Report to the Centers for Medicare and Medicaid Services

Quarterly Operations Report

Rhode Island Comprehensive

1115 Waiver Demonstration

DY16 Annual

January 1, 2025 – March 31, 2025

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 17 January 1, 2025 – March 31, 2025

II. Introduction

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

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

Under this demonstration, Rhode Island operates its entire Medicaid program subject to the financial limitations of this section 1115 demonstration project, with the exception of:

1) Disproportionate Share Hospital (DSH) payments; 2) administrative expenses; 3) phased-Part D Contributions; and 4) payments to local education agencies (LEA) for services that are furnished only in a school-based setting, and for which there is no third-party payer.

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

The Rhode Island Comprehensive demonstration includes the following distinct components:

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

b. The Extended Family Planning component provides access to family planning and referrals to primary care services for women whose family income is at or below 200 percent of the federal poverty level (FPL), and who lose Medicaid eligibility under RIte Care at the conclusion of their 12-month postpartum period. Effective January 1, 2014, eligibility will be raised to 250 percent of the FPL. Section X of the STCs details the requirements.

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

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

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

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

On December 2, 2018, CMS renewed the Comprehensive demonstration through December 31, 2023. This renewal includes changes to support a continuum of services to treat addictions to opioids and other substances, including services provided to Medicaid enrollees with a substance use disorder (SUD) who are short-term residents in residential and inpatient treatment facilities that meet the definition of an Institution for Mental Disease (IMD). The Comprehensive demonstration renewal commenced with an effective date of January 1, 2019. On February 6, 2020, CMS approved an Amendment to the demonstration, adding authority for Home Stabilization services and telephonic psychiatric consultation services. On September 12, 2023, CMS approved a temporary extension of the state's demonstration through December 31, 2024, to allow the state and CMS to continue negotiations over the state's demonstration extension application submitted on December 22, 2022. On March 21, 2024, CMS approved an Amendment to the demonstration, adding authority for personal care services in acute hospital settings and remote supports and monitoring as a new HCBS; expanding eligibility for HCBS waiver-like services for adults with disabilities at risk for long-term care; updating expenditure authority for pregnant individuals to reference 12-months post-partum coverage; changing provider education requirements for Home Stabilization services; and providing long-term approval of COVID-19 Attachment K HCBS flexibilities.

During 2025 Q1, Rhode Island made significant progress in several important areas, with some highlights here and full detail within the report:

- Health System Transformation Project:
    - PY6 Q4 Total Cost of Care reporting completed.
- Modernizing Health and Human Services Eligibility Systems:
    - Between January 1 and March 31, 2025, the Medicaid Systems team and Deloitte implemented five (5) software releases to address 16 system fixes and 24 software enhancements for the RI Bridges integrated eligibility system (IES).
- Home and Community-Based Services Conflict-Free Case Management:
    - The EOHHS regulation covering CFCM was promulgated in January 2025.
    - EOHHS received the first round of annual recertification applications for agencies certified about 12 months ago, and two new applications.
- Home and Community-Based Services Quality Improvement:
    - Project Governance Team: Finalized contracts with vendors to ensure participation in the NCI-AD, and surveyors were trained on best practices.
    - Data Analytics Subgroup: The CY2024 Q3 data call, which was sent to program offices in September, was received in a timely manner by January 15. The results were aggregated by the EOHHS data team and were presented at the February meeting using the data dashboard.
- Home Stabilization: In Q1, only two evictions were recorded for beneficiaries receiving Home Tenancy services, and 42 beneficiaries were recorded as having found new housing through Home Stabilization services.
- State Plan Amendments: EOHHS submitted ten SPAs in Q1, all of which remained pending in Q1. Four SPAs submitted in previous quarters were approved in Q1.

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 (March 31, 2025) with eligibility for full benefits is 310,682. This count does not include another 1,535 members with full benefits but are eligible under Rhode Island's separate CHIP program (and not reflected in **Table III.1**). Nor does it include an additional **13,341** members with only limited Medicaid coverage including Medicare Savings Program Only.

