Report to the Centers for Medicare and Medicaid Services

Quarterly Operations Report

Rhode Island Comprehensive

1115 Waiver Demonstration

April 1, 2017 – June 30, 2017

Submitted by the Rhode Island Executive Office of Health and Human Services (EOHHS)

April 2018

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II. Introduction

The Rhode Island Medicaid Reform Act of 2008 (Rhode Island General Law §42-12.4) directed the state to apply for a global demonstration project under the authority of section 1115(a) of Title XI of the Social Security Act (the Act) to restructure the state's Medicaid program to establish a "sustainable cost-effective, person-centered, and opportunity-driven program utilizing competitive and value-based purchasing to maximize available service options" and "a results-oriented system of coordinated care."

Toward this end, Rhode Island's comprehensive demonstration established a new State-Federal compact that provides the State with substantially greater flexibility than is available under existing program guidelines. Rhode Island will use the additional flexibility afforded by the waiver to redesign the State's Medicaid program to provide cost-effective services that will ensure that beneficiaries receive the appropriate services in the least restrictive and most appropriate setting.

Under this demonstration, Rhode Island operates its entire Medicaid program subject to the financial limitations of this section 1115 demonstration project, with the exception of: disproportionate share hospital (DSH) payments; 2) administrative expenses; 3) phased-Part D contributions; and 4) payments to local education agencies (LEA) for services that are furnished only in a school-based setting, and for which there is no third-party payer.

All Medicaid funded services on the continuum of care, with the exception of those four aforementioned expenses, whether furnished under the approved state plan, or in accordance with waivers or expenditure authorities granted under this demonstration or otherwise, are subject to the requirements of the demonstration. Rhode Island's previous section 1115 demonstration programs, RIte Care and RIte Share, the state's previous section 1915(b) Dental Waiver and the state's previous section 1915(c) home and community-based services (HCBS) waivers were subsumed under this demonstration. The state's title XIX state plan as approved; its title XXI state plan, as approved; and this Medicaid section 1115 demonstration entitled "Rhode Island Comprehensive Demonstration," will continue to operate concurrently for the demonstration period.

The Rhode Island Comprehensive demonstration includes the following distinct components:

a. The managed care component provides Medicaid State Plan benefits as well as supplemental benefits as identified in Attachment A of the Standard Terms and Conditions (STCs) to most recipients eligible under the Medicaid state plan, including the new adult group effective January 1, 2014. Benefits are provided through comprehensive mandatory managed care delivery systems. The amount, duration, and scope of these services may vary and limitations must be set out in the state plan, the STCs, or in demonstration changes implemented using the processes described in section IV of the STCs.

b. The Extended Family Planning component provides access to family planning and referrals to primary care services for women whose family income is at or below 200

percent of the federal poverty level (FPL), and who lose Medicaid eligibility under RIte Care at the conclusion of their 60-day postpartum period. Effective January 1, 2014, eligibility will be raised to 250 percent of the FPL. Section X of the STCs details the requirements.

c. The RIte Share premium assistance component enrolls individuals who are eligible for Medicaid/CHIP, and who are employees or dependents of an employee of an employer that offers a qualified plan into employer sponsored insurance (ESI) coverage.

d. Effective through December 31, 2013, the Rhody Health Partners component provides Medicaid State Plan and demonstration benefits through a managed care delivery system to aged, blind, and disabled beneficiaries who have no other health insurance. Effective November 1, 2013, the Rhody Health Options component expanded to all qualified aged, blind, and disabled beneficiaries whether they have other health insurance or not. Effective January 1, 2014, the New Adult Group began enrollment in Rhody Health Partners. The amount, duration, and scope of these services may vary and limitations must be set out in the state plan, the STCs, or in demonstration changes implemented using the processes described in section IV of the STCs.

e. The Connect Care Choice component provides Medicaid State Plan benefits to aged, blind, and disabled beneficiaries who have no other health insurance, through a primary care case management system. The amount, duration, and scope of these services may vary and limitations must be set out in the state plan, the STCs, or in demonstration changes implemented using the processes described in section IV of the STCs.

f. The Home and Community-Based Service component provides services similar to those authorized under sections 1915(c) and 1915(i) of the Act to individuals who need home and community based services either as an alternative to institutionalization or otherwise based on medical need.

g. The RIte Smiles Program is a managed dental benefit program for Medicaid-eligible children born after May 1, 2000.

h. Rhody Health Options is a managed care delivery system for individuals eligible for Medicaid only and for individuals eligible for both Medicare and Medicaid that integrates acute and primary care and long term care services and supports.

On December 23, 2013, CMS renewed the Comprehensive demonstration through December 31, 2018. This renewal includes changes to support the state's implementation of the Affordable Care Act (including coverage of the new adult group for adults with incomes at or below 133 percent of the FPL), the expansion of the state's home and community based services (HCBS), and the conversion from an aggregate cap to a per member per month budget neutrality model. The Comprehensive demonstration renewal commenced with an effective date of January 1, 2014.

III. Enrollment Information

Complete the following table that outlines all enrollment activity under the demonstration. Indicate "N/A" where appropriate. If there was no activity under a particular enrollment category, the state should indicate that by placing "0" in the appropriate cell.

Note: *Enrollment counts should be participant counts, not participant months.*

Population Groups (as hard coded in the CMS-64)	**Number of Current Enrollees (to date) 6/30/2017***	**Number of Enrollees That Lost Eligibility in the Quarter Ending 6/30/2017****
Budget Population 1: ABD no TPL	13,659	212
Budget Population 2: ABD TPL	34,938	168
Budget Population 3: RIte Care	142,732	1,700
Budget Population 4: CSHCN	12,696	189
Budget Population 5: EFP	318	23
Budget Population 6: Pregnant Expansion	29	6
Budget Population 7: CHIP Children	26,942	314
Budget Population 8: Substitute care	N/A	N/A
Budget Population 9: CSHCN Alt	N/A	N/A
Budget Population 10: Elders 65 and over	1,909	5
Budget Population 11, 12, 13: 217-like group	3,728	16
Budget Population 14: BCCTP	118	0
Budget Population 15: AD Risk for LTC	3,310	0
Budget Population 16: Adult Mental Unins	12,024	0
Budget Population 17: Youth Risk Medic	3,910	14
Budget Population 18: HIV	263	19
Budget Population 19: AD Non-working	0	0
Budget Population 20: Alzheimer adults	N/A	N/A
Budget Population 21: Beckett aged out	N/A	N/A
Budget Population 22: New Adult Group	78,988	1,258
Total	335,564	3,924

*Current Enrollees:
Number of current enrollees in the eligibility system as of the last day of the month in the quarter on the basis of Medicaid eligibility.

**Number of Enrollees That Lost Eligibility in the Current Quarter:
Number of enrollees no longer in the eligibility system as of the last day of the month in the quarter on the basis of Medicaid eligibility.

IV. "New "-to-"Continuing" Ratio

The Rhode Island 1115 Comprehensive Demonstration Waiver includes a self-direction component. The ratio of new-to-continuing Medicaid personal care service participants at the close of the quarter in DY 9 April 1, 2017 – June 30, 2017:

Quarter 1: 9:508 at the close of the quarter

V. Special Purchases

The Rhode Island 1115 Comprehensive Demonstration Waiver includes a self-direction component. Below are the special purchases approved during the quarter of DY9 April 1, 2017 – June 30, 2017 (by category or by type) with a quarterly total of $5,804.43 for special purchases expenditures.

