



Report to the Centers for Medicare and Medicaid Services

Quarterly Operations Report

Rhode Island Comprehensive

1115 Waiver Demonstration

DY16 Q2

April 1, 2024 – June 30, 2024

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

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I. Narrative Report Format

Rhode Island Comprehensive Section 1115

Demonstration Section 1115 Quarterly Report

Demonstration Reporting

Period: DY 16 April 1, 2024 – June 30, 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:

- 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, Rltc Care and Rltc Share, the state's previous section 1915(b) Dental Waiver and the state's previous section 1915(c) home and community-based services (HCBS) waivers were subsumed under this demonstration. The state's title XIX state plan as approved; its title XXI state plan, as approved; and this Medicaid section 1115 demonstration entitled "Rhode Island Comprehensive Demonstration," will continue to operate concurrently for the demonstration period.

The Rhode Island Comprehensive demonstration includes the following distinct components:

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

- b. The Extended Family Planning component provides access to family planning and referrals to primary care services for women whose family income is at or below 200 percent of the federal poverty level (FPL), and who lose Medicaid eligibility under Rite Care at the conclusion of their 60-day postpartum period. Effective January 1, 2014, eligibility will be raised to 250 percent of the FPL. Section X of the STCs details the requirements.
- c. The Rite Share premium assistance component enrolls individuals who are eligible for Medicaid/CHIP, and who are employees or dependents of an employee of an employer that offers a “qualified” plan into the Employer Sponsored Insurance (ESI) coverage.
- d. Effective through December 31, 2013, the Rhody Health Partners component provides Medicaid State Plan and demonstration benefits through a managed care delivery system to aged, blind, and disabled beneficiaries who have no other health insurance. Effective November 1, 2013, the Rhody Health Options component expanded to all qualified aged, blind, and disabled beneficiaries whether they have other health insurance or not. Effective January 1, 2014, the New Adult Group began enrollment in Rhody Health Partners. The amount, duration, and scope of these services may vary and limitations must be set out in the state plan, the STCs, or in demonstration changes implemented using the processes described in section IV of the STCs.
- e. The Home and Community-Based Service component provides services similar to those authorized under sections 1915(c) and 1915(i) of the Act to individuals who need home and community-based services either as an alternative to institutionalization or otherwise based on medical need.
- f. The Rite Smiles Program is a managed dental benefit program for Medicaid eligible children born after May 1, 2000.

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

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.
- 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.

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 (June 30, 2024) with eligibility for full benefits is **317,986**. This count does not include another 1,915 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 **12,091** members with only limited Medicaid coverage.

This represents a 5.2% decrease in Medicaid enrollment (full benefits) over prior quarter. The decrease is due to the Rhode Island Unwinding of the continuous coverage requirement in place since the start of the of the Public Health Emergency in March 2020.

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	15,626	15,517	16,563	16,952	16,917	0	0	-35	354
02: ABD TPL	34,422	36,731	34,384	33,139	31,180	0	0	-1,959	-3,204
03: Rite Care	138,807	143,966	147,565	137,502	128,747	0	0	-8,755	-18,818
04: CSHCN	12,250	12,443	11,666	11,406	10,952	0	0	-454	-714
05: Family Planning	1,374	1,114	1,058	1,114	1,415	0	0	301	357
06: Pregnant Expansion	56	96	103	94	86	0	0	-8	-17
07: CHIP Children	33,616	33,923	35,386	35,960	31,546	0	0	-4,414	-3,840
10: Elders 65+ - OHA Copay	1,562	1,152	1,162	1,176	1,188	0	0	12	26
14: BCCPT	87	93	49	35	35	0	0	0	-14
15: ORS CNOM	74	100	95	110	83	0	0	-27	-12
17: Early Intervention	1,781	1,482	1,682	1,751	1,813	0	0	62	131
18: HIV	867	839	784	809	557	0	0	-252	-227
21: 217-like	4,701	5,130	5,619	5,726	5,870	0	0	144	251
22: New Adult Group	103,725	112,538	93,272	89,208	87,545	0	0	-1,663	-5,727
27: Undocumented Immigrants	59	55	70	82	52	0	0	-30	-18
Grand Total	349,007	365,179	349,458	335,064	317,986	0	0	-17,078	-31,472
Full Benefits Only	343,290	360,437	344,607	330,022	312,878	0	0	-17,144	-31,729
Partial Benefits	5,717	4,742	4,851	5,042	5,108	0	0	66	257

