Report to the Centers for Medicare and Medicaid Services

Quarterly Operations Report

Rhode Island Comprehensive

1115 Waiver Demonstration

DY14 Quarterly

April 1, 2022 – June 30, 2022

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

Submitted October 2022

I. Narrative Report Format

Rhode Island Comprehensive Section 1115 Demonstration

Section 1115 Quarterly Report Demonstration Reporting

Period: DY 14 April 1, 2022 – June 30, 2022

II. Introduction

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

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

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

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

The Rhode Island Comprehensive demonstration includes the following distinct components:

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

b. The Extended Family Planning component provides access to family planning and referrals to primary care services for women whose family income is at or below 200 percent of the federal poverty level (FPL), and who lose Medicaid eligibility under RIte Care at the conclusion of their 60-day postpartum period. Effective January 1, 2014, eligibility will be raised to 250 percent of the FPL. Section X of the STCs details the requirements.

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

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

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

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

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

III. Enrollment Information

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

Note:

Enrollment counts should be participant counts, not participant months.

Summary:

Number of current enrollees as of the last day of the month in the reported quarter (March 31, 2022) with eligibility for full benefits is **350,177**. This does not include another 2,265 members eligible under Rhode Island's separate CHIP program (and not reflected in **Table III.1**). Nor does it include an additional **13,203** members with partial Medicaid coverage.

The 1.0% increase in Medicaid enrollment (full Benefits) over the quarter is due to continued moratorium on redeterminations consistent with CMS guidance related to Public Health Emergency. EOHHS only terminated members due to death, a request for termination by the member and a member moving out-of-state.

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

	DY12	DY13	DY14					
	Dec-20	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Quarter Δ	YTD Δ
01: ABD no TPL	15,991	15,683	15,678	15,635	0	0	-43	-49
02: ABD TPL	32,577	33,737	34,032	34,280	0	0	248	543
03: Rite Care	135,686	138,855	139,503	141,782	0	0	2,279	2,927
04: CSHCN	12,468	12,229	12,093	12,200	0	0	107	-29
05: Family Planning	1,688	1,367	1,244	1,172	0	0	-72	-195
06: Pregnant Expansion	43	56	57	65	0	0	8	9
07: CHIP Children	30,670	33,608	34,391	33,271	0	0	-1,120	-337
10: Elders 65+	1,582	1,598	1,614	1,240	0	0	-374	-358
14: BCCPT	79	87	89	91	0	0	2	4
15: ORS CNOM	72	73	90	76	0	0	-14	3
17: Early Intervention	1,801	1,777	1,698	1,624	0	0	-74	-153
18: HIV	805	811	818	793	0	0	-25	-18
21: 217-like	4,501	4,706	4,764	4,806	0	0	42	100
22: New Adult Group	92,359	103,833	106,120	108,047	0	0	1,927	4,214
27: Undocumented	147	59	50	41	0	0	-9	-18
Grand Total	330,469	348,479	352,241	355,123	0	0	2,882	6,643
Subtotal – Full Benefits	324,374	342,794	346,726	350,177	0	0	3,451	7,383
Subtotal – Partial Medicaid	6,095	5,685	5,515	4,946	0	0	-569	-740

Notes to Table III.1:

1. "Snapshot" reporting includes members enrolled as of December 31 for each of the four 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

	DY12	DY13	DY14					
			Mar-22	Jun-22	Sep-22	Dec-22	Quarter Δ	YTD Δ
07: CHIP Pregnant & Unborn	1,487	2,275	2,396	2,565	0	0	169	290
10: Elders 65+ - MPP Only	7,515	8,129	8,155	8,257	0	0	102	128
99: Base	4	4	4	3	0	0	-1	0

Notes to Table III.2:

1. "Snapshot" reporting includes members enrolled as of December 31 for each of the four 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)

	DY12	DY13	DY14					
			Mar-22	Jun-22	Sep-22	Dec-22	Quarter Δ	YTD Δ
01: ABD no TPL	111	105	88	23	0	0	-65	-82
02: ABD TPL	25	22	16	1	0	0	-15	-21
03: Rite Care	58	59	49	7	0	0	-42	-52
04: CSHCN	1	2	2	0	0	0	-2	-2
21: 217-like	1	1	0	0	0	0	0	-1
22: New Adult Group	486	486	381	94	0	0	-287	-392
Grand Total	**682**	**675**	**536**	**125**	**0**	**0**	**-411**	**-550**

Notes to Table III.3:

1. "Snapshot" reporting includes members enrolled as of December 31 for each of the four 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 an 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 for full Medicaid benefits as of the last day in the current quarter is **3,952**.

The cumulative count of terminations in the current demonstration year is **7,581**.

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

	DY12	DY13	DY14				
			Mar-22	Jun-22	Sep-22	Dec-22	YTD
01: ABD no TPL	612	632	211	167	0	0	359
02: ABD TPL	3,426	2,518	417	322	0	0	730
03: Rite Care	5,447	4,796	1,405	1,512	0	0	2,747
04: CSHCN	282	419	324	94	0	0	405
05: Family Planning	195	86	60	12	0	0	71
06: Pregnant Expansion	2	2	1	0	0	0	1
07: CHIP Children	1,562	1,087	302	310	0	0	571
10: Elders 65+ - OHA Copay	183	111	21	459	0	0	470
14: BCCPT	8	3	0	0	0	0	0
15: ORS CNOM	64	62	42	64	0	0	64
17: Early Intervention	1,179	1,019	262	277	0	0	523
18: HIV	71	79	14	41	0	0	55
21: 217-like	386	363	87	56	0	0	141
22: New Adult Group	5,624	4,286	1,243	1,476	0	0	2,577
27: Undocumented Immigrants	32	125	36	31	0	0	39
Grand Total	**19,073**	**15,588**	**4,425**	**4,821**	**0**	**0**	**8,753**
Subtotal - Full Medicaid	**17,452**	**14,153**	**4,028**	**3,952**	**0**	**0**	**7,581**

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 June 30, 2022, a total of **1,807** Medicaid-eligible members were in a self-directed HCBS program, including 795 in a program administered by EOHHS and 1,012 in a program for I/DD members and administered by Rhode Island's Department of Behavioral Health Developmental Disabilities & Hospitals (BHDDH).

The ratio of new-to-continuing Medicaid personal care service participants at the close of DY 14 January 1, 2022 – March 31, 2022:

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

	DY12	DY13	DY14				
			Mar-22	Jun-22	Sep-22	Dec-22	YTD
New	98	263	52	72	0	0	122
Continuing	437	465	694	723	0	0	673
Subtotal - EOHHS	**535**	**728**	**746**	**795**	**0**	**0**	**795**
Subtotal - BHDDH			**971**	**1,012**	**0**	**0**	**1,012**
Grand Total			**1,717**	**1,807**	**0**	**0**	**1,807**

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 maintained eligibility 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.

VI. Special Purchases

The Rhode Island 1115 Comprehensive Demonstration Waiver includes a self-direction component. Below are the special purchases approved during DY14 April 1, 2022 – June 30, 2022 (by category or by type) with a total of **$2,145.34** for special purchases expenditures.