Q2 2017	# of Units/ Items	Item or Service	**Description of Item/Service** (if not self-explanatory)	**Total Cost**
	4	Over the counter medicines		$833.33
	3	Fitness Training		$144.00
	26	Massage Therapy		$1,460.00
	11	Supplies, non-medical	Support stockings, Mobile Lifeline, Ensure, Bidet, Specialized Utensils	$1,612.10
	0	Laundry		0
	15	Acupuncture		$1,125.00
	4	Service Dog Training		$390.00
	4	Landscaping	Grass mowing	$160.00
	1	Diabetes Monitoring		$60.00
	1	Bus tickets		$20.00
	CUMULATIVE TOTAL			$5,804.43

VI. Outreach/Innovative Activities

Summarize outreach activities and/or promising practices during the quarter DY9 April 1, 2017 – June 30, 2017.

Innovative Activities

Health System Transformation Project

On October 20, 2016, CMS approved the state's 1115 Waiver request to implement the Rhode Island Health System Transformation Project (HSTP) to support and sustain delivery system reform efforts. The RI HSTP proposes to foster and encourage this critical transformation of RI's system of care by supporting an incentive program for hospitals and nursing homes, a health workforce development program, and Accountable Entities. During April 1, 2017 – June 30, 2017, the following activities occurred.

Collaboration with Institutes of Higher Education (IHEs)

- Submitted first claim for matching funds for Institutions of Higher Education expenditures for the period from the date of CMS approval of the STCs (October 20, 2016) through March 31, 2017.
- Submitted claiming protocols for the additional CMS approved Designated State Health Programs - the Wavemaker Fellowship, Tuberculosis Clinic at Miriam Hospital, Center for Acute Infectious Disease Epidemiology, Rhode Island Child Audiology Center and the Consumer Assistance Programs of the Office of the Child Advocate and the Commission on the Deaf and Hard of Hearing – which are required attachments to the STCs.
- Executed Amendment 1 to the Inter Agency Service Agreements (ISAs) with the state's IHEs for technical corrections.
- Continued collaboration with consultants from University of Massachusetts/Commonwealth Medicine regarding partnership build with IHEs, and execution of signed agreements with IHEs.
- Continued meetings and trainings (with key leadership at IHEs especially Provosts, Vice Presidents, fiscal officers, budget, operations, academic affairs, etc.).
- Continued development of academic and policy strategies developed associated with IHE DSHP deliverables.

Hospital and Nursing Home Incentive Program

- Distributed provider-specific report cards to each nursing home for verification of performance on each measure
- Finalized incentive payments amounts for each nursing home
- Distributed nursing home incentive payments through NHP-RI to each nursing home

- Met with managed care organizations to plan for the distribution of hospital incentive payments

Health Workforce Development Program

- Published the EOHHS Healthcare Workforce Transformation (HWT) Report, which includes a description of RI's health system transformation and population health goals, drivers of system transformation, a healthcare workforce needs assessment, local and national best practices in healthcare workforce transformation, a RI healthcare workforce development resource guide, a compendium of "transformative" healthcare occupations, and healthcare workforce transformation priorities and strategies to achieve RI's system transformation goals.
- Convened over 200 healthcare colleagues (35% providers, 25% educators, 25% public health, 15% other) at the first-ever EOHHS Healthcare Workforce Transformation Summit. The focus of the keynote presentation was "Workforce Planning in a Rapidly Changing Healthcare System". Plenary session and workshop topics included Direct Care Workforce Issues & Strategies, Community Health Teams, Transforming RN Education & Practice, Community-Based Interprofessional Education, Integrated Behavioral Healthcare, and New and Emerging Healthcare Occupations.
- Began steps to implement HWT priorities and strategies through HSTP and related statewide efforts (e.g., SIM), including preparation for the first meeting of the HSTP Higher Education Steering Committee, one-on-one meetings with leadership of Medicaid Accountable Entities, and consideration of addressing workforce transformation priorities in SIM-funded projects.
- Conducted additional research, stakeholder meetings, and program, policy, and strategy development as needed to identify and address compelling healthcare workforce barriers and opportunities to provide care and services to Medicaid beneficiaries.

Accountable Entities

- A final draft of the *AE Roadmap* was submitted to CMS on April 14, 2017. CMS approval is necessary to draw down claimed/matched funds for the Health System Transformation Program, part of which is the AE Program. EOHHS is still awaiting approval on the *AE Roadmap,* and has responded to questions from CMS in the interim.
- A final draft of the *AE Certification Standards* for both the Comprehensive and Specialty (Long Term Services and Supports) LTSS AE Pilot programs were submitted to CMS on June 1, 2017.
- The drafting of a Medicaid Accountable Entity application and scoring/readiness tool, Alternative Payment Methodology (APM) focused on the total cost of care (including quality), attribution, and incentive funding guidance are in development.
- Continued oversight of MCOs' monitoring of Pilot AEs, inclusive of the development of

an evaluation and analytic framework and an ongoing work stream with MCOs on AE data reporting needs, inclusive of new reporting opportunities.

- EOHHS continues to meet with provider and community groups on the broader comprehensive AE Program as well as the Specialty AE Program specific to Long-Term Care/Long-Term Services and Supports.
- EOHHS will continue to engage stakeholders in the Specialty AE design and development, to help identify and pilot an interim model. Their goal is to align with the Comprehensive AEs in the future.
- EOHHS developed an Accountable Entity stakeholder strategy w/implementation target date of July 1, 2017.

Outreach Activities

Rhode Island has continued to execute the State's comprehensive communications strategy to inform stakeholders about the 1115 Demonstration Waiver. In addition, efforts have increased to inform stakeholders about all aforementioned innovation activities with the intent to keep all processes strong with effective, and open, feedback.

- Convened two meetings of the Executive Office of Health and Human Services (EOHHS) Task Force (née 1115 Waiver Task Force) on May 22, 2017 and June 26, 2017. Agenda topics at the May meeting included the introduction of Patrick Tigue as the new Medicaid Director and presentation of his priorities, update on the Integrated Care Initiative, update on Accountable Entities workgroups, and introduction of the draft EOHHS complaints/appeals regulation. The June agenda include updates from Dr. Trista Piccola, DCYF Director, and Rebecca Boss, MA, BHDDH Director, on activities and priorities at their respective departments, and a review of the Medicaid LTSS application process Guidance Document.
- Continue to meet with provider and community groups on AEs and engage stakeholders in the Specialty AE design and development.
- Provided information on ICI to internal and external stakeholders, provided program updates at the April, May and June Lt. Governor's Long Term Care Coordinating Council (LTCCC) meetings, held a provider summit on May 16, held monthly ICI Implementation Council meetings in April, May and June, presented on the ICI Implementation Council to Community Catalyst in April, and held ICI Provider Workgroup meetings in April and May.
- CTC hosted a second CHT meeting with the health plans and shared management reports from the first quarter (October – December 2016) and obtained feedback for future quarterly reports.
- Conducted the quarterly meeting of the Rhode Island Medicaid Medical Advisory Committee (MCAC) on June 7, 2017.
- Posted Monthly Provider Updates in April – June 2017.
- Posted public notice on rule, regulations and procedures for EOHHS

VII. Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in the quarter DY9 April 1, 2017 – June 30, 2017.