Notes to Table III.1:

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.
2. "03: Children with Special Healthcare Needs (CHSCN)" includes Budget Populations, "08: Substitute Care" and "09: CSHCN Alt."
3. "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.
4. "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.
5. "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.
6. "22: New Adult Group" and "Low-Income Adults" are used interchangeably.

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

Snapshot	DY16							
	DY13	DY14	DY15	Mar-24	Jun-24	Sep-24	Dec-24	Δ Quarter Δ YTD
07: Separate CHIP Children	2,277	2,912	2,621	2,380	1,915			-465 -706
10: Elders 65+ - MPP Only	7,363	7,064	7,781	7,577	6,983			-594 -798
99: Base	3	2	138	150	96			-54 -42
Grand Total	9,643	9,978	10,540	10,107	8,994			-1,113 -1,546

Notes to Table III.2:

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.
2. "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**.
3. "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	DY16					
	DY13	DY14	DY15	Mar-24	Jun-24	Sep-24 Dec-24
01: ABD no TPL		106	93	89	101	112
02: ABD TPL		19	5	10	4	5
03: Rite Care		59	55	38	48	46
04: CSHCN		2	7	2	2	2
07: CHIP Children				1	0	0
21: 217-like		1			0	0
22: New Adult Group		487	394	353	369	409
Grand Total		674	554	493	524	574

Notes to Table III.3:

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.
2. 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
3. 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 **30,854**, including 29,273 with full benefits.

The cumulative count of terminations among those with full Medicaid benefits in the current demonstration year is **53,121**.

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

	DY13	DY14	DY15				
			Mar-23	Jun-23	Sep-23	Dec-23	YTD
01: ABD no TPL	785	943	454	587	-	-	946
02: ABD TPL	1,693	3,548	1,381	2,045	-	-	3,388
03: Rite Care	4,685	6,397	10,280	13,752	-	-	22,523
04: CSHCN	702	548	184	585	-	-	740
05: Family Planning	77	87	120	230	-	-	318
06: Pregnant Expansion		9	9	12	-	-	21
07: CHIP Children	1,016	1,104	3,033	3,537	-	-	6,166
10: Elders 65+ MPP Only	282	500	551	1,000	-	-	1,464
10: Elders 65+ OHA Copay	477	147	57	54	-	-	92
14: BCCPT	2	38	12	2	-	-	11
15: ORS CNOM	62	89	52	76	-	-	75
17: Early Intervention	1,035	863	224	266	-	-	474
18: HIV	92	126	11	289	-	-	299
21: 217-like	284	410	154	125	-	-	283
22: New Adult Group	4,254	32,056	10,413	8,218	-	-	17,128
27: Undocumented Immigrants	39	34	49	67	-	-	60
Grand Total	15,485	46,899	26,984	30,845	-	-	53,988
Subtotal - Full Medicaid	14,029	45,360	26,037	29,273	-	-	53,121

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 March 31, 2024, a total of **2,380** Medicaid-eligible members were in a self-directed HCBS program, including 1,096 in a program administered by EOHHS and 1,284 in a program for I/DD members and administered by Rhode Island’s Department of Behavioral Health Developmental Disabilities & Hospitals (BHDDH).

