



Report to the Centers for Medicare and Medicaid Services

Quarterly Operations Report

Rhode Island Comprehensive

1115 Waiver Demonstration

DY16 Annual

January 1, 2024 – December 31, 2024

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

Submitted 3/31/25

I. Narrative Report Format

Rhode Island Comprehensive Section 1115

Demonstration Section 1115 Quarterly Report

Demonstration Reporting

Period: DY 16 January 1, 2024 – December 31, 2024

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 12-month 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. On February 6, 2020, CMS approved an Amendment to the demonstration, adding authority for Home Stabilization services and telephonic psychiatric consultation services. On September 12, 2023, CMS approved a temporary extension of the state’s demonstration through December 31, 2024, to allow the state and CMS to continue negotiations over the state’s demonstration extension application submitted on December 22, 2022. On March 21, 2024, CMS approved an Amendment to the demonstration, adding authority for personal care services in acute hospital settings and remote supports and monitoring as a new HCBS; expanding eligibility for HCBS waiver-like services for adults with disabilities at risk for long-term care; updating expenditure authority for pregnant individuals to reference 12-months post-partum coverage; changing provider education requirements for Home Stabilization services; and providing long-term approval of COVID-19 Attachment K HCBS flexibilities.

During 2024 Q1, Rhode Island made significant progress in several important areas, with some highlights here and full detail within the report:

- Health System Transformation Project:
 - Quality and Outcome targets for OPY/QPY7 were finalized.
- Modernizing Health and Human Services Eligibility Systems:
 - Between January 1 and March 30, 2024, the Medicaid Systems team and Deloitte implemented three (3) software releases to address 94 data fixes and 23 software enhancements for the RI Bridges eligibility system.
- Home and Community-Based Services Conflict-Free Case Management:
 - In January, the state posted final CFCM provider certification standards, responses to comments on the draft CFCM certification standards, and the CFCM provider application.
 - In February, EOHHS received four CFCM applications, three of which were from applicants that indicated they will support both EAD and DD clients.
 - The state developed and shared a plain language CFCM 1-Pager for participants, which was translated into 12 languages.
- Home and Community-Based Services Quality Improvement:
 - Project Governance Team: The Project Governance Team submitted for CMS approval a contract to allow the state to use the National Core Indicators-Aging and Disability (NCI-AD) survey for the EAD population.
 - Quality Improvement Team: The HCBS Provider Training was made available on a free platform for all RI Medicaid HCBS direct care providers and direct support professionals.
 - Data Analytics Subgroup: The CY2032 Q3 data call, which was sent to program offices in December, was received in a timely manner by January 16. The results were aggregated by the EOHHS data team and presented at the February meeting using the data dashboard.
- LTSS System Modernization: Phase II of the Wellsky single HCBS case management system went live in March and is functioning well.
- Home Stabilization: Three (3) new provider agencies became certified as Home Stabilization providers and two (2) agencies began billing for the first time.
- State Plan Amendments: EOHHS submitted four SPAs in Q1, one of which was approved in Q1.
- Rate Increases: An updated rate for Conflict-Free Case Management was approved in Q1.
- Other Programmatic Changes: New regulations for Self-Direction were finalized and became effective in Q1.

During 2024 Q2, Rhode Island made significant progress in several important areas, with some highlights here and full detail within the report:

- Health System Transformation Project:
 - PY7 AE re-certification approvals were completed.
 - PY5 TCOC Final Performance reports were finalized.

- Modernizing Health and Human Services Eligibility Systems:
 - Between April 1 and June 30, 2024, the Medicaid Systems team and Deloitte implemented three (3) software releases to address 113 system fixes and 30 software enhancements for the RI Bridges integrated eligibility system (IES).
- Home and Community-Based Services Conflict-Free Case Management:
 - Between April and June 2024, the EOHHS certified four CFCM agencies.
 - EOHHS received an additional three applications to become a certified CFCM provider.
- Home and Community-Based Services Quality Improvement:
 - Project Governance Team: The Project Governance Team received approval from CMS to begin utilizing the National Core Indicators-Aging and Disability (NCI-AD) survey for the EAD population.
 - Data Analytics Subgroup: The CY2023 Q4 data call, which was sent to program offices in March, was received in a timely manner by April 15. The results were aggregated by the EOHHS data team and were presented at the May meeting using the data dashboard.
- Home Stabilization: Home Tenancy providers reported that no beneficiaries were evicted throughout this quarter.
- State Plan Amendments: EOHHS submitted two SPAs in Q2. Four SPAs submitted in previous quarters were approved in Q2.
- Other Programmatic Changes: EOHHS posted new draft RIte @ Home Shared Living Program certification standards for public comment in April.

During 2024 Q3, Rhode Island made significant progress in several important areas, with some highlights here and full detail within the report:

- Health System Transformation Project:
 - Final OPY6 AE Outcome Measure performance reports were finalized.
- Modernizing Health and Human Services Eligibility Systems:
 - Between July 1 and September 30, 2024, the Medicaid Systems team and Deloitte implemented three (3) software releases to address 91 system fixes and 30 software enhancements for the RI Bridges integrated eligibility system (IES).
- Home and Community-Based Services Conflict-Free Case Management:
 - Between July and September 2024, the EOHHS certified four additional CFCM agencies, bringing the total to eight.
 - EOHHS posted the CFCM Program Manual in July 2024.
 - Certified agencies began receiving training on the state's LTSS case management platform.
- Home and Community-Based Services Quality Improvement:
 - Data Analytics Subgroup: The CY2024 Q1 data call, which was sent to program offices in June, was received in a timely manner by July 17. The results were aggregated by the EOHHS data team and were presented at the August meeting using the data dashboard.
- Home Stabilization: Two (2) new provider agencies became certified as Home Stabilization providers. The program surpassed a count of 1,000 total individuals having received prior

authorization for Home Find or Home Tenancy services.

- State Plan Amendments: EOHHS submitted seven SPAs in Q3, one of which was approved in Q3. Two SPAs submitted in previous quarters were approved in Q3.
- Rate Changes for Waiver Services: On August 16, 2024, EOHHS submitted a request to CMS to implement various rate increases for home and community-based services (HCBS) in response to a comprehensive Medicaid rate review conducted by the Rhode Island Office of the Health Insurance Commissioner (OHIC).
- Other Programmatic Changes: EOHHS posted a second draft of the Rite @ Home Shared Living Program certification standards for public comment in July.

During 2024 Q4, Rhode Island made significant progress in several important areas, with some highlights here and full detail within the report:

- Health System Transformation Project:
 - OPY7 Q2 AE Outcome Measure performance reports were completed.
 - PY7-PY8 Quality Implementation Manual and Quality Measure Specifications were updated for PY8 and distributed.
 - The PY7 RBPO Certification review process was completed.
- Modernizing Health and Human Services Eligibility Systems:
 - Between October 1 and December 31, 2024, the Medicaid Systems team and Deloitte implemented two (2) software releases to address 83 system fixes and 9 software enhancements for the RI Bridges integrated eligibility system (IES).
- Home and Community-Based Services Conflict-Free Case Management:
 - Certified agencies began completing Person-Centered Plans (PCPs) for both new referrals and existing participants.
 - The state developed and shared a PCP rubric.
- Home and Community-Based Services Quality Improvement:
 - Data Analytics Subgroup: The CY2024 Q2 data call, which was sent to program offices in September, was received in a timely manner by October 15. The results were aggregated by the EOHHS data team and were presented at the November meeting using the data dashboard.
- Home Stabilization: Two (2) new provider agencies became certified as Home Stabilization providers and one (1) agency began billing for the first time. Home Find services successfully found over 60 homes in Kent and Newport counties.
- State Plan Amendments: EOHHS submitted four SPAs in Q4, all of which remained pending in Q4. Six SPAs submitted in previous quarters were approved in Q4.
- Rate Changes for Waiver Services: On December 3, 2024, CMS approved the state's request to increase rates for certain HCBS according to the OHIC rate review.
- Other Programmatic Changes: On November 18, 2024, EOHHS hosted a Public Forum in order to afford the public an opportunity to provide comment on the progress of the Demonstration.

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.

Summary:

The number of current enrollees as of the last day of the month in the reported quarter (December 31, 2024) with eligibility for full benefits is **300,009**. This count does not include another 1,336 members with full benefits but are eligible under Rhode Island’s separate CHIP program (and not reflected in **Table III.1**). Nor does it include an additional **13,336** members with only limited Medicaid coverage including Medicare Savings Program Only.

This represents a 4.0% decrease in Medicaid enrollment (full benefits) over prior quarter. The decline is attributed to resumption of post eligibility verification checks against the entire enrolled population. This additional income verification of household incomes between their clients’ scheduled annual redetermination was reimplemented following the completion of Rhode Island’s “Unwinding” or “Return to Normal Operations” completed in Summer 2024.

Over the course of the Demonstration Year, a total of 44,154 lost coverage for full benefits—representing a reduction of 12.8% reduction over December 31, 2023.

Table III.1 Medicaid-Eligible Enrollment Snapshot as of Quarter-End (in Current DY) and Year-End

Snapshot	DY16								
	DY13	DY14	DY15	Mar-24	Jun-24	Sep-24	Dec-24	Δ Quarter	Δ YTD
01: ABD no TPL	15,625	15,515	16,611	17,134	17,321	17,695	17,974	279	1,363
02: ABD TPL	34,413	36,711	34,012	32,521	30,602	29,730	28,824	-906	-5,188
03: Rite Care	138,802	143,959	147,510	137,398	128,594	129,701	124,671	-5,030	-22,839
04: CSHCN	12,249	12,442	11,671	11,437	11,075	10,816	10,489	-327	-1,182
05: Family Planning	1,374	1,114	1,100	1,213	1,534	2,128	2,157	29	1,057
06: Pregnant Expansion	56	96	103	93	84	86	93	7	-10
07: CHIP Children	33,616	33,923	35,388	35,968	31,560	30,826	32,214	1,388	-3,174
10: Elders 65+ - OHA Copay	1,562	1,152	1,162	1,169	1,172	1,070	1,121	51	-41
14: BCCPT	87	93	49	35	35	37	39	2	-10
15: ORS CNOM	74	100	95	110	83	31	35	4	-60
17: Early Intervention	1,780	1,481	1,691	1,780	1,860	1,799	1,771	-28	80
18: HIV	896	868	812	837	587	624	629	5	-183
21: 217-like	4,701	5,126	5,608	5,761	5,896	6,064	6,227	163	619
22: New Adult Group	103,712	112,522	93,211	89,080	87,335	87,417	79,478	-7,939	-13,733
27: Undocumented Immigrants	59	55	71	84	63	68	56	-12	-15
Grand Total	349,006	365,157	349,094	334,620	317,801	318,092	305,778	-12,314	-43,316
Full Benefits Only	343,261	360,387	344,163	329,427	312,502	312,372	300,009	-12,363	-44,154
Partial Benefits	5,745	4,770	4,931	5,193	5,299	5,720	5,769	49	838

Notes to Table III.1:

- "Snapshot" reporting includes members enrolled as of December 31 for each of the two prior Demonstration Years (DY) and last day of reported quarter(s) within the current DY.
- "03: Children with Special Healthcare Needs (CHSCN)" includes Budget Populations, "08: Substitute Care" and "09: CSHCN Alt."
- "07: CHIP Children" includes members eligible under CMS 64.21U and CMS 21. The former reflects the state's CHIP Expansion program for low-income children, whereas the later includes pregnant women and unborn children who are eligible under the Separate CHIP program. Only the CMS 64.21U eligible members are eligible under the Rhode Island's 1115 financial reporting and so included above. Details on the members excluded from this Budget Population for purposes of calculating Rhode Island's Budget Neutrality PMPM are shown in Table III.1b.
- "10: Elders 65+" includes members eligible under the (a) Office of Health Aging (OHA) CNOM program to assist elders paying for medically necessary Adult Day and Home Care services, and (b) Medicare Premium Payment (MPP) Only (i.e., QMB Only, SLMB, and Qualifying Individuals). The MPP Only subgroup, however, are excluded for purposes of calculating PMPM b/c these costs are invoiced in aggregate and only reported under "02: ABD TPL." Details on this Budget Population are shown in Table III.2.
- "Hypothetical 03: IMD SUD" are reported here for informational purposes. The expenditures (for Budget Services 11 per the Rhode Island's 1115 Waiver) for such members are reported under the member's underlying eligibility group. Where these members appear for purposes of calculating Rhode Island's Budget Neutrality PMPM are shown in Table III.3.
- "22: New Adult Group" and "Low-Income Adults" are used interchangeably.

Table III.2. Medicaid-Eligible members excluded for 1115 Budget Neutrality Calculations

Snapshot	DY13	DY14	DY15	DY16				Δ Quarter	Δ YTD
				Mar-24	Jun-24	Sep-24	Dec-24		
07: Separate CHIP Children	2,277	2,912	2,621	2,380	1,915	1,339	1,336	-3	-1,285
10: Elders 65+ - MPP Only	7,374	7,075	8,154	8,187	7,604	7,711	7,597	-114	-557
99: Base	3	2	138	152	105	98	610	512	472
Grand Total	9,654	9,989	10,913	10,719	9,624	9,148	9,543	395	-1,370

Notes to Table III.2:

- "Snapshot" reporting includes members enrolled as of December 31 for each of the two prior Demonstration Years (DY) and last day of reported quarter(s) within the current DY.
- "07: CHIP Pregnant & Unborn" are members eligible under Rhode Island's Separate CHIP program. Their expenditures are reported under form CMS 21 and not included in the 1115 waiver reporting. These members are not included in **Table III.1**.
- "10: Elders 65+ MPP Only" includes members eligible exclusively for support with their Medicare premium payments (i.e., QMB Only, SLMB, and Qualifying Individuals). The MPP Only subgroup is included in **Table III.1** but are excluded for purposes of calculating PMPM b/c these costs are invoiced in aggregate and only reported under "02: ABD TPL."

Table III.3. Medicaid-Eligible members receiving IMD SUD Services (Budget Services No. 11)

Snapshot	DY13	DY14	DY15	DY16				Δ Quarter	Δ YTD
				Mar-24	Jun-24	Sep-24	Dec-24		
01: ABD no TPL	106	93	89	104	115	106	95	-11	6
02: ABD TPL	19	5	10	4	5	8	15	7	5
03: Rite Care	59	55	39	48	47	49	40	-9	1
04: CSHCN	2	7	2	2	2	1	2	1	0
07: CHIP Children			1	0	0	0	0	0	-1
21: 217-like	1			0	0	1	1	0	1
22: New Adult Group	487	394	352	370	414	412	397	-15	45
Grand Total	674	554	493	528	583	577	550	-27	57

Notes to Table III.3:

- "Snapshot" reporting includes members enrolled as of December 31 for each of the two prior Demonstration Years (DY) and last day of reported quarter(s) within the current DY.
- Members using IMD SUD Budget Services meet the following criteria within the quarter:
 - Full Medicaid benefits
 - Aged between 21 and 64 years old inclusive.
 - Have at least one residential stay for SUD purposes at a state designated IMD within the fiscal quarter. Current list of IMDs providing with 16+ beds for SUD-related services include: The Providence Center, Phoenix House, MAP, Bridgemark, Adcare, and Butler Hospital
- These counts will be updated (and increase) as more claims are paid and submitted to EOHHS thereby identifying more individuals with an IMD SUD related claim.