State Innovation Model (SIM)

During the DY 9 April 1, 2017 – June 30, 2017, Rhode Island SIM has conducted the following activities.

- Through a competitive bid process, an award was made to the Care Transformation Collaborative (CTC) of RI to establish a centralized operation for developing and delivering three new Community Health Teams and 24 screeners to provide Screening Brief Intervention, Referral and Treatment (SBIRT) services.
- The SBIRT Training Center website has been completed and interactive simulation modules of the training curriculum were prepared.
- The SIM Steering Committee had three strong meetings during Q2 and the SIM team presented at the Primary Care Physician Advisory Committee (PCPAC), Rhode Island College's Senior Seminar and Public Health 101 classes, a Hospital Association of Rhode Island/American College of Healthcare Executives (HARI/ACHE) panel discussion, and Rhode Island's Office of Veteran Affairs "Unite US" kick-off.
- Pursuant to the 2017-18 APM Plan signed by OHIC Commissioner Hittner in January, 2017, OHIC convened the Primary Care APM Workgroup and the APM Advisory Committee to advance the saturation of APMs and non-fee-for-service payment methods in the RI commercial market.
- Health information technology activities in Q2 include "go live" for nine of the 10 contracted Care Management Dashboards, testing of the Provider Directory website, and the approval by the Data Release Review Board of the All-Payer Claims Database of three applications for data from HealthFacts RI, the state's All Payer Claims Database (APCD).

Healthy Aging Reform

EOHHS continued to work on proposals to promote healthy aging for Rhode Island's seniors. This work builds on the successful Reinventing Medicaid efforts achieved under Governor Raimondo. As Rhode Island continues to encourage system transformation, our long-term services and supports (LTSS) system is a particular area of focus and priority. It is EOHHS' goal to achieve the rebalancing goals of Reinventing Medicaid by effectively enabling and encouraging aging populations to live successfully in the community. During the DY9 April 1, 2017 – June 30, 2017 reporting period, the following activities occurred:

- Provided testimony to the General Assembly on the Healthy Aging Reform initiatives included in the Governor's budget proposal
- Convened various work groups tasked with addressing the following areas for the Healthy Aging initiatives: design/development, stakeholder, policy, Federal and State

authority, procurement, contracts, communication and systems and engaged stakeholder support.

- Engaged stakeholder support for Healthy Aging initiatives

Integrated Care Initiative

The Integrated Care Initiative (ICI) in Rhode Island has been established to coordinate the Medicare and Medicaid benefits for program eligible beneficiaries. The overall goals are to improve quality of care for Rhode Island's elders and people with disabilities, maximize the ability of members to live safely in their homes and communities, improve continuity of care across settings, and promote a system that is person-centered and helps members attain or maintain personal health goals. Rhode Island implemented the ICI in two phases. A description of each phase and a summary of the activities conducted in the reporting quarter April 1-June 30, 2017 are provided below.

Phase I – Rhody Health Options (RHO)

In November 2013, as part of Phase I of the ICI, EOHHS established a capitated Medicaid managed care program, called Rhody Health Options, for dual-eligible beneficiaries with full Medicare and full Medicaid coverage, as well as Medicaid-only adults who receive long-term services and supports (LTSS) through Rhode Island Medicaid. Rhody Health Options enrollees receive their Medicaid coverage through Neighborhood Health Plan of Rhode Island (NHPRI). As of June 2017, 10,330 individuals were enrolled in this voluntary program. Enrollment numbers continue to decrease because members are transferring into the Medicare-Medicaid Plan.

Phase II – Medicare-Medicaid Plan (MMP)

Under Phase II of the ICI, EOHHS established a fully integrated capitated Medicare-Medicaid plan for dual-eligibles with full Medicare and full Medicaid coverage. Federal authority for the Medicare-Medicaid plan is through CMS' Financial Alignment Initiative, a federal demonstration to better align the financing of Medicare and Medicaid and integrate primary, acute, behavioral health, and LTSS for Medicare-Medicaid enrollees. EOHHS currently has authority to participate in the Financial Alignment Initiative through December 31, 2020.

Medicare-Medicaid plan enrollees receive their Medicare (Parts A, B, and D) and Medicaid coverage through NHPRI. Approximately 30,000 individuals are eligible for this voluntary program. Initial enrollment into the plan began on July 1, 2016 through a phased-in enrollment schedule. Enrollment started with three months of opt-in enrollment, which required eligible individuals to complete a paper or phone application to enroll. Passive (auto) enrollment began in October 2016 with nine phases separated by population groups. Passive enrollment was offered to people who were already enrolled in NHPRI (Rhody Health Options) for their Medicaid benefits and receive their Medicare benefits through Original Medicare. EOHHS will offer opt-in and passive enrollment to newly eligible individuals on a quarterly basis after the initial enrollment period ends. Approximately 14,000 people are expected to be enrolled during the initial enrollment period. Small increases in enrollment are anticipated throughout the Demonstration following the initial enrollment period.

As of June 2017, 14,016 people were enrolled in the Medicare-Medicaid plan. During this quarter,

450 people who had LTSS, SPMI or I/DD were passively enrolled on April 1. People living in the community without LTSS were separated in two waves, the first on May 1 included 532 members and the next on June 1 included 916 members. All the people who were passively enrolled were members in the Rhody Health Options program and were receiving their Medicaid benefits through NHPRI.

Program activities for ICI Phase I & II conducted between April 1-June 30, 2017 include:

- Mailed Rhody Health Options enrollment letters to 1,221 newly eligible beneficiaries.
- Conducted opt-in and passive enrollment activities for the MMP (e.g., processed enrollment applications, conducted data exchanges with CMS' vendor, processed enrollment cancellations and disenrollments, mailed opt-in and passive enrollment notices).
- Provided contract oversight to the Rhode Island Parent Information Network who provides ombudsman services for the Demonstration and healthcare assistance to dual eligibles.
- Attended the Ombudsman Leadership Collaborative in Washington, DC from April 25-26.
- Provided contract oversight to Automated Health Systems, Inc., the enrollment call center for the Demonstration.
- Rhode Island was chosen as one of the Demonstration states to participate in the third phase of Implementing New Systems of Care for Dually Eligible Enrollees (INSIDE), through the Center for Health Care Strategies and supported by The Commonwealth Fund and The SCAN Foundation. EOHHS staff attended the INSIDE Conference in Washington, DC from May 2-3.
- Provided information on ICI to internal and external stakeholders, including consumers, advocates, and providers.
- On May 16, NHPRI, CMS and EOHHS held a provider summit titled, Strategies for Primary Care Providers Managing High Risk Populations. Panelists included members from CMS, NHPRI, EOHHS and the primary care community. The purpose was to target primary care providers and educate them about the Demonstration, identify practice-based ways to serve dual-eligibles, and how to use various tools offered through NHPRI's MMP.
- Provided program updates at the April, May and June Lt. Governor's Long Term Care Coordinating Council (LTCCC) meetings.
- Held monthly public meetings in April, May and June of the consumer advisory board for ICI called the ICI Implementation Council. Presented on the ICI Implementation Council to Community Catalyst in April.
- Held ICI Provider Workgroup meetings in April and May. The workgroup is a meeting for providers to learn about the Demonstration, receive enrollment and program updates, ask questions, raise concerns, and provide helpful feedback.
- Worked with CMS, NHPRI, the enrollment broker, providers, the ombudsman, and consumer advocates to address enrollment-related issues and ensure access to services for dual-eligibles.