Distinct Members	DY13	DY14	DY15	DY16					
				Mar-24	Jun-24	Sep-24	Dec-24	Δ Quarter	Δ YTD
New	265	227	298	84	103	0	0	0	94
Continuing	464	630	752	1,012	1,062	0	0	0	1,035
Subtotal - EOHHS	729	857	1,050	1,096	1,165	0	0	0	1,129
Subtotal - BHDDH		1,071	1,239	1,284	1,300	0	0	0	1,292
Grand Total		1,928	2,289	2,380	2,465	0	0	0	2,421

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 April 1, 2024 – June 30, 2024 (by category or by type) with a total of **\$5,429.55** 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
	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

V. Outreach/Innovative Activities

Summarize outreach activities and/or promising practices for April 1, 2024 – June 30, 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 Q1, the following activities occurred.

Accountable Entities (AEs)

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.

VI. Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in DY 16 April 1, 2024 – June 30, 2024.

Modernizing Health and Human Services Eligibility Systems

DY16 Q1

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.

HCBS Conflict-Free Case Management

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.

HCBS Quality Improvement

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.

LTSS System Modernization

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.

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 – March 31, 2024.

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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

Request Type	Description	Date Submitted	CMS Action	Date
SPA	24-0006 Continuous Coverage for Children (CHIP)	5/20/24	Pending	
SPA	24-0007 E-MHPRR	5/8/24	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.

Other Programmatic Changes Related to the 1115 Waiver

DY16 Q2

EOHHS posted new draft RItE @ 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.

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 April 1, 2024 – June 30, 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

April 1, 2024 – June 30, 2024

The Rhode Island Executive Office of Health and Human Services (RI EOHHS) monitors 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. The Plan is then required to investigate the issue(s) and submit a report to EOHHS Medicaid Managed Care Oversight team within thirty (30) days of notification and, if appropriate, monthly at the EOHHS/MCO Oversight meeting. 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.

EOHHS has continued to require each MCO to submit their current Network Adequacy plan and provide in network contracting strategies to address any lack of in-network BH service access.

EOHHS continued to build on its work related to Network Adequacy and oversight.

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 (Rite Smiles) Q2-2024: Prior Authorizations and Denials: Rite 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.

EOHHS also participates in two advisory groups, the long-standing Consumer Advisory Committee (CAC) and the Integrated Care Initiative's ICI Implementation Council. CAC stakeholders include individuals who are enrolled in Rlte Care, and representatives of advocacy groups, health plans, the Department of Human Services (DHS), and EOHHS. The CMS Regional Officer participates in these meetings as her schedule permits. The CAC met one (1) time in DY 16 April 1, - June 30, 2024:

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

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 April 1, 2024 – June 30, 2024.

NEMT Analysis	Q1 2024	Q2 2024	Q3 2024	Q4 2024	DY16 YTD
All NEMT & Elderly Complaints	352	372			724
All NEMT & Elderly Trip Reservations	536,640	533,887			1,070,527
Complaint Performance	0.07%	0.07%			0.07%
Top 5 Complaint Areas					
Transportation Provider No Show	101	109	1		210
Transportation Broker Processes	25	28	5		53
Transportation Provider Behavior	22	30			52
Transportation Provider Late	76	64	2		140
Transportation Broker Client Protocols	28	37	4		65
Driver Service/Delivery	54	50	3		104

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 this quarter, the average monthly participation was 75 enrollees. The average subsidy was \$32.23 per individual, with an average total of \$2,417 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				
August				
September				
October				
November				
December				

X. Evaluation/Quality Assurance/Monitoring Activity

Identify, describe, and report the outcome of all major evaluation/quality assurance/monitoring activities in DY 16, April 1, 2024 – June 30, 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 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.

