment/Finance	Eligibility & Enrollment; Client Finance
Clinical	Utilization Management; Appeals; Care Management
RASQ	Risk Adjustment; Quality
Reporting & Analytics	Operational; Financial; Regulatory/Compliance; Actuarial Services
Data Integration	EDI, Interfaces with Subcontractors, Enterprise Data Warehouse, Data Extracts
Platform	Identifi^{SM} Population Health Management System & Identifi^{SM} Health Plan Administration (HPA), Technology Infrastructure
Operational & Market Readiness	Network Development, Provider Contracting & Services, Community Engagement, Marketing, Compliance

Our implementation lead uses a Program Implementation Plan as the primary planning and control framework to monitor progress and ensure that the project remains on time and is meeting specifications. Subject matter experts, project managers, business analysts and integration quality testers are assigned to each domain and are responsible for delivery from project initiation to project close.

Our implementation plan includes a seven-phase project approach as described in **Exhibit D-2,** including initiation, requirements, execution, testing & DMS readiness, training & operational readiness, go-live, and warranty/transition to operations. We have already kicked off our implementation efforts and will continue through ninety (90) days post go-live.

Exhibit D-2: Implementation Phases

Phase	Activities
1. Initiation	Project team formation, project chartering and kick-off.
2. Requirements	Finalizing the detailed requirements for the defined project scope, outlining specific timelines for each set of requirements and preparing for execution. Developing comprehensive operational and market readiness plans, including development of a comprehensive change management and communications strategy.
3. Execution	Developing the solution designs and building and configuring the solutions as per the defined project scope and business requirements. Developing and refining program policies and training/communication materials.
4. Testing & DMS readiness	Conducting system and end-to-end testing to validate build and configuration against requirements and solution design. Finalizing desktop procedures, training/communication materials, and policies. Conducting compliance review, mock readiness reviews and full DMS readiness review.
5. Training & operational readiness	Communicating changes to providers and other external stakeholders. Onboarding new staff and training current Passport team members on new policies and procedures and enhancements to the provider and member experience. Initiating the transition from implementation to operations process.
6. Go-Live	Operational launch. Launching the Command Center and continuing execution on transition from implementation to operations process.
7. Warranty/transition to operations	Conducting daily Command Center, actively monitoring performance against service-level agreements (SLAs) and projections, with focus on rapid issue resolution. By the end of the warranty period, completing the process of transition from implementation to operations, assessing lessons learned and adjourning the implementation team.

The implementation lead holds each domain accountable for hitting the key milestones for all deliverables and ensures the team members use standardized measurement values, reporting methodologies, and templates to facilitate communication, analysis and accountability. A project tollgate approach will be used to move the project from each phase to the next at the domain level, ensuring that the critical deliverables for each phase have been completed as required. Key implementation and operational leaders will be required to sign off to move the project domain to the next phase. This will include an in-depth review of documentation (e.g., requirements, solution design documents) prior to build and configuration to mitigate risk.

In addition, the implementation team uses executive dashboards indicating the project's status to provide clear transparency to Passport's Executive Steering Committee. Our executive dashboards use a color system comprised of red, yellow, green (RYG) to clearly communicate whether each workstream is on track or requires immediate mitigation. A sample of this executive dashboard is shown in **Exhibit D-3.**

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Exhibit D-3: Sample Implementation Dashboard-Status/Progress by Domain

Passport Status Report for Week Ending X/X/XX

Overall Status: ● On Track
Implementation Lead: Rich Rutherford

Summary:

Domain	Status	% Complete	Next Key Milestone (Target Completion)	Comments, Risks & Blockers
Claims	● On Track	90%	Sample milestone – X/X/XX	
Customer Service	● On Track	90%		
Enrollment & Finance	● On Track	90%		
Clinical	● On Track	90%		
RASQ	● On Track	90%		
Reporting & Analytics	● On Track	90%		
Data Integration	● On Track	90%		
Platform	● On Track	90%		
Operational & Market Readiness	● On Track	90%		

We are open and transparent about progress to enable the Executive Steering Committee to communicate and collaborate effectively with all key stakeholders to achieve program goals. While we are heavily focused on preventing implementation problems, we recognize that unanticipated issues do arise. When unanticipated issues occur, it is critical that the Executive Steering Committee is armed with the information needed to drive rapid resolution both within Passport and in collaboration with DMS. We also recognize the importance of being able to keep DMS, our providers and our members well-informed throughout our implementation. This is accomplished through open dialogue in frequent status meetings, as well as through dashboards and written updates and provided at an agreed-upon cadence. Examples include:

- **Summarized Progress Updates:** As noted, updates are provided in the form of an executive dashboard, outlining the overall status of each domain, progress against key milestones, key dependencies needed to accomplish the milestones, critical risks and leadership actions required.

- **Risk & Issue Report**: The implementation team will maintain a risk and issue log and will review it with the Executive Steering Committee weekly to ensure rapid mitigation.

- **Action Item Tracker:** The identification, management and closure of action items will be maintained to ensure successful implementation. Action items will be captured as part of meeting notes and tracked in the Action Item Tracker. They will then be reviewed in the weekly project meeting. Action items will be escalated as necessary and will follow a change management/risk escalation process.

- **Decision Tracker:** Key decisions will be logged in a decision tracker maintained by Passport's implementation team. Decisions will be reviewed by the Executive Steering Committee to ensure decisions are communicated at all levels. Final decisions regarding scope and implementation approach will be signed off on by the Executive Steering Committee.

Passport will use an enterprise portfolio/project management tool, Clarizen, to manage the full implementation life cycle across all domains. Clarizen is a secure, scalable platform that allows for seamless management of complex projects. The platform has been used to create our Program Implementation Plan (**Attachment D-2_Passport Health Plan Program Implementation Plan**) and will be used to maintain detailed project schedules; document risks, issues and decisions; assign specific tasks; and develop audience-specific reports across all work items that can be utilized by Passport and DMS (e.g., milestones, key tasks, due dates, etc.). Clarizen will provide transparency and visibility in the implementation through real-time updates and links to reports and dashboards.

Passport is honored to have served the Kentucky Medicaid population since 1997 and will comply with all provisions of the MCO Contract as we continue to serve these members in the future. As an operating plan, Passport understands the Commonwealth, our members and providers, and brings that knowledge and infrastructure in a way that guides a seamless implementation. Our dedicated implementation team ensures that all services and systems will be fully operational by readiness review and the new contract start date of Jan. 1, 2021.

Program Implementation Plan

As noted, the Program Implementation Plan acts as our primary framework for outlining the strategy and tasks for implementing new RFP and MCO Contract deliverables. The Program Implementation Plan includes all elements set forth in the contract and enables Passport to quickly bring its current Medicaid operations up to revised 2021 compliance. Given our existing footprint, we believe we are well positioned to leverage our present infrastructure and operating experience to enable a seamless, low-risk implementation.

Passport has a continuing commitment to and focus on delivering a suite of high-impact initiatives designed to improve health outcomes and enhance the provider and member experience. We also recognize and stand ready to implement and comply with all new 2021 MCO requirements. To that end, **Exhibit D-4** highlights certain implementation initiatives tied to delivering high impact for our 2021 go-live as well as two examples of the MCO 2021 Contract Requirements we will also be implementing.

Exhibit D-4: Implementation Initiative Highlights

Area	Initiative Highlights
Improve health outcomes	• **Teladoc**: Enable 24/7 access to medical and dermatological services for all of our members, with a projected go-live in the third quarter of 2020 • **Social Needs Index**: Equip the care team with additional information about social needs via the Social Needs Index, enabling them to address the stressors in a member's life which are impacting the member's short- and long-term health outcomes • **Kentucky Health Information Exchange (KHIE):** Collaborate with KHIE to develop mechanism to enable ingestion of admission, discharge, and transfer (ADT) data by the Identifi℠ Population Health Management solution to better support whole-person care • **Quality Management:** Enhanced strategies and interventions for addressing quality gaps (e.g., additional provider incentives, member outreach)
Enhance member experience	• **Mobile App**: Expand smartphone application availability to the full membership of the plan and enable members to perform a wide variety of health plan functions (e.g., search a provider directory, view status of claims and accumulators) to foster increased engagement • **Workforce Development**: Provide GED support benefits for Passport members who do not qualify for the Commonwealth's program
Enhance provider experience	• **Value-Based Payments**: Refine and expand the use of value-based incentives as outlined in detail in C.18. Provider Network • **BH Claims Processing:** Insource behavioral health claims processing • **Auto-authorizations:** Launch auto-authorization rules to streamline the authorization process for select services with qualifying criteria • **Smart Gold Carding:** Streamline the authorization review process for high quality providers to encourage expanded access to services for members
2021 MCO Contract requirements	• **High-Cost Drug Stop-Loss Program**: Implement the stop-loss program in alignment with requirements to enable the partial reimbursement of certain covered high-cost pharmaceuticals for the contract year • **Reporting**: Support DMS' reporting requirements; serve as a collaborative partner in considering new or enhanced reports that provide meaningful insights and spur dialogue across MCOs

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As noted in **Exhibit D-2: Implementation Phases**, our implementation is organized into seven (7) key phases. Each of the phases must be completed on time to enable Passport to deliver a successful Jan. 1, 2021 go-live. **Exhibit D-5** illustrates the overall timelines for each phase across all domains and inclusive of all implementation initiatives. This high-level view enables the implementation lead to be able to communicate how the various phases are expected to progress and anticipated downstream impacts should any delays occur.

