Report to the Centers for Medicare and Medicaid Services

Annual Operations Report

Rhode Island Comprehensive

1115 Waiver Demonstration

January 1, 2020 – December 31, 2020

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

Submitted June 14, 2021

I. Narrative Report Format

Rhode Island Comprehensive Section 1115 Demonstration

Section 1115 Quarterly Report Demonstration Reporting

Period: DY 12 January 1, 2020 – December 31, 2020

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, 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 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 RIte 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) in Quarter	Number of Enrollees That Lost Eligibility in Quarter 1**	Number of Current Enrollees (to date) in Quarter	Number of Enrollees That Lost Eligibility in Quarter 2**	Number of Current Enrollees (to date) in Quarter 3*	Number of Enrollees That Lost Eligibility in Quarter 3**	Number of Current Enrollees (to date) in Quarter 4*	Number of Enrollees That Lost Eligibility in Quarter 4**
Budget Population 1: ABD no TPL	13,810	919	13,407	649	13,120	301	13,797	451
Budget Population 2: ABD TPL	33,773	430	34,668	237	35,166	91	34,303	130
Budget Population 3: RIte Care	116,265	3,994	127,588	1,004	130,958	550	133,401	408
Budget Population 4: CSHCN	12,139	167	12,309	22	12,502	29	12,666	28
Budget Population 5: EFP	1,163	125	1,213	10	1,149	6	1,108	2
Budget Population 6: Pregnant Expansion	26	1	23	0	30	0	45	0
Budget Population 7: CHIP Children	38,493	1,353	32,374	168	32790	129	31,106	102
Budget Population 8: Substitute care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Budget Population 9: CSHCN Alt	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Budget Population 10: Elders 65 and over	1,700	42	1,686	25	1,689	27	1,684	31
Budget Population 11, 12, 13: 217-like group	4,522	107	4,545	63	4,511	54	4,501	74
Budget Population 14: BCCTP	75	6	75	1	80	1	79	1
Budget Population 15: AD Risk for LTC	3671	0	3,681	0	3,674	16	3,696	0
Budget Population 16: Adult Mental Unins	12,013	1	12,013	0	12,013	0	12,012	0
Budget Population 17: Youth Risk Medic	5,924	270	6,069	40	6,283	10	6468	16
Budget Population 18: HIV	250	5	201	11	228	14	264	17
Budget Population 19: AD Non-working	0	0	0	0	0	0	0	0
Budget Population 20: Alzheimer adults	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Budget Population 21: Beckett aged out	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Budget Population 22: New Adult Group	73,821	4,968	81,341	502	86,603	565	92594	474

*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 12 January 1, 2020 – December 31, 2020:

Quarter 1: 37:506 at the close of the quarter.

Quarter 2: 32:523 at the close of the quarter.

Quarter 3: 1:541 at the close of the quarter.

Quarter 4: 20:530 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 DY12 January 1, 2020 – December 31, 2020 (by category or by type) with a total of $8,214.07 for special purchases expenditures.

Q 1 2020	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	4	Over the counter medications		$ 822.32
	15	Acupuncture		$ 1,125.00
	6	Massage Therapy		$ 450.00
	1	Medical Supplies		$ 107.00
	1	Medic alert		$ 49.99
	4	Service Dog Training		$ 370.00
	CUMULATIVE TOTAL			**$2,924.31**

Q 2 2020	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	3	Over the counter medications		$ 628.95
	4	Acupuncture		$ 340.00
	2	Massage Therapy		$ 150.00
	CUMULATIVE TOTAL			**$1,118.95**

Q 3 2020	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	3	Over the counter medications		$ 885.30
	11	Acupuncture		$ 1,105.00
	4	Massage Therapy		$ 300.00
	1	Supportive Equipment		$ 100.00
	2	Service Dog Training		$ 177.50
	1	Handicap Van Repairs		$ 125.00
	CUMULATIVE TOTAL			**$2,692.80**

Q 4 2020	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	1	Over the counter medications		$ 231.01
	9	Acupuncture		$ 765.00
	5	Massage Therapy		$ 375.00
	1	Medical Needs		$ 107.00
	CUMULATIVE TOTAL			**$1,478.01**

VI. Outreach/Innovative Activities

Summarize outreach activities and/or promising practices for Q1, January 1, 2020 – December 31, 2020.

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 January 1, 2020 – December 31, 2020, the following activities occurred.

Health Workforce Development Program

I. 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.

II. Provided guidance and support to other healthcare workforce transformation initiatives throughout RI to maximize alignment, collaboration, and impact of efforts related to primary care, long-term care, behavioral health, developmental disabilities, oral health, and other areas with critical workforce needs.

Accountable Entities (AEs)

Q1, 2020

- 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 3 on March 13, 2020.

- AE's met all project milestones for PY1 as they continued working on PY2 HSTP Project Plans. All AE PY2 project plans were approved in March.

- Re-Certification deadlines for PY3 for AE's were extended from March 20, 2020 to April 17, 2020 as a result of the challenges and competing priorities from the COVID-19 Pandemic. All PY2 certified AE's have been re-certified with conditions for PY3.

- EOHHS focused on preparation for PY3 implementation through meetings and preparing final guidance and documentation for AE's and MCO's on the following topics:
    - Total Cost of Care Technical Guidance for Implementation for MCO's
    - Review of Total Cost of Care Methodology and Model Financial Simulation
    - Walkthrough of the Data Request Requirements to support establishing PY3 baseline Total Cost of Care targets with the MCO's.

- EOHHS continued to work with Bailit Health in the development and release of an Implementation Guide for the AE quality program, including recommendations for Program Year 3 quality component of the APM contract, data collection and reporting specific to clinical quality (hybrid) measures, development of technical specification for a social determinant of health, and standardization of scoring criteria and methodology. Due to the COVID-19 Pandemic, the Quality Strategy for PY3 has been revised and the following changes were made in response:
    - MCOs should use the PY 2 Quality Score methodology instead of PY 3 methodology, except for those measures that are common to both PY 2 and PY3.
    - For measures that are common to both PY 2 and PY 3 and for which the PY 3 value is superior, MCOs should use PY 3 rates instead of PY 2 rates; if the PY 3 value is not superior, MCOs should use PY 2 rates.
    - MCOs will be required to report measures that are new additions to PY 3 to EOHHS, but these measures will not be included in the Overall Quality Score calculation.

- 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, plans made for an in-person learning collaborative in November with EOHHS, the MCOs, and the Medicaid AEs were modified due to COVID-19 and potential social distancing restrictions. An updated TA strategy with a proposal for ongoing TA, project ideas and virtual learning on "Behavioral Health in Tele-Health" and "Strengthening Partnerships with AE's and CBO's to address SDOH" will be presented at the June 4, 2020 AE Advisory Committee meeting for input into the proposal. CHCS also provided Technical Assistance via a webinar for AE's in January on "Behavioral health data exchange: understanding federal laws and overcoming barriers". Presenters from Manatt, Phelps & Phillips, LLP provided an overview of key issues related to sharing behavioral health data in compliance with 42 CFR part 2. Drawing from use cases submitted by RI AEs and MCOs, Manatt discussed key considerations for behavioral

health data sharing and how to facilitate data sharing in compliance with 42 CFR part 2 based in part on practices in other states.

- The HSTP Advisory Committee held one meeting in February. The scheduled April meeting was cancelled due to COVID-19 concerns. The February meeting included a presentation by the EOHHS Managed Care Director on oversight and fidelity to established Attribution requirements; an update on the progress of the 1115 Independent Evaluation team by EOHHS Analytics Lead; an update on the HSTP budget and a Presentation from the Rhode Island Department of Health on their collaboration with EOHHS on the development of requirements and investments aimed at addressing Social Determinants of Health.

- EOHHS and the Rhode Island Quality Institute (RIQI) began work together to provide access to contracted AEs to RIQI's Care Management Dashboard. The dashboard provides live feeds of patients in the hospitals and emergency departments so AEs can intervene and assist with transitions of care. Although this exists throughout Rhode Island to those organizations willing to pay for this service, EOHHS utilized HSTP funds to provide a specific AE attribution file so AEs can more effectively manage their attributed populations. Care Management Dashboards went live on February 28, 2020 for all AEs with the exception of one. Implementation for the remaining AE was delayed due to issues with the AE's current implementation of the Dashboard vs. the implementation planned for the Medicaid population, in addition to impacts as a result of COVID-19.

The 1115 Waiver Independent Evaluating Team (NORC) held onsite meetings in early March to align on data requirements, processes for file transfers, development of a Data Dictionary and the SUD mid-point assessment.

Q2, 2020

- All Accountable Entities that qualified to enter into a risk-based contract achieved pre-qualification to bear downside risk in contracts with Medicaid Managed Care Organizations (MCO's) for Program Year 3 on March 13, 2020.

- AE's met all project milestones for PY1 as they continued working on PY2 HSTP Project Plans. All AE PY2 project plans were approved in March.

- Re-Certification deadlines for PY3 for AE's were extended from March 20, 2020 to April 17, 2020 as a result of the challenges and competing priorities from the COVID-19 Pandemic. All PY2 certified AE's have been re-certified with conditions for PY3.

- EOHHS focused on preparation for PY3 implementation through meetings and preparing final guidance and documentation for AE's and MCO's on the following topics:
    - Total Cost of Care Technical Guidance for Implementation for MCO's
    - Review of Total Cost of Care Methodology and Model Financial Simulation
    - Walkthrough of the Data Request Requirements to support establishing PY3 baseline Total Cost of Care targets with the MCO's.

- EOHHS continued to work with its vendor, Bailit Health, in the development and release of an Implementation Guide for the AE quality program, including recommendations for Program Year 3 quality component of the APM contract, data collection and reporting specific to clinical quality (hybrid) measures, development of technical specification for a social determinant of health, and standardization of scoring criteria and methodology. Due to the COVID-19 Pandemic, the Quality Strategy for PY3 has been revised and the following changes were made in response:
    - MCOs should use the PY 2 Quality Score methodology instead of PY 3 methodology, except for those measures that are common to both PY 2 and PY3.
    - For measures that are common to both PY 2 and PY 3 and for which the PY 3 value is superior, MCOs should use PY 3 rates instead of PY 2 rates; if the PY 3 value is not superior, MCOs should use PY 2 rates.
    - MCOs will be required to report measures that are new additions to PY 3 to EOHHS, but these measures will not be included in the Overall Quality Score calculation.