Q1 2022	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	2	Over the counter medications		$ 567.76
	6	Acupuncture		$ 450.00
	6	Service Dog Training		$ 875.00
	2	Massage Therapy		$ 150.00
	2	A Bourbonniere		$ 102.58
	CUMULATIVE TOTAL			**$2,145.34**

VII. Outreach/Innovative Activities

Summarize outreach activities and/or promising practices for April 1, 2022 – June 30, 2022.

Innovative Activities

Health System Transformation Project

On October 20, 2016, CMS approved the state's 1115 Waiver request to implement the Rhode Island Health System Transformation Project (HSTP) to support and sustain delivery system reform efforts. The RI HSTP proposes to foster and encourage this critical transformation of RI's system of care by supporting an incentive program for hospitals and nursing homes, a health workforce development program, and Accountable Entities. During Q1, the following activities occurred.

Health Workforce Development Program

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

2. Assisted in the development of workforce objectives and metrics related to the development of an LTSS APM.

3. Explored opportunities to align and leverage enhanced HCBS FMAP workforce investments with HSTP workforce investments.

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

Accountable Entities (AEs)

Q2 2022

- All seven Accountable Entities (AEs) applied and were approved by EOHHS for recertification for Program Year (PY) 5.

- AEs completed work on remaining HSTP Project Plan targets for PY3 as they continued working on PY4 HSTP Project Plan targets.

- EOHHS continued to work with Bailit Health on the AE/MCO Quality Work Group to adopt updated measure specifications and review measures and/or the incentive methodology for the current performance year (i.e., OPY5/QPY5) and next performance year (i.e., OPY6/QPY6).

- EOHHS and RIDOH announced two $450,000 grants to two of Rhode Island's Health Equity Zones (HEZs) – Pawtucket/Central Falls and Central Providence – to partner with AEs in a Participatory Budgeting initiative.

- EOHHS began the process of planning for PY6 (July 1, 2023 – June 31, 2024) by reviewing/updating certification standards and other relevant program documents.

VIII. Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in DY 14 April 1, 2022 – June 30, 2022.

Modernizing Health and Human Services Eligibility Systems

DY14 Q1

Between April 1, 2022 and June 30, 2022, the Deloitte and State teams implemented three (3) software releases to address 89 problem tickets, 19 software enhancements, and two (2) technical service upgrades for the RI Bridges Integrated System. These releases improved services for Medicaid Eligibility & Enrollment, Medicaid Medicare Premium Program, and RIte Share, as well as functionality improvements to customer and worker interfaces. No significant program development or issues were identified.

HCBS Quality Improvement

(DY 14/CY 2022 Q2)

In April 2022, following submission of the evidentiary report, the State and New Editions shifted focus to the go-forward work plan that was developed in quarter 1. The State established a standing quality improvement team, along with two focused subgroups—Critical Incidents and Data Analytics—which convene on a biweekly basis. All three groups are composed of representatives from each operating agency involved in the delivery of HCBS in Rhode Island.

During these meetings throughout April, May, and June, the quality improvement team created a master calendar and identified its priority areas. The first priority is to develop methods to ensure that all HCBS participants are educated about what critical incidents are and how to report them. The critical incident team focused on mapping existing processes for incident reporting and identifying potential changes to facilitate quality improvement work, while the data analytics team focused on rectifying concerns with discrepancies in the collection and communication of data across the several operating agencies. Both subgroups are building on existing processes to ensure that they can support our quality work in an efficient manner.

In June, the State provided CMS with a draft of the updated interagency service agreement (ISA), at CMS' request. The State was also required to resubmit its critical incident report for CY 2019, CY 2020, and CY 2021 by the end of the month. This report was compiled and submitted to CMS on time on June 29. At the end of quarter 2, on June 30, CMS provided its response to the State's evidentiary report. The State will develop responses to each comment during quarter 3 and provide them to CMS by the September 30 deadline.

Challenges and Steps to Address Challenges

Because of the wide array of HCBS programs and different procedures in place for the State agencies responsible for oversight, the State faced some challenges in quarter 2:

- **Identifying data sources and addressing gaps in data.** To address this challenge, the quality improvement team established the data analytics subgroup to identify and understand needed improvements. The data analytics subgroup regularly communicates its activities to the larger quality improvement team to ensure that all stakeholders are aware of the data processes and support needed to ensure ongoing compliance.
- **Applying consistent definitions, especially for critical incident reporting.** To address this challenge, the quality improvement team established the critical incident subgroup. The critical incident subgroup evaluated each reporting system's approach and created process maps and used the results from this process mapping to identify areas for future improvement and inform the larger quality improvement team.
- **Education.** Rhode Island recognizes the importance of regularly educating HCBS participants and their families/guardians of their rights as well as how to report allegations of abuse, neglect, and exploitation to the State. The quality improvement team identified this as a top priority and held focused conversations on ways to effectively communicate information to consumers across all programs which will continue into quarter 3.

Workforce Recruitment and Retention
DY14 Q2

Supporting and building the HCBS direct care workforce is a cornerstone of Rhode Island's COVID-19 recovery strategy as well as our LTSS system rebalancing initiative. Many stakeholders have cited wages and training as priorities and highlighted that many direct care workers (DCWs) are tempted to leave the HCBS workforce due to better paying positions in retail or food service. As such, Rhode Island is investing nearly half of its funding available through the HCBS enhanced FMAP to support direct care workforce recruitment, retention, and training. The State has made significant progress distributing nearly $64 million in HCBS E-FMAP funding as recruitment and retention incentives for HCBS DCWs.

We are in the process of finalizing a DCW outreach campaign strategy to promote this career pathway, develop a strong in-state pipeline of DCWs, and promote workforce diversity. In quarter 2, EOHHS worked with Day Health to hold focus groups with certified nursing assistants and employers. These focus groups informed content that was created in anticipation of a website build and a media buy in late summer 2022. The campaign theme is "Rhode Island is Where You Can Make Caring a Career" and the ads will direct people to a website with information about the training programs available to current direct care workers and those hoping to join the field.

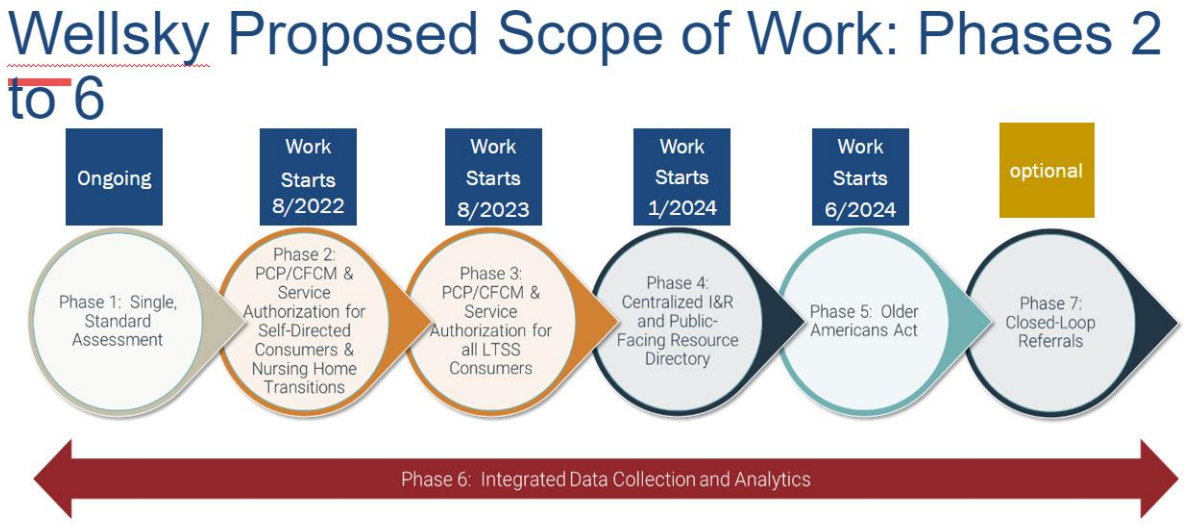
In quarter 2, the State also finalized an advanced certification program plan for DCWs to increase workforce skills, credentials, and advancement opportunities. We have executed contracts with local higher education partners to operationalize this plan in the near future. We are also in the final stages of contracting with the RI Certification Board to pay costs associated with certain professional certifications required or available to HCBS direct care workers.