Exhibit D-5: Implementation Roadmap and Key Milestones
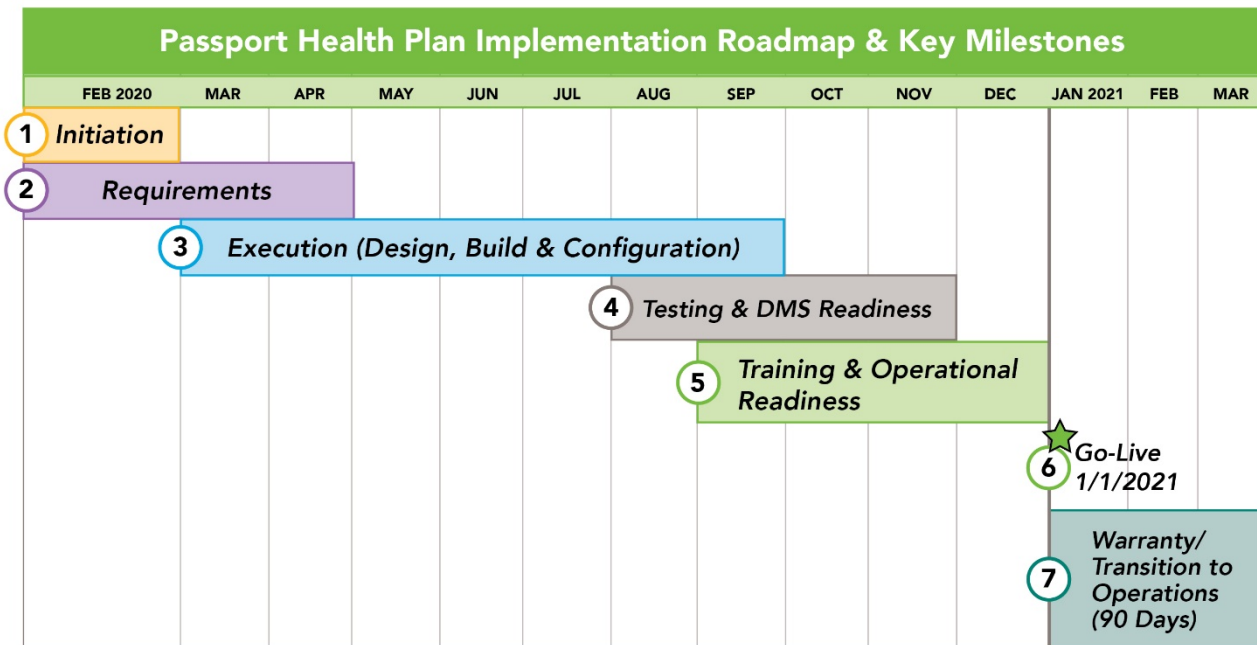
Attachment D-1_Program Implementation Plan Phases and Key Milestones, provides a more detailed view of the project roadmap depicted above in **Exhibit D-5**, outlining key implementation milestones in each of the domains in accordance with the domain-centered implementation model. It reflects the fact that, as an existing plan, Passport has completed the foundational work needed for a successful Jan. 1, 2021 go-live. It also shows the key milestones we are tracking for an on-time delivery of high-impact initiatives and 2021 compliance requirements, certain of which are highlighted in **Exhibit D-4**. For example, in **Attachment D-1_Program Implementation Plan Phases and Key Milestones**, the claims domain reflects Passport's existing medical claims processing operations, as well as the milestones related to our investments to insource behavioral health claims processing to enhance the provider experience.

Attachment D-2_Passport Health Plan Program Implementation Plan exhibits the full Passport Program Implementation Plan, covering the comprehensive set of tasks required to ensure a successful implementation of the new regulatory requirements and planned provider and member experience enhancements for the Jan. 1, 2021 go-live. While Passport does not require a full-scale implementation for the 2021 MCO Contract, we are investing in initiatives across every domain to improve health outcomes and enhance our provider and member experience. Our Program Implementation Plan is thorough and ensures

that we will address all operational areas potentially impacted in the implementation of these high-impact initiatives. **Exhibit D-6** provides a snapshot of the level of detail contained within the Passport Program Implementation Plan.

Exhibit D-6: Snapshot of Passport Program Implementation Plan

3788	**2. REQUIREMENTS**	62 d	02/03/20	04/28/20	
3789	**Requirements Review**	30 d	02/03/20	03/13/20	
3790	Review Requirements	3 d	02/11/20	02/13/20	Project Stand-up Complete
3791	Review Discovery Materials	30 d	02/03/20	03/13/20	
3792	**Stakeholder Analysis**	54 d	02/13/20	04/28/20	
3793	Develop Stakeholder Analysis template	2 d	02/13/20	02/14/20	Core Team Kickoff
3794	Review Stakeholder Analysis template with Core Team	2 d	02/17/20	02/18/20	Develop Stakeholder Analysis template
3795	Update Stakeholder Analysis template	1 d	02/19/20	02/19/20	Review Stakeholder Analysis template with Core Team team
3796	Identify impacted stakeholder groups (Core Team input)	5 d	03/16/20	03/20/20	Review Discovery Materials, Update Stakeholder Analysis template
3797	Confirm impacted stakeholder groups	3 d	03/27/20	03/31/20	Identify impacted stakeholder groups (Core Team team input)
3798	Schedule stakeholder interviews	2 d	04/01/20	04/02/20	Confirm impacted stakeholder groups
3799	Conduct stakeholder interviews	5 d	04/03/20	04/09/20	Schedule stakeholder interviews
3800	Complete stakeholder group analysis	2 d	04/10/20	04/13/20	Conduct stakeholder interviews
3801	Review Stakeholder Analysis (Core Team)	3 d	04/14/20	04/16/20	Complete stakeholder group analysis
3802	Update Stakeholder Analysis	2 d	04/17/20	04/20/20	Review Stakeholder Analysis (Core Team)
3803	Develop analysis summary	3 d	04/21/20	04/23/20	Update Stakeholder Analysis
3804	Review analysis summary	1 d	04/24/20	04/24/20	Develop analysis summary
3805	Finalize Stakeholder Analysis	2 d	04/27/20	04/28/20	Review analysis summary
3806	**Provider Communications**	30 d	02/20/20	04/01/20	
3807	Perform Deep Dive / Discovery	5 d	02/20/20	02/26/20	Execute Kickoff Meeting
3808	Gather Requirements	15 d	02/27/20	03/18/20	Perform Deep Dive / Discovery
3809	Obtain Sign Off & Approvals	10 d	03/19/20	04/01/20	Gather Requirements
3810	*MILESTONE: Provider Services Requirements Finalized*	*0 d*	*04/01/20*	04/01/20	Obtain Sign Off & Approvals
3811	**Community Engagement**	30 d	02/20/20	04/01/20	
3812	Perform Deep Dive / Discovery	5 d	02/20/20	02/26/20	Execute Kickoff Meeting
3813	Gather Requirements	15 d	02/27/20	03/18/20	Perform Deep Dive / Discovery
3814	Obtain Sign Off & Approvals	10 d	03/19/20	04/01/20	Gather Requirements
3815	*MILESTONE: Community Engagement Requirements Finalized*	*0 d*	*04/01/20*	04/01/20	Obtain Sign Off & Approvals

Establishing an Office Location and Call Centers

Passport has strived to achieve the Commonwealth's goals with the support of nearly six hundred (600) highly dedicated and skilled people. Our team of talented professionals is primarily located within Kentucky to provide a local, high-touch member experience. Our training programs reinforce our commitment to delivering exceptional provider and member services and are outlined in greater detail in the Staff Hiring and Training section, below.

Plan operations are located at 5100 Commerce Crossings Boulevard in Louisville. We also maintain a primary call center with over one hundred twenty (120) staff in the same location that first went live in 1997. In Prestonburg, we maintain a satellite office that houses some claims, community engagement and provider network management staff.

We also acquired a twenty (20)-acre site in west Louisville at 18th Street and Broadway and are working to identify an aligned developer to help us create a state-of-the-art Passport Health and Well-Being Campus to serve the needs of the local community. When complete, it will also provide a new corporate headquarters for Passport's staff and operations.

We continuously forecast, assess and adjust our staffing to ensure we remain in compliance and will continue to do so. We will also leverage our extensive experience to evaluate the anticipated total impact on our operations and call center after the MCO contracts are awarded to ensure that we can maintain the same high standards for serving our provider and member stakeholders throughout the go-live period and beyond.

As part of our Program Implementation Plan, we will establish and implement detailed provider and member outreach and call center plans for the enrollment period, warranty period and post-warranty period:

- **Provider and Member Outreach**: We will develop and implement a comprehensive transition communication plan for both providers and members by the end of September 2020 to proactively answer anticipated questions resulting from program changes. As part of this plan, our provider relations team will engage directly with providers to ensure we are meeting their needs and can rapidly adjust our communications to address any issues surfacing. We will also leverage existing processes for onboarding new members enrolling with Passport from other MCOs and for new providers contracting with Passport.

- **Tools and Technology**: In addition to utilizing personalized individual communications, we will customize messaging on the provider portal, member portal and the interactive voice response (IVR) system to share key messages and address issues. We will monitor all incoming contacts and refine messaging in real time as needed.

- **Call Volumes:** We anticipate an uptick in call volumes following the award announcement, in the weeks prior to go-live, and in the early part of 2021, as it is historically our busiest time of the year. We will evaluate historical annual call trends as well as data from past transitions (e.g., ACA expansion) to estimate expected call volumes.

- **Staffing:** We will determine the level of staffing needed to meet our call center SLAs (e.g., average speed to answer, percentage answered within thirty (30) seconds, abandonment rate) given expected call volumes and our proven Passport staffing ratios. Should additional staff be needed, we will onboard and train the staff needed to ensure we can remain in compliance, as we are today. We will hire and onboard in two (2) tranches as needed given the latest call volume forecasts and productivity:
  - Recruit in August for mid-September hire
  - Recruit in October for mid-November hire

We will monitor activity throughout the go-live and adapt as needed to provide a positive provider and member experience.

