



Report to the Centers for Medicare and Medicaid Services

Quarterly Operations Report

Rhode Island Comprehensive

1115 Waiver Demonstration

DY13 Q1

January 1, 2021 – March 31, 2021

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

Submitted August 2021

I. Narrative Report Format

Rhode Island Comprehensive Section 1115 Demonstration

Section 1115 Quarterly Report Demonstration Reporting

Period: DY 13 January 1, 2021 – March 31, 2021

II. Introduction

The Rhode Island Medicaid Reform Act of 2008 (R.I.G.L §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 establishes 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: 1) 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, Rlte Care and Rlte 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 Rlte 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 Rlte 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 the 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 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.
- f. The Rlte Smiles Program is a managed dental benefit program for Medicaid eligible children born after May 1, 2000.

On December 2, 2018, CMS renewed the Comprehensive demonstration through December 31, 2023. This renewal includes changes to support a continuum of services to treat addictions to opioids any other substances, including services provided to Medicaid enrollees with a substance use disorder (SUD) who are short-term residents in residential and inpatient treatment facilities that meet the definition of an Institution for Mental Disease (IMD). The Comprehensive demonstration renewal commenced with an effective date of January 1, 2019.

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)* 03/31/2021	Number of Enrollees That Lost Eligibility in 03/31/2021**
Budget Population 1: ABD no TPL	13,119	659
Budget Population 2: ABD TPL	35,020	232
Budget Population 3: Rite Care	136,326	727
Budget Population 4: CSHCN	12,460	42
Budget Population 5: EFP	1,039	6
Budget Population 6: Pregnant Expansion	48	1
Budget Population 7: CHIP Children	33,629	160
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	1,687	33
Budget Population 11, 12, 13: 217-like group	4,566	90
Budget Population 14: BCCTP	81	6
Budget Population 15: AD Risk for LTC	3,716	0
Budget Population 16: Adult Mental Unins	12,011	1
Budget Population 17: Youth Risk Medic	6,710	24
Budget Population 18: HIV	244	14
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	96,118	785
Budget Population 27: Emg Svcs for Undocumented Immigrants	94	42

*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 13 January 1, 2021 – March 31, 2021:

Quarter 1: 32:483 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 DY13 January 1, 2021 – March 31, 2021 (by category or by type) with a total of \$2,924.31 for special purchases expenditures.

Q 1 2021	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	3	Over the counter medications		\$ 606.78
	17	Acupuncture		\$ 1,445.00
	7	Massage Therapy		\$ 525.00
	1	Medic alert		\$ 59.99
	12	Service Dog Training		\$ 1,500.00
	CUMULATIVE TOTAL			\$2,924.31

VI. Outreach/Innovative Activities

Summarize outreach activities and/or promising practices for Q1, January 1, 2021 – March 31, 2021.

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 Q1, the following activities occurred.

Health Workforce Development Program

1. Continued collaborative efforts between Medicaid, RI Department of Labor and Training, Institutions of Higher Education (IHEs), RI Department of Health, and Commission on the Deaf and Hard-of-Hearing to advise, develop, review, and monitor HSTP-funded healthcare workforce transformation projects to support the establishment of Accountable Entities and other related system transformation objectives. Provided guidance and support regarding program and policy changes related to the COVID-19 pandemic
2. Assisted in the development of workforce objectives and metrics related to the development of an LTSS APM.

Accountable Entities (AEs)

- All Accountable Entities that qualified to enter into a risk-based contracts achieved pre-qualification to bear downside risk in contracts with Medicaid Managed Care Organizations (MCO's) for Program Year 4 on March 15, 2021.
- All certified Accountable Entities re-applied for PY4 Certification. Of the six that applied, five were fully certified and one was certified with a final condition that must be met by June 30, 2021.
- One new applicant applied for certification for the PY4 program year and was certified with conditions.
- AEs continued working remaining project milestones for PY2 as they continued working on PY3 HSTP Milestones. All AE PY4 project plans were received in March and meetings were scheduled with each AE to review with EOHHS and the Managed Care Organizations.