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	187,666	194,359	50,453	50,702	0	0	101,155
ABD TPL	428,511	437,464	100,214	94,956	0	0	195,170
Rlte Care	2,105,300	2,170,726	534,282	490,696	0	0	1,024,978
CSHCN	148,028	149,100	34,496	33,257	0	0	67,753
217-like Group	59,141	65,314	16,995	17,420	0	0	34,415
Family Planning Group	14,278	12,912	3,210	3,856	0	0	7,066
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Low-Income Adult	1,299,967	1,320,106	269,341	265,164	0	0	534,505
Additional Populations & CNOMS	47,064	45,239	11,657	11,432	0	0	23,089
<i>Average Count of Members with Full Benefits</i>	<i>352,384</i>	<i>361,422</i>	<i>335,260</i>	<i>317,398</i>	<i>0</i>	<i>0</i>	<i>326,329</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
RIte 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
Composite PMPM for Members with Full Benefits	\$ 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	\$ 700,017,730	\$ 756,157,749	\$ 204,728,854	\$ 205,739,249	\$ -	\$ -	\$ 410,468,103
ABD TPL	\$ 1,806,820,590	\$ 1,923,887,550	\$ 459,674,138	\$ 435,556,084	\$ -	\$ -	\$ 895,230,222
RIte Care	\$ 1,438,835,514	\$ 1,560,694,522	\$ 404,109,612	\$ 371,142,899	\$ -	\$ -	\$ 775,252,511
CSHCN	\$ 588,907,483	\$ 622,830,891	\$ 151,304,045	\$ 145,869,626	\$ -	\$ -	\$ 297,173,671
Subtotal - Without Waiver	\$ 4,534,581,317	\$ 4,863,570,711	\$ 1,219,816,649	\$ 1,158,307,858	\$ -	\$ -	\$ 2,378,124,507
217-like Group	\$ 273,638,519	\$ 311,568,479	\$ 83,584,754	\$ 85,674,987	\$ -	\$ -	\$ 169,259,741
Family Planning Group	\$ 403,746	\$ 384,471	\$ 100,648	\$ 120,902	\$ -	\$ -	\$ 221,550
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
New Adult Group	\$ 1,498,908,079	\$ 1,599,757,643	\$ 343,044,589	\$ 337,724,577	\$ -	\$ -	\$ 680,769,166

Budget Neutrality Tables II

Table A1.4 HYPOTHETICALS 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)							
Without Waiver Expenditure Baseline	\$ 274,042,265	\$ 311,952,950	\$ 83,685,401	\$ 85,795,890	\$ -	\$ -	\$ 169,481,291
With Waiver Expenditures (Actuals):							
217-like Group	\$ 249,615,556	\$ 290,788,754	\$ 80,798,272	\$ 86,343,828	\$ -	\$ -	\$ 167,142,100
Family Planning Group	\$ 167,696	\$ 159,199	\$ 52,350	\$ 65,586	\$ -	\$ -	\$ 117,936
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Subtotal - Actuals	\$ 249,783,252	\$ 290,947,953	\$ 80,850,622	\$ 86,409,414	\$ -	\$ -	\$ 167,260,036
Excess Spending: Hypotheticals	\$ (24,259,013)	\$ (21,004,997)	\$ (2,834,779)	\$ 613,524	\$ -	\$ -	\$ (2,221,255)

Table A1.5 LOW INCOME ADULT 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)							
Without Waiver Expenditure Baseline	\$ 1,498,908,079	\$ 1,599,757,643	\$ 343,044,589	\$ 337,724,577	\$ -	\$ -	\$ 680,769,166
With Waiver Expenditures (Actuals)	\$ 772,853,442	\$ 824,591,187	\$ 92,300,536	\$ 59,097,830	\$ -	\$ -	\$ 151,398,366
Excess Spending: New Adult Group	\$ (726,054,637)	\$ (775,166,456)	\$ (250,744,053)	\$ (278,626,747)	\$ -	\$ -	\$ (529,370,800)