Provider Recruitment Activities

As a trusted DMS partner, we already have a provider network in place with longstanding relationships. Passport currently serves approximately 300,000 Kentuckians statewide with a comprehensive provider network that includes approximately 32,000 providers across the following provider types: 9,100 primary care providers (PCPs) (2,500 of which are pediatricians), 17,000 specialists, 2,200 ancillary providers, 3,700 behavioral health providers, and one hundred thirty (130) hospitals. Our locally based provider-contracting and provider-relations representatives continue to provide in-person, one-on-one education and assistance to facilitate contracting, credentialing and accurate and prompt claims payment. These factors, coupled with our historical provider ownership and focus, will reduce the potential for the provider abrasion often present in a full-scale provider network build, and substantially lower risk to DMS.

Passport, founded as a provider-driven plan and continuously governed by and responsive to providers, is a leader in provider network development. Our strategy to ensure a comprehensive statewide network across

all provider types includes extensive analysis, personal recruiting and contracting with a variety of quality and value reimbursement programs.

Passport assesses network adequacy on an ongoing basis to identify and close gaps, increase provider capacity by provider type, and seek opportunities to improve access for members. Monthly, our Provider Network team applies Quest Analytics tools, an industry-standard platform that combines dynamic time and distance access stands with our minimum contractual provider requirements to evaluate our overall network adequacy and identify gaps based on standards. Quarterly, we review claims data to identify all out-of-network providers seen by members during the period, which further helps identify gaps. The Provider Network team also reviews access-related feedback from members, referring providers, care managers and utilization managers, as an early warning system of changes in member need that may necessitate network recruitment response.

Passport relies on traditional recruitment tactics in its overall network development such as meetings, e-mail and traditional mail contact, telephone calls, meet-and-greets and formal presentations. We develop target lists of providers from our analysis of specific geographic areas and specific provider types, leveled by our monthly analysis, described above. We also target providers using a variety of sources including existing Passport provider recommendations, member requests, direct provider inquiry, and focused geographic and specialty searches.

Passport also employs several unique approaches to address specific network gaps that are identified and to maintain its high-quality network. For example, Passport is offering a suite of value-based payment models that meets providers where they are on the quality continuum and encourages and rewards both small and large practices. Passport will soon also offer Teladoc services twenty-four seven (24/7) statewide to ensure primary care access and reduce emergency department (ED) dependence. Through Teladoc, the nation's leading provider of virtual visit services, we anticipate that we can offer medical and dermatology virtual visits to our entire membership twenty-four seven (24/7) by the third quarter of 2020. Not only will Teladoc serve as a resource for members who live in primary care shortage areas, it will help in statewide efforts to reduce our members' unnecessary use of the local ED. Passport will also continue to leverage our community partnerships to reach and recruit providers in underserved and nonurban areas. By keeping our finger on the pulse of the communities we serve, we are better positioned to recruit providers for Kentucky's Medicaid Program.

Passport's commitment to continuous evaluation, innovative value-based payment offerings, relationship development and in-depth provider support will enable Passport to continue delivering on its commitment to network adequacy, value and high-quality care.

Staff Hiring

As a Kentucky-based organization, Passport is proud to provide the vast majority of our staffing opportunities to Kentucky residents. Staff supporting Passport reside in thirty (30) Kentucky counties, spreading our employee footprint across the Commonwealth and allowing us to keep a finger on the pulse of what is happening in our local communities. This priority on local staff allows us to better serve our members and providers by being more familiar with their unique, regional needs. It also allows us to tailor our approach to best meet the needs of DMS and provides nearly five hundred fifty (550) jobs to stimulate the Kentucky economy. We are a proud Kentucky employer, building on many years of excellence and investing in our staff to meet the evolving needs of the Commonwealth.

We will reevaluate our staffing needs in every operational area to ensure we will maintain our high standards of service for our providers and members given the Kentucky Medicaid award decisions, the new MCO Contract requirements, and the planned program enhancements. For each operational area, we will review anticipated changes in both work volumes and skill sets and leverage the existing pool of local talent to meet our staffing needs. Assuming Passport membership volumes are comparable to current volumes, it is anticipated that Passport will need to increase its staff in the following areas:

- Claims adjudication—based on the insourcing of behavioral health claims.
- Reporting and analytics—based on the expanded reporting to capture greater member insights and meet compliance requirements.

Should membership volumes increase significantly with the 2021 MCO Contract award, we anticipate that additional staff will also be needed across other areas, including population health management, pharmacy, Utilization Management (UM) and member and provider services. As noted, we will evaluate staffing in every operational area upon award of the 2021 MCO Contract.

Staff Training

Passport invests heavily in training its staff—at initial onboarding, for continuing education and to support all program changes—to enable them to successfully deliver on Passport's important mission. Our training programs will be focused on onboarding new hires and training existing staff on updated policies and procedures, our planned provider and member experience enhancements, and any change in Passport's provider and member scope.

We have a dedicated Training and Development Team that is comprised of instructional designers, technical writers, and instructional specialists (trainers) who are responsible for developing and delivering comprehensive training to Passport employees to ensure they are set up to be successful in their roles. The training programs available to Passport employees include instructor-led training tailored to operational roles, classroom learning activities and exercises, system demonstrations, web-based skills training, online course overviews, as well as self-taught reading materials.

New employees will have access to an onboarding tool to help guide them and allow them to quickly get up to speed in their roles; they will receive extensive training on our company, including its culture and its

service-oriented mission. In addition, new employees will either attend an instructor-led course or will leverage departmental/role-based training materials and job shadowing available to them.

Health Plan Administrative Training. Instructor-led courses vary in length from two (2) to four (4) weeks on average and are available for the following health plan operational areas: claims, configuration, provider data and network management, enrollment and payment integrity, among others. New or existing Passport employees are eligible for these courses. The goal of these courses is to get the employee familiar with the basic functionality and foundations of their operational roles. The curriculum for these courses typically includes an overview of the company and department the team member belongs to, an outline of basic workflows for the role, an understanding of how each role interacts with other departments, demonstration of our system, hands-on exercises and job shadowing. At the end of each course, each participant is expected to demonstrate what they have learned by passing written and practical exams.

Utilization Management, Case Management and Population Health Management Training. Passport has a comprehensive Utilization Management, Case Management and Population Health Management Training program for clinical and nonclinical staff. For newly hired team members, the process begins with new hire onboarding and orientation, followed by a comprehensive curriculum using different methods, lasting approximately four to six (4-6) weeks. All training is based on Adult Learning Theory and developed by instructional designers in partnership with clinicians. Participants complete pre-work leveraging a learning module system (LMS), which is online. Modules are assigned and all activities recorded and time stamped. LMS modules use video demonstration, lecture and interactive sessions. Important topics such as self-management, motivational interviewing and clinical program overviews are presented. Face-to-face sessions build upon the pre-work and provide in-depth training on programs, platform, workflows, policies and procedures, tools and more. Upon completion of the pre-work and classroom training, the team members are partnered with a preceptor who provides mentoring and support as they demonstrate their new skills. Preceptors are team members who have demonstrated excellence in practice and must complete a formal training to serve in this capacity. A sample training plan for UM staff is shown in **Exhibit D-7**.

Exhibit D-7: Sample UM Staff Training Plan

MODULE NUMBER	TRAINING COURSE NAME	INTAKE COORD.	NURSE CA	MD REVIEW	APPEALS COORD.	APPEALS NURSE	GRIEVANCE COORD.	GRIEVANCE NURSE
UM Module 1A	Introduction - Passport Overview of UM	X	X	X	X	X	X	X
UM Module 1B	UM Staff, MDs, Contact information	X	X	X	X	X	X	X
UM Module 1C	How to Access SharePoint, QRGs, Training site, Policies, SOPs, Learning-LMS	X	X	X	X	X	X	X
UM Module 2A	UM Basics, Fundamentals-Process	X	X	X		X		X
UM Module 2B	Medicaid Foundation	X	X	X	X	X	X	X
UM Module 2C	UM Metrics & Reporting	X	X	X				
UM Module 3	UM Additional Topics, Processes	X	X	X	X	X	X	X
UM Module 4	Denial Review, Denial Letter Writing	X	X	X				
UM Module 5	UM Quality/Compliance, Auditing	X	X	X	X	X	X	X
Identifi Module	Identifi Review Foundations Module	X	X	X	X	X	X	X
Identifi Module	Identifi Review Building Cases Module	X	X					
Identifi Module	Identifi Review Clinical Process Module		X	X				
Identifi Module	Identifi Appeals Module		X	X	X	X	X	X
Identifi Module	Identifi Complaints Module			X	X	X	X	X
NCQA Module	NCQA Overview Presentation	X	X	X	X	X	X	X
Identifi HPA Module	Identifi HPA Training	X	X					
InterQual Module	InterQual Inpatient Acute Hospital		X	X		X		X
InterQual Module	InterQual SNF		X	X		X		X
InterQual Module	InterQual IRF		X	X		X		X
InterQual Module	InterQual LTAC		X	X		X		X
InterQual Module	InterQual Home Health		X	X		X		X
InterQual Module	InterQual Procedures, Imaging, DME		X	X		X		X

Ongoing Training and Support. Training team members provide continual support to fellow Passport employees with supplemental training or by the development and maintenance of documentation. Documentation is provided to Passport employees to assist with their daily operations such as policies and procedures, desktop procedures, job-aids, training manuals and/or standard operating procedures.

Passport employees also have access to a central repository of training materials that allows them to further grow in their roles and careers. Continuous education and improvement are important and, as Passport employees master their foundational knowledge, they are provided opportunities to expand their knowledge and skills by enrolling in a course or partaking in self-taught reading or online recordings.