- EOHHS focused on Operations for PY3 and preparation for PY4 implementation through meetings and preparing final guidance and documentation for AE's and MCO's on the following topics:
 - Reviewing the TCOC PY4 Implementation process and updates to the TCOC data requests due to the entrance of a newly certified Accountable Entity;
 - Reviewing PY3 quarter 1 TCOC performance with the AE's and MCO's.
- EOHHS continued to work with Bailit Health on the ongoing purpose of the AE/MCO Quality Work Group, which is to adopt updated measure specifications and review measures and/or the incentive methodology for the current (i.e., OPY/QPY4) and next performance year (i.e., OPY/QPY5).
- Under the contact with the Center for Health Care Strategies (CHCS) individualized technical assistance was provided to Medicaid AEs and MCOs. In addition to bi-weekly meetings with EOHHS, CHCS facilitated an open forum call with AE's on Patient Engagement in February and REL Data Collection in March.
- The HSTP Advisory Committee held one meeting in February. The February meeting included a presentation by the Providence Community Health Center on their PY3 Outcome Performance Improvement Project: PCHC Diabetes Management and Avoidable ED Visits and program updates on AE Certification/Re-Certification; the procurement of a Community Resource Platform (CRP) RFP; the Rhode to Equity (R2E) RFA initiative that is a part of HSTP SDOH strategy and an update on the status of the Managed Care Procurement.

VII. Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in Q1, January 1, 2021 – March 31, 2021.

Modernizing Health and Human Services Eligibility Systems

Between January 1, 2021 and March 31, 2021, the Deloitte and State teams implemented three (3) software releases to address 121 data incidents and 14 software enhancements for the RI Bridges eligibility system. These releases improved services for Rite Share, Medicaid Eligibility & Enrollment, Long-Term Services and Supports (LTSS) as well as functionality improvements to customer and worker interfaces. No significant program development or issues were identified.

Waiver Category Change Requests

The following Waiver Category request changes and or State Plan Amendments have been submitted or are awaiting CMS action during the period of January 1, 2021 – March 31, 2021.

Request Type	Description	Date Submitted	CMS Action	Date
SPA	Cost Based Reimbursement for Government-Owned and Operated Hospitals	5/5/20	Approved	3/25/21
SPA	Medicaid Disaster Relief for the COVID-19 National Emergency – Coverage of Experimental Drugs/Treatments for COVID-19	1/21/21		
SPA	Medication-Assisted Treatment	3/30/21		
SPA	Home Equity Limits	3/30/21		
SPA	Medically Needy Income Limit (MNIL)	3/30/21		

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

There were no significant developments/issues/problems with financial accounting, budget neutrality, CMS-64 reporting for Quarter 1 of DY 13 January 1, 2021 – March 31, 2021 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.

IX. Consumer Issues

January – March 2021

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

There currently are three (3) medical MCOs and one (1) dental Prepaid Ambulatory Health Plan (PAHP) that are contracted with RI EOHHS to provide care to RI managed Medicaid members: Neighborhood Health Plan of RI (NHPRI), Tufts Health Public Plan RITogether (THRIT), United Healthcare Community Plan (UHCP-RI), and United Healthcare Dental Rite Smiles (Rite Smiles)*. NHPRI continues to be the only managed care organization that services the Rite Care for Children in Substitute Care populations.

Each Managed Care Organization (MCO) monitors consumer complaints, tracks trends and/or emerging consumer issues through the Appeals and Grievance process. Grievances, Complaints and Appeals reports are submitted to RI EOHHS on a quarterly basis. Data is disaggregated according to Medicaid cohort: Core Rite Care (Med), Rhody Health Partners (RHP), Rhody Health Expansion (ACA), Rite Care for Children with Special Health Care Needs (CSHN), Children in Substitute Care (Sub Care). Consumer reported grievances are grouped into six (6) categories: access to care, quality of care, environment of care, health plan enrollment, health plan customer service and billing Issues. Consumer appeals are disaggregated into nine (9) categories: medical services, prescription drug services, radiology services, durable medical equipment, substance abuse residential services, partial hospitalization services, detoxification services, opioid treatment services and behavioral health services.