Number of Enrollees that Lost Eligibility

The number of enrollees eligible in the prior quarter who had lost eligibility as of the last day in the current quarter is **23,163**, including 22,198 with full benefits.

The cumulative count of terminations among those with full Medicaid benefits in the current demonstration year is **74,683**.

Table III.4 Medicaid-eligible members that lost eligibility by Quarter (in Current DY) and in Demonstration Year

	DY13	DY14	DY15				YTD
			Mar-23	Jun-23	Sep-23	Dec-23	
01: ABD no TPL	785	943	457	588	376	359	1,360
02: ABD TPL	1,693	3,548	1,414	2,062	990	659	4,773
03: Rite Care	4,685	6,397	10,264	13,738	4,832	7,291	29,883
04: CSHCN	702	548	184	583	340	328	1,297
05: Family Planning	77	87	119	229	174	153	507
06: Pregnant Expansion		9	9	12	1	2	30
07: CHIP Children	1,016	1,104	3,034	3,533	875	674	7,056
10: Elders 65+ MPP Only	282	500	553	997	290	405	1,923
10: Elders 65+ OHA Copay	477	147	60	61	181	35	274
14: BCCPT	2	38	12	2	3		13
15: ORS CNOM	62	89	52	76	69	16	86
17: Early Intervention	1,035	863	224	267	318	266	938
18: HIV	92	126	11	287	29	31	305
21: 217-like	284	410	149	141	97	63	432
22: New Adult Group	4,254	32,056	10,421	8,246	5,760	12,822	29,852
27: Undocumented Immigrants	39	34	49	68	49	59	61
Grand Total	15,485	46,899	27,012	30,890	14,384	23,163	78,790
Subtotal - Full Medicaid	14,319	45,859	25,932	28,903	13,271	22,198	74,683

Notes to Table III.4:

1. Loss of Eligibility reflects complete the loss of Medicaid eligibility between subsequent reporting periods (i.e., member was eligible on March 31 but no longer eligible on June 30). Members who move from one eligibility group to another are not reported herein; nor are members who gained and lost eligibility within the same quarter.
2. Annual counts of members losing eligibility compares subsequent December 31 snapshots. Only those that lost all eligibility are counted. Members who lost eligibility and regained eligibility prior to end of DY would not be included; nor are members who gained and lost eligibility within the same DY.
3. Within current DY, YTD refers to number who have lost eligibility between December 31 of prior fiscal year and end of the most recent quarter. Members who regained eligibility in a quarter would not be counted.

IV. New-to-Continuing Ratio

The Rhode Island 1115 Comprehensive Demonstration Waiver includes a self-direction component. As of December 31, 2024, a total of 2,597 Medicaid-eligible members were in a self-directed HCBS program, including 1,247 in a program administered by EOHHS and 1,350 in a program for I/DD members and administered by Rhode Island’s Department of Behavioral Health Developmental Disabilities & Hospitals (BHDDH).

The average number of Self-Directed clients for the Demonstration Year is 2,503.

Table IV.1. Self-Directed/Personal Choice New-to-Continuing Ratio

Distinct Members	DY13	DY14	DY15	DY16			Dec-24	Δ YTD
				Mar-24	Jun-24	Sep-24		
New	265	227	298	84	103	91	39	79
Continuing	464	630	752	1,012	1,062	1,150	1,208	1,102
Subtotal - EOHHS	729	857	1,050	1,096	1,165	1,241	1,247	1,182
Subtotal - BHDDH		1,071	1,239	1,284	1,332	1,350	1,350	1,321
Grand Total		1,928	2,289	2,380	2,487	2,591	2,597	2,503

Notes to Table IV.1:

1. Self-Directed includes Personal Choice and Independent Provider models as administered by Medicaid.
2. Additional self-directed members with an I/DD are administered by the Department of Behavioral Health, Developmental Disabilities, and Hospital, but are not reported herein.
3. “New” is defined as a member eligible for services on the last day of the quarter and not previously eligible for services on the last day of the prior quarter. “Continuing” means that the member was eligible for services across subsequent quarters.
4. For prior demonstration data, the counts reflect the average of the quarter-ending results within the year.
5. For figure for the BHDDH Self-Directed program for I/DD members represent total quarter-end snapshot only. Placeholder for June 2024.

V. Special Purchases

The Rhode Island 1115 Comprehensive Demonstration Waiver includes a self-direction component. Below are the special purchases approved during DY16 January 1, 2024 – December 31, 2024 (by category or by type) with a total of \$19,628.26 for special purchases expenditures.

Q1 2024	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	3	Acupuncture		\$1,125.00
	13	Service Dog Training		\$1,825.00
	6	Massage Therapy		\$ 570.00
	5	Supplements		\$ 974.37
	1	Apple Watch Subscription		\$ 29.90
	1	Medic Alert	1 year renewal	\$ 74.99
	1	Heavy Duty Walker		\$ 179.99
	1	Seat Lift Chair		\$1,169.00
CUMULATIVE TOTAL				\$5,948.25

Q2 2024	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	3	Acupuncture		\$1,125.00
	11	Service Dog Training		\$1,650.00
	6	Massage Therapy		\$ 570.00
	5	Supplements		\$1,309.81
	2	Apple Watch Subscription		\$ 74.74
	1	Mouth Guard		\$ 700.00
CUMULATIVE TOTAL				\$5,429.55

Q3 2024	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	3	Acupuncture		\$1,125.00
	9	Service Dog Training		\$1,350.00
	2	Massage Therapy		\$ 190.00
	2	Supplements		\$ 726.75
	1	Compression Socks		\$ 149.98
	1	Power Lift Chair		\$ 310.96
	1	Pure Wick Urine Collection System		\$ 572.03
CUMULATIVE TOTAL				\$4,425.72

Q4 2024	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	3	Acupuncture		\$1,125.00
	5	Service Dog Training		\$ 750.00
	4	Massage Therapy		\$ 380.00
	4	Supplements		\$ 1,569.74
	CUMULATIVE TOTAL			\$3,824.74

V. Outreach/Innovative Activities

Summarize outreach activities and/or promising practices for January 1, 2024 – December 31, 2024.

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 2024, the following activities occurred.

Accountable Entities (AEs)

Q1 2024

- As AEs/MCOs prepare for a new contract year, PY7 Re-certification applications were distributed and are due to EOHHS by 4/1/2024. New applications are also due 4/1/2024.
- OPY7 & QPY7 Targets have been finalized and an updated Quality Implementation Manual has been distributed.
- The MCOs completed and shared OPY6 Q3 AEIP Outcome Metrics with EOHHS and a communication was sent to the AE's pertaining to their performance.
- PY6 Q2 Incentive Payments were processed and distributed at the end of February.

Q2 2024

- PY7 AE Re-certification application approval memos were distributed to the AEs/MCOs on 4/30.
- The MCOs completed and shared OPY6 Q4 AEIP Outcome Metrics with EOHHS and a communication was sent to the AE's pertaining to their performance.
- TCOC PY5 Final Performance Reports were finalized and distributed to the MCOs on 5/15.
- The AE/MCO Quality Workgroup meeting series reconvened on May 30th. The group reviewed the 2027 Meeting Roadmap, reviewed updated measure specifications for PY7, and discussed the structure of the PY8 (2025) TCOC Quality Program.

Q3 2024

- The MCOs completed and shared aggregated Final Annual OP6 AE Outcome Measure performance (that included 180 days of claims runout) with EOHHS and an unblinded memo was sent to the AEs pertaining to their performance.
- The MCOs completed and shared OPY7 Q1 AE Outcome Measure performance with EOHHS and an unblinded memo was sent to the AEs pertaining to their performance.
- TCOC PY5 PY6 Q3 Quarterly Reporting was distributed to the MCOs on 9/24 and shared with the AEs.
- The AE/MCO Quality Workgroup meeting series met on July 23rd. The group discussed feedback and recommendations from the ECDE Subgroup, finalized draft measures for PY8, and revisited improvement target methodology.

Q4 2024

- The MCOs completed and shared OPY7 Q2 AE Outcome Measure performance with EOHHS and an unblinded memo was sent to the AEs pertaining to their performance.
- The AE/MCO Quality Workgroup meeting series met on December 10th, 2024. The group discussed the proposed targets and the methodology to set targets for PY8, new reporting initiative through the Quality Reporting System (QRS) and the final demographic data standards from OHIC workgroup.
- The PY7-PY8 Quality Implementation Manual and the PY7-PY8 Quality Measure Specifications were updated to reflect the measures, measure specifications, and methodology for Program Year 8. The manuals were distributed among the AE/MCO Quality Workgroup and were uploaded to the EOHHS website.
- EOHHS in partnership with Bailit Health, concluded the PY7 RBPO Certification review process. In accordance with *Attachment J – TCOC Requirements*, all AEs that agree to bear downside risk under the Program Year 7 TCOC contracts must satisfy requirements of the risk-bearing provider organization process. This is to ensure that the AE has a risk mitigation plan and adequate financial protections sufficient to cover their estimated maximum potential loss under their MCO contracts.

VI. Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in DY 16 January 1, 2024 – December 31, 2024.

Modernizing Health and Human Services Eligibility Systems

DY16 Q1

Between January 1 and March 30, 2024, the Medicaid Systems team and Deloitte implemented three (3) software releases to address 94 data fixes and 23 software enhancements for the RI Bridges integrated eligibility system (IES). These releases improved services for Medicaid Eligibility & Enrollment passive renewal process, Long Term Services and Supports (LTSS), Katie Beckett, notices, Customer and Worker Portal interfaces, and new functionality for wage verification via integration of The Work Number (TWN). No significant program development or issues were identified.

DY16 Q2

Between April 1 and June 30, 2024, the Medicaid Systems team and Deloitte implemented three (3) software releases to address 113 system fixes and 30 software enhancements for the RI Bridges integrated eligibility system (IES). These releases improved services for Medicaid Eligibility & Enrollment; Asset Verification System (AVS) consent for Long Term Services and Supports, Katie Beckett, and Complex Medicaid; notice clarity/accuracy; and Customer and Worker Portal interfaces. No significant program development or issues were identified.

DY16 Q3

Between July 1 and September 30, 2024, the Medicaid Systems team and Deloitte implemented three (3) software releases to address 91 system fixes and 30 software enhancements for the RI Bridges integrated eligibility system (IES). These releases improved services for Medicaid Eligibility & Enrollment; Rlte Share, and Complex Medicaid. These enhancements also resulted in a new Ticket to Work program for disabled individuals, improvements to the ex parte renewal process, and Customer and Worker Portal interfaces. No significant program development or issues were identified.

7.47.1 July Patch - 8 BRRs & 62 PTs

7.47.2 August Patch - 3 BRRs & 27 PTs

7.48 September Major – 19 BRRs & 2 PTs

Total: **30 BRRs 91 PTs**

DY16 Q4

Between October 1 and December 31, 2024, the Medicaid Systems team and Deloitte implemented two (2) software releases to address 83 system fixes and 9 software enhancements for the RI Bridges integrated eligibility system (IES). These releases improved services for Medicaid Eligibility & Enrollment; Rlte Share, and Complex Medicaid. These system fixes also resulted in improvements to the Worker Portal screens, MAGI eligibility, and program task logic. No significant program development or issues were identified.

7.48.1 October Patch - 6 BRRs & 56 PTs
7.48.2 November Patch - 3 BRRs & 27 PTs
Total: **9 BRRs 83 PTs**

HCBS Conflict-Free Case Management

DY16 Q1

Between January and March 2024, the state made considerable progress in implementing Conflict-Free Case Management (CFCM). In January, the state posted final CFCM provider certification standards, responses to comments on the draft CFCM certification standards, and the CFCM provider application. In February, EOHHS received four CFCM applications, three of which were from applicants that indicated they will support both EAD and DD clients. The state also developed and shared a plain language CFCM 1-Pager for participants, which was translated into 12 languages, and continued to develop the draft CFCM Program Manual.

DY16 Q2

The State continues to make progress in implementing Conflict-Free Case Management (CFCM). Between April and June 2024, the EOHHS certified four CFCM agencies. EOHHS received an additional three applications to become a certified CFCM provider; one of the applicants indicated they will support both EAD and DD clients. The State continued to develop the CFCM Program Manual to provide additional guidance the CFCM providers.

DY16 Q3

The State continues to make progress in implementing Conflict-Free Case Management (CFCM). The CFCM Program Manual was posted by EOHHS in July. Between July and September 2024, EOHHS certified four additional agencies, bringing the total to eight certified CFCM agencies, with five supporting both populations of elders and adults with disabilities (EAD) and individuals with intellectual and developmental disabilities (I/DD). Certified agencies developed fact sheets highlighting their agencies; the fact sheets were translated into 11 languages and are publicly available on the EOHHS webpage. Certified agencies began receiving training on the State's LTSS case management platform. EOHHS continued to meet with CMS on a monthly cadence to provide ongoing updates on Rhode Island's Corrective Action Plan (CAP).

DY16 Q4

The State continues to make progress in implementing Conflict-Free Case Management (CFCM). CFCM agencies began completing Person-Centered Plans (PCPs) for both new referrals and existing participants. A PCP rubric was developed by the State and shared with the CFCM agencies for guidance. The State continues to meet with the CFCM agencies on a monthly cadence to provide timely updates and ensure smooth workflows for all entities. The agencies report a gradual increase in the number of participants they can support as they continue to grow the workforce to meet the needs of RI HCBS participants. EOHHS continued the process of updating regulation 210-RICR-50-10-1 to include CFCM. The proposed amendment was posted for public comment, then shared with the Department of Administration (DOA) to promulgate the new regulation. EOHHS continued to meet

with CMS on a monthly cadence to provide ongoing updates on Rhode Island's Corrective Action Plan (CAP).

HCBS Quality Improvement

DY16 Q1

Between January and March 2024, the state made considerable progress in implementing Conflict-Free Case Management (CFCM). In January, the state posted final CFCM provider certification standards, responses to comments on the draft CFCM certification standards, and the CFCM provider application. In February, EOHHS received four CFCM applications, three of which were from applicants that indicated they will support both EAD and DD clients. The state also developed and shared a plain language CFCM 1-Page for participants, which was translated into 12 languages, and continued to develop the draft CFCM Program Manual.