Development of Material to Support the Program

Passport has an existing library of approved, award-winning materials developed by its in-house, Kentucky-based communications teams that Passport uses to engage with providers, members, employees and the community and to support program requirements. These materials are broad-based and include:

- Member education and communications:
  - New member onboarding ninety (90)-day plan
  - New member videos
  - Population health management (PHM) program collateral including brochures, letters and videos
  - Regulatory letters
  - Member Handbook
- Provider-facing materials
  - Provider Manual
  - Materials on PHM programs and engagement approaches
  - Regulatory letters
- Employee training and compliance materials
- Program policies and procedures
- Desktop procedures and job aids
- Training modules

We will evaluate all existing materials in our planned Transition Communications Center to optimize impact, to align with Passport's latest programs, and to ensure compliance with the latest regulations.

Passport also uses various methods to continually adapt our materials to reach Kentucky Medicaid's various populations and audiences effectively, such as:

- Use of local focus groups.
- Use of best practices to meet the needs of various Kentucky stakeholders (such as specific cultural nuances and language needs).
- Collaboration between internal subject matter experts and teams.
- Use of data from past communications to determine effectiveness.
- Use of local talent and visuals.
- Kentucky Medicaid regulations.

Communications experts in individual departments are typically responsible for helping determine the content and distribution methods of their requested materials. However, our Transition Communications Center and central creative services teams will assist in the content review, printing and fulfillment process throughout the implementation.

Our extensive existing supporting material, coupled with our depth and breadth of experience in Kentucky, means that we are ready as needed to deploy new and refined materials to successfully support the new contract. The development of new and refined materials, focused on critical updates and program enhancements, is built into our Program Implementation Plan. New and updated materials will be coordinated with DMS for approval.

Interfaces with Other Information Systems

Our core Medicaid business interfaces are longstanding and in place, lessening the risk associated with a full-scale implementation. We will validate any new or modified interfaces through extensive testing as part of our internal readiness review prior to the Commonwealth's readiness review.

As part of our core Medicaid business, over two hundred fifty (250) data interfaces have already been set up to support the Kentucky Medicaid business. This includes data exchanges to the subcontractors discussed in Section C.01 Subcontractors. During the implementation process at Passport, the dedicated Data Integration team works through extensive and detailed requirements and discovery sessions where requirements are gathered. Internally, these requirements are then solutioned to ensure every requirement is satisfied and presented as part of the Implementation Solution sessions. These solution sessions are held internally with our subject matter experts (SMEs) from each of the domains to provide a complete and thorough end-to-end solution. These requirements and solutions are reviewed and approved before entering the execution phase.

Once approved, the requirements and solution documents are analyzed at a deeper technical level and detailed design/tech spec/gap analysis documentation is generated by our systems analysts. These detailed design documents are then provided to the software engineers to build out the interfaces. Once developed, these interfaces are first tested by a group of functional testers who focus on the specific data-level requirements of each interface. Once tested and approved by the functional testers, the interfaces are then handed over to the Integration Quality team that then manages the end-to-end testing of the data flow using the interconnected interfaces.

End-to-end testing (E2E) focuses on the validation of inbound/outbound interfaces by ensuring that data (provider/contract, member, claims, etc.) accurately flows to/from the interfaces in accordance with the Business Requirement and Technical Specifications documents. In addition, Interface E2E testing entails testing with vendors/subcontractors. The testing engagement involves a common test strategy (scenarios) and data set that both entities review and execute against and the execution results of which are collectively reviewed. Testing occurs in multiple iterations until a mutual determination of success is agreed to, that will thereby result in the closure of the joint testing cycle.

Enhancements to the Passport Program for 2021 as described in this RFP response (including KHIE and the behavioral health claims insourcing) will follow the process outlined above for any Interface enhancements/updates.

Staffing to Support Implementation and Readiness Reviews

Passport draws from its talented team of Kentucky Medicaid and health plan experts in every area of current operations to support the implementation and readiness review effort. This includes the implementation program management office (PMO) to manage the overall readiness effort, domain teams staffed with seasoned operational and technical experts, and an implementation architect to ensure the overall solution designed will effectively meet the needs of the market, all overseen by an Executive Steering Committee of Passport executives. Members of the Executive Steering Committee have oversight and accountability for the performance of their assigned operational areas and ensure that new contract requirements are seamlessly implemented in their operations. They are also accountable for ensuring that provider and member interests are reflected in decisions made through implementation. Collectively, we will continue to apply our deep health plan knowledge and local expertise to ensure successful delivery and readiness.

Implementation Lead Rich Rutherford, RN, BSN, PMP oversees our implementation and readiness review activities. Rich is a seasoned project management professional and has leveraged his nursing background to lead several successful health care program implementations. Rich draws from his twenty (20) years of experience to ensure a successful readiness review and go-live, minimizing risk to DMS, members and providers.

Rich is supported by a program manager and our implementation PMO and receives oversight from our CEO, Scott Bowers, and an Executive Steering Committee charged with ensuring the successful implementation. Rich and our program manager manage implementation activities but, ultimately, responsibility and authority for the implementation rest with Scott Bowers, as depicted in **Exhibit D-8**.

Exhibit D-8: Implementation Oversight and Organization Structure
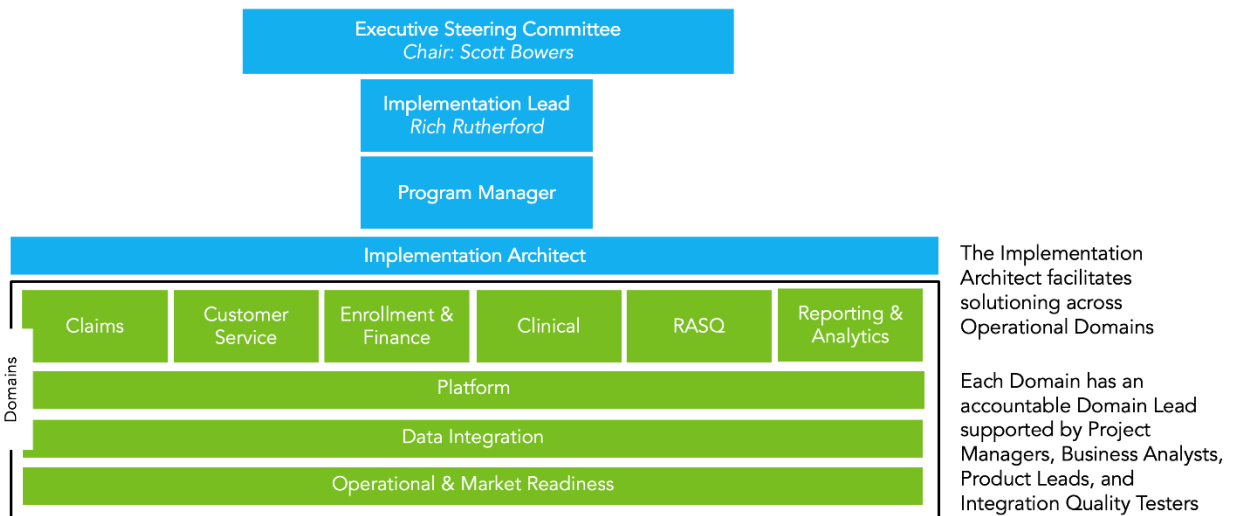
Implementation lead and program manager responsibilities are reflected in **Exhibit D-9**.

Exhibit D-9: Implementation Lead and Program Manager Responsibilities

| Role	Responsibility
Implementation lead	This resource serves as primary point of contact for executive leadership on the implementation. This role oversees a PMO, program managers and project managers dedicated to the implementation. This role also drives collaboration among the key stakeholders across domains to: • Drive accountability for the quality of overall service delivery for the implementation. • Oversee the development of the end-to-end project plan. • Ensure deliverables are met as per contractual agreements. • Oversee the communications of the overall implementation progress, risks and mitigation plans. This role leads the coordination of all delivery resources and activities across the implementation domains through a coordinated set of project management tools.
Program manager	This role serves as the primary day-to-day point of contact for implementation teams across the operational domains. This role is accountable for the oversight of the following: • Facilitates the development of a consolidated project plan across operational domains. • Manages the production of deliverables and the delivery timeframes across the domain project managers. • Brings rigor to risk management to identify and communicate project risks early in the process and facilitate subsequent issue resolution. • Oversees the overall implementation progress, risks and mitigation plans and identifies and mitigates impacts across domains and workstreams. This role interfaces with project and domain teams to maintain consistent understanding of project status and identify variances to plan

Each of the domains will have one or more individuals serving in each of five (5) key roles, as outlined in **Exhibit D-10**.

Exhibit D-10: Roles Within each Domain

Role	Responsibility
Operations technical domain lead	Responsible for leading the success of individual domains by providing subject matter expertise for operational functions and technology by collaborating with the Operations and IT teams. The role is accountable for: • Guiding the implementations through the definition of requirements, solutioning and testing with the product manager, project manager, business analyst and testers. • Defining and standing up the operations, including training, reporting needs, standard operating procedures (SOPs), SLAs, etc. • Facilitating domain-specific implementation committees and driving decisions during the implementation.
Product lead	Responsible for the design and development of product enhancements by collaborating with the operations technical domain leads and business analysts
Domain project manager(s)	• Coordinates the day-to-day delivery of the team members of the domains within the implementation structure. • Supports communication and collaboration between implementation and operations teams. • Drives the maintenance of the overall domain plan, risk and issue log, and status reports.
Business analyst(s)	Supports the domains through gathering documentation, authoring solutions designs and building solutions: • Creates business requirements documents • Defines acceptance criteria • Collaborates on design definition/documentation • Creates inventory of current state process flows • Documents new state process flows
Integration quality tester(s)	Responsible for testing the configurations and all their related components, data loads, infrastructure and workflow(s).