Where appropriate, appeals and grievances directly attributed to Accountable Entities (AE) are indicated as a subcategory for each cohort.

In addition to the above, RI EOHHS monitors consumer issues reported by Rite Smiles. Consumer reported issues are grouped into three (3) categories: general dental services, prescriptions drug services and dental radiology. Beginning in Q1 2022, general dental services reporting will be divided to specifically identify consumer issues with orthodontic services.

The quarterly reports are reviewed by the RI EOHHS Compliance staff. Any questions, concerns, negative trends and/or requests for clarification are reviewed with MCOs at monthly EOHHS/MCO Oversight meetings.

United Healthcare Rite Smiles *Rite Smiles is the dental plan for children and young adults who are eligible for Rhode Island Medicaid who were born after May 1, 2020.

I. NHPRI QUARTERLY REPORT Q1 2021 APPEALS, GRIEVANCES AND COMPLAINTS

NHPRI Quarterly Report Q1 2021_Prior Authorization Requests

	Rite Care	(AE)*	CSN	(AE)	RHP	(AE)	RHE	(AE)	SubCare (NHP Only)
Prior Authorization Requests	5952	N/A	1052	N/A	2969	N/A	7665	N/A	230
Concurrent Authorization Requests	1778	N/A	416	N/A	953	N/A	1985	N/A	240

* (AE) represents authorization requests submitted by cohort

NHPRI reported Prior Authorizations based cohort, PAs not reported based on AE attribution

NHPRI Quarterly Report Q1 2021_APPEALS

Appeals Internal	Rite Care	CSN	RHP	RHE	SubCare
Standard	72	5	53	139	4
% Overturned	60%	40%	42%	48%	75%
Expedited	11	2	16	22	0
% Overturned	73%	100%	88%	59%	0%
State Fair Hearing – External	Rite Care	CSN	RHP	RHE	SubCare
Standard	11	2	13	24	1
% Overturned	27%	50%	33%	17%	0%
Expedited	0	0	2	0	0
% Overturned	N/A	N/A	0%	N/A	N/A

*quarterly appeal rate = appeals per 1000/members

% Overturned = service denial decision not upheld in appeal

Summary:

Q1 2021 rate of appeals represents a rate of 1.16 per 1000 members which represents 0.06 increase when compared to Q4 2020.

In Q1 2021 OPTUM had an appeal rate of 0.88 per 1000 members compared to Q4 2020 appeal rate per 1000 members of 0.36.

*NHPRI subcontracts to OPTUM for BH, OPTUM conducts internal appeals.

NHPRI Quarterly Report Q1 2021_GRIEVANCES/COMPLAINTS

	Rite Care	CSN	RHP	RHE	SubCare	AE
Number of Grievances	11	0	6	7	0	3
Number of Complaints	23	2	14	16	0	5
Total	34	2	20	23	0	8

Summary:

In Q1 2021 a total number of 79 Grievances and Complaints submitted by members, there were 19 quality of care and 5 access to care grievances, of those, 4 were attributed to AEs. There was no significant increase in submitted grievances and complaints from Q4 2020 (75 total).

II. THRIT QUARTERLY REPORT Q1 2021 APPEALS, GRIEVANCES AND COMPLAINTS

THPP Quarterly Report Q1 2021_Prior Authorization Requests

	Rite Care	CSN	RHP	RHE	(AE)*
Prior Authorization Requests	336	0	690	0	0
Concurrent Authorization Requests	54	0	121	0	0

* (AE) represents authorization requests submitted by cohort members attributed to an AE.

Appeals Internal	Rite Care	CSN	RHP	RHE
Standard	1	0	0	0
% Overturned	0 %	0%	N/A	0%
Expedited	3	0	5	0
% Overturned	67%	0%	60%	0%
State Fair Hearing – External				
Standard	0	0	0	0
% Overturned	N/A	N/A	N/A	N/A
Expedited	0	0	0	0
% Overturned	N/A	N/A	N/A	N/A

Summary:

Q1 2021 rate of appeals represents a rate of 0.20 per 1000 members which presents a 0.02 increase when compared to Q4 2020.