- Worked with the state's MMIS vendor on systems modifications needed to address enrollment-related issues for the Demonstration.
- Conducted contract management and operational oversight of the Medicare-Medicaid plan in collaboration with CMS.
- Monitored Enrollment Broker activities.
- Worked with the Medicare-Medicaid plan and CMS to resolve operational challenges associated with the Demonstration.

Health Reform/New Adult Group (Medicaid Expansion)

On January 1, 2014, enrollment under Health Reform through HealthSource RI into a Qualified Health Plan (QHP) and the Medicaid New Adult Group became effective. Individual and families could apply online or by phone, in-person, or by mail. The Health Source RI Contact Center staff, the Navigator Program (with 140 individuals available to assist), Department of Human Services Field Staff and EOHHS/Medicaid staff have been assisting clients with the enrollment process since October 1, 2013. The activities conducted are outlined below.

- Continued on-going enrollment.
- As of June 30, 2017, enrollment in Medicaid through HealthSource RI was 78,988.
- Continued oversight of the managed care organizations.
- Continued systems modifications to support enrollment of the New Adult Group.
- Monitored enrollment of newborns into Medicaid and QHPs.
- Worked with customer service staff from the state and HealthSource RI to resolve enrollment issues.

CTC-RI/PCMH-Kids:

CTC-RI brings together key health care stakeholders, including Medicaid, to promote care for patients with chronic illness through the patient-centered medical home model. CTC-RI's mission is to lead the transformation of primary care in Rhode Island. CTC-RI brings together critical stakeholders to implement, evaluate and spread effective models to deliver, pay for and sustain high quality, comprehensive, accountable primary care. A pilot has been developed to address barriers to CTC practice sites success in meeting utilization targets for all cause hospitalization and all cause emergency use through the use of a Community Health Team. This effort aligns with Medicaid high utilizers' strategy. Additionally, the PCMH-Kids initiative, an all-payer medical home demonstration project for children and their families, identified a cohort of practices to participate in the PCMH-Kids practice transformation collaborative. During the reporting quarter, the following activities have occurred:

- CTC continues to meet bi-weekly with the PCMH-Kids Planning team. Discussion included the initial Pediatric Integrated Behavioral Health (IBH) Learning Collaborative, the current Postpartum Depression screening project, the quarterly PCMH-Kids Stakeholder Meetings, high risk patient population engagement, 2017 expansion practices, and improvements in the overall PCMH-Kids program in the PCMH model.

- After a rigorous application review process, 12 new pediatric practices, have been accepted and their contracts will start July 1, 2017. CTC will host an orientation in July.
- The High-Risk Workgroup developed a common definition to accurately identify high risk populations for care coordination. The CEDAR referral and triage tool will be modified and tested with pediatric practices and the workgroup will report feedback to CTC in July.
- The RI Department of Health provided a presentation of the medical home portal at the Care Coordinators meeting on May 16, 2017. Attendees also discussed and provided feedback on the Pediatric High Risk Screening Tool.
- CTC continues to meet with the Pediatric Practice Facilitators each month to review their monthly reports and to verify that practices are up to date on their deliverables.
- One of the practices that was awarded NCQA recognition Level 2 is now in the process of applying for level 3 recognition.
- Six PCMH-Kids practices presented story boards the pediatric IBH Learning Collaborative focused on April 26, 2017. Seven out of the nine practices will be participating in the Learning Collaborative focused on Postpartum Depression Screening.
- CTC and PCMH-Kids have secured Margaret Howard, Ph.D., and Founder of the Day Hospital at Women and Infants Hospital, Professor of Psychiatry and Human Behavior (Clinical) at Alpert Medical School of Brown University, Division Director at Women's Behavioral Health, Women and Infants Hospital, and Associate Director for the Brown University/Women & Infants Hospital Women's Mental Health Fellowship, to provide PCMH-Kids practices with content expert recommendations related to maternal and infant mental health.
- NCQA will present a training program in July on the 2017 patient centered medical home standards.

Community Health Team-RI

As part of Re-Inventing Medicaid Rhode Island's goal was to advance the Community Health Team Model for the Managed Care Delivery systems as well as the FFS population who were not eligible for managed care. In February 2016, Community Health Team-RI (CHT-RI) launched with our community partner CareLink. CareLink acts as an extension of the Primary Care Practices providing a multi-disciplinary team of nurses, social workers and community health workers focusing on the social determinants of health. The overall goal is to improve care for Rhode Island's FFS beneficiaries who are not receiving care management/care coordination in any other program.

- On June 16, 2017, EOHHS hosted a Healthcare Transformation Summit that focused on preparing the workforce for a healthy Rhode Island. Panelists, including CTC-RI Community Health Team Program Director Elizabeth Fortin, LICSW, Program Director, and CTC Integrated Behavioral Health Practice Facilitator Nelly Burdette, Psy.D., shared healthcare workforce innovations from across the US and RI at several breakout sessions. Workshop participants discussed opportunities to address RIs health system and workforce transformation priorities. CTC-RI hosted a vendor table with information on

the Community Health Team (CHT) program, the Integrated Behavioral Health (IBH) program, the PCMH-Kids Initiative, and overall CTC-RI informational resources.

- CTC-RI's presentation abstract was accepted for the May 11, 2017 "The Power of Integration" CHW Program, sponsored by the Massachusetts DOH. EOHHS and the RI DOH will be presenting poster sessions of the work that they have done around CHT and CHW.
- CTC hosted a second CHT meeting with the health plans and shared management reports from the first quarter (October – December 2016) and obtained feedback for future quarterly reports. The South County CHT is working to pilot questions from "How's Your Health" to better obtain patient voice information.
- CTC met with Rhode Island College School of Social Work to discuss adding social work interns to the CHT. The South County Health System team has successfully integrated social work students and will pursue having students at the Pawtucket site.
- In June, the State awarded CTC-RI a 1-year contract, with options to renew for four years, to implement three additional CHTs and SBIRT screeners in a variety of clinical settings. CTC-RI was identified as the prime vendor with nine partners.
- United Health Care has provided startup funding for one additional CHT in Newport.

Money Follows the Person Demonstration Grant

Rhode Island was awarded a Money Follows the Person (MFP) Demonstration Grant in April 2011 and will facilitate transitions from nursing facilities to the community through December 31, 2018. The goal of the demonstration is to rebalance long term services and supports from institutional based care to community based care. Activities accomplished include the following.

- Received 82 referrals for individuals interested in transitioning from a nursing facility to the community.
- Transitioned 8 participants from nursing facilities to qualified community-based residences.
- Facilitated 293 transitions from program inception through June 30, 2017.
- Established a list of program enrollees eligible for Section 811 Project Rental Assistance housing, which is expected to be available before the end of the year.

Health Homes

Rhode Island continues to operate three programs under the Health Home opportunity. Activities conducted are outlined below.

- Continued the implementation and oversight of the Opioid Treatment Health Home SPA.
- Continued the implementation and oversight of the Integrated Health Home Initiative for Behavioral Health SPA as part of Reinventing Medicaid.
- Continued the implementation and oversight of the children's health home (Cedar) SPA.