DY16 Q2

In April, May, and June 2024, the standing project governance team, quality improvement team, and two focused subgroups continued to meet regularly.

- **Project Governance Team:** The team received approval from CMS to begin utilizing the National Core Indicators-Aging and Disability (NCI-AD) survey for the EAD population. The team will begin the necessary planning steps with the survey vendor to ensure Rhode Island is able to participate in the 2025 survey year. The team also completed and submitted two annual reports to CMS in June, the HCBS Quality Annual Deficiency Report and the HCBS Quality Annual Critical Incident Report.
- **Quality Improvement Team:** The full QIS team updated its meeting cadence, going forward the full team will meet quarterly rather than monthly. This meeting still serves as a time to discuss highlights, areas for improvement, and to serve as a resource to work through concerns that arise in the Critical Incident and Data Analytics subgroups. In May, the team reviewed the CY2023 Q4 data and addressed changes in each performance area.
- **Critical Incidents Subgroup:** The Critical Incident subgroup has paused the regular meeting cadence and convenes on an as needed basis. The group continues to review the performance measures and quarterly data and will make updates as the need arises.
- **Data Analytics Subgroup:** The Data Analytics subgroup updated its meeting cadence, going forward the subgroup will meet quarterly rather than monthly. The CY2023 Q4 data call, which was sent to program offices in March, was received in a timely manner by April 15. The results were aggregated by the EOHHS data team and were presented at the May meeting using the data dashboard. The data team continues to prepare for future changes in data collection measures once the WellSky system is implemented; this system will serve as a single data source across all state agencies. A member of the data team continues to participate in WellSky development meetings to ensure a smooth transition. On June 17, the CY2024 Q1 data template was sent to the program offices, to be returned in July.

DY16 Q3

In July, August, and September 2024, the standing project governance team, quality improvement team, and focused subgroup continued to meet regularly.

- **Project Governance Team:** To fully participate in the National Core Indicators-Aging and Disability (NCI-AD) survey by survey year 2025, the team is in the process of finalizing contracts as well as gathering data. Also, the team has updated the critical incidents reporting template to feature data for each event, rather than the aggregate.
- **Quality Improvement Team:** The full QIS team updated its meeting cadence, going forward the full team will meet quarterly rather than monthly. This meeting still serves as a time to discuss highlights, areas for improvement, and to serve as a resource to work through concerns that arise in the Critical Incident and Data Analytics subgroups. In August, the team reviewed the CY2024 Q1 data and addressed changes in each performance area.
- **Critical Incidents Subgroup:** The Critical Incident subgroup has paused the regular meeting cadence and convenes on an as needed basis. The group continues to review the performance measures and quarterly data and will make updates as the need arises.
- **Data Analytics Subgroup:** The Data Analytics subgroup updated its meeting cadence, going forward the subgroup will meet quarterly rather than monthly. The CY2024 Q1 data call, which was sent to program offices in June, was received in a timely manner by July 17. The results were aggregated by the EOHHS data team and were presented at the August meeting using the data dashboard. The data team continues to prepare for future changes in data collection measures once the WellSky system is implemented; this system will serve as a single data source across all state agencies. A member of the data team continues to participate in WellSky development meetings to ensure a smooth transition. On September 16, the CY2024 Q2 data template was sent to the program offices, to be returned in October.

DY16 Q4

In October, November, and December 2024, the standing project governance team, quality improvement team, and focused subgroup continued to meet routinely.

- **Project Governance Team:** To fully participate in the National Core Indicators-Aging and Disability (NCI-AD) survey by survey year 2025, the team is in the process of finalizing contracts as well as gathering data. With the intention of standardizing the survey process, the team met with Advancing States to learn about best practices and the importance of surveyor training. Before conducting the survey, the team is developing consent forms as well as determining a survey sample.
- **Quality Improvement Team:** This meeting serves as a time to discuss highlights, areas for improvement, and function as a resource to work through concerns that arise in the Critical Incident and Data Analytics subgroups. In November, the team reviewed the CY2024 Q2 data and discussed relevant metrics in each performance area.

- **Critical Incidents Subgroup:** The Critical Incident subgroup has paused the regular meeting cadence and convenes on an as needed basis. The group continues to review the performance measures and quarterly data and will make updates as the need arises.
- **Data Analytics Subgroup:** The Data Analytics subgroup continues to meet on a quarterly basis. The CY2024 Q2 data call, which was sent to program offices in September, was received in a timely manner by October 15, 2024. The results were aggregated by the EOHS data team and were presented at the November meeting using the data dashboard. The data team continues to prepare for future changes in data collection measures once the WellSky system is implemented; this system will serve as a single data source across all state agencies. A member of the data team continues to participate in WellSky development meetings to ensure a smooth transition. On December 16, the CY2024 Q3 data template was sent to the program offices, to be returned in January 2025.

LTSS System Modernization

DY16 Q1

The State continues to collaborate with the vendor WellSky to develop and implement the single case management system for all Rhode Island HCBS participants. Phase II went live in March, and the Phase II capabilities are functioning well. Following the go live, the State began Phase III Project Planning. This process continues to identify other interfaces needed to fully implement the system.

DY16 Q2

The State continues to collaborate with the vendor WellSky to develop and implement the single case management system for all Rhode Island HCBS participants. Phase II functionalities continue to function well. The Phase III Project Planning is ongoing, with an anticipated go live of Spring 2025.

DY16 Q3

The State continues to collaborate with the vendor WellSky to develop and implement the single case management system for all Rhode Island HCBS participants. The State and the vendor decided to move forward with a combined Phase III/IV project plan, and planning was adjusted accordingly. The project planning is ongoing, with an anticipated go live of Spring 2025.

DY16 Q4

The State continues to collaborate with the vendor WellSky to develop and implement the single case management system for all Rhode Island HCBS participants. The State and the vendor decided to move forward with a combined Phase III/IV project plan, and planning was adjusted accordingly. The project planning is ongoing, with an anticipated go live of Summer 2025.

Home Stabilization

DY16 Q1

- Three (3) new provider agencies became certified as Home Stabilization providers.
- Two (2) provider agencies began billing HSS services for the first time.
- The first round of mini-grants for Home Stabilization workforce supports ended.

DY16 Q2

- No evictions for Home Tenancy providers recorded for the entire quarter.
- RI received CMS approval of an Amendment to the 1115 Demonstration Waiver, which revised educational requirements for individuals providing home stabilization services.
- Awards given for Phase 3 mini-grants for Home Stabilization providing given.
- Agency meeting held regarding program changes, reporting, mini-grants, and FAQ's.

DY16 Q3

- Two (2) new provider agencies became certified as Home Stabilization providers.
- Home Stabilization State staff began working with the state's MMIS vendor, Gainwell Technologies, to improve QC edits in MMIS and data collection choices.
- Surpassed 1,000 individuals receiving a PA for Home Find or Home Tenancy services in program total.

DY16 Q4

- Two (2) new agencies became certified as Home Stabilization providers.
- One (1) agency successfully began billing Home Stabilization.
- One (1) agency was unsuccessful in billing for the first time and was referred to Gainwell for technical assistance. As a result, technical assistance with Gainwell staff will be offered in State monthly meetings with providers.
- Began new quarterly and monthly MMIS reports focusing on individual member utilization and agency utilization.
- Home Find services successfully found over 60 homes in Kent and Newport counties, due to HSS provider agencies accessibility to new supported housing and 811 program-available units.
- The second mini-grant for home stabilization agencies capacity building ended.

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, 2024 – December 31, 2024.

DY16 Q1

Request Type	Description	Date Submitted	CMS Action	Date
SPA	23-0011 Ticket to Work	12/20/23	Approved	3/1/24
SPA	23-0012 Ticket to Work	12/20/23	Approved	3/1/24
SPA	23-0013 Clinician Services	12/27/23	Approved	2/14/24
SPA	23-0014 Vaccine Coverage	12/27/23	Approved	2/1/24
SPA	24-0001 DSH	2/1/24	Approved	3/13/24

SPA	24-0002 DD Professional Services	2/26/24	Pending	
SPA	24-0003 MNIL/Spousal Impoverishment	3/7/24	Pending	
SPA	24-0004 Continuous Coverage for Children	3/28/24	Pending	

DY16 Q2

Request Type	Description	Date Submitted	CMS Action	Date
SPA	24-0002 DD Professional Services	2/26/24	Approved	4/26/24
SPA	24-0003 MNIL/Spousal Impoverishment	3/7/24	Approved	4/5/24
SPA	24-0004 Continuous Coverage for Children	3/28/24	Approved	5/10/24
SPA	24-0005 Vaccines (CHIP)	4/19/24	Approved	5/14/24
SPA	24-0006 Continuous Coverage for Children (CHIP)	5/20/24	Pending	
SPA	24-0007 E-MHPRR	5/8/24	Pending	

DY16 Q3

Request Type	Description	Date Submitted	CMS Action	Date
SPA	24-0006 Continuous Coverage for Children (CHIP)	5/20/24	Approved	7/12/24
SPA	24-0007 E-MHPRR	5/8/24	Approved	7/1/24
SPA	24-0008 Chiropractic Rate Increase	8/14/24	Approved	9/16/24
SPA	24-0009 First Connections	8/14/24	Pending	
SPA	24-0010 OHIC Rate Review	9/20/24	Pending	
SPA	24-0011 Family Visiting	9/20/24	Pending	
SPA	24-0012 OHIC CEDAR	9/20/24	Pending	
SPA	24-0014 IHH	9/20/24	Pending	
SPA	24-0015 TBI	9/27/24	Pending	

DY16 Q4

Request Type	Description	Date Submitted	CMS Action	Date
SPA	24-0009 First Connections	8/14/24	Approved	10/29/24
SPA	24-0010 OHIC Rate Review	9/20/24	Approved	12/16/24
SPA	24-0011 Family Visiting	9/20/24	Approved	11/18/24
SPA	24-0012 OHIC CEDAR	9/20/24	Approved	11/5/24
SPA	24-0014 IHH	9/20/24	Approved	12/4/24

Request Type	Description	Date Submitted	CMS Action	Date
SPA	24-0015 TBI	9/27/24	Approved	12/17/24
SPA	24-0016 Outpatient Facility Fees	12/6/24	Pending	
SPA	24-0018 CEDAR Core Sets Reporting Requirements	12/23/24	Pending	
SPA	24-0019 IHH Core Sets Reporting Requirements	12/23/24	Pending	
SPA	24-0020 RAC Exemption	12/30/24	Pending	

Rate Increases

DY16 Q1

Throughout Q1, EOHHS worked with CMS to provide additional details related to the request to transition to a \$170.87 single monthly rate for CFCM services. This rate was approved on 3/26/24.

DY16 Q2

There was no data to report for Q2.

DY16 Q3

On August 16, 2024, EOHHS submitted a request to CMS to implement various rate increases for home and community-based services (HCBS) in response to a comprehensive Medicaid rate review conducted by the Rhode Island Office of the Health Insurance Commissioner (OHIC). Rate increases were requested for the following HCBS included in Attachment B:

- Assisted Living
- Residential Habilitation
- Day Habilitation
- Home Care (personal care and/or homemaker)
- Self-Directed Supports
- Private Duty Nursing
- Shared Living
- Respite
- Case Management

Pursuant to the FY2025 Budget as Enacted, the effective date of these changes is October 1, 2024. In September, EOHHS provided additional clarification as requested by CMS.

DY16 Q4

On December 3, 2024, CMS approved the state's request to increase rates for Medicaid home and community-based services (HCBS) according to the OHIC rate review.

Other Programmatic Changes Related to the 1115 Waiver

DY16 Q1

The new self-directed program regulations were finalized on 1/23/24 and became effective on 2/12/24. These new regulations reflect the changes that were made to merge the Personal Choice and Independent Provider self-directed programs into a single program, called Personal Choice, as directed by the State legislature.

DY16 Q2

EOHHS posted new draft Rlte @ Home Shared Living Program certification standards for public comment in April. The public comment period ended on May 5, 2024. EOHHS worked to revise the draft standards and incorporate feedback for the remainder of Q2 and expects to post the standards for an additional public comment period in Q3.

DY16 Q3

EOHHS posted a second draft of the Rlte @ Home Shared Living Program certification standards for public comment in July. The public comment period ended on August 7, 2024. EOHHS worked to respond to comments and incorporate feedback for the remainder of Q3 and expects to finalize the standards in Q4.

DY16 Q4

In Q4, EOHHS continued to work towards finalizing the Rlte @ Home Shared Living Program certification standards and began drafting an Application for Certification and Provider Manual. EOHHS anticipates releasing these in early 2025.

Annual Public Forum

On Monday November 18, 2024 at 9am, EOHHS hosted a Public Forum in order to afford the public an opportunity to provide comment on the progress of the Demonstration. The Forum took place via Microsoft Teams. EOHHS posted the Annual Demonstration Monitoring Report for CY2023 on the EOHHS website in advance of the Forum.

Thirty-four (34) individuals attended the Forum, and EOHHS received seven (7) public comments during the Forum.

One commenter requested information and an update on the status of the state's application to renew/extend the 1115 Demonstration.

One commenter noted that the opportunity for programmatic flexibility is a significant benefit of the waiver structure. This commenter observed that Massachusetts uses their 1115 waiver to allow homeless individuals to renew their eligibility every two years rather than annually and suggested that Rhode Island explore this option in the future. This commenter also suggested that the state increase communication and education for stakeholders regarding the state's "global" 1115 waiver and how that structure differs from the approach of maintaining separate 1915(c) waivers for home and community-based services. This commenter also recommended that the state provide more education and information on the services available for individuals with behavioral health conditions, under the various applicable federal authorities.

One commenter thanked the state for the implementation of the state plan community health worker benefit and encouraged EOHHS to move the benefit into managed care in order to enhance overall program flexibility. This commenter also emphasized the importance of expanded behavioral health services, specifically collaborative care services that could be leveraged in multiple service settings to facilitate access to mental health professionals when patients are seeking primary or other medical healthcare.

One commenter expressed confusion regarding the scope of services available to different populations through the home and community-based services waiver provisions. In particular, this person expressed uncertainty as to whether the “preventive” level of care is an actual long-term services and supports (LTSS) level of care.

One commenter requested that the state prepare a fact sheet to identify the state’s 1115 renewal/extension application requests and the approval status of each.

One commenter requested information on the impact of delays of a) the approval of the state’s 1115 renewal/extension application and b) the state’s managed care procurement. This commenter sought to understand whether and how these two processes might impact one another.