- Under the contact with the Center for Health Care Strategies (CHCS) individualized Technical Assistance (TA) was provided to Medicaid AEs and MCOs. In addition to bi-weekly meetings with EOHHS, plans made for an in-person learning collaborative in November with EOHHS, the MCOs, and the Medicaid AEs were modified due to COVID-19 and potential social distancing restrictions. An updated TA strategy with a proposal for ongoing TA, project ideas and Virtual Learning on "Behavioral Health in Tele-Health" and "Strengthening Partnerships with AE's and CBO's to address SDOH" was presented at the June 4, 2020 AE Advisory Committee meeting for input into the proposal. The updated TA Strategy includes quarterly webinars to exchange best practices, share lessons learned, learn from National SME's on range of topics (Patient Engagement, BH Integration, Complex Care Management, SDOH); Open Forum Calls, one in-person Learning Collaborative (date tbd) in addition to on-going project management and a final summative report. CHCS provided Technical Assistance via an Open Forum call for AE's in May on "COVID-19 response efforts" and in June on "the impact of COVID-19 in communities and insights on any new developments or innovations being made by organizations given the current environment".

- The HSTP Advisory Committee held one meeting in June. The scheduled April meeting was cancelled due to COVID-19 concerns. The June meeting included a presentation by the EOHHS Managed Care Director on oversight and fidelity to established Attribution requirements; an update on the progress of the 1115 Independent Evaluation team by EOHHS Analytics Lead; an update on the HSTP budget and a Presentation from the Rhode Island Department of Health on their collaboration with EOHHS on the development of requirements and investments aimed at addressing Social Determinants of Health.

- EOHHS and the Rhode Island Quality Institute (RIQI) began work together to provide access to contracted AEs to RIQI's Care Management Dashboard. The dashboard provides live feeds of patients in the hospitals and emergency departments so AEs can intervene and assist with transitions of care. Although this exists throughout Rhode Island to those organizations willing to pay for this service, EOHHS utilized HSTP funds to provide a specific AE attribution file so AEs can more effectively manage their attributed populations. Care Management Dashboards went live on February 28, 2020 for all AEs with the exception of one. Implementation for the remaining AE was delayed due to issues with the AE's current implementation of the Dashboard vs. the implementation planned for the Medicaid population, in addition to impacts as a result of COVID-19.

Q3, 2020

- Due to COVID-19, the execution of risk-based contracts was postponed until PY4. AE's were required instead, to submit Pandemic Response Plans. All submissions were submitted in August and approved by EOHHS in September.

- AE's met all project milestones for PY2 as they continued working on PY3 HSTP Project Plans.

- EOHHS focused on preparation for the development of the PY4 Roadmap and Sustainability plan through meetings with stakeholders to gain insight into AE program costs including ongoing financial needs for infrastructure and staff following the end of the demonstration. Engagement included:
    - Meeting individually with AE's to better understand program costs, challenges and barriers to sustainability;
    - Reviewing AE program initiatives at the AE Advisory Committee Meeting;
    - Conducting a public comment period to receive and respond to stakeholder feedback.

- Under the contact with the Center for Health Care Strategies (CHCS) individualized Technical Assistance (TA) was provided to Medicaid AEs and MCOs. In addition to bi-

weekly meetings with EOHHS, plans were made for an in-person learning collaborative in November with EOHHS, the MCOs, and the Medicaid AEs were modified due to COVID-19 and potential social distancing restrictions. An updated TA strategy with a proposal for ongoing TA, project ideas and Virtual Learning on "Behavioral Health in Tele-Health" and "Strengthening Partnerships with AE's and CBO's to address SDOH" was presented at the June 4, 2020 AE Advisory Committee meeting for input into the proposal. The updated TA Strategy includes quarterly webinars to exchange best practices, share lessons learned, learn from National SME's on range of topics (Patient Engagement, BH Integration, Complex Care Management, SDOH); Open Forum Calls, in-person Learning Collaborative (date tbd) in addition to on-going project management and a final summative report. CHCS provided Technical Assistance via an Open Forum call for AE's in July on "Health Equity and Pandemic response planning" and in August on "Levers and Opportunities for Addressing Health Equity".

- The HSTP Advisory Committee held one meeting in August. The August meeting included a presentation by the EOHHS HSTP strategic planning team on initiatives to address Social Determinants of Health within the Accountable Entity program. These initiatives include the procurement of a Community Resource Platform (CRP) to improve coordination between Community Based and Healthcare Organizations with members'/patients'/clients'. In addition to the CRP the SDOH strategy also includes a program to address health equity through a collaboration of AE's, CBO's, Community Health Teams and the Health Equity Zones in Rhode Island. The initiative, called the "Rhode to Equity" is designed to support geographically-based teams address upstream social determinants of health through the application of population health tools utilizing "The Pathways to Population Health" model. The August meeting also included a review of the PY4 Roadmap and Sustainability Plan that was to be posted for public comment on September 10, 2020.

- The 1115 Waiver Accountable Entity Roadmap and Sustainability Plan was posted for public comment on September 10, 2020.

Q4, 2020

- All Accountable Entities finalized TCOC Contracts with MCO's for PY3 on October 30, 2020

- AE's met all project milestones for PY2 as they continued working on PY3 HSTP Project Plans. HSTP project-based measures were approved and attestation complete for PY3 on October 30, 2020.

- EOHHS focused on preparation for the development of the PY4 Roadmap and Sustainability plan through meetings with stakeholders to gain insight into AE program

costs including ongoing financial needs for infrastructure and staff following the end of the demonstration. Engagement included:

  - Meeting individually with AE's to better understand program costs, challenges and barriers to sustainability;
  - Reviewing AE program initiatives at the AE Advisory Committee Meeting;
  - Conducting a public comment period to receive and respond to stakeholder feedback.
  - The 1115 Waiver Accountable Entity Roadmap and Sustainability Plan was submitted to CMS for approval on October 30, 2020.

- EOHHS focused on preparation for the development of the PY4 program requirements through public meetings with stakeholders and a public comment period to receive and respond to stakeholder feedback. Program Year 4 Accountable Entity program requirements were posted for public comment on October 12, 2020. Program Year 4 Requirements were finalized and submitted to CMS for approval on December 15, 2020.

- Under the contract with the Center for Health Care Strategies (CHCS) individualized Technical Assistance (TA) was provided to Medicaid AEs and MCOs. In addition to bi-weekly meetings with EOHHS, plans were made for an in-person learning collaborative in November with EOHHS, the MCOs, and the Medicaid AEs were modified due to COVID-19 and potential social distancing restrictions. An updated TA strategy with a proposal for ongoing TA, project ideas and Virtual Learning on "Behavioral Health in Tele-Health" and "Strengthening Partnerships with AE's and CBO's to address SDOH" was presented at the June 4, 2020 AE Advisory Committee meeting for input into the proposal. The updated TA Strategy includes quarterly webinars to exchange best practices, share lessons learned, learn from National SME's on range of topics (Patient Engagement, BH Integration, Complex Care Management, SDOH); Open Forum Calls, in-person Learning Collaborative (date tbd) in addition to on-going project management and a final summative report. CHCS provided Technical Assistance via an Open Forum call for AE's and MCO's in October on "Housing Rhode Islanders Experiencing Homelessness".

  The HSTP Advisory Committee held meetings in October, November and December. The October meeting included a presentation by the EOHHS LTSS strategic planning team on LTSS Resiliency and Specialized APM and a discussion on the SDOH Strategy on initiatives to address Social Determinants of Health within the Accountable Entity program. These initiatives include the procurement of a Community Resource Platform (CRP) to improve coordination between Community Based and Healthcare Organizations with members'/patients'/clients'. In addition to the CRP the SDOH strategy also includes a program to address health equity through a collaboration of AE's, CBO's, Community Health Teams and the Health Equity Zones in Rhode Island. The initiative, called the "Rhode to Equity" is designed to support geographically-based teams address upstream social determinants of health through the application of population health tools utilizing "The Pathways to Population Health" model. Update and a review on proposed changes to PY4 program requirements. The November Accountable Entity Advisory

Committee meeting included a review of data on Homelessness within the AE attributed population and a review of the proposed changes to PY4 requirements. The December Accountable Entity Advisory Committee meeting included a presentation by Secretary Jones on "Health Equity Initiatives" that the State of Rhode Island EOHHS is leading as well as an update on the final changes to PY4 program requirements.

DSHP State Spending Analysis

The amount of federal matching funds for support of DSHPs in SFY 2020 ($32,539,890) increased by approximately $15.28 million from SFY 2019 ($17,255,760).

Health Graduates Employment Data

This table represents the graduates by Rhode Island's Institutions of Higher Education (University of Rhode Island, Community College of Rhode Island, and Rhode Island College) detailed by professional type/program from which they graduated. All fields of educational study are designated with a Classification of Instructional Program (CIP) Code which is a taxonomic scheme that identified the professional type/program that all participating schools can use. The data below is through academic year 2017-2018 and is the most recently available graduation and employment data for the FFP claims submitted for the States FY19. EOHHS is currently working with the IHEs to obtain the updated data for FY2020.