The **operations technical domain lead** and **product lead** play central roles in ensuring alignment between Operations and IT as part of a dyad with the product leads, as depicted in **Exhibit D-11**. As a senior-level operational lead, the operations technical domain lead, supported by domain-specific business analysts and testers, will serve as the operational SME to guide requirements and operational stand-up, thus ensuring operational accountability and expertise are engrained in the implementation. The operations technical domain lead and the product lead for the domain will collaborate prior to and during implementation to identify any capability gaps and to determine solutions to close them.

Exhibit D-11: Operations and Technical Delivery Alignment
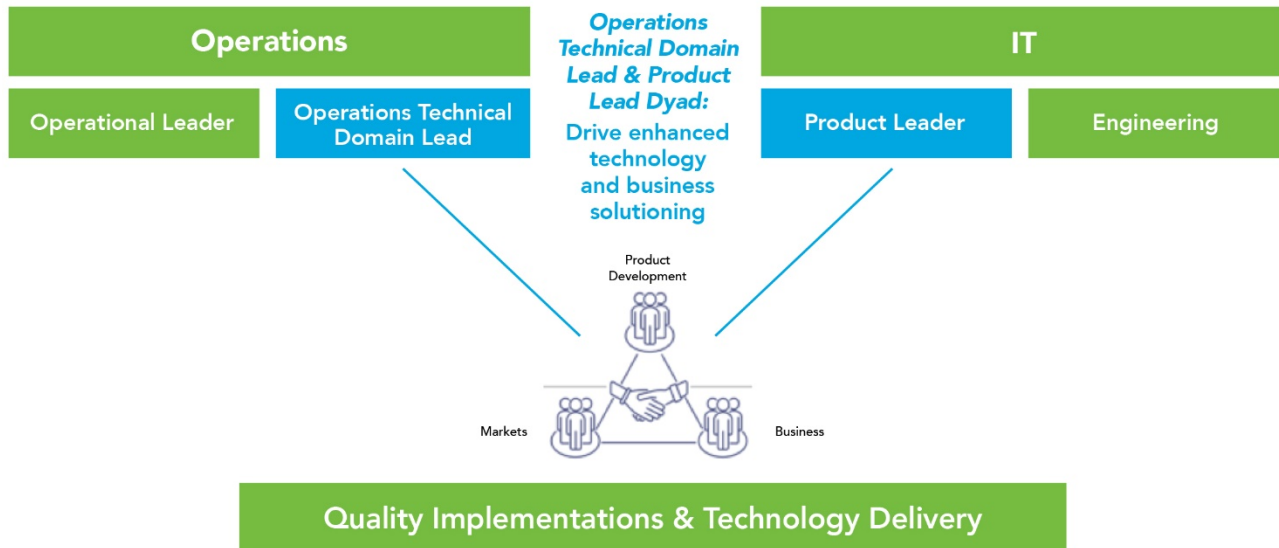
Finally, the implementation architect connects the domains to ensure the overall solution meets the needs of the Kentucky Medicaid providers and members, as described in **Exhibit D-12** and depicted in **Exhibit D-13**.

Exhibit D-12: The Role of the Implementation Architect

Role	Responsibility
Implementation Architect	This role will be filled by the senior market operations leader and acts as the hub for the overall solution being delivered, by spanning across all domain teams: • Is responsible for driving solutioning across domains to ensure processes are designed using a holistic, end-to-end approach. Includes facilitating business owner and domain lead sign-off on all nonstandard processes to ensure seamless execution upon go-live. • Ensures sustainable processes are developed during the implementation phase and the correct staffing model is identified to execute on all new and refined processes. Allows market leader to assess any nonstandard processes and make determination of potential staffing impacts. • Ensures processes put in place enable adherences to both SLAs and regulatory requirements. • Responsible for establishing plan to transition progressively to operations.

Exhibit D-13: Implementation Architect as the Hub Connecting All Domains
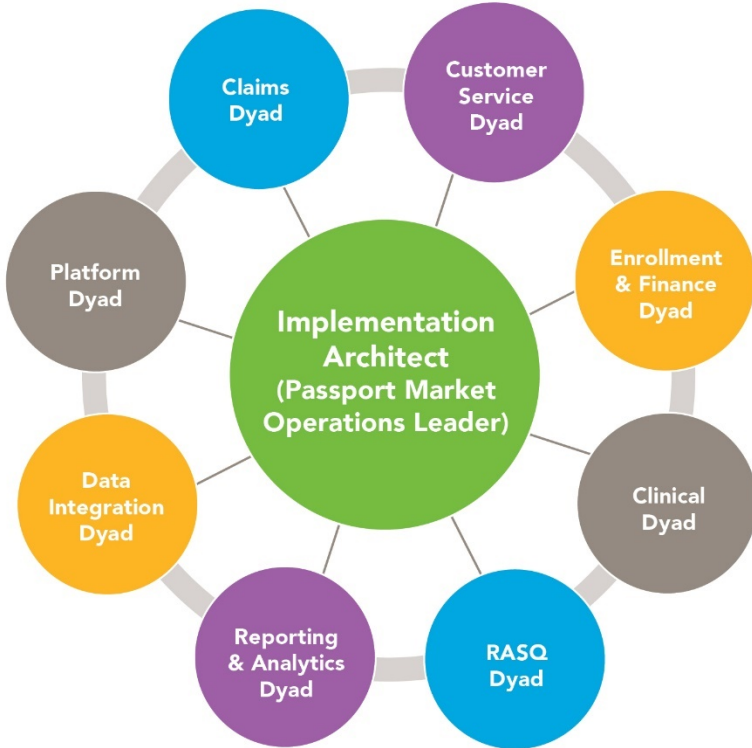
The PMO collaborates with the Executive Steering Committee to champion specific member and provider needs within their functional areas. The PMO will support implementation activities. Readiness reviews will be supported by all hands—the PMO, Executive Steering Committee, and MCO clinical and operational staff.

To ensure stable post-go-live operations, we will stand up a Command Center at least 15 days prior to go-live to serve as a centralized entity to track status, identify issues and mitigate risks. This solution will group key resources to speed the identification and resolution of issues.

The Louisville-based Command Center will be comprised of business owners, key stakeholders, and delegate points of contact (POCs) for each operational team and will operate throughout the ninety (90) day warranty period post go-live. The Command Center has an established escalation path to ensure efficient communication and involvement of appropriate business owners and support teams for issue resolution.

The Command Center will monitor the health of operations using a set of reports with key operational metrics to aid in the rapid identification of issues, as shown in **Exhibit D-14**. Sample report templates are shown in **Exhibit D-15** and **Exhibit D-16**.

Exhibit D-14: Command Center Operational Metrics Monitored

Command Center Metrics Monitored

Solution Team	Report	Report Content/Metrics	
Call Center	Call Performance Report (member and provider)	# call received # called answered (CSR, IVR) # calls abandoned Abandon rate # calls answered in 30 seconds	% of calls answered in 30 seconds Average hold time Average call time Call backs
Enrollment & Eligibility	Enrollment Processing Dashboard	# of eligible members # of terminated members # of ID cards mailed	% of members with PCP assigned Date of last eligibility file load
Claims	Claims Aging Report Claims General Summary Report	# of claims received # of claims processed # of claims in inventory Inventory dollar amount Claims aging (0-7 days, 8-14 days, 15-21 days, etc.)	Claim level detail # of paid claims # of pending claims/line count Total claims/line count
Pharmacy	Claims Summary Report Plan Performance Report CVS Call Center Report	# paid claims # rejected claims % paid # reversed claims	Top rejection codes UM coverage determinations (approved, denied) and TAT (hours) Pharmacy call center stats (ASA, talk time, abandoned calls, hold time, etc.)
Utilization Management	Daily summaries of UM activities	# of calls received # of calls handled Turnaround Time / Queue Status Average speed of answer Abandon rate SVC Level	# of calls for Identifi issues # of calls for phone line issues # of requests received # of approvals # of adverse determinations
Appeals & Grievances	Identifi Appeals Detail Report Identifi Complaints Detail Report	Case details for appeals and complaints	
Care Management	Report of issues logged in JIRA related to Care Management	Access issues Care team training issues	Workflow issues Functionality issues

Exhibit D-15: Sample Report Template for Call Center Operations Monitoring

	Member Daily Call Stats														
Date	Total Calls Received	Total Calls Answered BY CSR	Total Calls Answered by IVR	Total Calls Answered	Number of Calls Abandoned	Number of Calls Answered within 30 Seconds	% of Calls Answered in 30 Seconds	Abandonment Rate	Average Hold Time min.sec	Average Call Time min.sec	Number of Members who Elected Call Back	Number of Successful Call Backs	Average Talk time of Call Backs (min:sec)	Average wait time of Call Backs (min.sec)	Longest time in queue of Outbound Calls
30-Dec															
31-Dec															
1-Jan															
2-Jan															
3-Jan															
4-Jan															
5-Jan															
Week 1															
6-Jan															
7-Jan															
8-Jan															
9-Jan															
10-Jan															
11-Jan															
12-Jan															
Week 2															
Jan															

Exhibit D-16: Sample Report Template for Pharmacy UM Operations Monitoring

UTILIZATION MANAGEMENT - COVERAGE DETERMINATIONS

CVG DETERMINATIONS	JAN 07	JAN 08	JAN 09	JAN 10	JAN 11	JAN 12	JAN 13	JAN 14	JAN 15	JAN 16	YTD
TOT DETERMINATIONS	0	0	0	0	0	0	0	0	0	0	0
APPROVED	0	0	0	0	0	0	0	0	0	0	0
DENIED	0	0	0	0	0	0	0	0	0	0	0
EARLY CLOSE	0	0	0	0	0	0	0	0	0	0	0
TURNAROUND (HRS)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
APPROVAL RATE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

APPEALS	JAN 07	JAN 08	JAN 09	JAN 10	JAN 11	JAN 12	JAN 13	JAN 14	JAN 15	JAN 16	YTD
TOT DETERMINATIONS	0	0	0	0	0	0	0	0	0	0	0
APPROVED	0	0	0	0	0	0	0	0	0	0	0
DENIED	0	0	0	0	0	0	0	0	0	0	0
EARLY CLOSE	0	0	0	0	0	0	0	0	0	0	0
TURNAROUND (HRS)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
APPROVAL RATE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

All issues identified are logged into our Jira tracking system. The POCs will be the intake points for all known issues and responsible for logging and maintaining them throughout the day. The Command Center will have a dedicated room for the team to congregate and hold stand-up meetings and calls. During Command Center operations, the PMO will facilitate regular communications to interested stakeholders in order to minimize external distractions and keep the Command Center team focused.