One commenter requested that the state provide more caregiver education resources and asked whether the HCBS “consultative clinical and therapeutic services” could be a mechanism to help caregivers with patients who have dementia and/or behavioral health conditions. This commenter noted that it would be very helpful if this were available as a service.

VII. 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 16 January 1, 2024 – December 31, 2024 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

VIII. Consumer Issues

January 1, 2024 – December 31, 2024

The Rhode Island Executive Office of Health and Human Services (RI EOHHS) monitors m consumer issues across the entire managed care delivery system. This includes tracking, investigating, and remediating issues to better understand problem areas and develop resolutions. Quarterly, the Managed Care Organizations (MCO) submit detailed reports that include: Prior Authorization (PA) requests, PA request denials, Appeals and Grievances. EOHHS reviews reports to identify emerging consumer issues, trends and recommend actions to mitigate and/or improve member satisfaction. The Appeals and Grievances charts can be found in Section XII. Enclosures – Attachments - Attachment 2 – Appeals, Grievances and Complaints

There are currently three (3) medical MCOs and one (1) dental Prepaid Ambulatory Health Plan (PAHP) that are contracted with RI EOHHS to provide care to RI Medicaid eligible people enrolled in Managed Care:

- Neighborhood Health Plan of RI (NHPRI)*,
- Tufts Health Public Plan RITogether (THRIT),
- United Healthcare Community Plan (UHCP-RI),
- United Healthcare Dental Rite Smiles (Rite Smiles)**.

***NHPRI is** currently the only managed care organization that provides and coordinates services the Rite Care for Children in Substitute Care populations.

****United Healthcare Rite Smiles Rite Smiles** is the dental plan for children and young adults who are eligible for Rhode Island Medicaid who were born after May 1, 2000.

Each Managed Care Organization (MCO) collects data and monitors consumer appeals, complaints, and tracks trends and/or emerging consumer issues through a formal Appeals and Grievance process. Additionally, all Grievance, Complaint, and Appeal reports are submitted to RI EOHHS on a quarterly basis.

The above reported data is disaggregated according to Medicaid eligibility categories :

- Rite Care
- Rhody Health Partners (RHP),
- Rhody Health Expansion, (RHE)
- Children with Special Health Care Needs (CSN),
- Children in Substitute Care (Sub Care)

Consumer reported grievances are grouped into six (6) categories:

- access to care,
- quality of care,
- environment of care,
- health plan enrollment,
- health plan customer service
- billing Issues

Consumer appeals are disaggregated into nine (9) categories:

- medical services,
- prescription drug services,
- radiology services,
- durable medical equipment,
- substance use disorder residential services,
- partial hospitalization services,
- detoxification services,
- opioid treatment services
- behavioral health services (non-residential).

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

In addition to the above, RI EOHHS monitors consumer issues reported by RIte Smiles. Consumer reported issues are grouped into three (3) categories:

- general dental services,
- prescriptions drug services
- dental radiology
- orthodontic services

The quarterly reports are reviewed by the RI EOHHS Compliance Officer and/or designee. Upon review, any concerning trends or issues of non-compliance identified by EOHHS are forwarded to the respective MCO and become a crucial component of monthly oversight. The MCO is then required to investigate the issue(s) and share findings with EOHHS Medicaid Managed Care Oversight team within thirty (30) days of notification in writing and at the monthly at the EOHHS/MCO Oversight meetings. EOHHS Compliance department reviews submitted A&G quarterly reports for trends in member service dissatisfaction, including but not limited to, access to services, balance billing and quality of care.

EOHHS re-implemented its commitment to Active Contract Management for its contracted MCOs and PAHP. As a part of this effort, EOHHS directed each MCO to submit their Program Integrity goals for the calendar year during Q1. Upon receipt of reports, EOHHS Medicaid has re-designed the monthly oversight meetings to merge with monthly program integrity meetings. In addition to streamlining oversight practices of respective MCE, this has proven to be beneficial in cross-training internally within the Medicaid Program at large.

EOHHS continued to build on its work related to Network Adequacy and oversight and has started the planning processes to related to a full and adherent implementation of future access rules and other federal regulatory guidelines.

During Q1 Tufts 'Corrective Action Plan (CAP) related "mainstreaming" was closed out as the action was remedied and THPP was able to demonstrate full compliance. However, this exercise has prompted EOHHS to continue to work with the Office of the Health Insurance Commissioner to ensure parity between commercial and Medicaid lines of business in the state of Rhode Island.

EOHHS successfully implemented the 21st Century CURES ACT related to provider enrollment which should also ensure parity between lines of business.

In keeping with gains made in 2023 EOHHS will continue the quarterly A&G data reviews., EOHHS Compliance conducts reviews of the total number of prior authorizations (PAs) as well as the PA denial rate per MCO via quarterly reporting requirements.

Of note, EOHHS evaluates trends in issues of dissatisfaction specifically attributed to Accountable Entities (AE) as well as Network Adequacy trends in certified AEs as compared to core contract adequacy.

DY16 Q1

MCO Prior Authorization and Denials Summary

NHPRI Q1-2024: Prior Authorizations and Denials: NHPRI reported twenty thousand three hundred and fifty-four (20,354) PAs (across all cohorts) of which two thousand and forty-three (2,043) PAs were denied representing an 10.04% denial rate. There was a slight increase of 1.35% in denials from Q4-2023 to Q1 2024.

UHCCP Q1-2024: Prior Authorizations and Denials: UHCCP-RI reported fifteen thousand and twenty-four (15,024) PAs (across all cohorts) of which three thousand two hundred and eight (3,208) PAs were denied representing a 21.35% total denial rate. There was a slight decrease (less than 1%) in denials from Q4 2023 to Q1 2024.

THRIT Q1-2024: Prior Authorizations and Denials: THRIT reported two hundred and seventy-eight (278) PAs (across all cohorts) of which thirty-six (36) PAs were denied representing 12.95% denial rate. There was a slight change in PA requests and denials from Q4 2023 to Q1 2024. Representing 1.04% increase in denial rate.

Dental (Rite Smiles) Q1-2024: Prior Authorizations and Denials: Rite Smiles reported a total of three thousand one hundred and thirty-nine (3,139) PAs of which one thousand two hundred and sixty-one (1,261) PAs were denied representing 40.17% total denial rate (a decrease of 2.36% from Q4 2023). Requests for orthodontic services represent 45.36% denial rate which represents a decrease of more than .22% from Q4 2023.

MCO Q1-2024: Appeals and Overturn Rate Summary

NHPRI Q1-2024: NHPRI reported a total of three hundred and ninety-seven (397) standard internal appeals, ten (10) expedited internal appeals and ninety (89) state fair external hearings across all cohorts. Of the four hundred and ninety-six (496) total appeals, two hundred and twenty-four (224) appeals were overturned representing 45.16% overturn rate. Of the eighty-nine (89) external appeals, twenty-seven (27) appeals or 30.34% were overturned.

UHCCP Q1-2024: UHCCP reported a total of sixty (60) standard internal appeals, ninety-seven (97) expedited internal, zero expedited external and zero state fair- external hearings across all cohorts. Of the one hundred and fifty-seven (157) total appeals, ninety-three (93) were overturned representing 59.24% overturn rate. There were zero external appeals in Q1.

THRIT Q1-2024: THRIT reported a total of nine (9) standard internal appeals, nine (9) expedited internal appeals and zero state fair – external hearings across all cohorts. Of the eighteen (18) total appeals seven (7) were overturned representing 38.89% overturn rate. There were no external appeals in Q1.

Dental (Rite Smiles) Q1-2024: Rite Smiles reported a total of sixty-nine (69) standard internal appeals and ten (10) expedited state fair-external hearings. Of the seventy-nine (79) total appeals, twenty-seven (27) appeals were overturned representing 34.17% overturn rate. Denials for orthodontic services represented 69.62% of appeal requests. EOHHS is currently reviewing trends to ensure that members are fully aware to initiate an appeal given this trend.

Additionally, EOHHS is working with Dental to ensure that continuity of care is considered when members in active orthodontic treatment and churn off Rite Smiles due to the existence of commercial dental third party liability.

MCO Q1-2024 Grievances and Complaints Summary

NHPRI Q1-2024: Grievances and Complaints: NHPRI reported a total of total of fifty-six (56) Grievances and Complaints; eighteen (18) Grievances and thirty-eight (38) Complaints; eleven (11) were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the thirty-nine (18) Grievances, seventeen (17) represented quality of care issues, one (1) to access of care and zero (0) customer service issues. Access to care issues were related to in-network BH provider availability. There was a significant increase (69.70%) in grievances/complaints from Q1 2024 over Q4 2023. This is being monitored during oversight and flagged as a part of the provider enrollment screening process related to the 21st Century CURES ACT.

UHCCP Q1-2024: Grievances/Complaints: UHCCP-RI reported a total of twenty-one (21) Grievances and Complaints; twenty-one (21) Grievances and zero Complaints; twelve (12) were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the twenty-one (21) Grievances, one (1) represented quality of care issues and two (2) represented balance billing issues. UHCCP educated the Accountable Entities (AEs) regarding balance billing. This has led to no balance billing complaints regarding the Accountable Entities for Q1.

THRIT Q1-2024: Grievances and Complaints: THRIT reported four (4) Grievances and zero Complaints in Q1-2024.

Rlte Smiles (Dental) Q1-2024: Grievances and Complaints: Rlte Smiles reported a total of zero consumer Grievance and zero Complaint in Q1-2024.

During Q2 and following the closure of their mainstreaming Corrective Action Plan (CAP), Tufts has continued to provide updates related to Network Adequacy. They have specifically focused on provider terminations. These reports/ updates have prompted EOHHS to develop processes to better understand the top reasons leading to provider terminations. Tufts has been asked to provide more detail on provider type and rationale in these reports. It is EOHHS' expectation that these additional data points will drive better outcomes and promote a more robust provider network.

In keeping with gains made in 2023 EOHHS continues to monitor the quarterly A&G data reviews with a more appropriate level of scrutiny

EOHHS evaluates trends in issues of dissatisfaction specifically attributed to Accountable Entities (AE) as well as Network Adequacy trends in certified AEs as compared to core contract adequacy.

DY16 Q2

MCO Prior Authorization and Denials Summary

NHPRI Q2-2024: Prior Authorizations and Denials: NHPRI reported twenty thousand three hundred and seventy-one (20,371) PAs (across all cohorts) of which two thousand five hundred and forty-five (2,545) PAs were denied representing an 12.49% denial rate. There was an additional increase of 2.45% in denials from Q1-2024 to Q2 2024.

UHCCP Q2-2024: Prior Authorizations and Denials: UHCCP-RI reported fourteen thousand six hundred and ninety-two (14,692) PAs (across all cohorts) of which three thousand three hundred and twenty-four (3,324) PAs were denied representing a 22.62% total denial rate. There was a slight increase of 1.27% in denials from Q1 2024 to Q2 2024.

THRIT Q2-2024: Prior Authorizations and Denials: THRIT reported five hundred and thirty-eight (538) PAs (across all cohorts) of which forty (40) PAs were denied representing 7.43% denial rate. There was a significant increase in PA requests and a significant decrease in denials from Q1 2024 to Q2 2024. Representing 5.52% decrease in denial rate and a 48.33% increase in PA requests.

Dental (Rlte Smiles) Q2-2024: Prior Authorizations and Denials: Rlte Smiles reported a total of two thousand eight hundred and forty-four (2,844) PAs of which one thousand and sixty-one (1,061) PAs were denied representing 37.31% total denial rate (a decrease of 2.86% from Q1 2024). Requests for orthodontic services represent 43.45% denial rate which represents a decrease of more than 1.91% from Q1 2024.

MCO Q2-2024: Appeals and Overturn Rate Summary

NHPRI Q2-2024: NHPRI reported a total of four hundred and fifteen (415) standard internal appeals, eighteen (18) expedited internal appeals and seventy-three (73) state fair external hearings across all cohorts. Of the five hundred and six (506) total appeals, two hundred and fifty-two (252) appeals were overturned representing 49.80% overturn rate which represents an increase of 4.64%. Of the seventy-three (73) external appeals, thirty (30) appeals or 41.10% were overturned which represents an increase of 10.76%.

UHCCP Q2-2024: UHCCP reported a total of forty-seven (47) standard internal appeals, ninety-four (94) expedited internal, zero expedited external and zero state fair- external hearings across all cohorts. Of the one hundred and forty-one (141) total appeals, eighty-six (86) were overturned representing 61.00% overturn rate. There were zero external appeals in Q2.

THRIT Q2-2024: THRIT reported a total of eight (8) standard internal appeals, seven (7) expedited internal appeals and zero state fair – external hearings across all cohorts. Of the fifteen (15) total appeals five (5) were overturned representing 33.33% overturn rate which represents a 5.56% decrease in denials. There were no external appeals in Q2.

Dental (Rite Smiles) Q2-2024: Rite Smiles reported a total of forty-one (41) standard internal appeals and ten (10) expedited state fair-external hearings. Of the fifty (51) total appeals, sixteen (16) appeals were overturned representing 31.37% overturn rate. Denials for orthodontic services represented 69.62% of appeal requests. EOHHS is currently reviewing trends to ensure that members are fully aware to initiate an appeal given this trend.

Additionally, EOHHS continues to work with Dental to ensure that continuity of care is considered when members in active orthodontic treatment and churn off Rite Smiles due to the existence of commercial dental third party liability.

MCO Q2-2024 Grievances and Complaints Summary

NHPRI Q2-2024: Grievances and Complaints: NHPRI reported a total of total of fifty-nine (59) Grievances and Complaints; twenty-seven (27) Grievances and thirty-two (32) Complaints; thirteen (13) were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the twenty-seven (27) Grievances, seventeen (17) represented quality of care issues, four (4) to access of care and zero (0) customer service issues. Access to care issues were related to in-network BH provider availability. There was a significant decrease (25.32%) in grievances/complaints from Q2 2024 over Q1 2024. This was expected to occur given the adherence to the 21st Century CURES ACT.

UHCCP Q2-2024: Grievances/Complaints: UHCCP-RI reported a total of thirty-seven (37) Grievances and Complaints; thirty-six (36) Grievances and one (1) Complaint; twelve (12) were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the thirty-seven (37) Grievances, two (2) represented quality of care issues and six (6) represented balance billing issues of which three were attributed to AEs.

THRIT Q2-2024: Grievances and Complaints: THRIT reported one (1) Grievance and zero Complaints

in Q2-2024.

Rlte Smiles (Dental) Q2-2024: Grievances and Complaints: Rlte Smiles reported a total of zero consumer Grievance and zero Complaint in Q2-2024.