Last, in partnership with the Office of the Postsecondary Commissioner, we did extensive outreach for our new Health Professional Equity Initiative, which resulted in expressions of interest from more than 250 HCBS direct care workers. After conducting individual interviews to determine eligibility and suitability, over 160 employees of HCBS provider agencies have been provisionally accepted into the program, which will support paraprofessionals of color and others to pursue higher education leading to health professional credentials, degrees, and/or licensure.

LTSS System Modernization
DY14 Q2

Rhode Island continues to make progress towards implementing a true No Wrong Door System to improve the consumer experience with LTSS, reduce historic agency silos, and ensure compliance with the HCBS Final Rule.

Over the past two quarters, progress was made towards refining and operationalizing the State's full LTSS IT system modernization plan. We have selected a software vendor to establish a cloud-based IT LTSS beneficiary relationship management (BRM) system to establish one unified electronic LTSS record which travels with the beneficiary as they move through the State's LTSS system—across agencies, providers, and the service continuum. This will consolidate the number of IT systems currently in use across the system and increase data interoperability and portability, enabling the State to deliver services more quickly and to better leverage data to inform future quality improvement initiatives. The software development and implementation work will be carried out over the next three years via a phased approach.



To date, RI has secured a contract amendment with Wellsky to implement Phase 1 of the above work plan. The Wellsky system currently supports the State's LTSS person-centered options counseling work. This $209,645 amendment enables the State to add the InterRAI HCBS assessment tool to the Wellsky platform, thereby standardizing clinical eligibility functions via

the adoption of a universal assessment. The amendment also covers the implementation of a resource directory for person-centered options counselors and provides "super user" trainings for our analytics team and day-to-day Wellsky users. A total of $144,385 was spent on this contract in quarter 2; the Phase 1 activities are expected to wrap up in quarter 3.

In quarter 2, the state also worked to prepare an Implementation Advance Planning Document (IAPD) application to request supplemental funds to support this vital work in the near-term and beyond March 31, 2025. If approved, the IAPD would enable the State to secure a 90/10 match for LTSS IT system modernization design, development, and implementation (DDI) activities not covered by HCBS E-FMAP.

Lastly, the State worked to competitively procure a change management vendor through the State's RFP process. The vendor will assist with the realignment of State business practices; the design and implementation of new staff workflows within the system; the development and implementation of a comprehensive strategy for coordinating the attendant changes to existing State IT systems and databases to ensure data interoperability, portability, and access, and minimize disruptions to service delivery; and design and execution of an effective communications and stakeholder engagement strategy to ensure all technological and process changes are successfully adopted and sustained.

FY2023 Budget Initiatives
DY14 Q2

On June 30, 2022, EOHHS notified CMS of the following rate increases that were included in the State's FY2023 Budget as Enacted:

Meals on Wheels

- Increase rates for existing billing codes
    - Standard meals: increase rate from $6.50 to $12.00
    - Frozen meals: increase rate from either $4.01 or $6.50 to $12.00
    - Shelf stable: increase rate from $3.93 to $6.50
    - Cultural meals: establish new rate of $14.05
    - Therapeutic meals: establish new rate of $12.17
- In addition, these rates will be increased annually going forward, based on the CPI-U for New England: Food at Home, March release (containing February data).

Independent Provider

- Invest $265,574 (all funds) to increase the wage that self-direct consumers in the Independent Provider program must pay their direct care staff to $15 per hour.

Personal Choice

- Invest $12.5 million (all funds) to increase the wage range that self-directed consumers in the Personal Choice program may pay their direct care staff to support a $15 minimum wage for direct care staff.

Children's Therapeutic and Respite Services

- Invest $20.2 million (all funds) to increase rates for home-based therapeutic services (HBTS), applied behavioral analysis (ABA), personal assistance services and supports (PASS), respite, and Kids Connect services to support a $15 minimum wage for direct care staff supporting children with special health care needs.

These rate increases are effective July 1, 2022. EOHHS will provide status updates on the implementation of these initiatives in the next quarterly report, covering July through September 2022 activities.

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 April 1, 2022 – June 30, 2022.

Request Type	Description	Date Submitted	CMS Action	Date
SPA	GME Payment Increase	5/17/21	Approved	5/25/22
SPA	Covid 19 Vaccines and Vaccine Administration	5/17/21	RAI	N/A
SPA	Psychiatric Residential Treatment Centers (PRTF)	6/29/21	RAI	N/A
SPA	21-0008 GME Elimination	8/13/21	Approved	5/25/22
SPA	21-0009-Home Home Care Rate Increases and Enhancements	9/7/21	Approved	5/24/22
SPA	21-0010-Hospice	8/13/21	Approved	5/24/22
SPA	21-0011-Inpatient UPL Payments	8/16/21	Approved	6/7/22
SPA	21-0012-Community Health Workers (CHW) Services	9/28/21	Approved	5/24/22
SPA	21-0013-Doula Services	9/28/21	Approved	5/24/22
SPA	21-0014-Category F Elimination	11/23/21	Approved	2/10/22
SPA	21-0015- Nursing Home Minimum Staffing	12/3/21	Approved	6/7/22
SPA	21-0016- Inpatient Inflation Update	12/3/21	Approved	5/25/22
SPA	21-0017- Outpatient Inflation Update	12/6/21	Approved	5/24/22

Request Type	Description	Date Submitted	CMS Action	Date
SPA	21-0018- ARPA Adult Day Rate Increase	12/10/21	Approved	3/8/22
SPA	21-0019-ARPA Home Care Rate Increase	12/10/21	Approved	3/10/22
SPA	21-0020- ICF	12/23/21	Approved	6/16/22
SPA	21-0021- Congregate Dental	12/23/21	Approved	5/24/22
SPA	21-0022-NEMT	12/23/21	Approved	1/21/22
SPA	21-0023-Third Party Liability (TPL) Federal Compliance	12/23/21	Approved	2/3/22
SPA	21-0024-Tribal NIHC	12/23/21	Approved	5/25/22
SPA	21-0025-ARPA ACT Rate Increase	12/23/21	Pending	N/A
SPA	21-0026- ARPA Adult BH Rate Increase	12/23/21	Approved	3/16/22
SPA	22-0001 Clinical Trial Coverage	3/8/22	Pending	
SPA	22-0002 BHDDH Staffing (Disaster SPA)	3/8/22	N/A (WITHDRAWN)	WITHDRAWN 4/26/22
SPA	22-0003 SSP/MNIL January Update	3/14/22	Approved	5/24/22

Other Programmatic Changes Related to the 1115 Waiver

ARPA Related Temporary Rate Increases

EOHHS Submitted an Appendix K template to CMS to effectuate the following temporary rate increases pursuant to Pursuant to RI's spending plan for the implementation of the American Rescue Plan Act of 2021, Section 9817. Approval is pending as of submission of this document.