THRIT Quarterly Report Q1 2021_GRIEVANCES and COMPLAINTS

	Rlte Care	CSN	RHP	RHE	AE
Number of Grievances	2	0	3	0	2
Number of Complaints	0	0	0	0	N/A
Total	2	0	3	0	N/A

Summary:

In Q1 2021 a total number of 5 Grievances and Complaints submitted by members, of those, 1 was attributed to AEs. There was no significant increase in submitted grievances and complaints from Q4 2020 (75 total).

III. UHCP-RI Quarterly Report Q1 2021 APPEALS, GRIEVANCES and COMPLAINTS

UHCP-RI Quarterly Report Q1 2021_Prior Authorization Requests

	Rlte Care	(AE)*	CSN	(AE)	RHP	(AE)	RHE	(AE)
Prior Authorization Requests	2865	203	150	27	1074	84	2716	254
Concurrent Authorization Requests	185	1	37	0	317-	3	647	0

* (AE) represents authorization requests submitted by cohort members attributed to an AE

UHCP-RI QUARTERLY REPORT Q1 2020_APPEALS

Appeals Internal	Rlte Care	CSN	RHP	RHE
Standard	41	41	24	71
% Overturned	85%	78%	79%	92%
Expedited	32	2	24	45
% Overturned	88%	100%	79%	80%

State Fair Hearing – External	Rlte Care	CSN	RHP	RHE
Standard	0	0	0	1
% Overturned	N/A	N/A	N/A	0%
Expedited	0	0	0-	0
% Overturned	N/A	N/A	N/A	N/A

Summary:

Q1 2021 rate of appeals represents a rate of 0.24 per 1000 members, representing a 36% increase when compared to Q4 2020.

UHCP-RI Quarterly Report Q1 2021_GRIEVANCES and COMPLAINTS

	Rlte Care	CSN	RHP	RHE	AE
Number of Grievances	2	0	2	2	3
Number of Complaints	6	1	0	11	7
Total	8	1	2	18	10

Summary:

In Q1 2021 a total number of 29 Grievances and Complaints submitted by members, of those, 10 was attributed to AEs. Of the 29 Grievances/Complaints 16 concerned balance billing representing 55.17 % of total grievances. Of the 29 grievances/complaints, 10 were attributed to AEs.

IV. Rlte Smiles (UHC Dental) Quarterly Report Q1 2021_APPEALS, GRIEVANCES and COMPLAINTS

Rlte Smiles Quarterly Report Q1 2021_Prior Authorization Requests

	Dental	RX	RAD	Total
Prior Authorization Requests	525	488	635	1648
Retrospective Authorization Requests	16	15	18	49

Rlte Smiles QUARTERLY REPORT Q1 2021_APEALS

Appeals Internal	Dental	RX	RAD
Standard	9	0	13
% Overturned	11%	N/A	70%
Expedited	4	4	21
% Overturned	0%	50%	76%
State Fair Hearing – External	Dental	RX	RAD
Standard	0	1	21
% Overturned	N/A	N/A	60.3%
Expedited	0	0	16-
% Overturned	N/A	N/A	76%

Summary:

Q1 2021 rate of appeals represents a rate of 0.48 per 1000 members representing a substantial decrease from Q4 2020. The Public Health Emergency (PHE) had a significant impact on dental services, directly impacting service requests and subsequently submitted appeals and grievances and is reflected in the data.

Rlte Smiles Quarterly Report Q1 2021 GRIEVANCES and COMPLAINTS

	Rlte Smiles
Number of Grievances	0
Number of Complaints	1
Total	0

Summary:

Rlte Smiles reported 1 complaint in Q1 2021.

The Public Health Emergency (PHE) had a significant impact on dental services, directly impacting service requests and, subsequently, submitted appeals and grievances and is reflected in the data.