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	\$ 429,709,425	\$ 524,854,819	\$ 130,574,933	\$ 117,406,347	\$ -	\$ -	\$ 247,981,280
ABD TPL	\$ 717,124,386	\$ 832,474,501	\$ 208,197,962	\$ 210,057,023	\$ -	\$ -	\$ 418,254,985
Rite Care	\$ 643,507,742	\$ 849,834,889	\$ 306,858,847	\$ 243,951,475	\$ -	\$ -	\$ 550,810,322
CSHCN	\$ 195,422,916	\$ 276,763,896	\$ 59,540,750	\$ 59,517,728	\$ -	\$ -	\$ 119,058,478
Excess Spending: Hypotheticals	\$ -	\$ -	\$ -	\$ 613,524	\$ -	\$ -	\$ -
Excess Spending: New Adult Group	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DSHP - Health Workforce & AIE Payments	\$ 19,150,124	\$ 20,610,704	\$ 2,735,540	\$ 3,596,511	\$ -	\$ -	\$ 6,332,051
CNOM Services	\$ 10,175,765	\$ 9,636,986	\$ 2,189,648	\$ 2,457,000	\$ -	\$ -	\$ 4,646,648
TOTAL	\$ 2,015,090,357	\$ 2,514,175,795	\$ 710,097,680	\$ 637,599,608	\$ -	\$ -	\$ 1,347,083,763
Favorable / (Unfavorable) Variance	\$ 2,519,490,959	\$ 2,349,394,916	\$ 509,718,969	\$ 520,708,250	\$ -	\$ -	\$ 1,031,040,744
Cumulative Budget Neutrality Variance	\$ 15.51 B	\$ 17.86 B	\$ 18.37 B	\$ 18.89 B	\$ 18.89 B	\$ 18.89 B	\$ 18.89 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 Q2-2024

Attachment A2.1: NHPRI Q2-2024 Prior Authorization Requests

Rlte Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	7,352	6,931	0	0	14,283
Prior Authorization Denials	855	942	0	0	1,797
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	1,046	1,089	0	0	2,135
Prior Authorization Denials	42	36	0	0	78
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	0	0	6,485
Prior Authorization Denials	266	394	0	0	660
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	0	0	17,424
Prior Authorization Denials	865	1,157	0	0	2,022
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	0	0	398
Prior Authorization Denials	15	16	0	0	31

NHPRI Prior Authorizations and Denial Rates

Quarter over Quarter 2024 – Denial Rates				
	Q1	Q2	Q3	Q4
Rlte Care	12%	14%	0%	0%
CSN	4%	3%	0%	0%
RHP	8%	12%	0%	0%
RHE	10%	13%	0%	0%
Subcare	8%	8%	0%	0%

Attachment A2.2: UHCCP Q2-2024 Prior Authorization Requests

Rlte Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	5,382	5,106	0	0	10,488
Prior Authorization Denials	1,194	1,320	0	0	2,514
Rlte Care AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	263	267	0	0	530
Prior Authorization Denials	15	16	0	0	31

CSN	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	441	416	0	0	857
Prior Authorization Denials	52	53	0	0	105
CSN AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	27	44	0	0	71
Prior Authorization Denials	4	4	0	0	8

RHP	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	2,800	2,809	0	0	5,609
Prior Authorization Denials	563	545	0	0	1,108
RHP AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	134	108	0	0	242
Prior Authorization Denials	6	6	0	0	12

RHE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	6,411	6,359	0	0	12,770
Prior Authorization Denials	1,399	1,406	0	0	2,805
RHE AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	253	226	0	0	479
Prior Authorization Denials	17	7	0	0	24

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%	0%	0%
CSN	12%	13%	0%	0%
RHP	20%	19%	0%	0%
RHE	22%	22%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.3: THRIT Q2-2024 Prior Authorization Requests

Rlte Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	222	384	0	0	606
Prior Authorization Denials	27	32	0	0	59
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	0	0	210
Prior Authorization Denials	9	8	0	0	17
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%	0%	0%
CSN	0%	0%	0%	0%
RHP	16%	5%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.4: Rlte Smiles Q2-2024 Prior Authorization Requests

Dental	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	2,201	2,029	0	0	4,230
Prior Authorization Denials	689	600	0	0	1,289
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	0	0	1,753
Prior Authorization Denials	572	461	0	0	1,033