Effective 5/1/21-7/31/21:

1. HBTS/PASS rate to increase by 261.1%

Effective 11/1/21-3/31/22

1. Day Habilitation rate to increase by 74%
2. Self-Directed Community Services Personal Choice Program Financial Management Service rate to increase by 10%
3. Self-Directed Community Services Independent Provider Financial Management Service rate to increase by 10%
4. Budget Population 10 Adult Day (DEA Co-Pay) 120%
5. Rehabilitation Program rate to increase by 116%

Effective 12/1/21-3/31/22

1. Peer Recovery and Family/Youth Support Services (Budget Service 6) rate to increase by 78.8%

Effective 1/1/22-3/31/22

1. Case Management rate to increase by 132%

Supporting and building the HCBS workforce is a cornerstone of Rhode Island's Covid-19 pandemic recovery strategy as well as a fundamental approach in the State's long-term services and supports (LTSS) re-balancing initiative. The support that direct care workers and licensed health professionals provide to Medicaid enrollees who have physical or behavioral support needs helps to promote individual wellness and self-determination, allowing enrollees the choice to remain in their homes and communities and avoid unnecessary acute care or facility-based care. The pandemic has exacerbated challenges in meeting consumer demand for HCBS services due to workforce shortages.

Based on policy analysis and substantial stakeholder survey feedback highlighting a critical need to strengthen the HCBS workforce via improved compensation, EOHHS is dedicating an estimated $30 million of its HCBS ARPA funds to a HCBS Workforce Recruitment and Retention plan for LTSS providers, some of which are in our State Plan, with the goal of increasing compensation to frontline HCBS workers specifically by improving HCBS workforce recruitment and retention. Providers will have until March 31, 2023 to expend the funds.

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

There were no significant developments/issues/problems with financial accounting, budget neutrality, CMS-64 reporting for DY 14 Q1 April 1, 2022 – June 30, 2022 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

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X. Consumer Issues

April 1, 2022- June 30, 2022

The Rhode Island Executive Office of Health and Human Services (RI EOHHS) employs procedures to monitor consumer issues across the managed care delivery system. These procedures include tracking, investigating and remediating Medicaid managed care consumer issues. Quarterly, the Managed Care Organizations (MCO) submit Prior Authorization (PA) requests, PA request denials, Appeals and Grievance reports to EOHHS. The State 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.

Currently there are three (3) medical MCOs and one (1) dental Prepaid Ambulatory Health Plan (PAHP) that are contracted with RI EOHHS to provide care to RI 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** continues to be the only managed care organization that 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) monitors consumer appeals, complaints, tracks trends and/or emerging consumer issues through the Appeals and Grievance process. Grievances, Complaints, and Appeals reports are submitted to RI EOHHS on a quarterly basis.

Data is disaggregated according to Medicaid cohort:

- RIte Care
- Rhody Health Partners (RHP),
- Rhody Health Expansion, (RHE)
- Children with Special Health Care Needs (CSN),
- Children in Substitute Care (Sub Care). NHPRI ONLY

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.

In Q2-2022 appeals and grievance data reviews have not resulted in EOHHS implementing any corrective actions. EOHHS did note an increase in grievances regarding access to outpatient Behavioral Health (BH) care and neuropsychological testing across all three (3) managed care organizations. As a result of this EOHHS required each MCO to submit their current Network Adequacy plan and provide in network contracting strategies to address current lack of in-network BH service access.

In addition to the quarterly A&G data review, EOHHS Compliance reviews total number of PAs as well as the PA denial rate per MCO noting any substantial increase in denial rates quarter over quarter.

Of note, EOHHS reviews for any increases in issues of dissatisfaction specifically attributed to Accountable Entities (AE).

NHPRI covers approximately 65% of Medicaid eligible members with UHCCP covering approximately 25% and RIT approximately 10% of Medicaid eligible members.

EOHHS Compliance is currently conducting an annual MCO/PAHP Appeals and Grievances audit.

MCO Prior Authorization and Denials Summary

NHPRI Q2-2022: Prior Authorizations and Denials: NHPRI reported nineteen thousand and nine hundred and fourteen (19,914) PAs (across all cohorts) of which one thousand and six hundred and thirty-two (1632) PAs were denied representing an 8.19% denial rate. There is no substantive change in PA requests or denials from Q1-2022 to Q2 2022 (8.25%). Representing less than 1% increase in denial rate.

UHCCP Q2-2022: Prior Authorizations and Denials: UHCCP-RI reported six thousand three hundred and seventy-two (6372) PAs (across all cohorts) of which two thousand three hundred and seventy-two (2372) PAs were denied representing a 37.22% total denial rate. Representing an approximate increase of greater than 5% in denial rate. Radiology and pharmacy represent approximately 40% of all prior authorizations and 50% denials respectively. This is comparatively higher than other MCOs. EOHHS is currently conducting an annual Appeals and Grievance audit, causation for this anomaly will be reviewed and addressed during the audit process.

THRIT Q2-2022: Prior Authorizations and Denials: THRIT reported one-thousand and three hundred and fifty-one (1351) PAs (across all cohorts) of which one hundred and seventy-seven (177) PAs were denied representing 13.10% denial rate. There is no substantive change in PA requests or denials from Q1 2022 (13.22%) to Q2 2022. Representing less than 1% decrease in denial rate.

Dental (Rite Smiles) Q2-2022: Prior Authorizations and Denials: Rite Smiles reported a total of two thousand eight hundred and four (2804) PAs of which one thousand one hundred and eighty-eight (1188) PAs were denied representing 42% total denial rate. Requests for orthodontic services represent 65% denial rate.

MCO Q2-2022: Appeals and Overturn Rate Summary

NHPRI Q2-2022: NHPRI reported a total of four hundred and fifteen (415) standard internal appeals, twenty-four (24) expedited internal appeals and fifty-six (56) state fair external hearings across all cohorts. Of the four hundred and thirty-nine (439) total appeals, two hundred and nineteen (219) appeals were

overturned representing 49.8% overturn rate. Of the fifty-six (56) external appeals, eighteen (18), appeals, 32% were overturned.

UHCCP Q2-2022: UHCCP reported a total of two hundred and thirty-seven (237) appeals, one hundred and fifty-nine (159) standard internal appeals, seventy-eight (78) expedited internal and zero state fair-external hearings across all cohorts. Of the two hundred and thirty-seven (237) appeals, one hundred and ninety-three (193) were overturned representing 81.43% overturn rate. There were no external appeals this quarter.

THRIT Q2-2022: THRIT reported a total of nine (9) appeals, three (3) standard internal appeals, six (6) expedited internal appeals and zero state fair – external hearings across all cohorts. Of the nine (9) appeals two (2) were overturned representing 22.2% overturn rate. There were no external appeals in Q2.

Dental (Rite Smiles) Q2-2022: Rite Smiles reported a total of fifty-eight (58) appeals, fifty-two (52) standard internal appeals and six (6) standard state fair -external hearings. Of the fifty-eight (58) appeals fourteen (14) appeals were overturned representing 24.13% overturn rate. Denials for orthodontic services represented 100% of appeal requests.