Home and Community Base Services (HCBS) Final Rules

In January 2014, CMS published the HCBS final rules. Rhode Island has examined the final rules and has begun the planning of the requirements for implementation of the final rules. The activities that have occurred during DY 9 April 1, 2017 – June 30, 2017 are outlined below.

- Compliance reviews completed, letters and reports mailed to providers for both OHHS and DD programs.
- Held one-on-one sessions with both ADC and AL providers regarding compliance letters.
- DD has had one-on-one conversations with their providers.
- Sections of the transition plan in process of being rewritten.
- Ongoing meetings with Community Advocates concerning the progress on issues related to the final rule.

Non-Emergency Medical Transportation

Effective May 1, 2014, the Executive Office of Health and Human Services implemented a new Non-Emergency Medical Transportation management broker contract. The vendor, LogistiCare, began coordinating transportation services for Medicaid beneficiaries and individuals over the age of 60 who do not have access to transportation for critical appointments and services. This change to the transportation system is for Non-Emergency Medical Transportation only. The broker provides member services, eligibility verification for transportation services, schedules appointments with contracted transportation providers, quality assurance and monitoring and program reporting. During the DY9 April 1, 2017 – June 30, 2017 EOHHS conducted the following:

- Continued oversight and monitoring of LogistiCare contract activities.
- Continued to report to external committees and/or multi-agency groups including the Alliance for Better Long Term Care and the Lt. Governor's Long Term Care Coordinating Council.

Behavioral Health Delivery System Redesign

The Rhode Island General Assembly transferred all Medicaid-funded behavioral health services to EOHHS on July 1, 2014. In January 2016, the delivery of the behavioral health benefit package was included in the managed care covered services. In addition, as a result of the Reinventing Medicaid initiative, staff have developed the Behavioral Health Integrated Health Home. In January 2016, the Behavioral Health Integrated Health Home services were included in the managed care and Medicaid Fee for Service delivery system. During the reporting quarter, staff from both EOHHS and BHDDH have been working closely to oversee the movement of services into managed care. Staff have continued to hold regular meetings with providers and managed care plans to address claims payment issues and to identify areas of opportunity to improve the delivery of behavioral healthcare to Medicaid members.

Modernizing Health and Human Services Eligibility Systems

During April 1, 2017 – June 30, 2017 the Deloitte and State teams implemented maintenance releases to address hundreds of software and data incidents identified in the RIBridges application and implemented enhancement releases to improve the usability of the application as well as implement new functionality. Improvements to the Medicaid program can be summarized across three focus areas:

- Enforce program integrity – Through a number of processes that included a daily review of transactions between the Eligibility (RIBridges) and Enrollment (MMIS) systems, implementing an automated Post Eligibility Verification process to verify that individuals continue to have the most up-to-date information associated with their accounts by checking external sources, and reconciliations of data between RIBridges and MMIS the team has standardized the approach to reviewing Medicaid Terminations. The result of these efforts has been an increase from roughly 1500 terminations per month to over 3000 in June which reduced the Medicaid caseload and enforced greater program integrity so that only eligible members continue to receive benefits.

- Long Term Care – Our LTSS functionality was an area of focus to improve the usability of the system and reduce the amount of time taken to process an application. The teams implemented changes to reduce the number of screens a worker needs to navigate through to process an LTSS application while still capturing the necessary information to perform an eligibility determination. In addition, the Level of Care and Service Plan data entry was streamlined.

- Application Processing Backlog – Technology and operationally focused the teams significantly reduced the total number of pending applications and the Medicaid Pending backlog. Work on the backlog has continued and additional decreases are being realized.

VIII. Waiver Category Change Requests

The following Waiver Category request changes or State Plan Amendments have been submitted or are awaiting CMS action during the DY9 period April 1, 2017 – June 30, 2017.

Request Type	Description	Date Submitted	CMS Action	Date
Cat III	Cortical Integrative Therapy	9/22/2015		
Cat III	STOP	11/16/2015		
Cat III	Home Stabilization Initiative	11/16/2015		
Cat II	Peer Specialist	11/30/2015		
SPA	Disproportionate Share Hospital Policy	9/19/2016	Approved	6/15/2017
SPA	Inpatient Hospital Rate Increase	9/21/2016	Approved	6/15/2017
SPA	Medically Needy Income Limit	3/30/2017	Approved	5/25/2017
SPA	Standards for Optional State Supplementary Payments	3/30/2017	Approved	6/26/2017

Request Type	Description	Date Submitted	CMS Action	Date
SPA	Increase in Home Equity Limit for Long-Term Care	3/30/2017	Approved	5/25/2017
SPA	Covered Outpatient Drug Reimbursement Methodology	6/26/2017		

IX. Financial/Budget Neutrality Developments/Allotment Neutrality Developments/Issues

There were no significant developments/issues/problems with financial accounting, budget neutrality, CMS-64 reporting for the DY 9 April 1, 2017 – June 30, 2017 quarter, or allotment neutrality and CMS-21 reporting for the quarter. The Budget Neutrality Report can be found in Attachment E- XII., Enclosures –Attachments, Attachment 1 Rhode Island Budget Neutrality Report. Please note that revisions have been made to the "Excess Spending: Hypotheticals" row within the With Waiver Total Expenditures table, per STC 123(c) which prohibits the state from obtaining budget neutrality "savings" from the New Adult population.

X. Consumer Issues

Summarize the types of complaints or problems enrollees identified about the program in the DY8 April 1, 2017 – June 30, 2017. Include any trends discovered, the resolution of complaints, and any actions taken or to be taken to prevent other occurrences.

The summary of the consumer issues identified during DY9 April 1, 2017 – June 30, 2017 are outlined below.

Consumer Issues

RI Executive Office of Health and Human Services (EOHHS) employs procedures to monitor consumer issues across the managed care delivery system[1]. These procedures include tracking, investigating and remediating consumer issues which allows the State to identify trends and take preventive action.

Each MCO continuously monitors member complaints to watch for trends or emerging consumer issues. A Summary of Informal Complaints report is submitted to RI EOHHS on a quarterly basis. These reports present consumer reported issues grouped into six (6) categories: Access to Care, Quality of Care, Environment of Care, Health Plan Enrollment, Health Plan Customer Service and Billing Issues. The informal complaint reports are reviewed by the appropriate staff at EOHHS and any questions or requests for clarification are send back to the MCOs with an expected response date. Data is disaggregated according to Medicaid cohort: Core RIte Care (Med), Rhody Health Partners (RHP), Rhody Health Expansion (ACA)[2], RIte Care for Children with Special Health Care Needs (CSHN), Children in Substitute Care (Sub Care)[3] and Rhody Health Options (RHO)[4].

Neighborhood Health Plan of RI (NHPRI) reported a decrease of 26% in the number of informal complaints in Q2 2017 (127) in comparison to Q2 2016 (160) and virtually remained unchanged in the number of informal complaints filed in Q2 2017 (127) in comparison to Q1 2017 (128). The noteworthy categories for all populations were Quality of Care and Access to Care. There were no notable trends related to any specific provider.

United Healthcare Community Plan (UHCP-RI) reported a 58% increase in the number of informal complaints in Q2 2017 (57) in comparison to Q2 2016 (24) and a 23% decrease in the number of informal complaints in Q2 2017 (57) compared to Q1 2017 (70). This increase was due predominately to billing issues across all provider types.