Health Graduates Employment Data		URI			URI			URI			CCRI			CCRI			CCRI			RIC			RIC			RIC		
		2015-2016 Graduates			2016-2017 Graduates			2017-2018 Graduates			2015-2016 Graduates			2016-2017 Graduates			2017-2018 Graduates			2015-2016 Graduates			2016-2017 Graduates			2017-2018 Graduates		
CIP Code	CIPTitle	Total	Employed in RI: All Industries	Employed in RI: Target Industries	Total	Employed in RI: All Industries	Employed in RI: Target Industries	Total	Employed in RI: All Industries	Employed in RI: Target Industries	Total	Employed in RI: All Industries	Employed in RI: Target Industries	Total	Employed in RI: All Industries	Employed in RI: Target Industries	Total	Employed in RI: All Industries	Employed in RI: Target Industries	Total	Employed in RI: All Industries	Employed in RI: Target Industries	Total	Employed in RI: All Industries	Employed in RI: Target Industries	Total	Employed in RI: All Industries	Employed in RI: Target Industries
41.03	Physical Science Technologies/Technicians.										9	8	2	6	4	1	5	5	2									
42.01	Psychology, General.	167	109	84	201	133	101	202	133	98										129	109	80	111	89	62	29	25	17
42.06	Counseling Psychology.							139																				
42.27	Research and Experimental Psychology.	2	2	1	0	0	0	0	0	0																		
42.28	Clinical, Counseling and Applied Psychology.	16	8	7	17	13	13	12	8	8										13	12	9	6	4	3	0	0	0
42.99	Psychology, Other.																			16	15	15	15	15	13	0	0	0
44.07	Social Work.										9	9	8	1	1	7	1	1	1	149	121	109	164	40	126	2	2	2
51.00	Health Services/Allied Health/Health Sciences,																			10	6	5	16	10	7	6	5	4
51.02	Communication Disorders Sciences and Services.	80	43	37	79	47	36	78	47	28																		
51.06	Dental Support Services and Allied Professions.										43	38	38	36	34	30	35	28	26	1	1	1	1	1	0	1	1	1
51.07	Health and Medical Administrative Services.	2	2	2	4	4	3	0	0	0	31	25	18	0	0	0	6	3	2	26	21	16	26	24	14	7	7	7
51.08	Allied Health and Medical Assisting Services.										30	20	20	45	37	29	31	25	21	1	1	1	0	0	0	1	1	1
51.09	Allied Health Diagnostic, Intervention, and										59	41	38	55	45	41	52	39	33	32	25	24	40	32	28	0	0	0
51.10	Clinical/Medical Laboratory	46	24	17	32	20	15	45	32	20	46	32	27	47	40	36	3	37	33	0			0			0		
51.15	Mental and Social Health Services and Allied										4	4	4	0	0	0	0	0	0	46	39	33	36	29	27	0	0	0
51.16	Nursing.																			0			0			0		
51.18	Ophthalmic and Optometric Support										3	3	2	4	4	4	4	4	3									
51.20	Pharmacy, Pharmaceutical Sciences, and	129	46	37	118	59	55	136	86	77																		
51.22	Public Health.	1			1			1			0	0	0	1	1	0	2	1	0									
51.23	Rehabilitation and Therapeutic Professions.	28	14	14	33	21	20	27	21	20																		
51.31	Dietetics and Clinical Nutrition Services.	45	28	18	41	27	13	45	30	23																		
51.35	Somatic Bodywork and Related Therapeutic										8	7	6	13	10	9	5	4	3									
51.38	Registered Nursing, Nursing Administration,	256	166	159	184	131	118	208	139	125	247	211	203	333	301	290	163	147	137	189	145	141	170	142	138	68	57	54
51.39	Practical Nursing, Vocational Nursing and										28	27	26	9	8	7	0	0	0									
60.02	Medical Residency Programs.													0														
	Current totals	772	442	376	710	455	374	893	496	399	517	425	392	550	485	454	307	294	261	612	495	434	585	386	418	114	98	86

VII. Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in January 1, 2020 – December 31, 2020.

Modernizing Health and Human Services Eligibility Systems

Between January 1, 2020 and December 31, 2020, the Deloitte and State teams implemented maintenance releases to address software and data incidents identified in the RI Bridges application. 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, 2020 – December31, 2020.

Request Type	Description	Date Submitted	CMS Action	Date
Cat III	Home Stabilization	11/16/15	Approved	2/6/20
SPA	Inpatient hospital rate increase	8/15/19	Approved	10/23/19
SPA	Outpatient hospital rate increase	8/15/19	Approved	9/27/19
SPA	Elimination of Inpatient Hospital Supplemental Payments	8/15/19	Approved	10/23/19
SPA	Graduate Medical Education	8/15/19	Approved	10/23/19
SPA	MINL/SSP	3/31/20	Approved	4/18/20
SPA	Home Equity Limit	3/31/20	Approved	5/11/20
1135 Waiver	COVID 1135 Request 1	3/16/20	Approved	3/25/20
1115 Waiver	COVID 1115 Request 1	3/16/20		
SPA	COVID Emergency Disaster Relief CHIP SPA	3/16/20	Approved	4/24/20
1135 Waiver	COVID 1135 Request 2	3/25/20	Approved	5/18/20
Waiver	COVID 1135	5/4/20	Approved	5/18/20
1115 Waiver	COVID 1115 Request 2	3/27/20	Approved	7/21/20
Appendix K	COVID Appendix K Request 2	3/27/20	Approved	5/7/20
SPA	COVID Disaster Relief	3/25/20	Approved	4/8/20

Request Type	Description	Date Submitted	CMS Action	Date
Appendix K	COVID Appendix K Request 1	3/16/20	Approved	3/25/20
SPA	COVID Disaster Relief SPA NF Rate Increase	4/7/20	Approved	4/15/20
SPA	COVID Disaster Relief Emergency Case Management	5/4/20	Approved	5/13/20
SPA	Cost Based Reimbursement for Government-Owned and Operated Hospitals	5/5/20		
SPA	SUPPORT Act/CHIP	6/30/20	Approved	9/2/20
SPA	Recovery Audit Contractors	6/30/20	Approved	7/30/20
Waiver	Appendix K	4/7/20	Approved	5/7/20
Waiver	Appendix K	5/1/20	Approved	9/3/20
Waiver	COVID 1115	3/27/20	Approved	7/21/20

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 DY 12 January 1, 2020 – December 31, 2020, 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

The RI Executive Office of Health and Human Services (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 preventive action to improve member satisfaction.

Each MCO continuously monitors member complaints and watches 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 sent 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), RIte Care for Children with Special Health Care Needs (CSHN), Children in Substitute Care (Sub Care).

There currently are three (3) MCOs that are contracted with EOHHS to provide care to RI managed Medicaid members: Neighborhood Health Plan of RI (NHPRI), Tufts Health RITogether (THRIT) and United Healthcare Community Plan (UHCP-RI). NHPRI continues to be the only managed care organization that services both the RIte Care for Children in Substitute Care populations.

Beginning Q1 2021, RIte Smiles, RI EOHHS Dental program for children and young adults, will be submitted with RI Medicaid Managed Care Appeals and Grievance 1115 Waiver Report.

*Of note the State of Rhode Island was functioning under a Public Health Emergency due to the novel coronavirus. The decrease in number of appeals and grievances, specifically requests for external appeals, was experienced across all Plans.

JANUARY – MARCH 2020

I. Neighborhood Health Plan of Rhode Island (NHPRI)
QUARTERLY REPORT Q4_2020 – Appeals, Grievances and Complaints

NHP Quarterly Report Q1 2020_ Prior Authorization Requests

	RIte Care	(AE)*	CSN	(AE)	RHP	(AE)	RHE	(AE)	SubCare (NHP Only)
Prior Authorization Requests	7,300	1,505	3,582	6,507	324				
Concurrent Authorization Requests	1,865	472	1,006	1,912	291				

*(AE) represents authorization requests submitted by cohort

NHP Quarterly Report Q1 2020_APPEALS

Summary

253 appeals in Q1 2020 represents 54% increase in appeal rate per 1000 members from Q4 2019. Membership has decreased quarter over quarter which attributed the increase rate per thousand members.

NHP subcontracts to OPTUM for BH and eviCore for high end radiological diagnostics, both entities conduct internal appeals.

43 OPTUM Appeals in Q1 2020 represent an appeal rate 1.2/1000 members.
195 eviCore appeals in Q1 2020 represent an appeal rate of 1.33/1000members.

Appeals Internal	RIte Care	CSN	RHP	RHE	SubCare
Standard	112	145	101	158	4
% Overturned	71%	17%	51%	63%	75%
Expedited	0	5	8	14	8
% Overturned	0%	20%	25%	93%	63%
State Fair Hearing – External	**RIte Care**	**CSN**	**RHP**	**RHE**	**SubCare**
Standard	4	0	10	31	0
% Overturned	25%	0%	20%	0%	0%
Expedited	0	0	0	0	0
% Overturned	0%	0%	0%	0%	0%

*quarterly appeal rate = appeals per 1000/members

NHP Quarterly Report Q1 2020_GRIEVANCES

Summary

Of the 48 Grievances/Complaints submitted in Q1 2020; 16.6 % represented issues of quality of care; 14.8 were issues of access to care. There has been no change intends from Q4 2019 to Q1 2020.

	RIte Care	CSN	RHP	RHE	SubCare	AE
Number of Grievances	8	0	11	7	0	5
Number of Complaints	8	0	5	0	0	4
Total	16	0	16	7	0	9

II. Tufts Health RITogether (THRIT)
QUARTERLY REPORT Q1_2020 – Appeals, Grievances and Complaints

THPP Quarterly Report Q1 2020_Prior Authorization Requests

	RIte Care	**CSN**	**RHP**	**RHE**	**(AE)***
Prior Authorization Requests	210	0	0	0	27
Concurrent Authorization Requests	36	0	0	4	0

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

THPP Quarterly Report Q1 2020_APPEALS

Summary

Quarter 1 2020 total rate of appeals (total 10), represent a slight uptick in a Appeals by member/provider (on behalf of member) since Q4 2019. The increase in appeals is commensurate to the steady increase in THP membership. The highest percentage of appeals represent denial of high-end radiology diagnostics.

Appeals Internal	**RIte Care**	**CSN**	**RHP**	**RHE**
Standard	1	0	0	0
% Overturned	0%	0%	0%	0%
Expedited	2	0	6	1
% Overturned	0%	0%	33%	0%

State Fair Hearing – External	**RIte Care**	**CSN**	**RHP**	**RHE**
Standard	N/A	N/A	N/A	N/A
% Overturned	0%	0%	0%	0%
Expedited	N/A	N/A	N/A	N/A
% Overturned	0%	0%	0%	0%

THPP Quarterly Report Q1 2020_GRIEVANCES

Summary

The 2 grievances submitted by members represented issue with timely access to BH provider.

	RIte Care	CSN	RHP	RHE	AE
Number of Grievances	0	0	2	0	
Number of Complaints	0	0	0	0	
Total	0	0	2	0	

III. United Healthcare Community Plan – Rode Island (UHCP-RI) Quarterly Report Q1_2020 – Appeals, Grievances and Complaints

UHC Quarterly Report Q1 2020_Prior Authorization Requests

	RIte Care	**(AE)***	**CSN**	**(AE)**	**RHP**	**(AE)**	**RHE**	**(AE)**
Prior Authorization Requests	4,580	235	442	34	3,075	118	5,976	211
Concurrent Authorization Requests	992	18	106	0	856	57	1,358	51

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

UHC QUARTERLY REPORT Q1 2020_APPEALS

Summary

Quarter 1 2020 appeal rate of 2.20 (# of appeals per 1000/members) represents slight decrease in overall appeal rate from last quarter, a slight increase (.26) from Q1 2019 and a decrease of 0.05 from Q4 2019.