During Q3 and following the closure of their mainstreaming Corrective Action Plan (CAP), Tufts has continued to provide updates related to Network Adequacy. They have specifically focused on provider terminations. These reports/ updates have prompted EOHHS to develop processes to better understand the top reasons leading to provider terminations. Tufts has been asked to provide more detail on provider type and rationale in these reports. It is EOHHS' expectation that these additional data points will drive better outcomes and promote a more robust provider network.

In keeping with gains made in 2023 EOHHS continues to monitor the quarterly A&G data reviews with a more appropriate level of scrutiny and has enlisted its Quality Improvement Organization, to support with the sharing of any best practices from the national level.

EOHHS evaluates trends in issues of dissatisfaction specifically attributed to Accountable Entities (AE) as well as Network Adequacy trends in certified AEs as compared to core contract adequacy.

DY16 Q3

MCO Prior Authorization and Denials Summary

NHPRI Q3-2024: Prior Authorizations and Denials: NHPRI reported twenty one thousand one hundred and fifty-three (21,153) PAs (across all cohorts) of which three thousand six hundred and eighty-eight (3,688) PAs were denied representing an 17.43% denial rate. There was an additional increase of 4.94% in denials from Q2-2024 to Q3 2024.

UHCCP Q3-2024: Prior Authorizations and Denials: UHCCP-RI reported fourteen thousand six hundred and ninety-two (13,379) PAs (across all cohorts) of which three thousand three hundred and twenty-four (2,791) PAs were denied representing a 20.86% total denial rate. There was a slight decrease of 1.76% in denials from Q2 2024 to Q3 2024. EOHHS is currently looking into the percentage point difference across each Managed Care Organization, with a specific focus on UHCCP, given the statistically significant difference amongst them.

THRIT Q3-2024: Prior Authorizations and Denials : THRIT reported one hundred and seventy (170) PAs (across all cohorts) of which seventeen (17) PAs were denied representing 10.00% denial rate. There was a significant decrease in PA requests and an increase in denials from Q2 2024 to Q3 2024. Representing 2.57% decrease in denial rate and a 31.60% decrease in PA requests. EOHHS is working with internal teams to discern whether these numbers are disproportionately high due to the enrollment numbers, or if there is a larger more systemic issue that requires more attention.

Dental (Rlte Smiles) Q3-2024: Prior Authorizations and Denials: Rlte Smiles reported a total of two thousand eight hundred and seven (2,807) PAs of which one thousand and forty-four (1,044) PAs were denied representing 37.19% total denial rate (a decrease of less than 1% from Q2 2024).

Requests for orthodontic services represent 43.39% denial rate which represents a decrease of less than 1% from Q2 2024. EOHHS has conducted a cursory analysis of these data, and preliminary findings indicate that there are issues related to provider's requiring technical assistance with billing appropriately and or given the above merge with PI, they may be due to fraud and abuse.

MCO Q3-2024: Appeals and Overturn Rate Summary

NHPRI Q3-2024: NHPRI reported a total of three hundred and eighty-three (383) standard internal appeals, twenty (20) expedited internal appeals and seventy (70) state fair external hearings across all cohorts. Of the four hundred and seventy-three (473) total appeals, two hundred and four (204) appeals were overturned representing 43.13% overturn rate which represents an increase of 4.64%. Of the seventy (70) external appeals, thirty-three (33) appeals or 47.14% were overturned which represents an additional increase of 6.04% over Q2.

UHCCP Q3-2024: UHCCP reported a total of sixty-nine (69) standard internal appeals, eighty (80) expedited internal, zero expedited external and zero state fair- external hearings across all cohorts. Of the one hundred and forty-nine (149) total appeals, seventy-four (74) were overturned represents a 49.66% overturn rate which also represents a decrease of 11.34%. There were zero external appeals in Q3.

THRIT Q3-2024: THRIT reported a total of three (3) standard internal appeals, three (3) expedited internal appeals and zero state fair – external hearings across all cohorts. Of the six (6) total appeals four (4) were overturned representing 66.67% overturn rate which represents a 33.33% decrease in denials. There were no external appeals in Q3.

Dental (Rite Smiles) Q3-2024: Rite Smiles reported a total of sixty (60) standard internal appeals and twelve (12) expedited state fair-external hearings. Of the seventy-two (72) total appeals, fifteen (16) appeals were overturned representing 22.22% overturn rate. Denials for orthodontic services represented 100% of appeal requests. EOHHS is currently reviewing trends to ensure that members are fully aware of their rights to an appeal.

Additionally, EOHHS continues to work with Dental to ensure that continuity of care is considered when members in active orthodontic treatment and churn off Rite Smiles due to the existence of commercial dental third party liability. This work is ongoing. Continuity of care expectations are and will continue to be a key consideration of all agreements in the future.

MCO Q3-2024 Grievances and Complaints Summary

NHPRI Q3-2024: Grievances and Complaints: NHPRI reported a total of total of sixty-eight (68) Grievances and Complaints; twenty-nine (29) Grievances and thirty-nine (39) Complaints; twelve (12) were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the twenty-nine (29) Grievances, sixteen (16) represented quality of care issues, eight (8) to access of care and zero (0) customer service issues. Access to care issues were related to in- network BH provider availability.

There was an increase (1.19%) in grievances/complaints from Q3 2024 over Q2 2024. EOHHS will continue to monitor performance given the changes to date.

UHCCP Q3-2024: Grievances/Complaints: UHCCP-RI reported a total of fifteen (15) Grievances and Complaints; fifteen (15) Grievances and zero Complaints; zero were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the fifteen (15) Grievances, three (3) represented quality of care issues and one (1) represented balance billing issues of which zero were attributed to AEs. EOHHS acknowledges the performance improvement in this area in this DY.

THRIT Q3-2024: Grievances and Complaints: THRIT reported six (6) Grievance and zero Complaints in Q3-2024. EOHHS will address this increase in number of reported grievances; their small N, makes it difficult to assess actionability.

Rite Smiles (Dental) Q3-2024: Grievances and Complaints: Rite Smiles reported a total of zero consumer Grievance and zero Complaint in Q3-2024. EOHHS will work with Rite Smiles to ensure that they are accurately informing members of their right to grieve. While zero complaints is commendable, EOHHS requires evidence that members have been given their rights to file grievances and complaints.

During Q3 and following the closure of their mainstreaming Corrective Action Plan (CAP), Tufts has continued to provide updates related to Network Adequacy. They have specifically focused on provider terminations. These reports/ updates have prompted EOHHS to develop processes to better understand the top reasons leading to provider terminations. Tufts has been asked to provide more detail on provider type and rationale in these reports. It is EOHHS' expectation that these additional data points will drive better outcomes and promote a more robust provider network.

In keeping with gains made in 2023 EOHHS continues to monitor the quarterly A&G data reviews with a more appropriate level of scrutiny and has enlisted its Quality Improvement Organization, to support with the sharing of any best practices from the national level.

EOHHS evaluates trends in issues of dissatisfaction specifically attributed to Accountable Entities (AE) as well as Network Adequacy trends in certified AEs as compared to core contract adequacy.

DY16 Q3

MCO Prior Authorization and Denials Summary

NHPRI Q3-2024: Prior Authorizations and Denials: NHPRI reported twenty one thousand one hundred and fifty-three (21,153) PAs (across all cohorts) of which three thousand six hundred and eighty-eight (3,688) PAs were denied representing an 17.43% denial rate. There was an additional increase of 4.94% in denials from Q2-2024 to Q3 2024.

UHCCP Q3-2024: Prior Authorizations and Denials: UHCCP-RI reported fourteen thousand six hundred and ninety-two (13,379) PAs (across all cohorts) of which three thousand three hundred and twenty-four (2,791) PAs were denied representing a 20.86% total denial rate. There was a slight

decrease of 1.76% in denials from Q2 2024 to Q3 2024. EOHHS is currently looking into the percentage point difference across each Managed Care Organization, with a specific focus on UHCCP, given the statistically significant difference amongst them.

THRIT Q3-2024: Prior Authorizations and Denials : THRIT reported one hundred and seventy (170) PAs (across all cohorts) of which seventeen (17) PAs were denied representing 10.00% denial rate. There was a significant decrease in PA requests and an increase in denials from Q2 2024 to Q3 2024. Representing 2.57% decrease in denial rate and a 31.60% decrease in PA requests. EOHHS is working with internal teams to discern whether these numbers are disproportionately high due to the enrollment numbers, or if there is a larger more systemic issue that requires more attention.

Dental (Rite Smiles) Q3-2024: Prior Authorizations and Denials: Rite Smiles reported a total of two thousand eight hundred and seven (2,807) PAs of which one thousand and forty-four (1,044) PAs were denied representing % total denial rate (a decrease of less than 1% from Q2 2024). Requests for orthodontic services represent 43.39% denial rate which represents a decrease of less than 1% from Q2 2024. EOHHS has conducted a cursory analysis of these data, and preliminary findings indicate that there are issues related to provider's requiring technical assistance with billing appropriately and or given the above merge with PI, they may be due to fraud and abuse.

MCO Q3-2024: Appeals and Overturn Rate Summary

NHPRI Q3-2024: NHPRI reported a total of three hundred and eighty-three (383) standard internal appeals, twenty (20) expedited internal appeals and seventy (70) state fair external hearings across all cohorts. Of the four hundred and seventy-three (473) total appeals, two hundred and four (204) appeals were overturned representing 43.13% overturn rate which represents an increase of 4.64%. Of the seventy (70) external appeals, thirty-three (33) appeals or 47.14% were overturned which represents an additional increase of 6.04% over Q2.

UHCCP Q3-2024: UHCCP reported a total of sixty-nine (69) standard internal appeals, eighty (80) expedited internal, zero expedited external and zero state fair- external hearings across all cohorts. Of the one hundred and forty-nine (149) total appeals, seventy-four (74) were overturned represents a 49.66% overturn rate which also represents a decrease of 11.34%. There were zero external appeals in Q3.

THRIT Q3-2024: THRIT reported a total of four (4) standard internal appeals, three (3) expedited internal appeals and zero state fair – external hearings across all cohorts. Of the six (6) total appeals four (4) were overturned representing 66.67% overturn rate which represents a 33.33% decrease in denials. There were no external appeals in Q3.

Dental (Rite Smiles) Q3-2024: Rite Smiles reported a total of sixty (60) standard internal appeals and twelve (12) expedited state fair-external hearings. Of the seventy-two (72) total appeals, fifteen (16) appeals were overturned representing 22.22% overturn rate. Denials for orthodontic services represented 100% of appeal requests. EOHHS is currently reviewing trends to ensure that members are fully aware of their rights to an appeal.

Additionally, EOHHS continues to work with Dental to ensure that continuity of care is considered when members in active orthodontic treatment and churn off Rite Smiles due to the existence of commercial dental third party liability. This work is ongoing. Continuity of care expectations are and will continue to be a key consideration of all agreements in the future.

MCO Q3-2024 Grievances and Complaints Summary

NHPRI Q3-2024: Grievances and Complaints: NHPRI reported a total of total of sixty-eight (68) Grievances and Complaints; twenty-nine (29) Grievances and thirty-nine (39) Complaints; twelve (12) were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the twenty-nine (29) Grievances, sixteen (16) represented quality of care issues, eight (8) to access of care and zero (0) customer service issues. Access to care issues were related to in- network BH provider availability. There was an increase (1.19%%) in grievances/complaints from Q3 2024 over Q2 2024. EOHHS will continue to monitor performance given the changes to date.

UHCCP Q3-2024: Grievances/Complaints: UHCCP-RI reported a total of fifteen (15) Grievances and Complaints; fifteen (15) Grievances and zero Complaints; zero were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the fifteen (15) Grievances, three (3) represented quality of care issues and one (1) represented balance billing issues of which zero were attributed to AEs. EOHHS acknowledges the performance improvement in this area in this DY.

THRIT Q3-2024: Grievances and Complaints: THRIT reported six (6) Grievance and zero Complaints in Q3-2024. EOHHS will address this increase in number of reported grievances; their small N, makes it difficult to assess actionability.

Rite Smiles (Dental) Q3-2024: Grievances and Complaints: Rite Smiles reported a total of zero consumer Grievance and zero Complaint in Q3-2024. EOHHS will work with Rite Smiles to ensure that they are accurately informing members of their right to grieve. While zero complaints is commendable, EOHHS requires evidence that members have been given their rights to file grievances and complaints.

During Q4, Tufts has continued to provide updates related to Network Adequacy. They have specifically focused on provider terminations at direction of EOHHS. EOHHS requires Tufts to report back on the outreach and transition of care for beneficiaries that has had a provider terminate. These reports/ updates have prompted EOHHS to develop processes to better understand the top reasons leading to provider terminations. Tufts has been asked to provide more detail on provider type and rationale in these reports. It is EOHHS' expectation that these additional data points will drive better outcomes and promote a more robust provider network.

In keeping with gains made in 2024 EOHHS continues to monitor the quarterly A&G data reviews with a more appropriate level of scrutiny and has enlisted its Quality Improvement Organization, to support with the sharing of any best practices from the national level. In Q4 2024 EOHHS had their

External Quality Review Organization conduct an annual Appeals & Grievance audit resulting in identifying low or zero grievances for United Healthcare Dental and Tufts Health Plan. EOHHS determined that both vendors lacked a sophisticated process to track grievances as they were not tracking them if they were resolved on first contact therefore not counting as a grievance. EOHHS allowed an opportunity to be remedied prior to be putting on a Corrective Action Plan (CAP.). At this time UHC Dental has been put on a CAP and EOHHS will monitor.

EOHHS evaluates trends in issues of dissatisfaction specifically attributed to Accountable Entities (AE) as well as Network Adequacy trends in certified AEs as compared to core contract adequacy.

DY16 Q4

MCO Prior Authorization and Denials Summary

NHPRI Q4-2024: Prior Authorizations and Denials: NHPRI reported nineteen thousand seven hundred and fourteen (19,714) PAs (across all cohorts) of which three thousand six hundred and twenty-four (3,624) PAs were denied representing an 18.38% denial rate. There was an additional increase of .95% in denials from Q3 2024 to Q4 2024.

UHCCP Q4-2024: Prior Authorizations and Denials: UHCCP-RI reported nineteen thousand and sixty-nine (19,069) PAs (across all cohorts) of which two thousand three hundred and seventy-three (2,373) PAs were denied representing a 12.44% total denial rate. There was a significant decrease of 8.42% in denials from Q3 2024 to Q4 2024. EOHHS intends to monitor this in 2025.

THRIT Q4-2024: Prior Authorizations and Denials : THRIT reported two hundred and eighteen (218) PAs (across all cohorts) of which twenty-four (24) PAs were denied representing 11.01% denial rate. There was a significant increase in PA requests and an increase in denials from Q3 2024 to Q4 2024. Representing 1.01% increase in denial rate and a 28.24% increase in PA requests.