This represents a 3.3% increase in Medicaid enrollment (full benefits) over prior quarter. The increase is attributed to temporary delay in renewal activity following a cybersecurity data breach in December 2024.

Over the course of the Demonstration Year, only 4,749. lost coverage for full benefits.

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

Medicaid Eligibility Group	DY14	DY15	DY16	DY17					
				Mar-25	Jun-25	Sep-25	Dec-25	Δ Quarter	Δ YTD
01: ABD no TPL	15,422	16,522	18,005	18,708	0	0	0	703	703
02: ABD TPL	36,705	33,993	29,252	29,452	0	0	0	200	200
03: Rite Care	143,904	146,838	123,888	126,821	0	0	0	2,933	2,933
04: CSHCN	12,435	12,432	11,317	11,108	0	0	0	-209	-209
05: Family Planning	1,114	1,101	2,160	2,083	0	0	0	-77	-77
06: Pregnant Expansion	96	103	93	99	0	0	0	6	6
07: CHIP Children	33,922	35,386	32,217	33,240	0	0	0	1,023	1,023
10: Elders 65+ - OHA Copay	1,152	1,162	1,121	1,154	0	0	0	33	33
14: BCCPT	93	49	39	38	0	0	0	-1	-1
15: ORS CNOM	100	95	35	29	0	0	0	-6	-6
17: Early Intervention	1,481	1,691	1,778	1,785	0	0	0	7	7
18: HIV	871	815	632	670	0	0	0	38	38
21: 217-like	5,126	5,606	6,236	6,294	0	0	0	58	58
22: New Adult Group	112,127	92,855	79,068	84,579	0	0	0	5,511	5,511
27: Undocumented Immigrants	55	71	69	20	0	0	0	-49	-49
Hypothetical 03: IMD SUD	554	493	550	343	0	0	0	-207	-207
Grand Total	**365,157**	**349,212**	**306,460**	**316,423**	**0**	**0**	**0**	**9,963**	**9,963**
Full Benefits Only	360,384	344,277	300,665	310,682				10,017	10,017
Partial Benefits	4,773	4,935	5,795	5,741				-54	-54

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

Medicaid Eligibility Group	DY14	DY15	DY16	DY17					
				Mar-25	Jun-25	Sep-25	Dec-25	Δ Quarter	Δ YTD
07: Separate CHIP Children	2,912	2,621	1,336	1,535	0	0	0	199	199
10: Elders 65+ - MPP Only	7,075	8,148	7,579	7,600	0	0	0	21	21
99: Base	2	3	7	8	0	0	0	1	1
Grand Total	**9,989**	**10,772**	**8,922**	**9,143**	**0**	**0**	**0**	**221**	**221**
Partial Benefits	11,848	13,083	13,374	13,341				-33	-33

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)

Medicaid Eligibility Group	DY14	DY15	DY16	DY17					
				Mar-25	Jun-25	Sep-25	Dec-25	Δ Quarter	Δ YTD
01: ABD no TPL	93	89	95	63	0	0	0	63	-32
02: ABD TPL	5	10	15	11	0	0	0	11	-4
03: Rite Care	55	39	40	16	0	0	0	16	-24
04: CSHCN	7	2	2	1	0	0	0	1	-1
07: CHIP Children		1		0	0	0	0	0	0
21: 217-like			1	0	0	0	0	0	-1
22: New Adult Group	394	352	397	252	0	0	0	252	-145
Grand Total	**554**	**493**	**550**	**343**	**0**	**0**	**0**	**343**	**-207**

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

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 **5,186**, including 4,749 with full benefits.

The cumulative count of terminations among those with full Medicaid benefits in the current demonstration year is **4,749**.