EOHHS also participates in two advisory groups, the long-standing Consumer Advisory Committee (CAC) and the Integrated Care Initiative's ICI Implementation Council. CAC stakeholders include individuals who are enrolled in Rite Care, 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 twice in Q1 January 1 – March 30, 2021:

January meeting agenda

- Welcome and Introductions
- Review of November 12, 2020 Meeting Minutes
- Medicaid Change Plan Opportunity (Open Enrollment)
- HSRI Updates
- COVID-19 Updates
 - Vaccination Efforts
 - Telehealth and Prior Authorizations
 - COVID-Testing
 - Transportation
- Address Change Project
- Rite Smiles Enrollment Update
- Data Reports – Enrollment & Auto Assignment

March meeting agenda

- Welcome and Introductions
- Review of January 14, 2021 Meeting Minutes
- Medicaid Managed Care Member Feedback Sessions
- HSRI Updates
- COVID-19 Updates
 - Federal Regulations
 - Vaccination Efforts
 - Telehealth and Prior Authorizations
 - COVID-Testing
 - Transportation
- Address Change Project
- Data Reports – Enrollment & Auto Assignment

The EOHHS Transportation Broker, Medical Transportation Management (MTM), reported on transportation related complaints. The following charts reflect the number of complaints compared to the transportation reservations and the top five complaint areas during DY 13 January 1 – March 31, 2021.

NEMT Analysis	DY 12 Q1
All NEMT & Elderly Complaints	327
All NEMT & Elderly Trip Reservations	455,020
Complaint Performance	0.07 %
Top 5 Complaint Areas	DY 12 Q1
Transportation Provider No Show	64
Transportation Broker Processes	52
Transportation Provider Behavior	41
Transportation Provider Late	36
Transportation Broker Client Protocols	34

X. Marketplace Subsidy Program Participation

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](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Application%20for%20State%20Assistance%20Program.pdf), or can be requested by calling Rite Share at (401) 462-0311. The application requires applicants to provide demographic information and information regarding enrollment in a Qualified Health Plan (QHP) through HealthSource RI.

The increase in enrollment between February & March 2021 is likely due to Open Enrollment, as well as updates to online resources. EOHHS made updates to the program fact sheet and application form, providing individuals with current eligibility guidelines, contact information, and easier access to the form.

Month	Number of Marketplace Subsidy Program Enrollees	Change in Marketplace Subsidy Program Enrollment from Prior Month	Average Size of Marketplace Subsidy received by Enrollee	Projected Costs	Actual Costs
January	66	(26)	\$ 46.23	\$ 3,051.00	ACTUAL
February	145	79	\$ 43.50	\$ 6,307.00	ACTUAL
March	172	27	\$ 43.34	\$ 7,454.00	ACTUAL

XI. Evaluation/Quality Assurance/Monitoring Activity

Identify, describe, and report the outcome of all major evaluation/quality assurance/monitoring activities in Q1 of DY 13, January 1, 2021 – March 31, 2021.

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

Monthly Oversight Review

Monthly, the RI EOHHS leads oversight and administration meetings with the State’s four (4) Medicaid-participating managed care organizations (MCOs): NHPRI, UHCCP-RI, Tufts Health Public Plans (THPP) and UHC Dental. These monthly meetings are conducted separately with each MCO during the EOHHS MCO Oversight meetings; agenda items focus upon both standing areas of focus as well as emerging items related to quality assurance and oversight activities.

Specific to quality improvement and compliance, the following areas of focus were addressed during the cycle of oversight and administration meetings conducted during Quarter 1 (Q4) of 2021, the third quarter of State Fiscal Year (SFY) 2021:

COVID-19 Public Health Emergency (PHE) Response Effort

During Q1, EOHHS and the three (3) medical MCOs, including NHPRI, UHCCP-RI, and THPP, dedicated significant time and resources to collaborating with EOHHS, Rhode Island Department of Health (RIDOH), local and municipal organizations, and one another for coordinated planning, outreach, and marketing material development pertaining to COVID-19 vaccine distribution. Bi-weekly, the MCOs submitted iterative versions of their innovative strategic plans for how to successfully promote and distribute the COVID-19 vaccines among their membership. Plans included forecasting models, including best-case and worst-case scenarios for vaccination utilization based upon supply, administration, efficiency, hesitancy rate, and member stratification, as well as corresponding communications plans to address those factors. The MCOs and the State’s non-emergency medical transportation (NEMT) vendor, Medical Transportation Management (MTM), coordinated to develop a process that more easily facilitated rides to vaccination appointments.