Dental (Rite Smiles) Q4-2024: Prior Authorizations and Denials: Rite Smiles reported a total of three thousand and seventy-seven (3,077) PAs of which one thousand one hundred and twenty (1,120) PAs were denied representing a 36.40% total denial rate (a decrease of less than 1% from Q3 2024). Requests for orthodontic services represent 43.04% denial rate which represents a decrease of less than 1% from Q3 2024. EOHHS has conducted a cursory analysis of these data, and preliminary findings indicate that there are issues related to provider's requiring technical assistance with billing appropriately and or given the above merge with PI, they may be due to fraud and abuse. EOHHS finds majority of prior authorization/denials are for Orthodontia and this remains a primary focus of oversight and monitoring in 2025.

MCO Q4-2024: Appeals and Overturn Rate Summary

NHPRI Q4-2024: NHPRI reported a total of four hundred and seventeen (417) standard internal appeals, sixteen (16) expedited internal appeals and seventy-five (75) state fair external hearings across all cohorts. Of the five hundred and eight (508) total appeals, two hundred and thirty-one (231) appeals were overturned representing 45.47% overturn rate which represents an increase of 2.34%.

Of the seventy-five (75) external appeals, thirty-four (34) appeals or 45.33% were overturned which represents an additional increase of 6.04% over Q3.

UHCCP Q4-2024: UHCCP reported a total of seventy-nine (79) standard internal appeals, ninety-one (91) expedited internal, zero expedited external and zero state fair- external hearings across all cohorts. Of the one hundred and seventy (170) total appeals, fifty-four (54) were overturned represents a 31.76% overturn rate which also represents an additional decrease of 17.90%. There were zero external appeals in Q4.

THRIT Q4-2024: THRIT reported a total of eleven (11) standard internal appeals, seven (7) expedited internal appeals and zero state fair – external hearings across all cohorts. Of the eighteen (18) total appeals six (6) were overturned representing 33.33% overturn rate which represents a 33.34% decrease in denials. There were no external appeals in Q4.

Dental (Rite Smiles) Q4-2024: Rite Smiles reported a total of forty-nine (49) standard internal appeals and ten (10) expedited state fair-external hearings. Of the fifty-nine (59) total appeals, ten (10) appeals were overturned representing 16.95% overturn rate. Denials for orthodontic services represented 100% of appeal requests. EOHHS is currently reviewing trends to ensure that members are fully aware of their rights to an appeal.

Additionally, EOHHS continues to work with Dental to ensure that continuity of care is considered when members in active orthodontic treatment and churn off Rite Smiles due to the existence of commercial dental third party liability. This work is ongoing. Continuity of care expectations are and will continue to be a key consideration of all agreements in the future.

MCO Q4-2024 Grievances and Complaints Summary

NHPRI Q4-2024: Grievances and Complaints: NHPRI reported a total of total of fifty-two (52) Grievances and Complaints; twenty-two (22) Grievances and thirty (30) Complaints; five (5) were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the twenty-two (22) Grievances, sixteen (16) represented quality of care issues, four (4) to access of care and zero (0) customer service issues. Access to care issues were related to in- network BH provider availability. There was an decrease (23.53%) in grievances/complaints from Q4 2024 over Q3 2024. EOHHS will continue to monitor performance given the changes to date.

UHCCP Q4-2024: Grievances/Complaints: UHCCP-RI reported a total of twenty-nine (29) Grievances and Complaints; twenty-nine (29) Grievances and zero Complaints; zero were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the twenty-nine (29) Grievances, two (2) represented quality of care issues and five (5) represented balance billing issues of which zero were attributed to AEs. EOHHS acknowledges the performance improvement in this area in this DY.

THRIT Q4-2024: Grievances and Complaints: THRIT reported five (5) Grievance and zero Complaints in Q4-2024. EOHHS will address this increase in number of reported grievances; their small N, makes

it difficult to assess actionability.

Dental (Rite Smiles) Q4-2024: Grievances and Complaints: Rite Smiles reported a total of one (1) consumer Grievance and zero Complaint in Q4-2024. EOHHS will work with Rite Smiles to ensure that they are accurately informing members of their right to grieve. While zero complaints is commendable, EOHHS requires evidence that members have been given their rights to file grievances and complaints.

EOHHS continues to participate 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. EOHHS conducted an inventory of advisory groups to prepare for the CMS final rule. We would like to include the Medicaid Clinical Advisory Committee (MCAC) as a noteworthy group which engages community stakeholders, specifically physicians, advocates, and practitioners from our overall healthcare community. EOHHS Medicaid also hosts a group specific to pediatrics; The RI Academy of pediatrics, and this group meets quarterly.

The CAC met six (6) times in DY 16 January 1, - December 31, 2024:

January meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- Return to Normal Operations (also called “unwinding”) Update
- Data Reports – Enrollment & Auto Assignment

March meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- Return to Normal Operations (also called “unwinding”) Update
- Data Reports – Enrollment & Auto Assignment

May meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- Overview of Scope and Objectives of the CAC (for members joining for the first time)
- Return to Normal Operations (also called “unwinding”) Update
- DHS Update
- Data Reports – Enrollment & Auto Assignment

July meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- Return to Normal Operations (also called “unwinding”) Update
- SFY 2025 Budget
- DHS Update
- Data Reports – Enrollment & Auto Assignment

September meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- Medicaid Advisory Committee (MAC) and Beneficiary Advisory Committee (BAC) Overview
- Medicaid Renewal Updates
- DHS Update
- Data Reports – Enrollment & Auto Assignment

November meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- DHS Update
- HSRI Update
- RI Share Updates
- CCBHC Update
- Data Reports – Enrollment & Auto Assignment

The EOHHS Transportation Broker, Medical Transportation Management (MTM), reported on transportation related complaints. The following charts reflect the number of complaints compared to the transportation reservations and the top five complaint areas during DY 16 January 1, 2024 – December 31, 2024.

NEMT Analysis	Q1 2024	Q2 2024	Q3 2024	Q4 2024	DY16 YTD
All NEMT & Elderly Complaints	352	372	347	412	1,483
All NEMT & Elderly Trip Reservations	536,640	533,887	495,003	474,425	2,039,955
Complaint Performance	0.07%	0.07%	0.07%	0.09%	0.07%
Top 5 Complaint Areas					
Transportation Provider No Show	101	109	110	117	437
Transportation Broker Processes	25	28	17	26	96
Transportation Provider Behavior	22	30	35	57	144
Transportation Provider Late	76	64	62	89	291
Transportation Broker Client Protocols	28	37	41	52	158
Driver Service/Delivery	54	50	50	32	186

IX. Marketplace Subsidy Program Participation

Effective January 1, 2014, parents/caretakers of Medicaid-eligible children in households with incomes between 142% and 179% of the Federal Poverty Level (FPL), who are not Medicaid eligible themselves, can apply for financial assistance paying for health insurance coverage accessed through HealthSource RI. To obtain assistance, applicants must submit a request to EOHHS. Applications are available at the HealthSource RI Contact Center, online at [http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Application for State Assistance Program.pdf](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Application%20for%20State%20Assistance%20Program.pdf), or can be requested by calling Rite Share at (401) 462-0311. The application requires applicants to provide demographic information and information regarding enrollment in a Qualified Health Plan (QHP) through HealthSource RI.

For Q1, the average monthly participation was 70 enrollees. The average subsidy was \$29.60 per individual, with an average total of \$2,072 per month.

For Q2, the average monthly participation was 75 enrollees. The average subsidy was \$32.23 per individual, with an average total of \$2,417 per month.

For Q3, the average monthly participation was 66 enrollees. The average subsidy was \$46.18 per individual, with an average total of \$3,063 per month.

For Q4, the average monthly participation was 66 enrollees. The average subsidy was \$46.18 per individual, with an average total of \$3,063 per month.

Month	Marketplace Subsidy Program Participation	Change in Marketplace Participation	Average Subsidy per Enrollee	Total Subsidy Payments
January	58	-	\$38.88	\$2,255
February	55	(2)	\$39.98	\$2,199
March	55	-	\$39.64	\$2,180
April	54	(1)	\$39.46	\$2,131
May	111	57	\$22.03	\$2,445
June	60	(51)	\$44.58	\$2,675
July	64	4	\$44.80	\$2,867
August	64	2	\$47.52	\$3,041
September	71	7	\$46.21	\$3,281
October	64	4	\$44.80	\$2,867
November	64	2	\$47.52	\$3,041
December	71	7	\$46.21	\$3,281

X. Evaluation/Quality Assurance/Monitoring Activity

Identify, describe, and report the outcome of all major evaluation/quality assurance/monitoring activities in DY 16, January 1, 2024 – December 31, 2024.

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 (Q1) of 2024, the third quarter of State Fiscal Year (SFY) 2024:

Active Contract Management (ACM)

EOHHS continued its ACM review with MCOs to ensure compliance with meeting all contractual requirements. There has been a greater focus on the development of aligning both managed care compliance and the Office of Program Integrity (OPI). EOHHS kicked off CY24 with each vendor presenting on their processes for program integrity and reviewing their goals for the year. EOHHS required that each vendor set a specific ACM goal related to improve their organization’s program integrity department. Some organizations had specific processes, such as require prepayment review, while others focused on specific goals related to annual recoupments. EOHHS will oversee and monitor that each MCO meets their goals set for this quarter. EOHHS will also require that a member of the EOHHS OPI team attend the oversight meetings to better align processes.

General Updates

- Given the intense oversight and research related to compliance with the Cures Act, full compliance was achieved in Q1. EOHHS helped to address this by refining a compendium that included clear guidance and definitions. Compliance for dental began on 11/1/23 and for medical MCOs on 2/1/24.
- EOHHS reviewed the final results of the EQRO with each MCO and Dental during Q1 Oversight meetings.

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

Neighborhood Health Plan of Rhode Island (NHPRI)

- NHPRI continued to work with RIDOH to obtain vaccination data for NHPRI members. They shared performance data on this effort in Q1 Oversight Meetings.

- NHPRI shared a formal transition plan related to transitioning care management from a subcontracted vendor and taking on that work internally. They are currently in the process of transition planning with the expectation of completion by Q3 2024.

UnitedHealthcare Community Plan (UHCCP-RI)

- UHCCP case managers continued targeted outreach to members in areas with low COVID-19 vaccination rates.
- EOHHS reviewed UHC’s oversight of their BHO, Optum, and how to streamline the authorization process that some providers have noted as burdensome.

Tufts Health Public Plans (THPP)

- THPP was still on a corrective action plan related to not meeting contractual requirements related to mainstreaming. EOHHS reviewed progress and THPP was able to close their CAP in February 2024.
- THPP has attended the provider enrollment meetings related to the 21st Century CURES Act and continued to be a solid partner. EOHHS continues to delve deeper into THPP’s network adequacy given recent trends by member requests to change plans. EOHHS will continue to monitor THPP’s Network Adequacy very closely and if necessary, will impose a plan to address. EOHHS is seeking to make Network Adequacy a formal Active Contract Management Project in future Q’s.

UnitedHealthcare-Dental (UHC Dental)

- EOHHS is currently working with UHC Dental to ensure adherence to CURES ACT. During Q1, UHC Dental has continued to make progress and remains significantly further along than their counterparts.
- EOHHS has reviewed their policies regarding loss of coverage due to RTNO impacting those who are currently receiving orthodontic care.

Areas of focus addressed during Q2:

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 2024, the fourth quarter of State Fiscal Year (SFY) 2024:

Active Contract Management (ACM)

EOHHS continued its ACM review with MCOs to ensure compliance with meeting all contractual requirements. There has been a greater focus on the development of aligning both managed care compliance and the Office of Program Integrity (OPI). EOHHS kicked off CY24 with each vendor presenting on their processes for program integrity and reviewing their goals for the year. EOHHS required that each vendor set a specific ACM goal related to improve their organization’s program integrity department. Some organizations had specific processes, such as require prepayment review, while others focused on specific goals related to annual recoupments. EOHHS will oversee and monitor that each MCO meets their goals set for this quarter. EOHHS will also require that a member of the EOHHS OPI team attend the oversight meetings to better align processes.

General Updates

- Given the intense oversight and research related to compliance with the Cures Act, full compliance was achieved in Q2.
- There were some challenges with CURES Act compliance and provider abrasion that were addressed during the quarter.
- EOHHS discussed the implications of the new Managed Care Final Rule related to access, quality and new contractual changes that would need to occur.
- EOHHS continued to work with its MCOs on the implementation of the CCBHC program and asked MCOS to provide updates regarding this program.
- EOHHS introduced new reporting requirements for noncompliant providers and the development of a state LEIE list to support PI activities.

Specific to the unique details of Q2 oversight, pertaining to each MCO, see below:

Neighborhood Health Plan of Rhode Island (NHPRI)

- NHPRI successfully transitioned care management from Optum back internally on June 1, 2024. There were no complaints associated with this.
- There was a PI issue with one of NHPRI's home care providers and EOHHS provided increased oversight of NHPRI's internal controls regarding claims payment and appropriate modifier use.
- NHPRI began implementation of delegated to Evolent for PT and OT services. Such transitions plans were reviewed by EOHHS during oversight meetings.

UnitedHealthcare Community Plan (UHCCP-RI)

- United had some issues with provider abrasion related to the Cures Act and the timeframes in which UHC could begin reviewing and start credentialing. The issues were clarified through FAQ policy documents.
- UHC had some challenges with contracted related to Optum for CCBHCs that were addressed.

Tufts Health Public Plans (THPP)

- THPP was removed of corrective action plan related to not meeting contractual requirements related to mainstreaming. EOHHS reviewed progress and THPP was able to close their CAP in February 2024; however, this was an on-gong issue for oversight.
- THPP has attended the provider enrollment meetings related to the 21st Century CURES Act and continued to be a solid partner. EOHHS continues to delve deeper into THPP's network adequacy given recent trends by member requests to change plans. EOHHS will continue to monitor THPP's Network Adequacy very closely and if necessary, will impose a plan to address. EOHHS is seeking to make Network Adequacy a formal Active Contract Management Project in future Q's.
- There was another cyber incident reported by Tufts in June 2024 and Tufts was instructed to ensure that impacted members get appropriate notices and credit monitoring.

UnitedHealthcare-Dental (UHC Dental)

- EOHHS reviewed policies and practices related to accessing dental anesthesia between UHC Dental and the medical MCOs. There were some gaps and some access issues noted that were addressed through the review of this policy.
- EOHHS is currently working with UHC Dental to ensure adherence to CURES ACT. During Q2, UHC Dental has continued to make progress and remains significantly further along than their counterparts.
- EOHHS has reviewed their policies regarding loss of coverage due to RTNO impacting those who are currently receiving orthodontic care.