MCO Q2-2022 Grievances and Complaints Summary

NHPRI Q2-2022: Grievances and Complaints: NHPRI reported a total of ninety-five (95) Grievances and Complaints; thirty-eight (38) Grievances and fifty-seven (57) Complaints; twelve (12) were directly attributed to Accountable Entities (AE). Of the thirty-seven (37) total; ten (10) grievances and complaints were directly attributed to Accountable Entities (AE) (included in totals). Of the thirty-eight (38) Grievances, thirty (30) represented quality of care issues and eight (8) access to care issues. Access to care issues were related to in-network BH provider availability. There is no significant increase (less than 1%) in grievances /complaints from Q2 over Q1.

UHCCP Q2-2022: Grievances/Complaints: UHCCP-RI reported a total of twenty-two (22) Grievances and Complaints; nine (9) Grievances and thirteen (13) Complaints; twelve (12) were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the twenty-two (22) Grievances, six (6) represented quality of care issues, three (3) access to care issues and ten (10) balance billing issues. UHCCP comparatively receives more complaints regarding balance billing than the other two (2) MCOs. After meeting with UHCCP and reviewing the complaints, it appears provider offices confuse the Medicaid product with their commercial product. UHCCP educates those providers identified and ensures members are reimbursed where appropriate. There has been a significant decrease in balance billing complaints in both Q1 and Q2 of 2022.

THRIT Q2-2022: Grievances and Complaints: THRIT reported a total of two (2) Grievances and zero Complaints. Both grievances were related to in-network neuropsychology testing availability.

RIte Smiles (Dental) Q2-2022: Grievances and Complaints: RIte Smiles reported a total zero consumer Grievance and one (1) Complaints in Q2-2022. The complaint was related to access to care at a pediatric dentist near members residence.

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

EOHHS also participates in two advisory groups, the long-standing Consumer Advisory Committee (CAC) and the Integrated Care Initiative's ICI Implementation Council. CAC stakeholders include individuals who are enrolled in RIte Care, and representatives of advocacy groups, health plans, the Department of Human Services (DHS), and EOHHS. The CMS Regional Officer participates in these meetings as her schedule permits. The CAC met two (2) times in DY 14 April 1 – June 30, 2022:

May meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- Medicaid Personnel Update
- Unwinding of COVID-19 Provisions
- 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 14 January 1 – March 31, 2022.

NEMT Analysis	DY 14 Q1	DY 14 YTD
All NEMT & Elderly Complaints	**331**	**413**
All NEMT & Elderly Trip Reservations	**576,722**	**515,648**
Complaint Performance	**0.06%**	
Top 5 Complaint Areas	DY 14 Q1	DY 14 YTD
Transportation Provider No Show	**90**	**198**
Transportation Provider Late	**49**	**126**
Driver/Service Delivery	**38**	**38**
Transportation Broker Processes	**35**	**111**
Transportation Broker Customer	**23**	**23**
Transportation Provider Behavior	**0**	**52**
Transportation Broker Client Protocols	**0**	**24**

XI. Marketplace Subsidy Program Participation

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

For this quarter, the average monthly participation was 128 enrollees. The average subsidy was $40.55 per individual, with an average total of $5,203 per month.

In May 2022, EOHHS implemented a mass mailing, which reached approximately 600 potentially eligible individuals. Although the response rate was about 9%, the month of June saw an increase in enrollment compared to previous months.

Month	Marketplace Subsidy Program Participation	Change in Marketplace Participation	Average Subsidy per Enrollee	Total Subsidy Payments
January	172	(5)	$41.23	$7,092
February	152	(20)	$41.03	$6,237
March	146	(6)	$41.21	$6,017
April	134	(12)	$40.60	$5,441
May	108	(26)	$40.70	$4,396
June	143	37	$40.36	$5,772

XII. Evaluation/Quality Assurance/Monitoring Activity

Identify, describe, and report the outcome of all major evaluation/quality assurance/monitoring activities in DY 14, January 1, 2022 – March 31, 2022.

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 2 (Q2) of 2022, the fourth quarter of State Fiscal Year (SFY) 2022:

Active Contract Management (ACM)

EOHHS continued its ACM review with MCOs of the following annual goals:

- **Goal 1**: Members receive quality care within all managed care delivery systems
    - Integrate NEMT Member No-Show ACM Project to reduce member no-shows and increase coordination for at-risk members with handoff between vendors. Streamline work directly between MCOs and NEMT vendor.
    - Improve access to behavioral care services for both children and adults with BHDDH and DCYF.
    - Improve integration with medical MCOs and UHC Dental. Increase childhood P-DENT by 10% by end of CY22
- **Goal 2**: Enhance financial & data analytic oversight of MCOs
    - Ensure timely, complete, and correct encounter data within the 98% acceptance threshold. Review and provide feedback to FDCR to promote better financial oversight and accountability). Resubmit missing/incomplete encounter data by January 1, 2022.
    - Increase oversight of MCO interventions concerning utilization such as avoidable ED usage and reduced health care diagnostic screenings from 2021 benchmarks. Provide MCOs high-utilizers to provide direct care interventions.

- Establish 6-month error free operations/financial reporting goal for MCOs.
- Support provider financial solvency efforts to critical services including MCO financial oversight, enhance APMs, CMS pre-prints as appropriate

- **Goal 3**: Implement and oversee COVID-19 testing, treatment and vaccination
  - Implement successful COVID-19 vaccination plan, with focus on addressing SDOH among all Medicaid populations to promote greater health equity. Establish 85% vaccination goal for Medicaid members by end of CY22.
  - Establish and streamline MCOs member outreach efforts to prevent duplications for members in coordination with RIDOH.
  - Identify and improve on gaps in care that should be reduced through MCO-AE intervention strategies, such as case management referrals to high utilizers.
  - Support youth vaccination efforts, with a goal of 90% vaccination by end of CY22 for youth aged 5-17.
- **Goal 4**: Integrate development of Accountable Entities in Managed Care Oversight
  - Identify and improve on gaps in care that should be reduced through MCO-AE intervention strategies, such as case management referrals to high utilizers.
  - MCOs to provide strategic plan to address SDOH, including organizational strategy and stakeholder strategy to improve care delivery model.
  - Implementation of race, ethnicity, and language (REL) data collection process to identify gaps in care.
  - Support oversight efforts of MCO implementation of AE program, with a focus on program sustainability.

MCOs focused on decreasing preventable ED utilization and increase COVID-19 vaccination rates for both boosters and newly eligible populations.

<u>COVID-19 Public Health Emergency (PHE) Response Effort</u>

During Q2, EOHHS and the three (3) medical MCOs, including NHPRI, UHCCP-RI, and THPP, continued to partner with EOHHS, RIDOH, school departments, faith-based organizations, provider offices, pediatrician and pediatric dentist offices, and accountable entities (AEs) to establish and align plans for disseminating the most important, updated vaccine-related information and the importance of parents and any other eligible household members to get vaccinated as soon as possible ahead of children returning to in-person learning. MCOs executed upon their continuously evolving member and provider outreach plans. Member-specific outreach (and follow-up, as necessary) included but was not limited to phone calls, text messages, emails, direct mailings, and website and social media posts.