Active Contract Management (ACM)

For Q1 2021 ACM, MCOs focused on increasing low colonoscopy and mammography utilization rates resulting from limitations posed by the COVID-19 pandemic. Simultaneously, MCOs focused on decreasing preventable ED utilization. MCOs also continued their Q4 2020 focus of increasing childhood immunizations, well visits, and lead screening rates that had declined to low rates due to provider offices and schools being closed and the pent-up demand that followed. They submitted monthly immunization/lead screening data to assist the State in evaluating progress toward addressing the decline in immunizations and lead screening among children each month, and MCOs were required to present their data and strategic next steps at each monthly oversight meeting. NHPRI and UHCCP continued their focused efforts for improvement of Accountable Entities (AE) attribution and PCP assignment.

As part of the SFY 2022 capitation rate setting process, EOHHS and the State's actuary, Milliman, distributed a rate setting survey to MCOs to provide them the opportunity to comment and ask questions prior to the rate development. EOHHS launched the 2021 reporting calendar to enhance data collection and utilization across the three (3) medical MCOs and UHC Dental. In addition, EOHHS, along with the Non-Emergency Transportation Provider (NEMT), initiated and ACM project focusing on missed transportation trips to analyze and improve on the process for care coordination and outreach to members who continuously missed NEMT trips. MCOs were tasked with facilitating care coordination with their care management team and respective AEs to determine the cause of missed trips, triaging high-risk members with substance use disorders, cancer, and dialysis, whose missed trips posed life-threatening consequences.

MCOs continued progress toward EVV implementation, collaborating regularly with EOHHS, Sandata (EVV implementation vendor), and their respective providers to prepare for the 2021 launch. As part of a new process, MCOs began assuming responsibility for direct Federally Qualified Health Center (FQHC) wrap payments, formerly handled by the State. At the request of the American Lung Association (ALA), the MCOs submitted data as part of the Asthma Guidelines-Based Care Coverage Project that tracks coverage of guidelines-based asthma care, along with barriers to care, by annually reviewing publicly available fee-for-service and Medicaid MCO documents (including formularies, provider manuals, member handbooks, and other relevant documents). EOHHS Compliance kicked off the Appeals & Grievances and CMS audits in Q1; they will continue through several quarters.

Specific to the unique details of Q1 oversight, pertaining to each MCO, see below:

Neighborhood Health Plan of Rhode Island (NHPRI)

- NHPRI proactively convened with UHCCP and THPP to schedule regular meetings with RIDOH to ensure all entities were aligned with RIDOH's guidance, and that integrated, consistent messaging was being developed to maximize COVID-19 vaccinations across the Medicaid population.
- NHPRI started the process of working with RIDOH to obtain vaccination data.
- NHPRI continuously met with RIDOH to determine to strategize about the best approach for sharing member-level vaccination utilization data, and other data elements needed to accurately gauge trends across the State.
- For durable medical equipment (DME) claims adjudication, NHPRI transitioned claims processing from Integra (a contracted Accountable Entity) to NHPRI (in-house). EOHHS is providing active oversight of this transition.

UnitedHealthcare Community Plan (UHCCP-RI)

- UHCCP and their behavioral health vendor, Optum, convened with EOHHS several times to establish substance abuse residential treatment (SART) claims configuration changes related to procedure codes and modifiers.

- UHCCP informed EOHHS that they received a perfect score of 100 resulting from the NCQA virtual onsite survey in December 2020. This portion of the accreditation pertains to standards around policies, reports, and file reviews, among other factors. UHCCP noted that NCQA is not providing star ratings this year due to the pandemic, but that UHCCP would have earned a 4.5 out of 5 score.
- UHCCP introduced a proposed and later EOHHS-approved Doula Pilot launch to improve maternal and child outcomes. As part of the program, UHCCP analyzes poor outcomes for women by geographic area, emphasizing the importance of the post-partum period.
- UHCCP added more housing units to house additional homeless members with comorbidities as part of their Housing Pilot program in partnership with Crossroads Rhode Island.