Appeals Internal	**RIte Care**	**CSN**	**RHP**	**RHE**
Standard	18	2	20	49
% Overturned	72%	50%	80%	67%
Expedited	32	1	21	40
% Overturned	84%	100%	81%	90%
State Fair Hearing – External	**RIte Care**	**CSN**	**RHP**	**RHE**
Standard	0	0	0	0
% Overturned	0%	0%	0%	0%
Expedited	0	0	0	0
% Overturned	0%	0%	0%	0%

UHC Quarterly Report Q1 2020_GRIEVANCES

Summary

Of the 45 Grievances/Complaints submitted in Q1 2020; 36 represented issues with balance billing, this represents 80% of all member grievances and complaints This trend continues to represent the majority of member grievances/complaints as compared to Q4 2019. Access to in-network pain management and BH provider follows at 11.11 %.

	RIte Care	CSN	RHP	RHE	AE
Number of Grievances	8	0	11	7	5
Number of Complaints	8	0	5	0	4
Total	16	0	16	7	9

APRIL – JUNE 2020

I. Neighborhood Health Plan of Rhode Island (NHPRI)
QUARTERLY REPORT Q2_2020 – Appeals, Grievances and Complaints

NHPRI Quarterly Report Q2 2020_Prior Authorization Requests

	RIte Care	(AE)*	CSN	(AE)	RHP	(AE)	RHE	(AE)	SubCare (NHP Only)
Prior Authorization Requests	4,918	N/A	3,582 961	N/A	2,665	N/A	5,508	N/A	230
Concurrent Authorization Requests	4,918	N/A	388	N/A	807	N/A	1,467	N/A	382

*(AE) represents authorization requests submitted by cohort
NHPRI reported Prior Authorizations based cohort, PAs not reported based on AE attribution

NHPRI Quarterly Report Q2 2020_APPEALS

Appeals Internal	RIte Care	CSN	RHP	RHE	SubCare
Standard	60	87	2	125	0
% Overturned	33%	80%	50%	65%	0%
Expedited	3	4	2	6	2
% Overturned	67%	75%	100%	0%	0%
State Fair Hearing – External	**RIte Care**	**CSN**	**RHP**	**RHE**	**SubCare**
Standard	3	4	0	26	0
% Overturned	67%	75%	N/A	31%	N/A
Expedited	0	0	0	0	0
% Overturned	0%	0%	N/A	N/A	N/A

*quarterly appeal rate = appeals per 1000/members
% Overturned = service denial decision not upheld in appeal

Summary

The Q2 2020 appeal rate is 0.26/1000 members, representing a 29% decrease in clinical appeals from Q1 2020
NHPRI subcontracts to OPTUM for BH and eviCore for high end radiological diagnostics, both entities conduct internal appeals.

NHPRI Quarterly Report Q1 2020_GRIEVANCES

	RIte Care	CSN	RHP	RHE	SubCare	AE
Number of Grievances	3	0	8	8	0	4
Number of Complaints	7	0	10	10	1	1
Total	10	0	18	18	1	5

Summary

Of the 52 Grievances/Complaints submitted in Q2 2020; 9.62% of grievances/ complaints represents access to care issues attributed to AEs

II. Tufts Health RITogether (THRIT)
QUARTERLY REPORT Q2_2020 – Appeals, Grievances and Complaints

THPP Quarterly Report Q2 2020_Prior Authorization Requests

	RIte Care	**CSN**	**RHP**	**RHE**	**(AE)***
Prior Authorization Requests	193	0	375	0	0
Concurrent Authorization Requests	15	0	24	0	0

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

THPP Quarterly Report Q2 2020_APPEALS

Appeals Internal	**RIte Care**	**CSN**	**RHP**	**RHE**
Standard	1	0	3	0
% Overturned	100%	0%	0%	0%
Expedited	0	0	1	0
% Overturned	0%	0%	33%	0%
State Fair Hearing – External	**RIte Care**	**CSN**	**RHP**	**RHE**
Standard	N/A	N/A	N/A	N/A
% Overturned	0%	0%	0%	0%
Expedited	N/A	N/A	N/A	N/A
% Overturned	0%	0%	0%	0%

Summary

Quarter 2 2020 total rate of appeals (total 5), represent a decrease in an Appeals by member/provider (on behalf of member) since QQ1 2020. The highest percentage of appeals represent denial of high-end radiology diagnostics.

THPP Quarterly Report Q 2 2020_GRIEVANCES and Complaints

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

Summary

THPP reported zero (0) Complaints or Grievances for Q2 2020

III. United Healthcare Community Plan – Rode Island (UHCP-RI) Quarterly Report Q2_2020 – Appeals, Grievances and Complaints

UHCP-RI Quarterly Report Q2 2020_Prior Authorization Requests

	RIte Care	(AE)*	CSN	(AE)	RHP	(AE)	RHE	(AE)
Prior Authorization Requests	3,196	145	282	5	223	58	443	126
Concurrent Authorization Requests	794	14	84	0	685 -	114	1,080	50

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

UHCP-RI QUARTERLY REPORT Q2 2020_APPEALS

Appeals Internal	**RIte Care**	**CSN**	**RHP**	**RHE**
Standard	33	0	13	48
% Overturned	91%	N/A	70%	73%
Expedited	11	4	21	39
% Overturned	91%	50%	76%	95%
State Fair Hearing – External	**RIte Care**	**CSN**	**RHP**	**RHE**
Standard	0	1	21	48
% Overturned	N/A	N/A	60.3%	73%
Expedited	0	0	16-	39
% Overturned	N/A	N/A	76%	95%

Summary

Quarter 2 2020 appeal submission rate represents an increase of 4% over Q1 2020, noting the majority of appeals represented requests and denials for high end radiology.

UHCP-RI Quarterly Report Q2 2020_GRIEVANCES

	RIte Care	CSN	RHP	RHE	AE
Number of Grievances	3	0	2	7	N/A
Number of Complaints	22	0	2	11	N/A
Total	25	0	4	18	N/A

Summary

Of the 47 Grievances/Complaints submitted in Q2 2020; The majority of member grievances/complaints as compared to Q1 2020 concerned issues of balance billing and access to in network pain management. Four (4) quality and access to care grievances were attributed to two (2) contracted Accountable Entities (AE).

JULY – SEPTEMBER 2020

I. Neighborhood Health Plan of Rhode Island (NHPRI)
QUARTERLY REPORT Q3_2020 – Appeals, Grievances and Complaints

NHPRI Quarterly Report Q3 2020_Prior Authorization Requests

	RIte Care	(AE)*	CSN	(AE)	RHP	(AE)	RHE	(AE)	SubCare (NHP Only)
Prior Authorization Requests	6191	N/A	1244	N/A	3044	N/A	7198	N/A	260
Concurrent Authorization Requests	1607	N/A	381	N/A	888	N/A	1967	N/A	256

*(AE) represents authorization requests submitted by cohort; PAs not reported based on AE attribution

NHPRI Quarterly Report Q3 2020_APPEALS

Appeals Internal	RIte Care	CSN	RHP	RHE	SubCare
Standard	85	6	46	79	1
% Overturned	56%	100%	72%	67%	100%
Expedited	3	0	6	4	0
% Overturned	67%	N/A	100%	100%	N/A
State Fair Hearing – External	**RIte Care**	**CSN**	**RHP**	**RHE**	**SubCare**
Standard	3	0	8	5	0
% Overturned	100%	N/A	1%	20%	N/A
Expedited	0	0	1	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

The Q3 2020 appeal rate is 0.26/1000 members, representing a 46% decrease in clinical appeals from Q2 2020. NHPRI subcontracts to OPTUM (representing 3 clinical appeals in Q3) for BH and eviCore (representing 148 appeals in Q3) for high-end radiological diagnostics, both entities conduct internal appeals.

NHPRI Quarterly Report Q1 2020_GRIEVANCES

	RIte Care	CSN	RHP	RHE	SubCare	AE
Number of Grievances	4	0	8	2	0	5
Number of Complaints	5	0	13	11	0	0
Total	9	0	21	13	0	5

Summary

Of the 48 Grievances/Complaints submitted in Q3 2020; 10.42% of grievances/ complaints represents access to care issues attributed to AEs

II. Tufts Health RITogether (THRIT)
QUARTERLY REPORT Q3_2020 – Appeals, Grievances and Complaints

THPP Quarterly Report Q3 2020_Prior Authorization Requests

	RIte Care	**CSN**	**RHP**	**RHE**	**(AE)***
Prior Authorization Requests	261	0	123	0	N/A
Concurrent Authorization Requests	93	0	24	115	0

* (AE) represents authorization requests submitted by cohort members attributed to an AE; THP does not participate in the AE program at this time

THRIT Quarterly Report Q2 2020_APPEALS

Appeals Internal	**RIte Care**	**CSN**	**RHP**	**RHE**
Standard	2	0	0	0
% Overturned	50% %	N/A	N/A	N/A
Expedited	4	0	5	0
% Overturned	50%	N/A	60%	N/A
State Fair Hearing – External	**RIte Care**	**CSN**	**RHP**	**RHE**
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

Q3 2020 total rate of appeals (total 11), represent a slight increase in an Appeals by member/provider (on behalf of member) since Q2 2020. The highest percentage of appeals represent denial of medications.

THRIT Quarterly Report Q 3 2020_GRIEVANCES and Complaints

	RIte Care	CSN	RHP	RHE	AE
Number of Grievances	0	0	1	0	N/A
Number of Complaints	0	0	0	0	N/A
Total	0	0	1	0	N/A

Summary

THPP reported one (1) Complaints or Grievances for Q3 2020

III. United Healthcare Community Plan – Rode Island (UHCP-RI) Quarterly Report Q3_2020 – Appeals, Grievances and Complaints

UHCP-RI Quarterly Report Q1 2020_Prior Authorization Requests

	RIte Care	**(AE)***	**CSN**	**(AE)**	**RHP**	**(AE)**	**RHE**	**(AE)**
Prior Authorization Requests	1825	220	320	19	2616	101	5711	212
Concurrent Authorization Requests	214	6	53	0	375	1	780	3

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

UHCP-RI QUARTERLY REPORT Q3 2020_APPEALS

Appeals Internal	**RIte Care**	**CSN**	**RHP**	**RHE**
Standard	29	0	18	32
% Overturned	79%	N/A	78%	88%
Expedited	9	0	20	29
% Overturned	89%	N/A	90%	86%

State Fair Hearing – External	RIte Care	CSN	RHP	RHE
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

Q3 2020 appeal submission rate decreased by 19% when compared to Q2 2020, noting the majority of appeals represented requests and denials for high-end radiology.