While the market and plan operations teams are deeply embedded in the implementation, Passport executes a formal implementation-to-operations handoff plan to ensure the smooth transition from the implementation to the operations phase. Planning and execution of the formal handoff plan take place in tandem with the implementation and continues until ninety (90) days after go-live. **Exhibit D-17** describes the high-level components of the plan. The overall objective is to ensure operational stabilization and strong performance through the execution of structured implementation close-out activities. The transition culminates in executive program reviews conducted as the ninety (90) day post-go-live milestone approaches to ensure operations is ready to fully assume control of the new program elements.

Exhibit D-17: Implementation to Operations: Key Components for 2021 Go-Live

Milestone	Owner	Timing	Description
Training	Training & Development, PMO	Start up to 90 days pre go-live	Series of training sessions focused on BH claims processing, clinical program enhancements, Social Determinants of Health (SDoH), mobile application support, expanded provider network, and changes in policies and procedures
Reporting	Analytics Implementation Team	Up to 30 days before go-live to 60 days post go-live	Transition new and refined reports to analytics operations team after reports tested with live production data post go-live
Clinical	Clinical Implementation & Operations Teams	Up to 30 days before go-live to 60 days post go-live	Transition new and refined programs to clinical operations teams, and ensure that providers and members are well cared for throughout and beyond the transition to operations
Interfaces	Data Integration	Up to 60 days post go-live	Transition new and refined interfaces to IT operations team after interfaces tested with live production data post go-live
Integration Quality Go-Live Review	Integration Quality, PMO	30 days pre go-live	Review of testing status, critical defects and any outstanding tasks
Command Center Reporting	PMO & Market Operations	Start 15 days prior to go-live and continue 90 days post go-live	Daily Command Center reporting, post go-live issue resolution
Domain Status Review	PMO, Operational Domain Leads	Up to 30 days post go-live	Review implementation domain status with market operations, outlining any outstanding tasks or issues requiring resolution
Maintenance Meetings	Market Operations	Up to 60 days post go-live	Incorporate expanded 2021 capabilities into weekly, bimonthly and monthly maintenance meetings: Market operations, operational performance reviews
Executive Program Reviews	PMO, Executive Steering Committee	90 days post go-live	Executive review of implementation retrospective and formal warranty period closure (with handoff of implementation to ongoing operations)
Implementation and Warranty Period Close-Out (90 days post go-live)			

System Operational Implementation Requirements and Milestones

Passport understands and will comply with all the Management Information System (MIS) requirements as described in Section 15.0 of *Attachment C—Draft Medicaid Managed Care Contract and Appendices.* As noted, we are well positioned to leverage our present infrastructure to enable a seamless, low-risk implementation. Passport has identified what is already in place, what is in place that might require fine-tuning, and what is new pertaining to our systems, processes, clinical programs and operations.

Our considerable experience working in Kentucky with DMS and with our population, taught us that less transition and disruption to the system is better and that every system change has corresponding effects on other areas. It also provides DMS the ability to focus more on operations from go-live, versus a full transition to a new entity that must build each capability from scratch, potentially at a higher risk for implementation issues.

As background, in 2016 we proudly transitioned to the Identifi platform, an MIS designed to support population health via the Identifi population health management system, followed in 2017 by the transition to support health plan administration via Identifi Health Plan Administration (HPA). Transitioning to the Identifi platform was a strategic investment to enable Passport to optimize operational performance and most effectively support our providers and members. At the core of Identifi is the member-centric Identifi enterprise data warehouse (EDW) and strong data integration and orchestration components that seamlessly combine administrative (payer), clinical, provider and self-submitted data from multiple, disparate sources powering a suite of fully interoperable modules designed for value-based care.

Identifi and its subsystems are **fully functional today** and meet the requirements of the current DMS Contract. Identifi currently meets the guidelines and specifications of the Commonwealth, including required interfaces. Identifi subsystems also meet or exceed all Kentucky Medicaid Managed Care Program subsystem requirements, such as:

- Enrollee/member
- Third-party liability
- Provider
- Claims/encounter processing
- Financial
- Utilization data/quality improvement
- Surveillance utilization review
- Reporting
- Testing

Identifi is scalable to accommodate additional member populations, an expanded provider network and new program requirements, as demonstrated recently with Kentucky HEALTH. Passport was proud to serve as the Kentucky showcase MCO to CMS. We worked collaboratively with both DMS and contracted vendors to demonstrate our readiness to execute new Medicaid program requirements, including 834 file consumption, corresponding plan mapping for the Kentucky HEALTH population, and automated delivery and monitoring of data extracts. Our MIS stands ready to execute on current and future program requirements.

For the new contract, Passport's system operational requirements relate to enhancements designed to deliver on new 2021 compliance requirements and enhance the provider and member experience, as noted above, rather than a full-scale implementation. This will significantly reduce risk for DMS.

Attachment D-2_ Passport Health Plan Program Implementation Plan provides a comprehensive list of tasks required to ensure a successful implementation of the 2021 MCO Contract and planned enhancements for providers and members, as further described earlier in **Exhibit D-4**. The plan is organized by domain and project phase, and it provides key milestones, detailed descriptions, start and end dates, durations, and dependencies for all tasks required to ensure readiness. In our domain-centered model, tasks associated with system operational implementation are incorporated into each of the relevant domains within the Program Implementation Plan (e.g., configuration of benefits and provider contracts for accurate processing of BH claims can be found in the claims domain). By organizing the Program Implementation Plan by domain, Passport is able to ensure system-related tasks are handled in a close partnership between technology and operational teams, thus ensuring operational accountability and readiness.

In **Exhibit D-18**, we display a high-level view of system operational milestones given the planned enhancements and 2021 new compliance requirements.

Exhibit D-18: System Operational Milestones for 1/1/21 Go-Live

Passport System Operational Milestones	Feb-20	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Jan-21	FEB	MAR
Initiation Phase														
Initiation	X													
Requirements Phase														
Define requirements for behavioral health claims insourcing	X	X												
Define requirements for clinical program enhancements (i.e., SNI, quality management)	X	X	X											
Define requirements for auth authorizations and smart gold carding	X	X	X	X										
Define requirements for mobile app functionality	X	X	X	X										
Define requirements for 2021 MCO contract requirements including reporting, high cost	X	X												
Define requirements for other high impact initiatives for 2021 go-live	X	X	X											
Execution Phase														
Complete solution design for all enhancements		X	X	X	X									
Complete build, configuration and development			X	X	X	X	X	X	X					
Testing & DMS Readiness Phase														
Conduct system testing								X	X					
Author test cases according to BRDs and solution design							X	X						
Conduct User Acceptance Testing								X	X					
Author test cases according to state readiness requirements							X	X						
Load test data for DMS readiness testing, await notification of test dates								X	X					
Conduct end-to-end testing									X	X				
Training & Operational Readiness Phase														
Deliver training to staff (e.g., Member and Provider Services, PHM, Provider Relations,								X	X	X	X	X		
Provision new users (i.e., behavioral health providers)										X			X	
Enable registration of mobile app users											X	X	X	X
Develop and deliver communications to stakeholders in the community								X	X	X	X	X	X	X
Go-Live / Warranty Period														
Daily reporting of key metrics across all operational domains											X	X	X	X
Command Center (90 days)												X	X	X
Go Live												★		
Production validation of all inbound/outbound transactions and reports												X	X	X

Required Resources to Ensure Readiness

Passport's successful implementations overt the last two decades of operating a Medicaid health plan in the Commonwealth underscore the importance of a high level of engagement and dedication from our resources, DMS and subcontractors. For example, we invested over 11,000 hours developing a comprehensive program for Kentucky HEALTH, with our plan staff keeping our subcontractors and DMS engaged throughout the process. Our efforts were confirmed during our program implementation readiness review, as Passport was the only MCO selected by DMS to demonstrate readiness to CMS.

MCO resources: As noted, we convened an implementation PMO to oversee our preparations for readiness review and go-live for this contract. The PMO will work in collaboration with the current MCO operational teams throughout the implementation through the operations technical domain leads. This PMO reports to the Executive Steering Committee and is empowered to drive all necessary activities to ensure success. As noted, we also deploy a Command Center after go-live with the authority and expertise to address all post-go-live issues. Every health plan function is responsible for ensuring readiness, demonstrating our capabilities during both internal and DMS-readiness reviews.

Commonwealth resources: Our previous implementation experience with DMS illustrated the power and importance of our DMS partnership. We will closely work with DMS resources, including a technology lead, an encounter data SME, the Commonwealth's medical director and other Commonwealth staff to ensure compliance to Commonwealth requirements, align goals and communicate progress.