General Updates

- Due to the sunsetting of a hotel shelter program in the state, MCO case managers provided case management supports to members living in a hotel and needed to transition to new housing.
- EOHHS continued work with MCOs concerning outreach and care coordination efforts to enhance provision of Early Intervention Services for members.
- EOHHS began Wave 2 of 4 for Provider Screening – 21st Century Cures Act enrollment requirements. EOHHS is providing oversight over compliance with the enrollment requirements with external vendor (Gainwell Technologies) and the 3 MCOs. Meetings with both the vendor and MCOs are held on a weekly basis to ensure adherence with the project plan.
- EOHHS reviewed results of Q4 QIP Reports with each MCO.
- MCOs began implementation for billing for newly covered doula services.

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

Neighborhood Health Plan of Rhode Island (NHPRI)

- The May meeting for NHPRI was cancelled due to a death of a team member during the oversight meeting.
- NHPRI continued to work with RIDOH to obtain vaccination data for NHPRI members.
- For durable medical equipment (DME) claims adjudication, NHPRI successfully completed the transition of claims processing from Integra Partner (a contracted DME vendor) to NHPRI (in-house). EOHHS continued to provide active monitoring and oversight of this transition.
- NHP introduced a Behavioral Health Emergency Department Diversion, called Pyx Health to support social isolation and loneliness. 279 members had signed-up for the application.

UnitedHealthcare Community Plan (UHCCP-RI)

- UHCCP annual EQR report was discussed, where they met at HEDIS measures, despite concerns regarding COVID-19.
- UHCCP case managers continued targeted outreach to members in areas with low COVID-19 vaccination rates.
- UHCCP's received approval for their Kidney Resource Service (KRS) developed for case management for members with chronic kidney disease.

Tufts Health Public Plans (THPP)

- THPP reported on planned PBM transition from CVS Health to OptumRx, effective 1/1/2023. Tufts provided an overview of the project plan and timeline for the transition. EOHHS will be providing oversight of the transition. This topic has been included in weekly encounter data calls with EOHHS.

- THPP continued to work satisfactorily with EOHHS to address encounter claims submission.
- EOHHS has been reviewing THPP's network adequacy given recent trends by member requests to change plans. From March 2022 to June 2022, of the 105 members who requested plan changes, 70 members were from Tufts.

UnitedHealthcare-Dental (UHC Dental)

- EOHHS continued to monitor UHC Dental's availability for providers to offer services given the pandemic. UHC Dental continued to regularly meet with provider offices across Rhode Island to understand and monitor the current status of network capacity, access barriers due to staffing shortages and pent-up demand. UHC Dental made great strides in establishing relationships with provider offices such that providers feel more supported and heard.
- UHC Dental continued submitting monthly iterations of their strategic plan for increasing utilization of preventative dental services by RIte Smiles members in accordance with CMS' PDENT-CH measures.
- UHC Dental developed, tested and launched the UnitedHealthcare RIte Smiles mobile application for RIte Smiles program beneficiaries. The purpose of the app is to provide a user-friendly, technology-based solution that will enable members and their parent(s)/guardian(s) to access benefit information, locate a provider, obtain dental health awareness information, and support UHC Dental in maintaining strategies for increasing oral health awareness and closing gaps in EPSDT services.

XIII. Enclosures/Attachments

Attachment 1: Rhode Island Budget Neutrality Report

Table A1.1 MEMBER MONTHS (ACTUALS)

	Historical:		Current:				
	DY 12	DY 13	DY 14				
Medicaid Eligibility Group (MEG)	2020	2021	31-Mar-22	30-Jun-22	30-Sep-22	31-Dec-22	YTD
ABD no TPL	187,407	186,735	47,235	47,179	0	0	94,414
ABD TPL	383,550	389,246	101,752	102,778	0	0	204,530
RIte Care	1,919,234	2,050,133	527,258	531,506	0	0	1,058,764
CSHCN	145,566	146,946	36,371	36,482	0	0	72,853
217-like Group	53,182	54,812	14,237	14,374	0	0	28,611
Family Planning Group	21,016	18,159	3,817	3,565	0	0	7,382
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Low-Income Adult	985,182	1,192,867	316,516	321,914	0	0	638,430
Additional Populations & CNOMS	57,336	56,713	37,392	36,423	0	0	73,815
Average Count of Members with Full Benefits	*306,177*	*335,062*	*347,790*	*351,411*	*0*	*0*	*349,600*

Notes to Member Months (Actuals)

1. RIte Care includes: 03: RIte 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

	Historical:		Current:				
	DY 12	DY 13	DY 14				
Medicaid Eligibility Group (MEG)	2020	2021	31-Mar-22	30-Jun-22	30-Sep-22	31-Dec-22	YTD
ABD no TPL	$ 3,429	$ 3,576	$ 3,730	$ 3,730	$ 3,730	$ 3,730	$ 3,730
ABD TPL	$ 3,876	$ 4,043	$ 4,217	$ 4,217	$ 4,217	$ 4,217	$ 4,217
RIte Care	$ 618	$ 650	$ 683	$ 683	$ 683	$ 683	$ 683
CSHCN	$ 3,608	$ 3,789	$ 3,978	$ 3,978	$ 3,978	$ 3,978	$ 3,978
217-like Group	$ 4,353	$ 4,488	$ 4,627	$ 4,627	$ 4,627	$ 4,627	$ 4,627
Family Planning Group	$ 26	$ 27	$ 28	$ 28	$ 28	$ 28	$ 28
SUD IMD	$ 4,185	$ 4,411	$ 4,649	$ 4,649	$ 4,649	$ 4,649	$ 4,649
Low-Income Adult	$ 1,044	$ 1,097	$ 1,153	$ 1,153	$ 1,153	$ 1,153	$ 1,153
Composite PMPM for Members with Full Benefits	*$ 1,388*	*$ 1,414*	*$ 1,477*	*$ 1,475*	$ -	$ -	*$ 1,476*

Table A1.3 WITHOUT WAIVER TOTAL EXPENDITURES

	Historical:		Current:				
	DY 12	DY 13	DY 14				
Medicaid Eligibility Group (MEG)	2020	2021	31-Mar-22	30-Jun-22	30-Sep-22	31-Dec-22	YTD
ABD no TPL	$ 642,599,871	$ 667,828,363	$ 176,192,477	$ 175,983,590	$ -	$ -	$ 352,176,068
ABD TPL	$ 1,486,642,096	$ 1,573,594,779	$ 429,038,248	$ 433,364,386	$ -	$ -	$ 862,402,634
RIte Care	$ 1,185,205,361	$ 1,331,874,962	$ 360,346,523	$ 363,249,755	$ -	$ -	$ 723,596,278
CSHCN	$ 525,272,364	$ 556,764,673	$ 144,696,639	$ 145,138,236	$ -	$ -	$ 289,834,875
Subtotal - Without Waiver	**$ 3,839,719,692**	**$ 4,130,062,777**	**$ 1,110,273,888**	**$ 1,117,735,968**	**$ -**	**$ -**	**$ 2,228,009,855**
217-like Group	$ 231,491,955	$ 245,983,259	$ 65,872,941	$ 66,506,824	$ -	$ -	$ 132,379,765
Family Planning Group	$ 535,963	$ 487,646	$ 107,935	$ 100,809	$ -	$ -	$ 208,745
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
New Adult Group	$ 1,028,380,206	$ 1,308,675,527	$ 364,954,179	$ 371,178,265	$ -	$ -	$ 736,132,444