Tufts Health Public Plans (THPP)

- Tufts Health Plan and Harvard Pilgrim Health Care merged organizations, effective January 1, 2021, to now serve 2.4 million members in Rhode Island, Massachusetts, Maine, Connecticut and New Hampshire.
- As part of the Central Falls Van Project, discussions between THPP and Jenks Pediatrics transpired regarding transporting patients to and from the practice. Patients would include both Medicaid and non-Medicaid populations. Tufts has outreached to MTM for assistance.
- THPP continued to work satisfactorily with EOHHS to address encounter claims submission.

UnitedHealthcare-Dental (UHC Dental)

- UHC Dental submitted monthly iterations of their strategic plan for increasing utilization of preventative dental services by RItE Smiles members in accordance with CMS' PDENT-CH measures. EOHHS' data analytics team built a dashboard from claims data to measure trends in the level of preventive care received month over month, reviewed at monthly oversight meetings.
- UHC Dental developed a strategy for collaborating with medical MCOs, area hospitals, and dental provider practices to institute a process and workflow that increases operating room access for RItE Smiles members who require treatment under general anesthesia and who are not equipped to be treated in a general dental office.
- UHC Dental developed an analytic approach toward selecting dental providers with whom to contract as their first step in administering alternative payment methodologies that reward outcomes over volume. By the end of Q1 2021, UHC Dental had identified three providers with whom to contract, had finalized amendments in the queue for legal signature, and established thresholds in collaboration with their data team in preparation of engaging with these providers.
- UHC Dental's Community Based Coordinator continued innovative outreach efforts in collaboration with Latino-based organizations and sub-populations impacted by SDOH that inhibited the ability to attend dental visits during the PHE due to school closures.
- UHC Dental presented tele-dentistry utilization updates at monthly oversight meetings.

XII. Enclosures/Attachments

Attachment 1: Rhode Island Budget Neutrality Report

Budget Neutrality Table I

Budget Neutrality Summary

Without-Waiver Total Expenditures

Medicaid Populations	DY 11 2019 YTD	DY 12 2020 YTD	DY 13 Q1 CY 2021
ABD Adults No TPL	\$574,880,496	\$ 558,138,330	\$ 143,150,856
ABD Adults TPL	\$1,515,340,208	\$ 1,570,311,012	\$ 412,111,076
Rlte Care	\$1,124,280,008	\$ 1,173,757,273	\$ 324,104,634
CSHCN	\$501,135,222	\$ 536,123,544	\$ 142,473,978
TOTAL	\$3,715,635,934	\$ 3,838,330,159	\$ 1,021,840,544

With Waiver Total Expenditures

Medicaid Populations	DY 11 2019 YTD	DY 12 2020 YTD	DY 13 1st Qtr. CY 2021
ABD Adults No TPL	\$ 460,321,375	\$ 427,179,157	\$ 109,765,949
ABD Adults TPL	\$ 734,710,806	\$ 516,755,079	\$ 97,626,632
Rlte Care	\$ 541,942,931	\$ 553,827,615	\$ 151,876,931
CSHCN	\$ 180,061,061	\$ 179,351,331	\$ 46,875,202
Excess Spending: Hypothetical	\$ -	\$ -	\$ -
Excess Spending: New Adult Group	\$ -	\$ -	\$ -
CNOM Services	\$ 34,827,736	\$ 8,337,011	\$ 1,844,023
TOTAL	\$ 1,951,863,909	\$ 1,685,450,193	\$ 407,988,736
Favorable / (Unfavorable) Variance	\$ 1,763,772,025	\$ 2,152,879,966	\$ 613,851,808
Budget Neutrality Variance (DY 1-5)		\$ -	
Cumulative Bud. Neutrality Variance	\$ 11,147,963,396	\$ 13,300,843,361	\$ 613,851,808