Rlte Smiles Prior Authorizations and Denial Rates

Quarter over Quarter 2024 – Denial Rates				
	Q1	Q2	Q3	Q4
Dental	31%	30%	0%	0%
Orthodontic	61%	57%	0	0%

Attachment A2.5 NHPRI Q2-2024 Appeals and Overturn Rates

Appeals Internal - Rite Care	Q1	Q2	Q3	Q4	YTD
Standard	138	171	0	0	309
Overtured	63	89	0	0	152
Expedited	4	4	0	0	8
Overtured	2	2	0	0	4

Appeals Internal - CSN	Q1	Q2	Q3	Q4	YTD
Standard	13	13	0	0	26
Overtured	7	7	0	0	14
Expedited	1	1	0	0	2
Overtured	1	1	0	0	2

Appeals Internal - RHP	Q1	Q2	Q3	Q4	YTD
Standard	60	62	0	0	122
Overtured	29	39	0	0	68
Expedited	0	7	0	0	7
Overtured	0	4	0	0	4

Appeals Internal - RHE	Q1	Q2	Q3	Q4	YTD
Standard	184	165	0	0	349
Overtured	92	74	0	0	166
Expedited	4	4	0	0	8
Overtured	1	4	0	0	5

Appeals Internal - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	2	4	0	0	6
Overtured	1	2	0	0	3
Expedited	1	2	0	0	3
Overtured	1	0	0	0	1

Appeals External - Rite Care	Q1	Q2	Q3	Q4	YTD
Standard	31	32	0	0	63
Overtured	10	14	0	0	24
Expedited	2	0	0	0	2
Overtured	0	0	0	0	0

Appeals External - CSN	Q1	Q2	Q3	Q4	YTD
Standard	5	1	0	0	6
Overtured	1	1	0	0	2
Expedited	0	0	0	0	0
Overtured	0	0	0	0	0

Appeals External - RHP	Q1	Q2	Q3	Q4	YTD
Standard	21	17	0	0	38
Overtured	5	7	0	0	12
Expedited	0	1	0	0	1
Overtured	0	0	0	0	0

Appeals External - RHE	Q1	Q2	Q3	Q4	YTD
Standard	30	23	0	0	53
Overtured	11	8	0	0	19
Expedited	0	0	0	0	0
Overtured	0	0	0	0	0

Appeals External - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	2	0	0	0	2
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
Rite	46%	52%	0%	0%
CSN	54%	54%	0%	0%
RHP	48%	63%	0%	0%
RHE	50%	45%	0%	0%
Subcare	50%	50%	0%	0%

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

Quarter over Quarter 2024 External Appeals

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

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 Q2-2024 Appeals and Overturn Rates

Appeals Internal - Rite Care	Q1	Q2	Q3	Q4	YTD
Standard	20	14	0	0	34
Overtured	10	8	0	0	18
Expedited	39	32	0	0	71
Overtured	27	21	0	0	48

Appeals Internal - CSN	Q1	Q2	Q3	Q4	YTD
Standard	6	5	0	0	11
Overtured	2	0	0	0	2
Expedited	2	2	0	0	4
Overtured	2	1	0	0	3

Appeals Internal - RHP	Q1	Q2	Q3	Q4	YTD
Standard	12	7	0	0	19
Overtured	4	3	0	0	7
Expedited	15	19	0	0	34
Overtured	8	15	0	0	23

Appeals Internal - RHE	Q1	Q2	Q3	Q4	YTD
Standard	22	21	0	0	43
Overtured	10	11	0	0	21
Expedited	41	41	0	0	82
Overtured	30	27	0	0	57

Appeals Internal - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	N/A	N/A	N/A	N/A	N/A
Overtured	N/A	N/A	N/A	N/A	N/A
Expedited	N/A	N/A	N/A	N/A	N/A
Overtured	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
Overtured	0	0	0	0	0
Expedited	0	0	0	0	0
Overtured	0	0	0	0	0