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[1] The State's capitated managed care programs are: RIte Care, RIte Care for Children with Special Health Care Needs, RIte Care for Children in Substitute Care, Rhody Health Partners, RIte Smiles, Rhody Health Options, and Rhody Health Expansion. Effective January 31, 2016, EOHHS discontinued its primary care delivery systems Connect Care Choice and Connect Care Choice Community Partners and moved those individuals into the managed care options.

[2] The Rhody Health Expansion (RHE) cohort became Medicaid eligible in conjunction with the implementation of the Affordable Care Act (ACA).

[3] NHPRI is the only MCO that has the RIte Care for Children in Substitute Care.

[4] NHPRI has the RIte Care for Children with Special Health Care Needs and also has the Rhody Health Options population.

In addition to the two medical MCOs, there is one dental MCO, United Healthcare Dental that administers the RIte Smiles program to children born on or after May1, 2000. They monitor informal complaints as well and reported the number of informal complaints in Q2 2017 (6) as compared to Q2 2016 (8). Because the numbers are so small, any impact may skew the values significantly. The comparison of Q2 2017 to Q1 2017 showed a total of 6 complaints for each quarter. There is no trend identified for these few complaints.

RI EOHHS utilizes Summary of Informal Complaints reports and participation in the Internal Health Plan Oversight Committee meetings to identify consumer issue trends and develop strategies to prevent future occurrence. We also look to find new ways to offer consumer protections as is demonstrated by our requiring the provision of the RI Office of Health Insurance Commissioner's consumer assistance contact line information on specified member communications. In addition, members may contact the RI Department of Health Office of Managed Care to lodge a complaint or voice displeasure with the MCOs complaint process. This offers our managed care members other avenues by which they may seek assistance in invoking their member rights or in voicing dissatisfaction with the process.

The State continues to require NHPRI and UHCP-RI to maintain National Committee for Quality Assurance (NCQA) accreditation and adhere to the NCQA's standards that pertain to members' rights and responsibilities. Both of the medical MCOs were rated Excellent by NCQA. Adherence to this standard dictates that Health Plans:

- Educate members about their right to make a complaint and about the difference between a complaint and an appeal, and about the Plan's process for remediation; and
- Develop and implement an internal process for the tracking, investigation and remediation of complaints.

The State also participates in the long-standing Consumer Advisory Committee (CAC). CAC stakeholders include individuals who are enrolled in RIteCare, and representatives of advocacy groups, health plans, the Department of Human Services (DHS) and EOHHS. The CMS Regional Officer participates in these meetings, as her schedule permits. The CAC met once during Q2 2017:

Thursday, May 11, 2017
10:00 – 12:00

- Welcome and Introductions
- Review of March Minutes
- Budget/Case Load
- Open Enrollment Update
- Membership/Enrollment
- UHIP/DHS Update
- Ad Hoc Items

The ICI Implementation Council is a consumer advisory board to EOHHS and the steering committee for the ICI Ombudsman Program. The group includes individuals who are Medicaid enrolled and receive Long Term Services and Supports as well as those dual eligible members in

the integrated care initiative. The Council is 51% consumer led and is comprised of eight consumer/family members and seven providers/advocate members. The activity regarding this council is reported in the Integrated Care Initiative section of this report.

The EOHHS Transportation Broker, Logisticare, reported on transportation related complaints. The following charts reflect the number of complaints compared to the transportation reservation and the top five complaint areas during DY 9 April 1, 2017 – June 30, 2017.

NEMT Analysis	DY 9 Q2
All NEMT & Elderly Complaints	1,128
All NEMT & Elderly Trip Reservations	549,911
Complaint Performance	0.21 %

Top 5 Complaint Areas	DY 9 Q2
Transportation Provider Late	546
Transportation Provider General Complaint	311
Transportation Provider No Show	134
Complaint about Rider	103
Rider No Show	34

XI. Marketplace Subsidy Program Participation

Complete the following table that displays enrollment and cost information pertaining to the Marketplace Subsidy Program. Include a summary and explanation of any trends discovered.

The following chart identifies the marketplace subsidy program participation during DY9 April 1, 2017 – June 30, 2017.

Effective January 1, 2014, parents/caretakers of Medicaid-eligible children in households with incomes between 142% and 179% of the Federal Poverty Level (FPL), who are not Medicaid eligible themselves, can apply for financial assistance paying for health insurance coverage accessed through HealthSource RI. To obtain assistance, applicants must submit a request to EOHHS. Applications are available at the HealthSource RI Contact Center, online at http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Application_for_State_Assistance_Program.pdf, or can be requested by calling the RIte Care InfoLine at (401) 462-5300. The application requires applicants to provide demographic information and information regarding enrollment in a Qualified Health Plan (QHP) through HealthSource RI.

With the September 2016 implementation of RIBridges, monthly reports of eligible families were still in development. The on-going refinement of RIBridges has had an impact on eligibility.

Month	Number of Marketplace Subsidy Program Enrollees	Change in Marketplace Subsidy Program Enrollment for Prior Month	Average Size of Marketplace Subsidy received by Enrollee	Actual Costs
January	156	22	$42.95	$6,700.00
February	157	1	$43.24	$6,788.00
March	118	-39	$44.51	$5,252.00
April	129	11	$43.55	$5,618.00
May	233	104	$41.95	$9,774.00
June	264	31	$42.15	$11,128.00

XII. Evaluation/Quality Assurance/Monitoring Activity

Identify, describe, and report the outcome of all major evaluation/quality assurance/monitoring activities in the quarters in DY9.

The following report represents the major evaluation, quality assurance and monitoring during the reporting quarters in DY9 April 1, 2017 – June 30, 2017.

Quality Assurance and Monitoring of the State's Medicaid-participating Health Plans

On a monthly basis, the RI EOHHS leads oversight and administration meetings with the State's three (3) Medicaid participating Plans, NHPRI, UHCP-RI, and UHC Dental. These monthly meetings are conducted separately with each Health Plan; agenda items focus upon both standing areas of focus as well as emerging items. EOHHS has moved away from a cyclical quarter topic for each oversight meeting (ie addressing Medicaid managed care operations in January/April/July/October; Quality improvement, compliance, and program integrity in March/June/September/December; and Medicaid managed care financial performance in February/May/August/November). Rather, we are moving to address the key issues as they arise at each monthly meeting.

Specific to quality improvement, compliance, and program integrity, the following areas of focus were addressed during the cycle of oversight and administration meetings that were conducted during Quarter 2 2017:

Operations, Quality & Compliance:

- Readiness reviews: in 2016 EOHHS issued a procurement for a new contract for the RiteCare, Substitute Care, Rhody Health Partners, and Rhody Health Expansion lines of business. EOHHS selected three Managed Care Organizations (MCO): Neighborhood Health Plan of RI, United Healthcare Community Plan of RI and a new MCO, Tufts Health Public Plan of RI. In Quarter 2, EOHHS continued a series of "Readiness" meetings with Tufts Health Public Plan of RI in place of the oversight meetings.
    - Within these Readiness meetings, EOHHS assessed Tufts' ability to operationalize all aspects of the new contract with a specific focus on access to care, Accountable Entities and Alternative Payment Methodologies, behavioral health, care coordination, and quality.
    - The meetings in Q2 had a focus on network development, systems implementation, review of policies and procedures, and member-facing activities and materials. Tufts Health Public Plan will continue to have regular Readiness meetings until go-live date tentatively planned for July 2017. Thereafter, EOHHS will assess the needed frequency of meetings for readiness and oversight.