UHCP-RI Quarterly Report Q3 2020_GRIEVANCES

	RIte Care	CSN	RHP	RHE	AE
Number of Grievances	4	0	4	8	N/A
Number of Complaints	14	0	2	8	N/A
Total	18	0	6	16	N/A

Summary

Of the (four) 4 Grievances/Complaints submitted in Q3 2020, the majority of member grievances/complaints in Q3 2020 concerned issues of balance billing and access to in network pain management. Issues of balance billing continues to be a significant source of member dissatisfaction. Twenty-two percent (22%) of the 40 grievances were due to balance billing issues.

OCTOBER – DECEMBER 2020

IV. Neighborhood Health Plan of Rhode Island (NHPRI)
QUARTERLY REPORT Q4_2020 – Appeals, Grievances and Complaints

NHPRI Quarterly Report Q4 2020_Prior Authorization Requests

	RIte Care	(AE)*	CSN	(AE)	RHP	(AE)	RHE	(AE)	SubCare (NHP Only)
Prior Authorization Requests	5148	N/A	375	N/A	2810	N/A	6742	N/A	225
Concurrent Authorization Requests	1552	N/A	318	N/A	3607	N/A	1823	N/A	234

*(AE) represents authorization requests submitted by cohort
NHPRI reported Prior Authorizations based cohort, PAs not reported based on AE attribution

NHPRI Quarterly Report Q4 2020_Appeals

Appeals Internal	RIte Care	CSN	RHP	RHE	SubCare
Standard	71	3	64	130	3
% Overturned	58%	67%	50%	46%	33%
Expedited	4	3	1	13	3
% Overturned	100%	33%	100%	23%	0%
State Fair Hearing – External	**RIte Care**	**CSN**	**RHP**	**RHE**	**SubCare**
Standard	0	0	10	13	0
% Overturned	N/A	N/A	17%	15%	N/A
Expedited	0	0	1	0	0
% Overturned	N/A	N/A	N/A	N/A	N/A

*quarterly appeal rate = appeals per 1000/members
% Overturned = service denial decision not upheld in appeal

Summary

In summary, Quarter 4 2020NHPRI Appeals Totals are as follows;271 internal (standard) Appeals, 1 internal (expedited) Appeal, 23 State Fair Hearings (standard); 1 State Fair hearing(expedited).

Compared to Q2 and Q3, there was a slight uptick in appeal rate per 1000/members in Q4 2020. As a result of decreased overall service utilization during the national public health emergency, Q2 and Q3 2020 had a lower-than-normal appeal submission. Member utilization of services increased incrementally over Q4.

NHPRI Quarterly Report Q4 2020_GRIEVANCES

	RIte Care	CSN	RHP	RHE	SubCare	AE
Number of Grievances	3	0	4	7	0	3
Number of Complaints	13	2	18	12	0	0
Total	16	2	22	19	0	3

Summary

In Quarter 4 2020: NHPRI Grievance/Complaints reported a total of 62 grievances and/or complaints. Fifteen (15) grievances submitted represented member dissatisfaction with quality or access to care. As with member appeal submissions, there was a slight uptick in Q4 of submitted grievances and complaints.

V. Tufts Health RITogether (THRIT)

QUARTERLY REPORT Q4_2020 – Appeals, Grievances and Complaints

THRIT Quarterly Report Q4 2020_Prior Authorization Requests

	RIte Care	**CSN**	**RHP**	**RHE**	**(AE)***
Prior Authorization Requests	289	0	706	0	N/A
Concurrent Authorization Requests	53	0	160	115	0

* (AE) represents authorization requests submitted by cohort members attributed to an AE
THRIT does not participate in the AE program at this time

THRIT Quarterly Report Q4 2020_Appeals

Appeals Internal	**RIte Care**	**CSN**	**RHP**	**RHE**
Standard	1	0	0	0
% Overturned	100%	N/A	N/A	N/A
Expedited	1	0	0	0
% Overturned	100%	N/A	N/A	N/A
State Fair Hearing – External	**RIte Care**	**CSN**	**RHP**	**RHE**
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

In summary Quarter 4, THRIT Appeals Totals are as follows 1 internal (standard) Appeal, 1 internal (expedited) Appeal, 0 State Fair Hearings (standard/expedited).

Compared to Q2 and Q3, there was a slight decrease appeal rate per 1000/members in Q4 2020. As a result of decreased overall service utilization during the national public health emergency, Q2, Q3 and Q4 2020 had a lower-than-normal appeal submission. Member utilization of services increased incrementally in Q4 over Q1-3.

THRIT Quarterly Report Q4 2020 GRIEVANCES and Complaints

	RIte Care	CSN	RHP	RHE	AE
Number of Grievances	0	0	1	0	N/A
Number of Complaints	0	0	1	0	N/A
Total	0	0	2	0	N/A

Summary

THPRIT reported a total of 2grievances and/or complaints. Both grievances/complaints submitted represented member dissatisfaction access to care.

VI. United Healthcare Community Plan – Rode Island (UHCP-RI) Quarterly Report Q 4_2020 – Appeals, Grievances and Complaints

UHCP-RI Quarterly Report Q4 2020_Prior Authorization Requests

	RIte Care	(AE)*	CSN	(AE)	RHP	(AE)	RHE	(AE)
Prior Authorization Requests	1980	221	162	19	1069	90	2601	98
Concurrent Authorization Requests	267	0	66	0	330 -	3	601	3

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

UHCP-RI QUARTERLY REPORT Q4 2020_APPEALS

Appeals Internal	RIte Care	CSN	RHP	RHE
Standard	45	7	31	22
% Overturned	55%	80%	74%	0%
Expedited	29	2	20	53
% Overturned	95%	100%	92%	76%
State Fair Hearing – External	**RIte Care**	**CSN**	**RHP**	**RHE**
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

In summary Quarter 4 2020, UHCP-RI Appeals Totals are as follows;105 internal (standard) Appeals, 104 internal (expedited) Appeal, 0 State Fair Hearings (standard/expedited).

Compared to Q2 and Q3, there was a slight increase in appeal rate per 1000/members in Q4 2020. Noting UHCP-RI had an increase in requested expedited appeals. As a result of decreased overall service utilization during the national public health emergency, Q2 and Q3 2020 had a lower-than-normal appeal submission. Member utilization of services increased incrementally over Q4 resulting in an increase in member appeals from previous quarters.

UHCP-RI Quarterly Report Q4 2020_GRIEVANCES

	RIte Care	CSN	RHP	RHE	AE
Number of Grievances	4	0	1	8	3
Number of Complaints	17	1	3	15	11
Total	25	1	4	23	14

Summary

UHCP-RI reported a total of 63 grievances and/or complaints. Thirty-five (35) grievances/complaints submitted represented member complaints of balance billing. This represents 55.56% of total complaints.

Consumer Advisory Committee (CAC)

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 six times in January 1 – December 31, 2020:

January meeting agenda

- Welcome and Introductions
- Review of November 14, 2019 Meeting Minutes
- 90-Day Letter Review
- Final Open Enrollment Results
- Return Mail Project Update
- Data Reports – Enrollment & Auto Assignment

March meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- Staffing Changes
- Overview of Governor's Medicaid Budget Proposals
- RIte Share Project Update
- Return Mail Project Update
- LTSS Renewal

May meeting agenda

- Welcome and Introductions
- Review of March 12, 2020 Meeting Minutes
- COVID-19 Updates
    - Terminations
    - Telehealth and Prior Authorizations
    - COVID-Testing
    - Transportation and Dental
- Return Mail Project Rollout
- Data Reports – Enrollment & Auto Assignment

July meeting agenda

- Welcome and Introductions
- Review of May 14, 2020 Meeting Minutes
- COVID-19 Updates
    - Telehealth and Prior Authorizations
    - COVID-Testing
    - Transportation
- Medicaid Change Plan Opportunity (Open Enrollment)
- Return Mail Project Rollout
- RIte Smiles Update
- Data Reports – Enrollment & Auto Assignment

September meeting agenda

- Welcome and Introductions
- Review of July 9, 2020 Meeting Minutes
- HSRI Updates
- COVID-19 Updates
    - Telehealth and Prior Authorizations
    - COVID-Testing
    - Transportation
- Medicaid Change Plan Opportunity (Open Enrollment)
- Return Mail Project Rollout
- Data Reports – Enrollment & Auto Assignment

November meeting agenda

- Welcome and Introductions
- Review of September 10, 2020 Meeting Minutes
- Medicaid Change Plan Opportunity (Open Enrollment)
- HSRI Updates
- COVID-19 Updates
    - Telehealth and Prior Authorizations
    - COVID-Testing
    - Transportation
- Address Change Project
- Data Reports – Enrollment & Auto Assignment
- MCO Reporting
- RIte Smiles Enrollment Update

Non-Emergency Medical Transportation (NEMT)

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 12 January 1 – December 31, 2020.

NEMT Analysis	DY 12 Q1	DY 12 Q2	DY 12 Q3	DY 12 Q4
All NEMT & Elderly Complaints	499	278	269	357
All NEMT & Elderly Trip Reservations	568,258	336,308	388,745	463,478
Complaint Performance	0.09 %	0.08 %	0.07 %	0.08%
Top 5 Complaint Areas	DY 12			
Transportation Provider No Show	**108 (1)**	**64 (1)**	**63 (1)**	**69 (1)**
Transportation Provider Late	88 (2)	31 (3)	24 (4)	28 (4)
Transportation Broker Client Protocols	44 (5)	39 (2)	38 (2)	27 (5)
Transportation Provider Behavior	62 (4)	31 (4)	33 (3)	61 (2)
Transportation Broker Processes	75 (3)	23 (5)	19 (5)	59 (3)

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 HeathSource 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 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 decline in monthly enrollment is likely due to natural churn, changes to Federal Poverty Level (FPL) guidelines, as well as a decrease in the number of new applications received by EOHHS—the last mass mailing to potentially-eligible applicants was done in September 2018. EOHHS is currently assessing whether to execute another mass mailing.