Appeals External - CSN	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 - RHP	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 - RHE	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 - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	N/A	N/A	N/A	N/A	N/A
Overtured	N/A	N/A	N/A	N/A	N/A
Expedited	N/A	N/A	N/A	N/A	N/A
Overtured	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%	0%	0%
CSN	33%	0%	0%	0%
RHP	33%	43%	0%	0%
RHE	45%	52%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Internal Expedited Appeal overturn rates:				
	Q1	Q2	Q3	Q4
Rite	69%	66%	0%	0%
CSN	100%	50%	0%	0%
RHP	53%	79%	0%	0%
RHE	73%	66%	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 A2.7 THRIT Q2-2024 Appeals and Overturn Rates

Appeals Internal - Rite Care	Q1	Q2	Q3	Q4	YTD
Standard	2	2	0	0	4
Overturned	0	0	0	0	0
Expedited	0	3	0	0	3
Overturned	0	2	0	0	2

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 Internal - RHP	Q1	Q2	Q3	Q4	YTD
Standard	7	6	0	0	13
Overturned	2	1	0	0	3
Expedited	9	4	0	0	13
Overturned	5	2	0	0	7

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 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	0%	0%	0%	0%	0%
CSN	0%	0%	0%	0%	0%
RHP	29%	17%	0%	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%	0%	0%	
CSN	0%	0%	0%	0%	
RHP	56%	50%	0%	0%	
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 Q2-2024 Appeals and Overturn Rates

Appeals Internal - Dental	Q1	Q2	Q3	Q4	YTD
Standard	14	1	0	0	15
Overturned	11	0	0	0	11
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - Orthodontics	Q1	Q2	Q3	Q4	YTD
Standard	55	40	0	0	95
Overturned	15	16	0	0	31
Expedited	10	10	0	0	20
Overturned	1	16	0	0	17

Appeals External - Dental (State Fair Hearing)	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 - Orthodontics (State Fair Hearing)	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

Quarter over Quarter 2024 Internal Appeals

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

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

Quarter over Quarter 2024 External Appeals

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

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

Attachment A2.9 NHPRI Q2-2024 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
Rite Care	2	7	0	0	9
CSN	0	2	0	0	2
RHP	9	12	0	0	21
Rhe	7	6	0	0	13
SubCare (NHP only)	0	0	0	0	0
Total Number of Grievances					45
AE	5	8	0	0	13

Number of Complaints	Q1	Q2	Q3	Q4	YTD
Rite Care	9	2	0	0	11
CSN	2	6	0	0	8
RHP	8	9	0	0	17
RHE	19	16	0	0	35
SubCare (NHP only)	0	0	0	0	0
Total Number of complaints					71
AE	6	5	0	0	11

Attachment A2.10 UHCCP Q2-2024 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
Rite Care	8	11	0	0	19
CSN	3	1	0	0	4
RHP	2	7	0	0	9
RHE	8	17	0	0	25
SubCare (NHP only)	N/A	N/A	N/A	N/A	0
Total Number of Grievances					57
AE	12	11	0	0	23

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	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 Q2-2024 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
Rlte Care	1	0	0	0	1
CSN	0	0	0	0	0
RHP	3	1	0	0	4
RHI	0	0	0	0	0
SubCare (NHP only)	N/A	N/A	N/A	N/A	0
Total Number of Grievances	5				
AE	0	0	0	0	0

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	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 Rlte Smiles Q2-2024 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
Rlte Smiles	0	0	0	0	0
Total Number of Grievances	0				

Number of Complaints	Q1	Q2	Q3	Q4	YTD
Rlte 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: Kimberly Pelland

Title: Medicaid Chief Financial Officer

Signature:

A solid black rectangular box used to redact the signature of Kimberly Pelland.

Date: 9/18/24

XII. State Contact(s)

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XIII. Date Submitted to CMS

September 18, 2024