Subcontractor resources. As detailed in *Proposal Section C.01, Subcontracts*, Passport has comprehensive processes to manage its subcontractors and hold them accountable to ensure all implementation timelines and deliverables are completed on time and are of high quality. Passport will continue to monitor all ongoing subcontractor activities and ensure subcontractor performance meets expected standards. In addition, the Passport implementation team will initiate weekly formal check-ins with Beacon Health operations teams, as well as executive-level forums to ensure that all migration activities related to the insourcing of the BH claims are successfully delivered on time.

Outside resources. Given the depth and breadth of our experience with the Medicaid program in Kentucky, we are confident we have the in-house expertise to successfully meet the commitments of the RFP and draft contract. In the event that we do not, however, Passport is prepared to engage outside resources and national experts to ensure a smooth transition. We are committed to this community and recognize that sometimes fresh perspectives improve our ability to cost-effectively serve members.

Passport has over two (2) decades worth of historical knowledge and awareness to know that in order to have a successful implementation, all parties (Passport, DMS and subcontractors) must partner and work closely with one another. We look forward to continuing this partnership with DMS resources to collaborate on implementation timelines, deliverables, system interfaces and readiness review.

D.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.

Limitations/Risks Impacting Planning and Readiness & Mitigation Strategies

As a currently operating Kentucky Medicaid MCO, Passport is uniquely positioned to meet the requirements of the new contract with minimal risk. We are the proven, time-tested option and a valued provider of managed care services to the Commonwealth and our members. We do, however, recognize that there are risks inherent in any implementation, and we have instituted key organizational and process improvements to mitigate them.

Based on our extensive implementation experience, we have outlined specific risks, their potential impact, and our mitigation strategies below:

Risk No. 1

Risk description: Production data files (e.g., enrollment/eligibility data) are not provided in the anticipated format or contain unexpected data values.

Potential impact: File issues can result in delays in loading data, potentially impacting critical operations. If Passport is not able to load eligibility files in a timely manner, new members may not be loaded into Identifi in a timely manner, impacting the production and distribution of ID cards as well as the ability for a provider to pre-authorize services. As another example, if ADT data is not transmitted in the standard, expected format, Passport could miss the opportunity to engage members admitted to the hospital as part of the Transition Care clinical program, potentially impacting preventable readmissions.

Mitigation strategy: An extended stabilization phase keeps implementation resources engaged after go-live, allowing us to quickly remediate unanticipated production data issues. Experience has taught us that production data does not always conform to specifications, and it is difficult to anticipate every scenario. As a result, we load and test new production data feeds upon receipt in test environments to ensure it conforms to expectations. Should the file have issues, we are able to rapidly communicate the issues to the organization providing the file for rapid mitigation. We continue to staff implementation testing resources until we have achieved stability and consistency on each file type received. The implementation team may transition it to operations only after clean files have been received multiple times.

Risk No. 2

Risk description: Passport is dependent on external parties for test and production data files. Delays in receiving file layouts, sample files for initial analysis, full test files or production data can impact implementation timelines and operational readiness.

Potential impact: Passport is reliant on third parties (e.g., KHIE) for providing accurate sample and test data that is representative of future expected data for the development of new data ingestion feeds. Any delays in receiving the file layouts or any files in the development and testing phases can cause cascading delays to

downstream tasks, risking the quality and timeliness of the data ingestion. Further, delays in receiving timely production data for go-live can put downstream operations that depend on the data at risk.

Mitigation strategy: Passport employs several strategies to mitigate the dependency on third parties to provide sample or production data in a timely manner. During implementation, Passport holds weekly status calls with each data provider or subcontractor to communicate expectations related to receipt of sample or production data, discuss progress against the planned timelines, and surface issues that could cause delays. If an issue cannot be resolved within the weekly status meeting, it will immediately be escalated through the PMO for assistance and, ultimately, to the Executive Steering Committee. Based on past experiences, most issues risking delays can be effectively managed within the implementation team and PMO, but executive escalation is utilized as needed to ensure timely delivery.

Risk No. 3

Risk description: Data feed processing may result in higher-than-anticipated system load, either due to large data file size or data not passing standard validation tests.

Potential impact: System load issues can result in delays in loading critical data for downstream processes, impacting health plan operations for members and providers, such as new member enrollment, authorization of services and claims payment.

Mitigation strategy: Advance planning and testing for new data loads is important for ensuring that the existing technology infrastructure can handle anticipated peak loads and anticipated data quality within expected time frames. We test the impact of new incoming data files on system performance and throughput using near production-size loads in test environments to assess job behaviors and compare run times to expectations. Advance testing allows us to determine whether additional capacity may be needed before a file goes to production. We also develop and apply additional system performance and database monitoring to run during production jobs to identify when interventions may be required (e.g., memory, average load time, system resource contention). Lastly, we also conduct a post go-live evaluation to ensure production behaviors are holding to expectations in order to quickly identify required adjustments.

Risk No. 4

Risk description: Insufficient operational subject matter expertise in implementations creates risk around the quality of the implementation.

Potential impact: When operational SMEs are not deeply involved in implementation, requirements and solution designs may not accurately reflect the needs of the business or be sustainable long term.

Mitigation strategy: As outlined in the domain approach above and in **Exhibits D-1, D-10** and **D-11**, we have organized our implementations around domains and hold the operations technical domain leads accountable for the success of their broad-based domains. They are responsible for providing the subject matter expertise for their operational domain and for ensuring the needs of our key internal and external stakeholders are met, from requirements through handoff to operations. They are also responsible for ensuring that we have engaged operational leaders at the table as needed throughout the implementation, Furthermore, by filling the implementation architect role with the senior market operations leader, we

ensure sustainable processes are designed using an end-to-end perspective and will meet SLAs and regulatory requirements.

Risk No. 5

Risk description: When resources are formally accountable for in both implementations and operations, daily operational issues often require immediate attention and can shift focus away from critical implementation activities.

Potential impact: A dual focus on implementation and operational work has the potential to impact the quality and timeliness of implementation delivery. Given the interrelated natures of the domains, delays in one domain are likely to impact delivery in other domains, putting the full implementation at risk. Further, team members may feel the need to cut corners on quality to deliver on time, risking long-term operational performance.

Mitigation strategy: Passport's domain-centered implementation model brings together teams of operational leaders, product leaders, project managers, business analysts and integration quality testers who are dedicated to implementation. By designating dedicated implementation resources across key functions, we ensure our implementation teams can maintain a strong focus on meeting timelines and quality expectations throughout the implementation.

Risk No. 6

Risk description: Insufficient executive leadership involvement in implementations can pose a significant risk to the success of the implementation.

Potential impact: When executive leadership is not actively engaged in implementations, issue resolution lags, internal and external stakeholder engagement is more limited, and successful handoffs to operations are less likely. This is especially true for large, complex implementation projects involving stakeholders across the organization and external parties.

Mitigation strategy: Executive sponsorship is key to the success of all major implementations. As noted above and as depicted in **Exhibit D-8**, we have placed ultimate responsibility and authority with Scott Bowers, the CEO of Passport. He also serves as the chair of our Executive Steering Committee, which is comprised of executives representing each of the key domains and corporate functions. The implementation lead and program manager meet weekly with the Executive Steering Committee to review progress, risks and issues. The Executive Steering Committee is empowered and accountable for clearing barriers and ensuring successful implementations.

Passport also strongly believes that open lines of communication between the plan and DMS are essential during the implementation period. To that end, we employ the following strategies to foster a high level of transparency and collaboration.

Formal status meetings: Passport will continue to participate in regular status meetings with DMS to review project progress to date. Weekly meetings follow a pre-set agenda, which is distributed to regular attendees before the meeting. To create effective communication, we follow an agreed-upon agenda, which includes

time for open communication on the most pressing issues and discussion of, at a minimum, transition or management and operations activities, the implementation schedule and open issues.

Open-door policy: An integral component of our overall contract and project management responsibilities centers on promoting frequent, open communications and a collaborative management style between Passport and DMS. Although we adhere to requirements for formal status meetings and reporting, we likewise encourage frequent informal communications among project staff members. Informal communications often promote quick problem resolution and effective decision-making, as well as a positive team spirit and a productive working environment. Regular project communications are a key method of ensuring clarity on project status, actions, risks and roles. Passport uses several tools to effectively communicate progress, decision points, action items and risks to all members of the implementation team. Meetings, status reports, operations reports and shared issue tracking create an environment of trust. Awareness of project progress, successes, issues and risks are essential to overall project management and Commonwealth satisfaction. Passport will continue to promptly respond to Commonwealth questions and directives.

Readiness Planning Risk Mitigation Example No. 1: File Monitoring Process

Passport is committed to risk mitigation and issue prevention and has mature processes in place to do so. For example, during our migration to the Identifi platform, we identified an issue related to the transmission of files. Transmission status was incompletely monitored, so if transmission problems occurred, it was not apparent at the time of transmission. To ensure this type of issue did not recur and that incoming and outgoing file exchanges occurred as expected, Passport established file monitoring logs to provide information on anomalies that may require attention. Examples of anomalies detected by this process include missing files, missing file transmissions, abnormally small/large files, and too few/many files. By reviewing monitoring logs for potential issues, our technical support and market operations teams can proactively detect and investigate issues that may require action to remedy in order to minimize the impact to plan operations. As part of the implementation, Passport will establish monitoring for any new file exchanges and modify monitoring parameters for existing file exchanges as required. **Exhibit D-19** illustrates the file transmission issue as logged in Jira.