- EOHHS concluded the readiness review of Neighborhood Health Plan of RI and United Healthcare Community RI in March and resumed regular oversight meetings.

- In the April meeting, EOHHS held a joint oversight meeting including all four health plans to discuss Active Contract Management, the new method for EOHHS oversight. EOHHS also discussed expectations of the health plans in this new model of oversight.

- In the May oversight meetings, EOHHS met with health plans separately to address concerns with encounter data reporting with NHP-RI and UHCP-RI. EOHHS also met with Senior Leadership of UHC Dental for an update on how they are addressing EOHHS concerns with report submissions (content and timeliness), and staffing sufficient to address the concerns of growing membership

- In June, EOHHS held another joint meeting between NHP-RI and UHCP-RI to discuss the quality improvement projects. In this meeting, health plans shared recent data points on each quality improvement project, shared best practices and successes, and identified barriers and next steps. The meeting was a collaborative effort of both health plans and EOHHS in quality improvement.

- A separate meeting was held for UHC Dental in June also to address the quality improvement projects: most recent data point, identify best practices/successes and identify barriers and next steps.

- EOHHS reviewed quarterly reporting and analytic trending of utilization, informal complaints, grievances and appeals, communities of care and pain management program, pharmacy and access to care for all MCOs, including Dental.

All three Health Plans (NHPRI, UHCP-RI, and UHC Dental) participate in quarterly Program Integrity meetings with the Rhode Island Executive Office of Health and Human Services and the Rhode Island Attorney General's Medicaid Fraud and Control Unit (MFCU) to discuss the status of open investigations from quarterly Fraud and Abuse reporting. Tufts Health Public Plan began to attend these meetings in June 2017.

Section 1115 Waiver Quality and Evaluation Work Group

Rhode Island's Section 1115 Quality and Evaluation Work Group, which includes Medicaid enterprise-wide representation, was established in 2009 and was responsible for the development of the 1115 Waiver's initial draft *Evaluation Design*. This work group has met regularly since the implementation of the Demonstration Waiver to analyze the findings from on-going quality monitoring activities that span the areas of focus as delineated in the Waiver's Special Terms and Conditions, STC # 123 (*State Must Separately Evaluate Components of the Demonstration*).

The following table outlines the areas of focus that were addressed during in Quarter 2 2017 by Rhode Island's Section 1115 Demonstration Quality and Evaluation Work Group.

DATE	AGENDA
April 20	Data Use Agreement Process Overview Discussion on data standardization UHIP update
May 18	Presentation of the Data Analytics Reference Almanac Presentation of Power BI Dashboards Planned for bringing program managers together with data analytics team
June 8	Discussed Population Grid Data Governance best practices Updated on encounter data quality work

Development of a Draft Evaluation Design for the Section 1115 Demonstration

In concert with the development of the proposed Section 1115 Comprehensive Quality Strategy, the EOHHS has analyzed the draft *Evaluation Design* which was submitted to CMS in July 2009. Based on the synthesis of feedback that the EOHHS has received from stakeholders in response to the proposed *Section 1115 Comprehensive Quality Strategy*, further modifications to the draft *Evaluation Design* are anticipated prior to its submission to CMS.

The draft *Evaluation Design* will include a discussion of the goals, objectives, and evaluation questions specific to the Comprehensive Demonstration. The following will be addressed:

- Outcome measures that will be used in evaluating the impact of the Demonstration during the period of approval.
- The adequacy and appropriateness of the benefit coverage.
- The data sources and sampling methodology to be used.
- The proposed analytic plan.
- The party that will conduct the evaluation.

In addition, separate components of the Demonstration must be evaluated, including but not limited to the following:

- LTC Reform, including the HCBS-like and PACE-like programs
- RIte Care
- RIte Share
- The 1115 Expansion Programs (Limited Benefit Programs), including but not limited to:

1. Children and Families in Managed Care and Continued eligibility for Rite Care parents when kids are in temporary state custody.
2. Children with Special Health Care Needs.
3. Elders 65 and Over.
4. HCBS for Frail Elders, HCBS for adults with disabilities, HCBS for Kids in residential diversion and HCBS for at risk/Medicaid eligible youth.
5. Uninsured adults with mental illness/substance abuse problems.
6. Coverage of detection and intervention services for at risk young children.
7. HIV Services.

Performance Management

- Quality Measures reported to OMB: While we continue to report quality measures to OMB, we are in the process of expanding the measurement process and revising the queries for measurement construction.
- All measures are reported using Power BI software.
- Revisions are conducted with input from program staff
- Measures include LTC indicators, PCP visits, ED visits, and total cost of care.
- Addition measures under consideration include: ACSC (Ambulatory Care Sensitive Conditions) ED rates, ACSC inpatient admission rates, Substance Use Disorders Treatment Programs, and stratifications for special populations.
- Evaluation Strategies have been developed and are in various stages of implementation in the following programmatic areas:
    - Accountable Entities
    - IHH/ACT/OTP Programs
    - Community Health Teams
    - HBTS
    - Health Aging Initiatives

XIII. Enclosures/Attachments

Attachment 1: Rhode Island Budget Neutrality Report

Budget Neutrality Table I

Budget Neutrality Summary

Without-Waiver Total Exp.

Medicaid Populations	DY 6 2014 YTD	DY 7 2015 YTD	DY 8 2016 YTD	DY 9 1st Qtr. CY 2017	DY 9 2nd Qtr. CY 2017	DY 9 2017 YTD
ABD Adults No TPL	$ 549,082,463	$ 511,340,631	$ 488,249,580	$ 125,400,086	$ 124,810,601	$ 250,210,687
ABD Adults TPL	$ 1,081,111,664	$ 1,173,431,773	$ 1,271,228,068	$ 346,343,703	$ 354,274,560	$ 700,618,263
RIte Care	$ 777,080,793	$ 856,219,858	$ 933,125,256	$ 260,581,920	$ 266,720,380	$ 527,302,300
CSHCN	$ 388,266,894	$ 411,979,301	$ 417,839,643	$ 113,506,532	$ 117,012,032	$ 230,518,564
TOTAL	**$ 2,795,541,814**	**$ 2,952,971,564**	**$ 3,110,442,547**	**$ 845,832,241**	**$ 862,817,573**	**$ 1,708,649,814**