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 2024, the first quarter of State Fiscal Year (SFY) 2025:

Active Contract Management (ACM)

EOHHS continued its ACM review with MCOs to ensure compliance with meeting all contractual requirements. There has been a greater focus on the development of aligning both managed care compliance and the Office of Program Integrity (OPI). EOHHS kicked off CY24 with each vendor presenting on their processes for program integrity and reviewing their goals for the year. EOHHS required that each vendor set a specific ACM goal related to improve their organization's program integrity department. Some organizations had specific processes, such as require prepayment review, while others focused on specific goals related to annual recoupments. EOHHS will oversee and monitor that each MCO meets their goals set for this quarter. EOHHS will also require that a member of the EOHHS OPI team attend the oversight meetings to better align processes.

General Updates

- EOHHS included EPSDT compliance as an agenda item for each of the MCOs during this quarter, including how each MCO administers and monitors the benefits.
- Preparing for the launch of the Certified Community Behavioral Health Clinics (CCBHCs) in Rhode Island continued to be a focus of Oversight during this quarter.
- EOHHS worked with the MCOs to prepare for the implementation of rate increases that were included in the SFY 25 State Budget.
- EOHHS continued to monitor Cures Act Implementation, with the MCOs providing updates on how they are targeting the small number of providers that remain out of compliance.

Specific to the unique details of Q3 oversight, pertaining to each MCO, see below:

Neighborhood Health Plan of Rhode Island (NHPRI)

- NHPRI presented about their subcontractor, Evolent, including details about how Evolent engages with providers and how NHPRI is providing oversight.

- NHPRI presented about their EPSDT compliance and the continued focus on ensuring children are receiving timely vaccinations.
- NHPRI provided updates on CCBHC preparation and planning including the development of the Quality Implementation Manual and efforts to prepare providers for the changes.

UnitedHealthcare Community Plan (UHCCP-RI)

- United continued to prepare for CCBHC implementation, including developing the Quality Implementation Manual and efforts to communicating with providers.
- United provided an update to its Equity and Inclusion plan and describes their strategy to identify and try to reduce health disparities. This includes using data and drawing draw from Advisory Committees, HRSN Screening, CAHPS Survey, NPS Survey, Member and Community Outreach and collaboration with AEs and HEZs.
- United reports seeing increased vaccine hesitancy not only with children but with parents as well. They are also seeing healthcare work force increasingly decline flu and other vaccinations.

Tufts Health Public Plans (THPP)

- Tufts provided follow up on 32 members impacted by a June 2024 cyber incident. Tufts was instructed to ensure that impacted members get appropriate notices and credit monitoring.
- Tufts continues to work towards CCNHC readiness and is updating the billing process to go to automation by December; will continue the manual process in the interim. Tufts billing/claims team is working with provider outreach team to alleviate any issues.

UnitedHealthcare-Dental (UHC Dental)

- EOHHS asked UHC Dental to the number of appeals that end up in state fair hearings. An Appeals and Grievance audit will be conducted by IPRO this year.
- United provided update on Network Adequacy and Recruitment. They have added 40 individual providers and lost 19. They described their provider recruitment strategies which include face-to-face provider visits, calls, and emails and proactively identifying network gaps.

Areas of focus addressed during Q4:

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 (Q) of 2024, the first quarter of State Fiscal Year (SFY) 2025:

Active Contract Management (ACM)

EOHHS continued its ACM review with MCOs to ensure compliance with meeting all contractual requirements. As noted, there has been a greater focus on the development of aligning both managed care compliance and the Office of Program Integrity (OPI). Members of the EOHHS OPI team have attended monthly Oversight meetings to review open cases and overall progress towards MCO program integrity goals.

General Updates

- EOHHS continued to keep EPSDT compliance as an agenda item for each of the MCOs during this quarter, including how each MCO administers and monitors the benefits.
- Certified Community Behavioral Health Clinics (CCBHCs) launched in Rhode Island on 10/1/24 and were a focus of Oversight during this quarter.
- EOHHS continued to work with the MCOs to monitor the implementation of rate increases that were included in the SFY 25 State Budget.

Specific to the unique details of Q4 oversight, pertaining to each MCO, see below:

Neighborhood Health Plan of Rhode Island (NHPRI)

- NHPRI presented about implementation of new rates that went into effect on 10/1/24 and retroactive rate adjustment for rates that became effective on 7/1/24.
- NHPRI provided updates on CCBHC as the program launched on 10/1/24.
- EOHHS and NHPRI discussed effort to implement direct billing for the care of children in the custody of Department of Children, Youth, and Families (DCYF).

UnitedHealthcare Community Plan (UHCCP-RI)

- United presented about Prior Authorization and Utilization Management Planning efforts, including an overview of “Project Promise” which led to a reduction in PA codes. UHC is developing new dashboard to show results before and after the PA reduction program.
- United presented about EPSDT compliance and efforts to improve immunization rates.
- United provided updates on CCBHC as the program launched on 10/1/24.

Tufts Health Public Plans (THPP)

- EOHHS and Tufts discussed community engagement efforts and strategies to improve EPSDT compliance.
- Tufts provided updated on Behavioral Health Navigation and efforts to remove barriers for members with BH needs. EOHHS and Tufts discussed ways this effort can coordinate with CCBHC effort.

UnitedHealthcare-Dental (UHC Dental)

- EOHHS and United discussed efforts to improve network and strategies to improve access to care in the midst of a shortage of dental providers.
- United presented on Member Call Center including an overview of call intake, types of calls, and United’s customer service module.

XI. Enclosures/Attachments

Attachment 1: Rhode Island Budget Neutrality Report

Table A1.1 MEMBER MONTHS (ACTUALS)

Medicaid Eligibility Group (MEG)	Historical:		Current:				
	DY 14 2022	DY 15 2023	31-Mar-24	30-Jun-24	DY 16 30-Sep-24	31-Dec-24	YTD
ABD no TPL	187,648	194,446	50,864	53,722	51,656	52,781	209,023
ABD TPL	428,333	436,550	98,420	87,070	93,174	90,260	368,924
Rlte Care	2,105,228	2,170,552	534,031	471,551	490,324	481,177	1,977,083
CSHCN	148,016	149,079	34,559	31,717	33,509	32,636	132,421
217-like Group	59,116	65,198	17,090	18,529	17,490	18,020	71,129
Family Planning Group	14,277	12,986	3,443	6,392	4,209	5,239	19,283
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Low-Income Adult	1,299,785	1,319,843	269,000	238,921	264,664	262,139	1,034,724
Additional Populations & CNOMS	47,412	45,596	11,786	10,878	11,621	11,117	45,402
<i>Average Count of Members with Full Benefits</i>	<i>352,344</i>	<i>361,306</i>	<i>334,655</i>	<i>300,503</i>	<i>316,939</i>	<i>312,338</i>	<i>316,109</i>

Notes to Member Months (Actuals)

1. Rlte Care includes: 03: Rlte Care, 06: Pregnant Expansion, 07: CHIP Children
2. SUD IMD member months reallocated to their underlying eligibility group. Approximately, 70% are reported within the Low-Income Adult Group.
3. Additional Populations & CNOMS include Early Intervention Only, ORS CNOM, Elders 65+.

Table A1.2 WITHOUT WAIVER PMPM

Medicaid Eligibility Group (MEG)	Historical:		Current:				
	DY 14 2022	DY 15 2023	31-Mar-24	30-Jun-24	DY 16 30-Sep-24	31-Dec-24	YTD
ABD no TPL	\$ 3,730	\$ 3,891	\$ 4,058	\$ 4,058	\$ 4,058	\$ 4,058	\$ 4,058
ABD TPL	\$ 4,217	\$ 4,398	\$ 4,587	\$ 4,587	\$ 4,587	\$ 4,587	\$ 4,587
Rlite Care	\$ 683	\$ 719	\$ 756	\$ 756	\$ 756	\$ 756	\$ 756
CSHCN	\$ 3,978	\$ 4,177	\$ 4,386	\$ 4,386	\$ 4,386	\$ 4,386	\$ 4,386
217-like Group	\$ 4,627	\$ 4,770	\$ 4,918	\$ 4,918	\$ 4,918	\$ 4,918	\$ 4,918
Family Planning Group	\$ 28	\$ 30	\$ 31	\$ 31	\$ 31	\$ 31	\$ 31
SUD IMD	\$ 4,649	\$ 4,900	\$ 5,165	\$ 5,165	\$ 5,165	\$ 5,165	\$ 5,165
Low-Income Adult	\$ 1,153	\$ 1,212	\$ 1,274	\$ 1,274	\$ 1,274	\$ 1,274	\$ 1,274
<i>Composite PMPM for Members with Full Benefits</i>	\$ 1,492	\$ 1,562	\$ 1,637	\$ 1,661	\$ -	\$ -	\$ 1,649

Table A1.3 WITHOUT WAIVER TOTAL EXPENDITURES

Medicaid Eligibility Group (MEG)	Historical:		Current:				
	DY 14 2022	DY 15 2023	31-Mar-24	30-Jun-24	DY 16 30-Sep-24	31-Dec-24	YTD
ABD no TPL	\$ 699,950,588	\$ 756,496,224	\$ 206,396,615	\$ 217,993,845	\$ 209,610,403	\$ 214,175,443	\$ 848,176,306
ABD TPL	\$ 1,806,070,051	\$ 1,919,867,943	\$ 451,445,194	\$ 399,383,591	\$ 427,382,183	\$ 414,015,883	\$ 1,692,226,850
Rlite Care	\$ 1,438,786,306	\$ 1,560,569,421	\$ 403,919,766	\$ 356,662,384	\$ 370,861,533	\$ 363,943,107	\$ 1,495,386,789
CSHCN	\$ 588,859,743	\$ 622,743,168	\$ 151,580,371	\$ 139,114,981	\$ 146,974,932	\$ 143,145,838	\$ 580,816,122
Subtotal - Without Waiver	\$ 4,533,666,688	\$ 4,859,676,756	\$ 1,213,341,946	\$ 1,113,154,801	\$ 1,154,829,051	\$ 1,135,280,270	\$ 4,616,606,068
217-like Group	\$ 273,522,847	\$ 311,015,122	\$ 84,051,982	\$ 91,129,267	\$ 86,019,261	\$ 88,625,905	\$ 349,826,416
Family Planning Group	\$ 403,718	\$ 386,674	\$ 107,953	\$ 200,417	\$ 131,971	\$ 164,266	\$ 604,606
SUD IMD	n/a						
New Adult Group	\$ 1,498,698,226	\$ 1,599,438,929	\$ 342,610,276	\$ 304,300,334	\$ 337,087,755	\$ 333,871,803	\$ 1,317,870,168

Budget Neutrality Tables II

Table A1.4 HYPOTHETICALS ANALYSIS

Medicaid Eligibility Group (MEG)	Historical:		Current:				
	DY 14 2022	DY 15 2023	31-Mar-24	30-Jun-24	DY 16 30-Sep-24	31-Dec-24	YTD
Without Waiver Expenditure Baseline	\$ 273,926,565	\$ 311,401,797	\$ 84,159,935	\$ 91,329,685	\$ 86,151,232	\$ 88,790,171	\$ 350,431,022
With Waiver Expenditures (Actuals):							
217-like Group	\$ 249,615,556	\$ 290,363,365	\$ 80,655,125	\$ 86,606,010	\$ 87,452,001	\$ 99,912,548	\$ 354,625,685
Family Planning Group	\$ 167,696	\$ 159,199	\$ 52,350	\$ 65,586	\$ 101,029	\$ 388,442	\$ 607,407
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Subtotal - Actuals	\$ 249,783,252	\$ 290,522,564	\$ 80,707,475	\$ 86,671,596	\$ 87,553,030	\$ 100,300,990	\$ 355,233,092
Excess Spending: Hypotheticals	\$ (24,143,313)	\$ (20,879,233)	\$ (3,452,460)	\$ (4,658,089)	\$ 1,401,798	\$ 11,510,819	\$ 4,802,070

Table A1.5 LOW INCOME ADULT ANALYSIS

Medicaid Eligibility Group (MEG)	Historical:		Current:				
	DY 14 2022	DY 15 2023	31-Mar-24	30-Jun-24	DY 16 30-Sep-24	31-Dec-24	YTD
Without Waiver Expenditure Baseline	\$ 1,498,698,226	\$ 1,599,438,929	\$ 342,610,276	\$ 304,300,334	\$ 337,087,755	\$ 333,871,803	\$ 1,317,870,168
With Waiver Expenditures (Actuals)	\$ 772,853,442	\$ 826,633,839	\$ 179,774,114	\$ 133,018,353	\$ 148,648,655	\$ 155,345,839	\$ 616,786,961
Excess Spending: New Adult Group	\$ (725,844,785)	\$ (772,805,090)	\$ (162,836,162)	\$ (171,281,981)	\$ (188,439,100)	\$ (178,525,964)	\$ (701,083,207)

Table A1.6 WITH WAIVER TOTAL ANALYSIS

	Historical:		Current:				
	DY 14 2022	DY 15 2023	31-Mar-24	30-Jun-24	DY 16 30-Sep-24	31-Dec-24	YTD
Medicaid Eligibility Group (MEG)							
ABD no TPL	\$ 427,488,680	\$ 510,202,919	\$ 130,371,355	\$ 134,109,001	\$ 135,123,002	\$ 134,183,617	\$ 533,786,976
ABD TPL	\$ 717,123,157	\$ 811,676,119	\$ 208,971,970	\$ 210,931,023	\$ 226,426,522	\$ 239,877,177	\$ 886,206,691
Rlte Care	\$ 665,085,786	\$ 852,399,266	\$ 241,906,359	\$ 226,319,859	\$ 251,572,388	\$ 214,093,562	\$ 933,892,168
CSHCN	\$ 195,422,916	\$ 276,763,896	\$ 59,540,750	\$ 67,267,315	\$ 54,506,152	\$ 52,005,021	\$ 233,319,238
Excess Spending: Hypotheticals	\$ -	\$ -	\$ -	\$ -	\$ 1,401,798	\$ 1,401,798	\$ 11,510,819
Excess Spending: New Adult Group	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DSHP - Health Workforce & AIE Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CNOM Services	\$ 10,175,765	\$ 9,636,986	\$ 2,189,148	\$ 2,456,438	\$ 2,537,285	\$ 2,928,574	\$ 10,111,445
TOTAL	\$ 2,015,296,303	\$ 2,460,679,186	\$ 642,979,582	\$ 641,083,636	\$ 671,567,147	\$ 644,489,749	\$ 2,608,827,338
Favorable / (Unfavorable) Variance	\$ 2,518,370,385	\$ 2,398,997,570	\$ 570,362,364	\$ 472,071,165	\$ 483,261,903	\$ 490,790,520	\$ 2,007,778,730
Cumulative Budget Neutrality Variance	\$ 15.51 B	\$ 17.91 B	\$ 18.48 B	\$ 18.95 B	\$ 19.43 B	\$ 19.92 B	\$ 19.92 B

Notes to With Wavier Analysis

1. Excess Spending: Hypotheticals and New Adult Group reflects spending, if any, that exceeds the Without Waiver benchmark. Any savings against the Hypothetical populations (i.e., IMD SUD, 217-like and Family Planning groups) do not contribute to Budget Neutrality Variance.
2. Favorable/(Unfavorable) Variance compares actual spending on base MEGs and any excess spending on Hypotheticals or New Adult Group and any spending on CNOM services or DSHP investments to the Without Waiver expenditure limit (calculated in Table A1.3 as the product of the actual member months multiplied PMPM benchmark).
3. The Cumulative Budget Neutrality variance considers total “savings” relative to Without Waiver limit.