Budget Neutrality Table I

HYPOTHETICALS ANALYSIS

Without Waiver Total Exp.	2018 YTD	2019 YTD	1st Qtr. CY 2020
217-like Group	\$220,425,660	\$225,235,256	\$58,987,503
Family Planning Group	\$206,839	\$316,416	\$88,775
TOTAL	\$220,632,499	\$225,551,672	\$59,076,278

With-Waiver Total Exp.	2018 YTD	2019 YTD	1st Qtr. CY 2020
217-like Group	\$197,290,254	\$195,337,894	\$49,871,418
Family Planning Group	\$116,238	\$359,192	\$63,358
TOTAL	\$197,406,492	\$195,697,086	\$49,934,776

Excess Spending	2018 YTD	2019 YTD	1st Qtr. CY 2020
217-like Group	(\$23,135,406)	(\$29,897,362)	(\$9,116,085)
Family Planning Group	(\$90,601)	\$42,776	(\$25,417)
TOTAL	(\$23,226,007)	(\$29,854,586)	(\$9,141,502)

LOW INCOME ADULT ANALYSIS

Low-Income Adults (Expansi	2019 YTD	2020 YTD	1st Qtr. CY 2021
Without Waiver Total Exp.	\$ 880,767,360	\$ 987,151,494	\$ 299,442,624
With-Waiver Total Exp.	\$ 449,459,249	\$ 533,093,948	\$ 179,304,412
Excess Spending	\$ (431,308,111)	\$ (454,057,546)	\$ (120,138,212)

Budget Neutrality Table II

Without-Waiver Total Expenditure Calculation

Actual Member Months	DY 11 2019 YTD	DY 12 2020 YTD
ABD Adults No TPL	\$ 174,842	\$ 162,770
ABD Adults TPL	\$ 407,788	\$ 405,137
Rlte Care	\$ 1,925,137	\$ 1,921,043
CSHCN	\$ 145,806	\$ 148,593
217-like Group	\$ 53,348	\$ 54,472
Low-Income Adult Group	\$ 889,664	\$ 951,013
Family Planning Group	\$ 13,184	\$ 14,159

DY 13 1st Qtr. CY 2021
\$ 40,031
\$ 101,932
\$ 507,206
\$ 37,602
\$ 13,629
\$ 275,223
\$ 3,184

Without Waiver PMPMs	DY 11 2019 YTD	DY 12 2020 YTD
ABD Adults No TPL	\$ 3,288	\$ 3,429
ABD Adults TPL	\$ 3,716	\$ 3,876
Rlte Care	\$ 584	\$ 611
CSHCN	\$ 3,437	\$ 3,608
217-like Group	\$ 4,222	\$ 4,353
Low-Income Adult Group	\$ 990	\$ 1,038
Family Planning Group	\$ 24	\$ 25

DY 13 1st Qtr. CY 2021
\$ 3,576
\$ 4,043
\$ 639
\$ 3,789
\$ 4,488
\$ 1,088
\$ 26

Without Waiver Expenditures	DY 11 2019 YTD	DY 12 2020 YTD
ABD Adults No TPL	\$ 574,880,496	\$ 558,138,330
ABD Adults TPL	\$ 1,515,340,208	\$ 1,570,311,012
Rlte Care	\$ 1,124,280,008	\$ 1,173,757,273
CSHCN	\$ 501,135,222	\$ 536,123,544
217-like Group	\$ 225,235,256	\$ 237,116,616
Low-Income Adult Group	\$ 880,767,360	\$ 987,151,494
Family Planning Group	\$ 316,416	\$ 353,975

DY 13 1st Qtr. CY 2021
\$ 143,150,856
\$ 412,111,076
\$ 324,104,634
\$ 142,473,978
\$ 61,166,952
\$ 299,442,624
\$ 82,784

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 Deputy Medicaid Program Director, Finance and Budget, 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.

Name: Katie Alijewicz

Title: EOHHS Deputy Medicaid Program Director, Finance and Budget

Signature: 

Date: 8.24.21

XIII. State Contact(s)

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XIV. Date Submitted to CMS

August 30, 2021