Exhibit D-19: Jira File Transmission Issue Tracking

HPS - Issue Prioritization / HIP-167628
Low Host Success rate for HMS_PHKY_PROD

Edit | Comment | Assign | More ⌄ | Under Review | In Progress | Waiting To Be Worked

Details

Type:	⚠ Incident	Status:	**BLOCKED** (View Workflow)
Priority:	🔺 Critical	Resolution:	Unresolved
Labels:	HPS_do_Moveithost_lowsuccessrate HandoverHPS moveitlvl3		

General | Client Ops Only | Tech Ops Only | Config Only

Client:	Passport Health (PHKY)
Resolver Group:	IT Production Support - Data Operations - MoveIt Support
Reported Impact:	Critical
Leadership Action:	No
Command Center:	No
Application:	MoveIT & FMS
Work Type:	Production Support
Complexity Score:	12

Description

The low Host Success rate for (HMS_PHKY_PROD) on the date (01/16/2020):
  *MoveIt Instance: *VHPRDMICDB01

  Host Success Rate (Today): NULL

HostInstance △	HostInstanceDefinition △	MoveIT Instance △	HostConnectionTypeID △	Host Success Rate (Today) ▽
ChangeHealthcare (CCHHS)	mftgateway.emdeon.com	VHPRDMICDB01	Unknown	97.2%
ChangeHealthcare (CCHHS)	mftgateway.emdeon.com	VHPRDMICDB01	SSHFTP	97.2%
\\finance	\\finance	VHPRDMICDB01	Share	99.9%
SDS_NGHS_PROD	ftp.smart-data-solutions.com	VHPRDMICDB01	SSHFTP	100.0%
\\ipswitch\ftp\dataintegration	\\ipswitch\ftp\dataintegration	VHPRDMICDB01	Share	100.0%
\\depts\IT\Nick	\\depts\IT\Nick	VHPRDMICDB01	Share	100.0%
WellsFargo - PROD	safetrans.wellsfargo.com	VHPRDMICDB01	Unknown	100.0%
WellsFargo - PROD	safetrans.wellsfargo.com	VHPRDMICDB01	SSHFTP	100.0%
WELLSFARGO_THNM_PROD	safetrans.wellsfargo.com	VHPRDMICDB01	SSHFTP	100.0%
HMS_PHKY_PROD	mgate.hmsholdings.com	VHPRDMICDB01	SSHFTP	---
Instamed (TEST)	connect-uat.instamedtest.com	VHPRDMICDB01	Unknown	
Instamed (TEST)	connect-	VHPRDMICDB01	SSHFTP	

Readiness Planning Risk Mitigation Example No. 2:
## Call Center Monitoring and Mitigation Efforts

As noted in the section "Establishing an Office Location and Call Centers" (see p. 10), we continuously forecast, assess and adjust our staffing to ensure we remain in compliance. Our daily call monitoring shows performance against SLAs, as well as tracks against our expected total monthly forecast. This view as displayed in **Exhibit D-20** serves as an early warning system, identifying potential trends for investigation and mitigation.

Exhibit D-20: Daily Call Volume and Performance Monitoring Report

Call Center Status	1/16/2020	1/13/2020-1/17/2020	Total January	Projection/Forecast calls for January
Member Services Combined- Calls Presented	1223	5531	15960	
Member Services Combined- Calls Handled	1214	5429	14101	
Member Services Combined- ASA - 30 seconds	0:06	0:15	0:16	
Member Services Combined- 80% answered w/in 30 seconds (%)	96.45%	89.59%	88.43%	25,000
Member Services Combined- Abandonment Rate - <5%	0.03%	0.05%	0.05%	
Member Services Combined- Average handle time	5:54	5:59	5:55	
Provider Combined-Calls Presented	1187	5071	14472	
Provider Combined- Calls Handled	1176	4968	14371	
Provider Combined -ASA - 30 seconds	0:13	0:23	0:21	
Provider Combined-80% answered w/in 30 seconds (%)	93.62%	89.33%	85.60%	24,500
Provider Combined- Average Abandonment Rate-<5%	0.05%	1.00%	1.33%	
Provider Combined-Average handle time	6:43	6:41	6:46	

Another critical call center operations management activity is conducting the real-time monitoring of call volumes and wait times using the Cisco Call Queue, as shown in **Exhibit D-21**. With the Cisco Finesse dashboard, we are able to adjust staffing as needed throughout the day for both providers and members.

Exhibit D-21: Cisco Call Queue
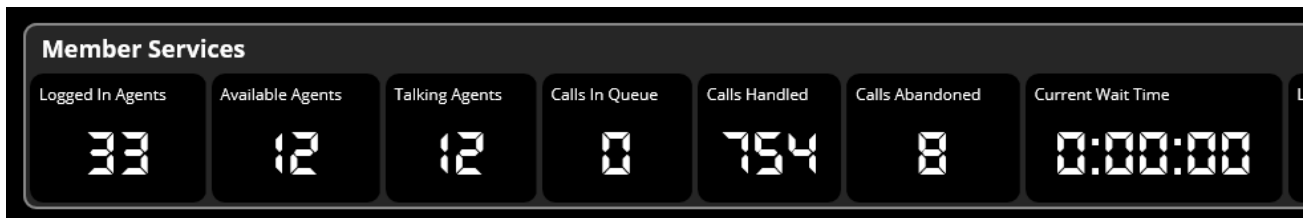
When the call queues indicate issues, we rapidly analyze them and trigger the following near-immediate mitigation activities:

- **Add staff and adjust queues.**
  - Add cross-trained member or Provider Call Center representatives to additional queues in real time. All provider services representatives are cross-trained to support member calls. Experienced member services representatives are also cross-trained to support select provider inquiries (e.g., eligibility checks, change in member PCP).
  - Add support staff team (including call center trainers, managers and supervisors) into queues.
- **Update social media accounts** (e.g., Facebook) to address breaking issues.
- **Update IVRs**: We are able to update messaging for inbound callers within the hour to address potential concerns and direct providers and members to the best path for resolution.

In 2019, we had several situations that required significant mitigation efforts:

- **Call center flu outbreak**: In February 2019, half of Passport's call center representatives called in sick due to the flu. We were able to successfully trigger our key mitigation strategies—sending more simple provider inquiries to member services agents and adding support staff to the phone queues—and still meet our compliance goals for the month of February.
- **Kentucky HEALTH ID cards**: The Commonwealth required new ID cards to be sent for Kentucky HEALTH to the majority of Passport members by the end of June 2019. Call volumes skyrocketed, as

members were confused as to why they had received the new ID cards. Passport immediately created member messaging for the IVR about the new ID cards and obtained DMS approval to use it. Passport also adjusted staffing queues and allocations, as well as utilized the support staff to better address member concerns.

Readiness Planning Risk Mitigation Example No. 3: Handoff to Operations Process

As discussed in D.1.b, Passport executes a formal implementation-to-operations handoff process to ensure the smooth transition of the program from the implementation phase to the operations phase. Missed handoffs can create operational performance risk and often result in stressful situations for the operations teams as unexpected issues arise.

The overall objective of the process is to minimize the risks associated with the handoff to operations by ensuring operational stabilization through the execution of structured implementation close-out activities. The process uses a checklist-driven approach based on a comprehensive inventory of activities to be considered when operationalizing a major new program to ensure no activities required for market readiness to manage operations are overlooked.

Planning for the transition to operations begins during implementation and is overseen by a designated individual within the market services team. During transition planning, the market services lead will work with the implementation lead and program manager, as well as market operations leadership, to set target dates and assign owners for each handoff activity. The market services lead will facilitate biweekly status meetings with the implementation program manager and market operations leadership to assess progress against the plan and ensure handoff activities are completed.

As noted in **Exhibit D-18**, each domain is expected to review the implementation domain status with the relevant operations teams. In addition, each domain is expected to complete the activities outlined in **Exhibit D-22**. The project manager(s) assigned to each domain will manage the codification of the required information and organize formal handoff transition meetings in conjunction with the market services lead. The operations technical domain lead will be responsible for obtaining sign-off from the relevant operations and technical leaders for their domain to declare the handoff as complete.

Exhibit D-22: Implementation Close-Out Activities Checklist

Area	Content
Open Tasks	List of all open tasks in project plan with: • Owner of task • Targeted due date • Status of task • Notes, documented for transition
Open Deliverables	List of all open deliverables in project plan, with: • Owner of deliverable • Target date for completion • Status of deliverable • Notes • Link to current version or related deliverables

Area	Content
Open Risks/Issues	List of all open risks/issues, with: • Owner—who is driving mitigation plan • Target date for closure • Status • Jira link, and link to related issues in Clarizen
Artifacts/Documentation	List of all implementation artifacts/documentation for domain (e.g., BRDs, solution designs, report inventory), with: • Original source • Purpose • Comments/categorization • Link to artifact in SharePoint or Confluence
Unique Processes	List of all unique operational processes created or utilized for implementation • History—what caused process to be created • Notes • Applicable next steps • Link to process documentation SharePoint or Confluence
SLA Requirements	List of all new MCO Contract SLAs, with: • Precise definition/formula • Standards for hitting performance • Potential penalties

Ultimately, the Executive Steering Committee is accountable for ensuring a successful handoff and ensuring that strong operational performance is maintained throughout the implementation to ongoing operations.

Conclusion

Our many years of serving Kentuckians has provided us with extensive implementation advantages; proven operating systems; a large, statewide provider network; a high-performing local team; and significant experience working with members and stakeholders throughout the Commonwealth. Passport's continued success in the Commonwealth is premised upon a foundation of standard project management techniques and a carefully prepared project implementation plan to ensure a low-risk, smooth transition to the new contract. We are committed to delivering a successful implementation to deliver on 2021 MCO requirements and to providing an exceptional experience to our Kentucky Medicaid members and providers alike.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future