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	159	19	$ 43.26	$ 6,878.00	ACTUAL
February	119	(40)	$ 44.25	$ 5,266.00	ACTUAL
March	107	(12)	$ 44.31	$ 4,700.00	ACTUAL
April	136	29	$ 43.24	$ 5,880.00	ACTUAL
May	116	(20)	$ 44.98	$ 5,218.00	ACTUAL
June	116	-	$ 44.70	$ 5,185.00	ACTUAL
July	113	(3)	$ 44.87	$ 5,070.00	ACTUAL
August	103	(10)	$ 44.93	$ 4,628.00	ACTUAL
September	106	3	$ 45.05	$ 4,775.00	ACTUAL
October	97	(9)	$ 45.80	$ 4,443.00	ACTUAL
November	89	(8)	$ 45.43	$ 4,043.00	ACTUAL
December	92	3	$ 46.14	$ 4,245.00	ACTUAL

XI. Evaluation/Quality Assurance/Monitoring Activity

Identify, describe, and report the outcome of all major evaluation/quality assurance/monitoring activities in DY 12, January 1, 2020 – December 31, 2020.

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.

Areas of focus addressed during Q1:

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 of 2020:

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 of 2020:

Active Contract Management

During Q1, EOHHS and the three (3) medical MCOs, including NHPRI, UHCCP-RI, and THPP, built upon the progress made with respect to launching ongoing, active contract management (ACM), a strategic approach to evaluate how the State and medical MCOs collectively manage Medicaid members' care. Q1 ACM focused primarily on continued improvement of Accountable Entities (AE) attribution and PCP assignment; EOHHS directed the MCOs to prioritize correcting AE attribution.

Common MCO Oversight Updates

EOHHS and MCOs collaborated to develop a call center script to ensure MCOs acquire members' permission to provide updated demographic information to the State as part of the new Address Change Policy instituted. EOHHS rolled out a new newborn reconciliation process to ensure accuracy, prevent backlog, and effectuate more timely payments to MCOs. MCOs made significant progress toward EVV implementation, slated for a Q2 launch; they submitted 340B policies and procedures for compliance review and approval, as EOHHS continued technical implementation with DXC. EOHHS informed the MCOs that they will be responsible for FQHC wrap payments as of April 1. The 90-day letter and just-cause process EOHHS implemented in Q4 2019 functioned seamlessly throughout Q1.

COVID-19 Operational Oversight

As the COVID-19 public health crisis ramped up toward the conclusion of Q1, the MCOs swiftly exuded adaptability, cooperation, and compliance with Governor Raimondo's executive orders; MCOs operationalized the provision of telehealth services, submitted related marketing materials for escalated EOHHS approval, advanced provider payments, implemented remote call center operations, and participated in weekly check-in calls to ensure full transparency in real time.

Specific to the unique details of Q1 oversight pertaining to each MCO is outlined as follows:

Neighborhood Health Plan of Rhode Island (NHPRI)

- EOHHS requested that NHPRI collaborate with AEs to correct attribution for PY3, as attribution ties directly to total cost-of-care savings; NHPRI convened as part of an AE Work Group to prioritize and troubleshoot AE attribution and reconciliation.
- Analysis and corresponding discussions about the behavioral health transition to Optum centered around behavioral health claims denied; NHPRI kept EOHHS apprised about their ongoing efforts to remediate claims/coding issues related to the behavioral health transition to Optum, mainly involving FQHC providers.
- NHPRI signed a settlement concerning newborn reconciliations and payment.
- NHPRI will begin submitting secondary diagnosis codes for capitation rate-setting.
- EOHHS introduced forthcoming, mandatory reporting requirements for PASSR tracking.
- EOHHS submitted feedback to NHPRI concerning their 2019 appeals and grievance audit.
- NHPRI and EOHHS collaborated to develop a call center script to ensure NHPRI acquires members' permission to provide updated demographic information to the State.
- EOHHS imposed a corrective action plan upon NHPRI to address their call center deficiencies and inadvertent lack of transparency thereof.

UnitedHealthcare Community Plan (UHCCP-RI)

- UHC collaborated with Lifespan to launch the Home Asthma Response Program (HARP) Initiative, targeting high-ED and inpatient utilizers with pediatric asthma; Lifespan outreached to hundreds of members and has since begun providing services.
- UHC partnered with a technical, third-party organization to supply software needed to host a database to enable the convening of all community-based organizations to increase UHC's reach to engage formerly unengaged members who frequent shelters, food banks, and other communal support settings.
- Upon the National Housing First team engaging RI as a pilot state, UHC partnered with Crossroads Rhode Island to provide 10 housing units as part of a "Whole-person Care Plus" Program; UHC paid for the refurbishing of rooms they are leasing to house members of their homeless population.
- UHC featured a different story each monthly oversight meeting about a specific money with many comorbities whose life was both saved and positively changed in a sustainable way as the result of UHC's care management intervention.

- EOHHS did not approve UHC's paramedicine pilot program earlier in 2019; UHC was in discussions with Providence EMS and other related stakeholders to determine another angle to explore to decrease ED admissions and costs.

Tufts Health Public Plans (THPP)

- The encounter claims acceptance rate significantly increased to 95.5% as of the start of Q1.
- THPP presented a Population Health Segmentation & Stratification methodology as part of a new suite of population health analytic tools; THPP developed 20 learning models to predict distinct clinical complexity scores, including opportunity value, which enables the opportunity to reduce patients' medical cost.
- THPP made progress toward obtaining NCQA Accreditation, as well as toward adding one Walgreens close to a FQHC to their pharmacy network for ease of access.
- THPP informed EOHHS of their goal to evaluate provider satisfaction around different ways they interact with THPP so that THPP can identify areas of improvement; THPP will use this feedback to evaluate where they stand compared to other Medicaid plans.

UnitedHealthcare-Dental (UHC Dental)

- UHC began covering dental code D154, Caries Arresting Medicament Application, more commonly referred to as "Silver Diamine Fluoride," as a value-added benefit.
- UHC reported results from the Q4 2019 Sealant Pilot program, which identified 488 non-compliant 6-9-year-old members across 12 providers; preliminary analysis indicated statistically significant improvement in sealant application rates.
- UHC collaborated with Wells Fargo to develop a process for identifying claims processing failures at the transmission level to ensure more seamless claims transfers.
- UHC partnered with a children's museum and Pawtucket Boys and Girls Club to provide models and samples of sealants in observance of Children's Dental Health Month.

UHC participated in a recognition of the seventy-fifth (75th) anniversary of water fluoridation at the State House in February; this provided positive public relations and increased visibility of the RIte Smiles program. Every attending member of the House and Senate received a dental care packet that included information from Kids Count, plus a toothbrush.

<u>Areas of focus addressed during Q2:</u>

Specific to quality improvement and compliance, the following areas of focus were addressed during the cycle of oversight and administration meetings conducted during Quarter 2 of 2020:

<u>Active Contract Management</u>

During Q2, EOHHS and the three (3) medical MCOs, including NHPRI, UHCCP-RI, and THPP, built upon the progress made with respect to launching ongoing, active contract management

(ACM), a strategic approach to evaluate how the State and medical MCOs collectively manage Medicaid members' care. Q2 ACM focused primarily on continued improvement of Accountable Entities (AE) attribution and PCP assignment, and more pointedly prioritizing correct AE attribution and provider roster reconciliation. Specifically, the MCOs were tasked with tightening the variance between members attributed to a specific AE and those who visit their PCP at their attributed AE, versus elsewhere, so that EOHHS better understands where and how members receive services. As part of the collaborative ACM process, EOHHS updated the algorithm that was partially to blame for reconciliation inconsistencies.

Common MCO Oversight Updates

EOHHS successfully launched the new Demographic Change, Nursing Home Transition, and Provider Termination & Network Changes policies. MCOs continued progress toward EVV implementation. EOHHS communicated concerns from the Governor's office regarding the significant decline in children's immunizations and tasked MCOs with coordinating with providers to prioritize and submit plans for increasing well child visits and vaccinations ahead of the 2020-2021 school year. EOHHS facilitated meetings with each MCO and the State's actuary, Milliman, to review the SFY 2021 capitation rate development process and field MCOs' questions. EOHHS conducted a meeting with each MCO to discuss and answer questions about FQHC payment reconciliation.

COVID-19 Operational Oversight

As the number of positive cases and significant increase in hospitalizations peaked as a result of the COVID-19 public health crisis in early Q2, EOHHS continued to meet with MCOs weekly in to discuss planning and monitoring the ever-changing circumstances in real time. The MCOs acted in true partnership with EOHHS to ensure continuity of critical care and continued compliance with Governor Raimondo's executive orders. MCOs continuously monitored telehealth utilization, increased Medicaid enrollment, and provider relations and payments.

Specific to the unique details of Q2 oversight pertaining to each MCO is outlined as follows:

Neighborhood Health Plan of Rhode Island (NHPRI)

- Analysis and corresponding discussions about the behavioral health transition to Optum concluded at the end of Q2, as claims/coding issues had significantly decreased and the process was running as expected.
- EOHHS reviewed youth behavioral health emergency department visits and hospitalizations data, and asked NHPRI to identify both potential strategies for improving performance and corresponding metrics to track improvement on an ongoing basis.

UnitedHealthcare Community Plan (UHCCP-RI)

- UHCCP made significant progress toward their *Housing First* and *Whole Person Care Plus* initiatives, as UHCCP refurbished a building to provide parallel housing and tailored care management to select members.
- UHCCP collaborated with Optum and EOHHS regarding SART code and billing changes.

Tufts Health Public Plans (THPP)

- THPP received NCQA accreditation.
- The encounter claims acceptance rate increased from 95.5% in Q1 to 98% at the start of Q2 but finished Q2 at 95.7%.
- THPP added a Walgreens to their network.

UnitedHealthcare-Dental (UHC Dental)

- UHC Dental reported results from their sealant pilot program with the intent to resume program enhancements after the conclusion of the COVID-19 public health emergency. 35 members received sealant applications, representing approximately a 7% gap closure overall.
- UHC Dental presented their concept for a proposed member-facing mobile app.
- EOHHS and DXC kept UHC Dental apprised of system fixes to be applied to the monthly 834 eligibility file.
- UHC Dental monitored tele-dentistry code utilization, notably higher utilization of code D0120 during Q2.