ATTACHMENT 2 – Appeals, Grievances and Complaints – Quarterly Report Q4-2024

Attachment A2.1: NHPRI Q4-2024 Prior Authorization Requests

Rite Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	7,352	6,931	6,897	6,537	27,717
Prior Authorization Denials	855	942	1,279	1,262	4,338
Rite Care AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

CSN	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	1,046	1,089	1,013	1,122	4,270
Prior Authorization Denials	42	36	72	103	253
CSN AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

RHP	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	3,146	3,339	3,279	3,300	13,064
Prior Authorization Denials	266	394	494	555	1,709
RHP AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

RHE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	8,611	8,813	9,768	8,562	35,754
Prior Authorization Denials	865	1,157	1,823	1,688	5,533
RHE AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

SubCare** (NHP Only)	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	199	199	196	193	787
Prior Authorization Denials	15	16	20	16	67

NHPRI Prior Authorizations and Denial Rates

Quarter over Quarter 2024 – Denial Rates				
	Q1	Q2	Q3	Q4
Rite Care	12%	14%	19%	19%
CSN	4%	3%	7%	9%
RHP	8%	12%	15%	17%
RHE	10%	13%	19%	20%
Subcare	8%	8%	10%	8%

Attachment A2.2: UHCCP Q4-2024 Prior Authorization Requests

Rlte Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	5,382	5,106	4,520	4,799	19,807
Prior Authorization Denials	1,194	1,320	981	904	4,399
Rlte Care AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	263	267	257	222	1,009
Prior Authorization Denials	15	16	23	11	65

CSN	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	441	416	372	536	1,765
Prior Authorization Denials	52	53	58	35	198
CSN AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	27	44	27	29	127
Prior Authorization Denials	4	4	4	2	14

RHP	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	2,800	2,809	2,570	3,946	12,125
Prior Authorization Denials	563	545	518	413	2,039
RHP AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	134	108	100	109	451
Prior Authorization Denials	6	6	6	4	22

RHE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	6,411	6,359	5,917	9,788	28,475
Prior Authorization Denials	1,399	1,406	1,234	1,021	5,060
RHE AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	253	226	242	185	906
Prior Authorization Denials	17	7	12	8	44

SubCare** (NHP Only)	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	N/A	N/A	N/A	N/A	N/A
Prior Authorization Denials	N/A	N/A	N/A	N/A	N/A

UHCCP Prior Authorizations and Denial Rates

Quarter over Quarter 2024 – Denial Rates				
	Q1	Q2	Q3	Q4
Rlte Care	22%	26%	22%	19%
CSN	12%	13%	16%	7%
RHP	20%	19%	20%	10%
RHE	22%	22%	21%	10%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.3: THRIT Q4-2024 Prior Authorization Requests

Rlte Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	222	384	134	175	915
Prior Authorization Denials	27	32	14	17	90
Rlte Care AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

CSN	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0
CSN AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

RHP	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	56	154	36	43	289
Prior Authorization Denials	9	8	3	7	27
RHP AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

RHE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0
RHE AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

SubCare** (NHP Only)	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	N/A	N/A	N/A	N/A	N/A
Prior Authorization Denials	N/A	N/A	N/A	N/A	N/A

THRIT Prior Authorizations and Denial Rates

Quarter over Quarter 2024 – Denial Rates				
	Q1	Q2	Q3	Q4
Rlte Care	12%	8%	10%	10%
CSN	0%	0%	0%	0%
RHP	16%	5%	8%	16%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.4: Rlte Smiles Q4-2024 Prior Authorization Requests

Dental	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	2,201	2,029	2,000	2,242	8,472
Prior Authorization Denials	689	600	591	638	2,518
RX	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0
RAD	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0
Orthodontic	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	938	815	807	835	3,395
Prior Authorization Denials	572	461	453	482	1,968

Rlte Smiles Prior Authorizations and Denial Rates

Quarter over Quarter 2024 – Denial Rates				
	Q1	Q2	Q3	Q4
Dental	31%	30%	30%	28%
Orthodontic	61%	57%	56%	58%

Attachment A2.5 NHPRI Q4-2024 Appeals and Overturn Rates

Appeals Internal - Rite Care	Q1	Q2	Q3	Q4	YTD
Standard	138	171	110	135	554
Overturned	63	89	46	60	258
Expedited	4	4	8	8	24
Overturned	2	2	7	8	19

Appeals Internal - CSN	Q1	Q2	Q3	Q4	YTD
Standard	13	13	7	8	41
Overturned	7	7	5	6	25
Expedited	1	1	2	1	5
Overturned	1	1	2	1	5

Appeals Internal - RHP	Q1	Q2	Q3	Q4	YTD
Standard	60	62	82	71	275
Overturned	29	39	35	24	127
Expedited	0	7	3	7	17
Overturned	0	4	2	3	9

Appeals Internal - RHE	Q1	Q2	Q3	Q4	YTD
Standard	184	165	184	202	735
Overturned	92	74	67	101	334
Expedited	4	4	6	0	14
Overturned	1	4	6	0	11

Appeals Internal - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	2	4	0	1	7
Overturned	1	2	0	1	4
Expedited	1	2	1	0	4
Overturned	1	0	1	0	2

Appeals External - Rite Care	Q1	Q2	Q3	Q4	YTD
Standard	31	32	20	24	107
Overturned	10	14	11	12	47
Expedited	2	0	0	0	2
Overturned	0	0	0	0	0

Appeals External - CSN	Q1	Q2	Q3	Q4	YTD
Standard	5	1	6	4	16
Overturned	1	1	5	2	9
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - RHP	Q1	Q2	Q3	Q4	YTD
Standard	21	17	15	20	73
Overturned	5	7	4	8	24
Expedited	0	1	0	0	1
Overturned	0	0	0	0	0

Appeals External - RHE	Q1	Q2	Q3	Q4	YTD
Standard	30	23	27	27	107
Overturned	11	8	12	12	43
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	2	0	2	0	4
Overturned	0	0	1	0	1
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Quarter over Quarter 2024 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	Q2	Q3	Q4
Rite	46%	52%	42%	44%
CSN	54%	54%	71%	75%
RHP	48%	63%	43%	34%
RHE	50%	45%	36%	50%
Subcare	50%	50%	0%	100%

Internal Expedited Appeal overturn rates:				
	Q1	Q2	Q3	Q4
Rite	50%	50%	88%	100%
CSN	100%	100%	100%	100%
RHP	0%	57%	67%	100%
RHE	25%	100%	67%	70%
Subcare	100%	0%	100%	0%

Quarter over Quarter 2024 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
Rite	30%	44%	55%	50%
CSN	20%	100%	83%	50%
RHP	24%	39%	27%	40%
RHE	37%	35%	44%	44%
Subcare	0%	0%	50%	

External Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
Rite	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	0%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	0%	0%	0%	0%

Attachment A2.6 UHCCP Q4-2024 Appeals and Overturn Rates

Appeals Internal - Rite Care	Q1	Q2	Q3	Q4	YTD
Standard	20	14	22	26	82
Overturned	10	8	12	10	40
Expedited	39	32	22	35	128
Overturned	27	21	13	24	85

Appeals Internal - CSN	Q1	Q2	Q3	Q4	YTD
Standard	6	5	8	6	25
Overturned	2	0	2	0	4
Expedited	2	2	2	4	10
Overturned	2	1	1	2	6

Appeals Internal - RHP	Q1	Q2	Q3	Q4	YTD
Standard	12	7	15	12	46
Overturned	4	3	4	6	17
Expedited	15	19	15	16	65
Overturned	8	15	6	7	36

Appeals Internal - RHE	Q1	Q2	Q3	Q4	YTD
Standard	22	21	24	35	102
Overturned	10	11	10	18	49
Expedited	41	41	41	36	159
Overturned	30	27	26	21	104

Appeals Internal - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A
Expedited	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A

Appeals External - Rite Care	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - CSN	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - RHP	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - RHE	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A
Expedited	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A

Quarter over Quarter 2024 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	Q2	Q3	Q4
Rite	50%	57%	55%	38%
CSN	33%	0%	25%	50%
RHP	33%	43%	27%	44%
RHE	45%	52%	42%	58%
Subcare	N/A	N/A	N/A	N/A

Internal Expedited Appeal overturn rates:				
	Q1	Q2	Q3	Q4
Rite	69%	66%	59%	69%
CSN	100%	50%	50%	0%
RHP	53%	79%	40%	0%
RHE	73%	66%	63%	0%
Subcare	N/A	N/A	N/A	N/A

Quarter over Quarter 2024 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
Rite	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	0%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

External Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
Rite	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	0%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.7 THRIT Q4-2024 Appeals and Overturn Rates

Appeals Internal - Rite Care	Q1	Q2	Q3	Q4	YTD
Standard	2	2	1	6	11
Overturned	0	0	0	0	0
Expedited	0	3	1	3	7
Overturned	0	2	1	2	5

Appeals External - Rite Care	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - CSN	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - CSN	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - RHP	Q1	Q2	Q3	Q4	YTD
Standard	7	6	3	5	21
Overturned	2	1	2	1	6
Expedited	9	4	2	4	19
Overturned	5	2	1	3	11

Appeals External - RHP	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - RHE	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - RHE	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A
Expedited	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A

Appeals External - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A
Expedited	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A

Quarter over Quarter 2024 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	Q2	Q3	Q4
Rite	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	29%	17%	67%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Internal Expedited Appeal overturn rates:				
	Q1	Q2	Q3	Q4
Rite	0%	67%	100%	67%
CSN	0%	0%	0%	0%
RHP	56%	50%	50%	75%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Quarter over Quarter 2024 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
Rite	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	0%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

External Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
Rite	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	0%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.8 Rite Smiles Q4-2024 Appeals and Overturn Rates

Appeals Internal - Dental	Q1	Q2	Q3	Q4	YTD
Standard	14	1	1	4	20
Overtured	11	0	0	0	11
Expedited	0	0	1	1	2
Overtured	0	0	0	0	0

Appeals Internal - Orthodontics	Q1	Q2	Q3	Q4	YTD
Standard	55	40	59	45	199
Overtured	15	16	15	10	56
Expedited	10	10	11	10	41
Overtured	1	16	0	0	17

Appeals External - Dental (State Fair Hearing)	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overtured	0	0	0	0	0
Expedited	0	0	0	0	0
Overtured	0	0	0	0	0

Appeals External - Orthodontics (State Fair Hearing)	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overtured	0	0	0	0	0
Expedited	0	0	0	0	0
Overtured	0	0	0	0	0

Quarter over Quarter 2024 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	Q2	Q3	Q4
General Dental	79%	0%	0%	0%
Orthodontic	27%	40%	25%	22%

Internal Expedited Appeal overturn rates:				
	Q1	Q2	Q3	Q4
General Dental	0%	0%	0%	0%
Orthodontic	10%	0%	0%	0%

Quarter over Quarter 2024 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
General Dental	0%	0%	0%	0%
Orthodontic	0%	0%	0%	0%

External Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
General Dental	0%	0%	0%	0%
Orthodontic	0%	0%	0%	0%

Attachment A2.9 NHPRI Q4-2024 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
Rlte Care	2	7	7	8	24
CSN	0	2	2	2	6
RHP	9	12	7	4	32
Rhe	7	6	13	7	33
SubCare (NHP only)	0	0	0	1	1
Total Number of Grievances					96
AE	5	8	5	2	20

Number of Complaints	Q1	Q2	Q3	Q4	YTD
Rlte Care	9	2	7	12	30
CSN	2	6	2	0	10
RHP	8	9	15	11	43
RHE	19	16	15	7	57
SubCare (NHP only)	0	0	0	0	0
Total Number of complaints					140
AE	6	5	7	3	21

Attachment A2.10 UHCCP Q4-2024 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
Rlte Care	8	11	5	11	35
CSN	3	1	0	0	4
RHP	2	7	2	9	20
RHE	8	17	8	9	42
SubCare (NHP only)	N/A	N/A	N/A	N/A	0
Total Number of Grievances					101
AE	12	11	0	0	23

Number of Complaints	Q1	Q2	Q3	Q4	YTD
Rlte Care	0	0	0	0	0
CSN	0	0	0	0	0
RHP	0	0	0	0	0
RHE	0	1	0	0	1
SubCare (NHP only)	N/A	N/A	N/A	N/A	0
Total Number of complaints					1
AE	7	1	0	0	8

Attachment A2.11 THRIT Q4-2024 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
Rite Care	1	0	1	0	2
CSN	0	0	0	0	0
RHP	3	1	5	5	14
RHI	0	0	0	0	0
SubCare (NHP only)	N/A	N/A	N/A	N/A	0
Total Number of Grievances					16
AE	0	0	0	2	2

Number of Complaints	Q1	Q2	Q3	Q4	YTD
Rite Care	0	0	0	0	0
CSN	0	0	0	0	0
RHP	0	0	0	0	0
RHE	0	0	0	0	0
SubCare (NHP only)	N/A	N/A	N/A	N/A	0
Total Number of complaints					0
AE	0	0	0	0	0

Attachment A2.12 Rite Smiles Q4-2024 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
Rite Smiles	0	0	0	1	1
Total Number of Grievances					1

Number of Complaints	Q1	Q2	Q3	Q4	YTD
Rite Smiles	0	0	0	0	0
Total Number of complaints					0

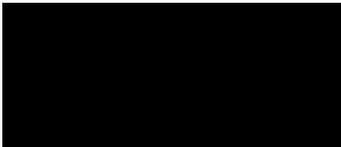
Attachment 3: Statement of Certification of Accuracy of Reporting of Member Months

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: Dezeree Hodish

Title: Acting Medicaid Chief Financial Officer



Signature: _____

Date: 3/31/2025

XII. State Contact(s)

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XIII. Date Submitted to CMS

3/31/25