Budget Neutrality Tables II

Table A1.4 HYPOTHETICALS ANALYSIS

	Historical:		Current:				
	DY 12	DY 13	DY 14				
Medicaid Eligibility Group (MEG)	2020	2021	31-Mar-22	30-Jun-22	30-Sep-22	31-Dec-22	YTD
Without Waiver Expenditure Baseline	$ 232,027,918	$ 246,470,905	$ 65,980,876	$ 66,607,633	$ -	$ -	$ 132,588,509
With Waiver Expenditures (Actuals):							
217-like Group	$ 198,952,989	$ 213,980,940	$ 55,413,348	$ 66,408,320	$ -	$ -	$ 121,821,668
Family Planning Group	$ 406,225	$ 245,689	$ 46,216	$ 38,379	$ -	$ -	$ 84,595
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Subtotal - Actuals	**$ 199,359,214**	**$ 214,226,629**	**$ 55,459,564**	**$ 66,446,699**	**$ -**	**$ -**	**$ 121,906,263**
Excess Spending: Hypotheticals	$ (32,668,704)	$ (32,244,276)	$ (10,521,312)	$ (160,934)	$ -	$ -	$ (10,682,246)

Table A1.5 LOW INCOME ADULT ANALYSIS

	Historical:		Current:				
	DY 12	DY 13	DY 14				
Medicaid Eligibility Group (MEG)	2020	2021	31-Mar-22	30-Jun-22	30-Sep-22	31-Dec-22	YTD
Without Waiver Expenditure Baseline	$ 1,028,380,206	$ 1,308,675,527	$ 364,954,179	$ 371,178,265	$ -	$ -	$ 736,132,444
With Waiver Expenditures (Actuals)	**$ 545,106,889**	**$ 765,644,669**	**$ 180,349,580**	**$ 131,343,042**	**$ 244,047,299**	**$ 209,904,748**	**$ 765,644,669**
Excess Spending: New Adult Group	$ (483,273,317)	$ (543,030,858)	$ (184,604,599)	$ (239,835,223)	$ 244,047,299	$ 209,904,748	$ 29,512,225

Table A1.6 WITH WAIVER TOTAL ANALYSIS

	Historical:		Current:				
	DY 12	DY 13	DY 14				
Medicaid Eligibility Group (MEG)	2020	2021	31-Mar-22	30-Jun-22	30-Sep-22	31-Dec-22	YTD
ABD no TPL	$ 417,925,578	$ 465,681,298	$ 113,240,711	$ 91,042,094	$ -	$ -	$ 204,282,805
ABD TPL	$ 658,562,990	$ 685,351,196	$ 160,620,387	$ 168,007,294	$ -	$ -	$ 328,627,681
RIte Care	$ 576,857,114	$ 690,137,973	$ 247,574,120	$ 168,344,504	$ -	$ -	$ 415,918,624
CSHCN	$ 170,167,702	$ 182,811,295	$ 46,897,566	$ 42,922,147	$ -	$ -	$ 89,819,713
Excess Spending: Hypotheticals	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Excess Spending: New Adult Group	$ -	$ -	$ -	$ -	$ -	$ -	$ -
DSHP - Health Workforce & AIE Payments	$ 68,749,417	$ 18,928,491	$ 1,997,352	$ 2,505,886	$ -	$ -	$ 4,503,238
CNOM Services	$ 8,397,342	$ 8,152,058	$ 2,351,847	$ 4,014,173	$ -	$ -	$ 6,366,020
TOTAL	**$ 1,900,660,143**	**$ 2,051,062,310**	**$ 572,681,983**	**$ 476,836,098**	**$ -**	**$ -**	**$ 1,049,518,080**
Favorable / (Unfavorable) Variance	$ 1,939,059,549	$ 2,079,000,468	$ (572,681,983)	$ 640,899,870	$ -	$ -	$ 1,178,491,775
Cumulative Budget Neutrality Variance	$ 13.10 B	$ 15.18 B	$ 14.61 B	$ 15.25 B	$ 15.25 B	$ 15.25 B	$ 15.25 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 Q2-2022

Attachment A2.1: NHPRI Q2-2022 Prior Authorization Requests

NHPRI Q2-2022_Prior Authorization Requests

	RIte Care	RIte Care YTD	(AE)*	(AE)* YTD	CSN	CSN YTD	(AE)	(AE) YTD	RHP	RHP YTD
Prior Authorization Requests	6,618	12,930	0	0	1,096	2,140	0	0	3,525	6,777
Prior Authorization Denials	575	1,120	0	0	57	95	0	0	247	506

	(AE)	(AE) YTD	RHE	RHE YTD	(AE)	(AE) YTD	SubCare (NHP Only)	SubCare (NHP Only) YTD
Prior Authorization Requests	0	0	8,435	16,465	0	0	240	473
Prior Authorizations Denials	0	0	745	1,474	0	0	8	8

*(AE) represents authorization requests submitted by cohort

NHPRI Prior Authorizations and Denial Rates

Quarter over Quarter 2020 – Denial Rates PA Denial Rates/Total # of PAs per cohort:				
	Q1	Q2	Q3	Q4
RIte Care	9%	9%		
CSN	4%	5%		
RHP	7%	7%		
RHE	9%	9%		
Subcare	3%	3%		

Attachment A2.2: UHCCP Q2-2022 Prior Authorization Requests

UHCCP Q2-2022_Prior Authorization Requests

	RIte Care	RIte Care YTD	(AE)*	(AE)* YTD	CSN	CSN YTD	(AE)	(AE) YTD	RHP	RHP YTD
Prior Authorization Requests	2,300	7,055	229	437	174	566	38	23	980	3,740
Prior Authorization Denials	849	2,049	18	45	52	123	3	5	362	899

	(AE)	(AE) YTD	RHE	RHE YTD	(AE)	(AE) YTD	SubCare (NHP Only)	SubCare (NHP Only) YTD
Prior Authorization Requests	110	307	2,918	9,716	255	480	N/A	N/A
Prior Authorizations Denials	11	32	1,109	2,708	14	40	N/A	N/A

UHCCP Prior Authorizations and Denial Rates

Quarter over Quarter 2020 – Denial Rates PA Denial Rates/Total # of PAs per cohort:				
	Q1	Q2	Q3	Q4
RIte Care	25%	37%		
CSN	18%	30%		
RHP	19%	37%		
RHE	24%	38%		
Subcare	N/A	N/A		

Attachment A2.3: THRIT Q2-2022 Prior Authorization Requests

THRIT Q2-2022_Prior Authorization Requests

	RIte Care	RIte Care YTD	(AE)*	(AE)* YTD	CSN	CSN YTD	(AE)	(AE) YTD	RHP	RHP YTD
Prior Authorization Requests	452	814	38	74	0	0	0	0	899	1605
Prior Authorization Denials	71	118	16	22	0	0	0	0	106	186

	(AE)	(AE) YTD	RHE	RHE YTD	(AE)	(AE) YTD	SubCare (NHP Only)	SubCare (NHP Only) YTD
Prior Authorization Requests	143	280	0	0	0	0	N/A	N/A
Prior Authorizations Denials	13	13	0	0	0	0	N/A	N/A