Areas of focus addressed during Q3:

Specific to quality improvement and compliance, the following areas of focus were addressed during the cycle of oversight and administration meetings conducted during Quarter 3 (Q3) of 2020, the start of State Fiscal Year (SFY) 2021:

Active Contract Management

During Q3, EOHHS and the three (3) medical MCOs, including NHPRI, UHCCP-RI, and THPP, built upon the progress made with respect to launching ongoing, active contract management (ACM), a strategic approach to evaluate how the State and medical MCOs collectively manage Medicaid members' care. Q3 ACM focused primarily on continued improvement of Accountable Entities (AE) attribution and PCP assignment, and more pointedly prioritizing correct AE attribution and provider roster reconciliation. Specifically, the MCOs were tasked with continuing to tighten the variance between members attributed to a specific AE and those who visit their PCP at their attributed AE, versus elsewhere, so that EOHHS better understands where and how members receive services. At the end of Q3, attribution work focused on enhancing immunization rates among children. Additional focus was devoted to gathering race/ethnicity data to better understand and address health disparities during the public health emergency (PHE).

Common MCO Oversight Updates

EOHHS communicated concerns from the Governor's office regarding the significant decline in children's immunizations and tasked MCOs with coordinating with providers to prioritize and submit plans for increasing well child visits and vaccinations ahead of the 2020-2021 school year. MCOs were further tasked with submission of immunization data and reporting on

specific efforts to address the decline in immunizations and lead screening among children during the PHE.

Additionally, EOHHS successfully launched the Provider Termination & Network Changes policies, as well as updates to the process for reconciling newborn Medicaid members. EOHHS and our actuaries from Milliman reviewed SFY 2021 risk adjusted rates with each of the MCOs to ensure mutual understanding, answer clarification questions, and alleviate any concerns. MCOs continued progress toward EVV implementation in preparation for the mandatory January 2021 launch. EOHHS mandated that MCOs coordinate member care with peers as a result of CMS authorizing the implementation of peer recovery specialist coverage for the fee for service (FFS) population to prevent program integrity concerns.

COVID-19 Operational Oversight

As the number of positive cases and significant increase in hospitalizations continued to rise as a result of the COVID-19 public health crisis in Q3, EOHHS continued to meet with MCOs weekly in to discuss planning and monitoring the ever-changing circumstances in real time. The MCOs acted in true partnership with EOHHS to ensure continuity of critical care and continued compliance with Governor Raimondo's executive orders. MCOs continuously monitored telehealth utilization, increased Medicaid enrollment, and provider relations and payments. Further focus was devoted to health disparities; interpreter services and gathering utilization data pertaining to immunizations, lead screening and race/ethnicity.

Specific to the unique details of Q3 oversight pertaining to each MCO is outlined as follows:

Neighborhood Health Plan of Rhode Island (NHPRI)

- Discussion and analysis of AE attribution and reconciliation occurred between EOHHS and NHP during Q3.
- NHP conducted CAHPS 2020 Medicaid Adult Survey.
- AE attribution work, as part of ACM, was transitioned to work on enhancing immunization rates for children at end of Q3.

UnitedHealthcare Community Plan (UHCCP-RI)

- UHCCP-RI ("UHC") care management team and housing specialist identified five members who would be placed in the Housing Pilot launched in partnership between UHC and Crossroads Rhode Island. These high-utilizer members that had incurred more than $1MM annually, attributed mostly to homelessness and hospitalizations, were placed in the newly renovated apartments and provided ongoing care management and daily monitoring by UHC's housing specialist.
- As part of the FQHC Transformation Investment Program, UHC invested funding in FQHC quality improvement initiatives focused on SDOH and the PHE, including telemedicine, digital engagement for the patient population, and increased testing capabilities, as well as initiatives focused on improving immunization rates and well-child follow-up visits.

- EOHHS met on many occasions with UHC to resolve SART billing changes associated with provider billing type issues, eligibility and enrollment rules by Medicaid sub-population, Durable Medical Equipment (DME) Policy questions, and skilled nursing facility (SNF) eligibility.

Tufts Health Public Plans (THPP)

- THPP began a project with the American Heart Association to conduct blood pressure screenings for members living in Central Falls.
- THPP successfully conducted system migration. No significant claims/member/provider issues were identified.
- THPP continued to work satisfactorily with EOHHS to address encounter claims submission.

UnitedHealthcare-Dental (UHC Dental)

- Resulting from the procurement results established in Q2, the newly executed contract with incumbent vendor UHC Dental was effectuated on July 1, which marked the launch of the contract readiness period. UHC Dental assigned a dedicated readiness project manager and submitted a comprehensive work plan that included readiness milestones reviewed at weekly readiness meetings.
- UHC Dental continued providing tele-dentistry services in accordance with the Governor's PHE Executive Order; they presented tele-dentistry utilization updates at monthly oversight meetings.
- UHC Dental worked with their contracted provider offices to ensure they were equipped with adequate PPE, that waiting rooms were retrofitted to accommodate social-distancing measures, and that COVID-19 screening process plans were in place for both office staff and patients, as part of the Governor's phased Reopening Rhode Island plan requirements. This also included plans for non-surgical management of caries and limiting aerosol procedures.
- UHC Dental submitted policies and procedures, as well as member-facing marketing materials and the member handbook for compliance review and approval.
- EOHHS introduced ACM objectives and expectations; UHC Dental submitted a proposed ACM strategy. EOHHS also introduced the concept and objectives of alternative payment methodologies (APM) and tasked UHC Dental with strategizing internally before submitting a proposed APM plan.
- EOHHS introduced the Health System Transformation Project (HSTP) and Accountable Entity (AE) programs to encourage and emphasize the need for better integration and care coordination between medical Medicaid MCOs and UHC Dental.

<u>Areas of focus addressed during Q4:</u>

Specific to quality improvement and compliance, the following areas of focus were addressed during the cycle of oversight and administration meetings conducted during Quarter 4 (Q4) of 2020, the second quarter of State Fiscal Year (SFY) 2021:

Active Contract Management

During Q4, EOHHS and the three (3) medical MCOs, including NHPRI, UHCCP-RI, and THPP, built upon the progress made with respect to launching ongoing, active contract management (ACM), a strategic approach to evaluate how the State and medical MCOs collectively manage Medicaid members' care.

While NHPRI and UHCCP continued to focus on the improvement of Accountable Entities (AE) attribution and PCP assignment, Q4 ACM focused on enhancing the rates of both well child visits and childhood immunization rates as the utilization of timely immunizations was alarmingly low, year over year, due to provider offices closing and other constraints posed by the public health emergency (PHE). MCOs continued to submit immunization 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.

EOHHS distributed a new reporting calendar to enhance data collection and utilization across the three (3) medical MCOs and UHC Dental, while also introducing a new process focused on members who continuously missed non-emergency medical transportation (NEMT) missed 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 in preparation for the mandatory January 2021 launch. EOHHS issued a new Address Change Policy to improvement management of Medicaid member demographic information. EOHHS monitored telehealth utilization and fielded questions related to code modifiers, billing, and logistical questions and concerns at each oversight meeting.

In preparation for the impending FDA-authorization of COVID-19 vaccines, EOHHS tasked MCOs with drafting preliminary, but comprehensive, strategic vaccination promotion and distribution plans to be updated bi-weekly to ensure readiness for when the COVID-19 vaccine(s) were available to the Medicaid population. MCOs' COVID-19 vaccination plans were largely built upon the foundational best practices of their flu approach, focusing on education and proactively addressing known vaccine hesitancies among the Medicaid population. MCOs were directed to ensure social determinants of health (SDOH) were considered as part of every component of their respective strategies submitted.

Specific to the unique details of Q4 oversight, pertaining to each MCO, is outlined as follows:

Neighborhood Health Plan of Rhode Island (NHPRI)

- Related to the childhood immunizations campaign to increase utilization that was alarmingly low during the COVID-19 outbreak surge in 2020, NHPRI made significant progress. The greatest increase in utilization was 17-year-olds, whereas the smallest was among 2-year-olds. Rates for Children with Special Needs and Children in

Substitute Care were higher than rates for children in RIte Care for all age groups except 2-year-olds. NHPRI's targeted interventions also improved the utilization in lead screenings for children.

UnitedHealthcare Community Plan (UHCCP-RI)

- Resulting from the childhood vaccination initiative, UHCCP-RI ("UHC") data indicated they had surpassed the 2019 immunization HEDIS rates but saw a six percent (6%) decrease in lead screenings.
- UHCCP-RI ("UHC") made significant strides as part of their Housing Pilot program, in collaboration with Crossroads Rhode Island. The pilot focused on high-ED utilizers that incurred more than one million dollars ($1MM) in ED claims annually, mostly attributed to homelessness and in-patient hospitalizations. UHC refurbished a multi-family home that included ten filled units. Since these respective members moved into their new domicile, eighty percent (80%) had established a PCP, and UHC saw a fifty percent (50%) decrease in ED utilization among the cohort.

Tufts Health Public Plans (THPP)

- THPP collaborated with KIDSNET to integrate missing data related to the childhood immunization efforts.
- THPP continued to work satisfactorily with EOHHS to address encounter claims submission, noting continued improvement month over month, reaching a 91.6 percent acceptance rate by the end of Q4.
- THPP was engaged multiple external activities in Massachusetts related to telehealth and health disparities that could be adopted in Rhode Island. In particular, the Massachusetts attorney general released a racial equity report with five (5) areas of focus; one of which included telehealth.

UnitedHealthcare-Dental (UHC Dental)

- UHC Dental implemented a work group and several coinciding initiatives to support their ACM strategy aimed at fostering alignment and collaboration toward reducing healthcare disparities for RIte Smiles members while increasing utilization preventative dental services by RIte Smiles members in accordance with CMS' PDENT-CH measures. To support oversight of this ACM initiative, EOHHS' internal ACM group is building a dashboard based off claims data to measure trends in the level of preventive care received month over month.
- EOHHS directed UHC Dental to develop innovative techniques for improving access to and increasing utilization of preventive dental visits, despite the lack of in-person promotional opportunities. UHC dental sent quarterly reports to providers, instituted robo-call outreach to members who missed visits, developed and distributed a mailer, and collaborated with a Latino newspaper to educate members that dental offices are safe as long as social distancing and mask wearing were followed.