With Waiver Total Expenditures

Medicaid Populations	DY 6 2014 YTD	DY 7 2015 YTD	DY 8 2016 YTD	DY 9 1st Qtr. CY 2017	DY 9 2nd Qtr. CY 2017	DY 9 2017 YTD
ABD Adults No TPL	$ 411,236,473	$ 396,437,538	$ 540,181,908	$ 96,512,978	$ 80,903,358	$ 177,416,336
ABD Adults TPL	$ 732,046,454	$ 734,368,831	$ 616,430,588	$ 184,860,186	$ 158,923,299	$ 343,783,485
RIte Care	$ 461,963,029	$ 554,398,258	$ 496,945,206	$ 125,274,526	$ 70,858,596	$ 196,133,122
CSHCN	$ 175,942,555	$ 198,981,132	$ 175,292,128	$ 42,387,668	$ 40,015,844	$ 82,403,512
Excess Spending: Hypotheticals	$ 13,615,182	$ 14,317,741	$ 12,251,991	$ 1,063,041	$ 699,354	$ 1,762,395
Excess Spending: New Adult Group	$ 54,721,943	$ -	$ -	$ -	$ -	
CNOM Services	$ 13,794,518	$ 10,007,986	$ 8,969,196	$ 2,311,449	$ 2,288,851	$ 4,600,300
TOTAL	**$ 1,863,320,154**	**$ 1,908,511,486**	**$ 1,850,071,016**	**$ 452,409,848**	**$ 353,689,302**	**$ 806,099,150**
Favorable / (Unfavorable) Variance	$ 932,221,660	$ 1,044,460,078	$ 1,260,371,531	$ 393,422,393	$ 509,128,271	$ 902,550,664
Budget Neutrality Variance (DY 1 - 5)						
Cumulative Bud. Neutrality Variance	**$ 3,719,182,810**	**$ 4,763,642,888**	**$ 6,024,014,419**	**$ 6,417,436,812**	**$ 6,926,565,082**	**$ 6,926,565,082**

Budget Neutrality Table I

HYPOTHETICALS ANALYSIS

Without Waiver Total Exp.	2014 YTD	2015 YTD	2016 YTD	1st Qtr. CY 2017	2nd Qtr. CY 2017	2017 YTD
217-like Group	$ 149,939,393	$ 157,960,620	$ 169,392,808	$ 43,897,984	$ 44,104,320	$ 88,002,304
Family Planning Group	$ 46,171	$ 29,409	$ 89,922	$ 20,878	$ 20,152	$ 41,030
TOTAL	**$ 149,985,564**	**$ 157,990,029**	**$ 169,482,730**	**$ 43,918,862**	**$ 44,124,472**	**$ 88,043,334**

With-Waiver Total Exp.	2014 YTD	2015 YTD	2016 YTD	1st Qtr. CY 2017	2nd Qtr. CY 2017	2017 YTD
217-like Group	$ 163,527,102	$ 172,275,322	$ 181,671,673	$ 44,971,858	$ 44,816,225	$ 89,788,083
Family Planning Group	$ 73,644	$ 32,448	$ 63,048	$ 10,045	$ 7,601	$ 17,646
TOTAL	**$ 163,600,746**	**$ 172,307,770**	**$ 181,734,721**	**$ 44,981,903**	**$ 44,823,826**	**$ 89,805,729**

Excess Spending	2014 YTD	2015 YTD	2016 YTD	1st Qtr. CY 2017	2nd Qtr. CY 2017	2017 YTD
217-like Group	$ 13,587,709	$ 14,314,702	$ 12,278,865	$ 1,073,874	$ 711,905	$ 1,785,779
Family Planning Group	$ 27,473	$ 3,039	$ (26,874)	$ (10,833)	$ (12,551)	$ (23,384)
TOTAL	**$ 13,615,182**	**$ 14,317,741**	**$ 12,251,991**	**$ 1,063,041**	**$ 699,354**	**$ 1,762,395**

LOW INCOME ADULTS ANALYSIS

Low-Income Adults (Expansion)	2014 YTD	2015 YTD	2016 YTD	1st Qtr. CY 2017	2nd Qtr. CY 2017	2017 YTD
Without Waiver Total Exp.	$ 440,412,112	$ 617,131,227	$ 693,378,495	$ 202,259,717	$ 209,056,157	$ 411,315,874
With-Waiver Total Exp.	$ 457,942,487	$ 448,818,617	$ 300,953,105	$ 117,294,158	$ 69,125,024	$ 186,419,182
Excess Spending	**$ 17,530,375**	**$ (168,312,610)**	**$ (392,425,390)**	$ (84,965,559)	$ (139,931,133)	**$ (224,896,692)**

Budget Neutrality Table II

Without-Waiver Total Expenditure Calculation

Actual Member Months	DY 6 2014 YTD	DY 7 2015 YTD	DY 8 2016 YTD	DY 9 1st Qtr. CY 2017	DY 9 2nd Qtr. CY 2017	DY 9 2017
ABD Adults No TPL	205,847	183,870	168,420	41,482	41,287	82,769
ABD Adults TPL	358,498	373,223	387,806	101,359	103,680	205,039
RIte Care	1,706,932	1,787,590	1,851,439	491,664	503,246	994,910
CSHCN	144,379	145,853	140,829	36,427	37,552	73,979
217-like Group	41,317	42,292	44,021	11,063	11,115	22,178
Low-Income Adult Group	569,744	759,079	810,969	224,983	232,543	457,526
Family Planning Group	2,401	1,453	4,282	949	916	1,865

Without Waiver PMPMs	DY 6 2014 YTD	DY 7 2015 YTD	DY 8 2016 YTD	DY 9 1st Qtr. CY 2017	DY 9 2nd Qtr. CY 2017	DY 9 2017
ABD Adults No TPL	$ 2,667	$ 2,781	$ 2,899	3,023	3,023	3,023
ABD Adults TPL	$ 3,016	$ 3,144	$ 3,278	3,417	3,417	3,417
RIte Care	$ 455	$ 479	$ 504	530	530	530
CSHCN	$ 2,689	$ 2,825	$ 2,967	3,116	3,116	3,116
217-like Group	$ 3,629	$ 3,735	$ 3,848	$ 3,968	$ 3,968	$ 3,968
Low-Income Adult Group	$ 773	$ 813	$ 855	$ 899	$ 899	$ 899
Family Planning Group	$ 19	$ 20	$ 21	$ 22	$ 22	$ 22

Without Waiver Expendtures	DY 6 2014 YTD	DY 7 2015 YTD	DY 8 2016 YTD	DY 9 1st Qtr. CY 2017	DY 9 2nd Qtr. CY 2017	DY 9 2017
ABD Adults No TPL	$ 549,082,463	$ 511,340,631	$ 488,249,580	$ 125,400,086	$ 124,810,601	$ 250,210,687
ABD Adults TPL	$ 1,081,111,664	$ 1,173,431,773	$ 1,271,228,068	$ 346,343,703	$ 354,274,560	$ 700,618,263
RIte Care	$ 777,080,793	$ 856,219,858	$ 933,125,256	$ 260,581,920	$ 266,720,380	$ 527,302,300
CSHCN	$ 388,266,894	$ 411,979,301	$ 417,839,643	$ 113,506,532	$ 117,012,032	$ 230,518,564
217-like Group	$ 149,939,393	$ 157,960,620	$ 169,392,808	$ 43,897,984	$ 44,104,320	$ 88,002,304
Low-Income Adult Group	$ 440,412,112	$ 617,131,227	$ 693,378,495	$ 202,259,717	$ 209,056,157	$ 411,315,874
Family Planning Group	$ 46,171	$ 29,409	$ 89,922	$ 20,878	$ 20,152	$ 41,030

Attachment 2: Statement of Certification of Accuracy of Reporting of Member Months

Statement of Certification of Accuracy of Reporting Member Months

As the Executive Office of Health and Human Services Chief Financial Officer, I certify the accuracy of reporting member months for demonstration population under the 1115 Comprehensive Demonstration Waiver for the purpose of monitoring the budget neutrality agreement.

Robert W. Farley

Name: Robert Farley

Title: EOHHS Chief Financial Officer

Signature:

Date:

XIV. State Contact(s)

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XV. Date Submitted to CMS

Enter the date submitted to CMS: 04/18/2018