THRIT Prior Authorizations and Denial Rates

Quarter over Quarter 2020 – Denial Rates Rates/Total # of PAs per cohort:				PA Denial
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	13%	16%		
CSN	0%	0%		
RHP	11%	12%		
RHE	0%	0%		
Subcare	N/A	N/A		

Attachment A2.4: RIte Smiles Q2-2022 Prior Authorization Requests

RIte Smiles Q2-2022 Prior Authorization Requests

	Dental	Dental YTD	RX	RX YTD	RAD	RAD YTD	Orthodontic	Ortho YTD
Prior Authorization Requests	1,974	4,104	0	0	0	0	830	1,791
Prior Authorization Denials	643	1,389	0	0	0	0	545	1,168

Attachment A2.5 NHPRI Q2-2022 Appeals and Overturn Rates

NHPRI Q2-2022 Appeals and Overturn Rate

Appeals Internal	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD
Standard	112	190	16	31	93	241	190	323	4	10
Overturned	59	105	9	14	36	52	96	176	2	4
Expedited	10	16	1	1	0	4	13	21	0	0
Overturned	7	11	1	1	0	4	9	13	0	0

Appeals External (State Fair Hearing)	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD
Standard	14	25	6	9	16	36	20	46	0	233
Overturned	6	10	3	5	4	9	5	12	0	0
Expedited	0	0	0	0	0	0	1	1	0	0
Overturned	0	0	0	0	0	0	0	0	0	0

*Quarterly appeal rate = appeals per 1000/members

Quarter over Quarter 2022 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	Q2	Q3	Q4
RIte Care	59%	53%		
CSN	35%	56%		
RHP	29%	39%		
RHE	60%	51%		
Subcare	100%	50%		

Internal Expedited Appeal overturn rates:				
	Q1	Q2	Q3	Q4
RIte Care	67%	70%		
CSN	100%	50%		
RHP	100%	0%		
RHE	50%	69%		
Subcare	0%	0%		

External Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
RIte Care	36%	53%		
CSN	67%	56%		
RHP	25%	39%		
RHE	26%	51%		
Subcare	0%	0%		

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

* In Q1 NHPRI reported two-hundred and thirty-three (233) Appeals were forwarded to SFH (external), NHPRI investigated this number as it is an anomaly and verified the 283 forwarded appeals was a data entry issue. The issue has been resolved.

**NHP Only NHPRI subcontracts to OPTUM for BH and eviCore for high end radiological diagnostics, both entities conduct internal appeals which are reflected in total numbers.

Attachment A2.6 UHCCP Q2-2022 Appeals and Overturn Rates

UHCCP Q2-2022 Appeals and Overturn Rate

Appeals Internal	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD
Standard	48	97	2	3	33	66	76	153	N/A	N/A
Overturned	40	77	1	2	23	45	60	122	N/A	N/A
Expedited	26	28	2	2	9	18	41	82	N/A	N/A
Overturned	22	23	2	2	7	15	38	57	N/A	N/A

Appeals External (State Fair Hearing)	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD
Standard	0	26	0	0	0	0	0	0	N/A	N/A
Overturned	0	0	0	0	0	0	0	0	N/A	N/A
Expedited	0	0	0	0	0	0	0	0	N/A	N/A
Overturned	0	0	0	0	0	0	0	0	N/A	N/A

*(AE) represents authorization requests submitted by cohort

Quarter over Quarter 2022 Internal Appeals

Internal Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
RIte Care	76%	83%		
CSN	100%	50%		
RHP	82%	70%		
RHE	81%	79%		
Subcare	N/A	N/A		

Internal Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
RIte Care	83%	85%		
CSN	0%	100%		
RHP	89%	78%		
RHE	71%	93%		
Subcare	N/A	N/A		

Quarter over Quarter 2022 External Appeals

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

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

Attachment A2.7 THRIT Q2-2022 Appeals and Overturn Rates

THRIT Q2-2022 Appeals and Overturn Rate

Appeals Internal	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD
Standard	1	3	0	0	2	3	0	0	N/A	N/A
Overturned	0	0	0	0	2	2	0	0	N/A	N/A
Expedited	2	2	0	0	4	15	0	0	N/A	N/A
Overturned	0	0	0	0	2	6	0	0	N/A	N/A

Appeals External (State Fair Hearing)	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD
Standard	0	0	0	0	0	0	0	0	N/A	N/A
Overturned	0	0	0	0	0	0	0	0	N/A	N/A
Expedited	0	0	0	0	0	0	0	0	N/A	N/A
Overturned	0	0	0	0	0	0	0	0	N/A	N/A

*(AE) represents authorization attributed to AEs by cohort -included in totals

Quarter over Quarter 2022 Internal Appeals

Internal Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
RIte Care	0%	0%		
CSN	0%	0%		
RHP	0%	100%		
RHE	0%	0%		
Subcare	N/A	N/A		

Internal Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
RIte Care	0%	0%		
CSN	0%	0%		
RHP	36%	0%		
RHE	0%	0%		
Subcare	N/A	N/A		

Quarter over Quarter 2022 External Appeals

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

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

Attachment A2.8 RIte Smiles Q2-2022 Appeals and Overturn Rates

RIte Smiles Q2-2022_Appeals and Overturn Rate

Appeals Internal	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD
Standard	0/52	3/122	0	0	0	28
Overturned	0/11	19-Jan	0	0	0	0
Expedited	0/0	0/0	0	0	0	0
Overturned	0/0	0/0	0	0	0	0

Appeals External (State Fair Hearing)	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD
Standard	0/6	11-May	0	0	0	0
Overturned	0/3	0/3	0	0	0	0
Expedited	0	0	0	0	0	0
Overturned	0	0	0	0	0	0

Quarter over Quarter Internal Appeals and Overturn Rates

Internal Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
General Dental	33%	0%		
Orthodontics	100%	21.10%		

Internal Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
General Dental	0%	0%		
Orthodontics	0%	0%		

Quarter over Quarter External Appeals and Overturn Rates

External Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
General Dental	0%	0%		
Orthodontics	0%	50%		

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

Attachment A2.9 NHPRI Q2-2022 Grievances and Complaints

NHPRI Quarterly Report Q2-2022 Grievances and Complaints

	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD	AE	AE YTD
Number of Grievances	13	22	1	3	9	24	15	32	0	0	5	15
Number of Complaints	18	28	6	6	20	36	13	30	0	0	7	14
Total	31	50	7	9	29	54	28	62	0	0	12	29

Attachment A2.10 UHCCP Q2-2022 Grievances and Complaints

UHCCP Quarterly Report Q2-2022 Grievances and Complaints

	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD	AE	AE YTD
Number of Grievances	3	12	0	2	3	12	3	20	0	0	6	16
Number of Complaints	3	13	0	0	1	17	7	24	0	0	7	14
Total	6	25	2	2	4	29	10	44	0	0	13	30

Attachment A2.11 THRIT Q2-2022 Grievances and Complaints

THRIT Quarterly Report Q2-2022 Grievances and Complaints

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

Attachment A2.12 RIte Smiles Q2-2022 Grievances and Complaints

RIte Smiles Quarterly Report Q2-2022 Grievances and Complaints

	Current	YTD
Number of Grievances	0	0
Number of Complaints	0	0
Total	0	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: Acting Medicaid Chief Financial Officer

Signature: 

Date: _10/25/22_____

XIV. State Contact(s)

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XV. Date Submitted to CMS

October 25, 2022