- As part of a new contract requirement for the RIte Smiles vendor to prioritize implementation of a value-based, pay-for-performance model, UHC Dental submitted their proposed strategy to use the DCOR report, which includes members who have not had a dental appointment in the past 12-18 months. UHC's approach aims to incentivize provider participation and require them to improve by twenty-five percent (25%) in each category. Providers who improve in only one category will receive an incentive payment, as to not deter participation/penalize them.
- UHC Dental collaborated with medical MCOs to focus improving pediatric dental providers' access to operating room settings throughout Rhode Island to improve access to pediatric oral surgery services for children who must be treated under general anesthesia.
- 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 10 2018 YTD	DY 11 2019 YTD	DY 12 Q1 CY 2020	DY 12 Q2 CY 2020	DY 12 Q3 CY 2020	DY 12 Q4 CY 2020	DY 12 2020 YTD
ABD Adults No TPL	$568,983,280	$574,880,496	$147,272,121	$ 140,266,674	$ 135,483,219	$ 135,116,316	$ 558,138,330
ABD Adults TPL	$1,489,697,426	$1,515,340,208	$382,344,144	$ 388,607,760	$ 399,010,944	$ 400,348,164	$ 1,570,311,012
RIte Care	$1,112,899,194	$1,124,280,008	$282,789,741	$ 289,681,821	$ 297,376,144	$ 303,909,567	$ 1,173,757,273
CSHCN	$493,100,361	$501,135,222	$132,875,424	$ 131,883,224	$ 134,509,848	$ 136,855,048	$ 536,123,544
TOTAL	$3,664,680,261	$3,715,635,934	**$945,281,430**	**$ 950,439,479**	**$ 966,380,155**	$ 976,229,095	$ 3,838,330,159

With Waiver Total Expenditures

Medicaid Populations	DY 10 2018 YTD	DY 11 2019 YTD	DY 12 1st Qtr. CY 2020	DY 12 2nd Qtr. CY 2020	DY 12 3rd Qtr. CY 2020	DY 12 3rd Qtr. CY 2020	DY 12 2020 YTD
ABD Adults No TPL	$415,613,308	$460,321,375	$106,930,234	$ 92,219,357	$ 130,889,946	$ 97,139,620	$ 427,179,157
ABD Adults TPL	$725,296,165	$734,710,806	$138,778,027	$ 120,030,301	$ 138,020,836	$ 119,925,915	$ 516,755,079
RIte Care	$549,821,243	$541,942,931	$123,602,300	$ 83,602,889	$ 198,262,549	$ 148,359,877	$ 553,827,615
CSHCN	$182,172,130	$180,061,061	$47,981,502	$ 35,466,680	$ 52,598,849	$ 43,304,300	$ 179,351,331
Excess Spending: Hypothetical	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Excess Spending: New Adult Group	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CNOM Services	$9,347,322	$34,827,736	$2,471,567	$ 1,916,974	$ 1,895,190	$ 2,053,280	$ 8,337,011
TOTAL	$1,882,250,168	$1,951,863,909	**$419,763,630**	**$ 333,236,201**	**$ 521,667,370**	**$ 410,782,992**	**$ 1,685,450,193**
Favorable / (Unfavorable) Variance	$1,782,430,093	$1,763,772,025	$525,517,800	$ 617,203,278	$ 444,712,785	$ 565,446,103	$ 2,152,879,966
Budget Neutrality Variance (DY 1-5)							
Cumulative Bud. Neutrality Variance	**$9,384,191,371**	**$11,147,963,396**	**$525,517,800**	**$ 1,142,721,078**	**$ 1,587,433,862**	**$ 2,152,879,966**	**$ 13,300,843,361**

Budget Neutrality Table I

HYPOTHETICALS ANALYSIS

Without Waiver Total Exp.	2018 YTD	2019 YTD
217-like Group	$ 220,425,660	$ 225,235,256
Family Planning Group	$ 206,839	$ 316,416
TOTAL	$ 220,632,499	$ 225,551,672

1st Qtr. CY 2020	2nd Qtr. CY 2020	3rd Qtr. CY 2020	4th Qtr. CY 2020	2019 YTD
$ 58,987,503	$ 59,614,335	$ 59,614,335	$ 58,900,443	$ 237,116,616
$ 88,775	$ 92,025	$ 88,325	$ 84,850	$ 353,975
$ 59,076,278	$ 59,706,360	$ 59,702,660	$ 58,985,293	$ 237,470,591

With-Waiver Total Exp.	2018 YTD	2019 YTD
217-like Group	$ 197,290,254	$ 195,337,894
Family Planning Group	$ 116,238	$ 359,192
TOTAL	$ 197,406,492	$ 195,697,086

1st Qtr. CY 2020	2nd Qtr. CY 2020	3rd Qtr. CY 2020	4th Qtr. CY 2020	2019 YTD
$ 49,871,418	$ 50,514,886	$ 48,910,935	$ 49,898,489	$ 199,195,728
$ 63,358	$ 66,356	$ 219,484	$ 57,027	$ 406,225
$ 49,934,776	$ 50,581,242	$ 49,130,419	$ 49,955,516	$ 199,601,953

Excess Spending	2018 YTD	2019 YTD
217-like Group	$ (23,135,406)	$ (29,897,362)
Family Planning Group	$ (90,601)	$ 42,776
TOTAL	$ (23,226,007)	$ (29,854,586)

1st Qtr. CY 2020	2nd Qtr. CY 2020	3rd Qtr. CY 2020	4th Qtr. CY 2020	2019 YTD
$ (9,116,085)	$ (9,099,449)	$ (10,703,400)	$ (9,001,954)	$ (37,920,888)
$ (25,417)	$ (25,669)	$ 131,159	$ (27,823)	$ 52,250
$ (9,141,502)	$ (9,125,118)	$ (10,572,241)	$ (9,029,777)	$ (37,868,638)

LOW INCOME ADULT ANALYSIS

Low-Income Adults (Expansion)	2018 YTD	2019 YTD
Without Waiver Total Exp.	$875,438,550	$880,767,360
With-Waiver Total Exp.	$449,618,448	$449,459,249
Excess Spending	($425,820,102)	($431,308,111)

1st Qtr. CY 2020	2nd Qtr. CY 2020	3rd Qtr. CY 2020	4th Qtr. CY 2020	2019 YTD
$221,653,482	$ 239,407,434	$ 255,228,630	$ 270,861,948	$ 987,151,494
$114,828,698	$ 81,577,810	$ 189,125,377	$ 147,562,063	$ 533,093,948
($106,824,784)	$ (157,829,624)	$ (66,103,253)	$ (123,299,885)	$ (454,057,546)

Budget Neutrality Table II

Without-Waiver Total Expenditure Calculation

Actual Member Months	DY 10 2018 YTD	DY 11 2019 YTD	DY 12 1st Qtr. CY 2020	DY 12 2nd Qtr. CY 2020	DY 12 3rd Qtr. CY 2020	DY 12 4th Qtr. CY 2020	DY 12 2020 YTD
ABD Adults No TPL	$ 180,515	$ 174,842	$ 42,949	$ 40,906	$ 39,511	$ 39,404	$ 162,770
ABD Adults TPL	$ 418,102	$ 407,788	$ 98,644	$ 100,260	$ 102,944	$ 103,289	$ 405,137
RIte Care	$ 1,994,443	$ 1,925,137	$ 462,831	$ 474,111	$ 486,704	$ 497,397	$ 1,921,043
CSHCN	$ 150,657	$ 145,806	$ 36,828	$ 36,553	$ 37,281	$ 37,931	$ 148,593
217-like Group	$ 53,828	$ 53,348	$ 13,551	$ 13,695	$ 13,695	$ 13,531	$ 54,472
Low-Income Adult Group	$ 926,390	$ 889,664	$ 213,539	$ 230,643	$ 245,885	$ 3,394	$ 14,159
Family Planning Group	$ 8,993	$ 13,184	$ 3,551	$ 3,681	$ 3,533	$ 260,946	$ 951,013

Without Waiver PMPMs	DY 10 2018 YTD	DY 11 2019 YTD	DY 12 1st Qtr. CY 2020	DY 12 2nd Qtr. CY 2020	DY 12 3rd Qtr. CY 2020	DY 12 4th Qtr. CY 2020	DY 12 2020 YTD
ABD Adults No TPL	$ 3,152	$ 3,288	$ 3,429	$ 3,429	$ 3,429	$ 3,429	$ 3,429
ABD Adults TPL	$ 3,563	$ 3,716	$ 3,876	$ 3,876	$ 3,876	$ 3,876	$ 3,876
RIte Care	$ 558	$ 584	$ 611	$ 611	$ 611	$ 611	$ 611
CSHCN	$ 3,273	$ 3,437	$ 3,608	$ 3,608	$ 3,608	$ 3,608	$ 3,608
217-like Group	$ 4,095	$ 4,222	$ 4,353	$ 4,353	$ 4,353	$ 4,353	$ 4,353
Low-Income Adult Group	$ 945	$ 990	$ 1,038	$ 1,038	$ 1,038	$ 1,038	$ 1,038
Family Planning Group	$ 23	$ 24	$ 25	$ 25	$ 25	$ 25	$ 25

Without Waiver Expenditures	DY 10 2018 YTD	DY 11 2019 YTD	DY 12 1st Qtr. CY 2020	DY 12 2nd Qtr. CY 2020	DY 12 3rd Qtr. CY 2020	DY 12 4th Qtr. CY 2020	DY 12 2019 YTD
ABD Adults No TPL	$ 568,983,280	$ 574,880,496	$ 147,272,121	$ 140,266,674	$ 135,483,219	$ 135,116,316	$ 558,138,330
ABD Adults TPL	$ 1,489,697,426	$ 1,515,340,208	$ 382,344,144	$ 388,607,760	$ 399,010,944	$ 400,348,164	$ 1,570,311,012
RIte Care	$ 1,112,899,194	$ 1,124,280,008	$ 282,789,741	$ 289,681,821	$ 297,376,144	$ 303,909,567	$ 1,173,757,273
CSHCN	$ 493,100,361	$ 501,135,222	$ 132,875,424	$ 131,883,224	$ 134,509,848	$ 136,855,048	$ 536,123,544
217-like Group	$ 220,425,660	$ 225,235,256	$ 58,987,503	$ 59,614,335	$ 59,614,335	$ 58,900,443	$ 237,116,616
Low-Income Adult Group	$ 875,438,550	$ 880,767,360	$ 221,653,482	$ 239,407,434	$ 255,228,630	$ 270,861,948	$ 987,151,494
Family Planning Group	$ 206,839	$ 316,416	$ 88,775	$ 92,025	$ 88,325	$ 84,850	$ 353,975

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: _ *Katie Alijewicz*

Date: _6/10/21

XIII. State Contact(s)

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XIV. Date Submitted to CMS

6/14/2021