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

Medicaid Eligibility Group	DY15	DY16	DY17				
			Mar-25	Jun-25	Sep-25	Dec-25	Δ YTD
01: ABD no TPL	941	2,702	141				141
02: ABD TPL	3,571	9,572	249				249
03: Rite Care	6,394	59,658	1,944				1,944
04: CSHCN	551	2,722	125				125
05: Family Planning	87	1,014	49				49
06: Pregnant Expansion	9	60	0				0
07: CHIP Children	1,104	14,112	420				420
10: Elders 65+ - OHA Copay	146	550	46				46
14: BCCPT	38	26	1				1
15: ORS CNOM	89	172	22				22
17: Early Intervention	863	1,876	239				239
18: HIV	127	610	17				17
21: 217-like	415	886	40				40
22: New Adult Group	32,017	59,612	1,824				1,824
27: Undocumented Immigrants	34	122	63				63
Hypothetical 03: IMD SUD	59	112	6				6
Grand Total	**46,445**	**153,806**	**5,186**	**0**	**0**	**0**	**5,186**
Full Medicaid	45,061	149,436	4,749	0	0	0	4,749

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, 2025, a total of **2,684** Medicaid-eligible members were in a self-directed HCBS program, including 1,246 in a program administered by EOHHS and 1,438 in a program for I/DD members and administered by Rhode Island's Department of Behavioral Health Developmental Disabilities & Hospitals (BHDDH).

The average number of Self-Directed clients for the Demonstration Year is 2,684.

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

Distinct Clients	DY14	DY15	DY16	DY17				
				Mar-25	Jun-25	Sep-25	Dec-25	Δ YTD
New	226	298	310	31	0	0	0	31
Continuing	629	748	935	1,215	0	0	0	1,215
Subtotal - EOHHS	**855**	**1,046**	**1,245**	**1,246**	**0**	**0**	**0**	**1,246**
Subtotal - BHDDH	**1,071**	**1,239**	**1,409**	**1,438**	**0**	**0**	**0**	**1,438**
Grand Total	**1,926**	**2,285**	**2,654**	**2,684**	**0**	**0**	**0**	**2,684**

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.

V. Special Purchases

The Rhode Island 1115 Comprehensive Demonstration Waiver includes a self-direction component. Below are the special purchases approved during DY17 January 1, 2025 – March 31, 2025 (by category or by type) with a total of **$3,308.36** for special purchases expenditures.

Q1 2025	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	2	Acupuncture		$ 750.00
	8	Apple Watch Subscription		$ 160.79
	11	Massage Therapy		$1,045.00
	5	Supplements		$1,192.59
	1	Google Nest Smart Thermostat		$ 85.99
	1	Medic Alert (renewal)		$ 75.99
	CUMULATIVE TOTAL			**$3,308.36**

V. Outreach/Innovative Activities

Summarize outreach activities and/or promising practices for January 1, 2025 – March 31, 2025.

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 2025, the following activities occurred.

Accountable Entities (AEs)

Q1 2025

- EOHHS shared with the MCOs the TCOC Program Year (PY6) Quarterly Performance Reporting for Q4 for each AE/MCO dyad. The MCO then shared each individual report with their respective AE.

- The AE/MCO Quality Workgroup meeting series met on March 25, 2025. The group discussed the Roadmap for 2025 convenings, updated ECDE requirements, and the structure of PY9 (2026) TCOC Quality Program.

- The MCOs completed and shared OPY7 Q3 AE Outcome Measure performance with EOHHS and an unblinded memo was sent to the AEs pertaining to their performance.

- EOHHS shared a memo on 1/14/2025 with the AE/MCO Quality outlining the updated electronic clinical data exchange (ECDE) requirements for AEs in 2025 and 2026. Along with an updated PY7-PY8 Quality Implementation Manual 2025 and PY7-PY8 Quality Measure Specifications 2025 manual, to reflect the final PY8 targets, ECDE requirements, and to incorporate changes to REL Data Completeness.

VI. Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in DY 17 January 1, 2025 – March 31, 2025.

Modernizing Health and Human Services Eligibility Systems

DY17 Q1

Between January 1 and March 31, 2025, the Medicaid Systems team and Deloitte implemented five (5) software releases to address 16 system fixes and 24 software enhancements for the RI Bridges integrated eligibility system (IES).

These releases improved services for Medicaid Eligibility & Enrollment; RIte Share, and LTSS notices. These system fixes also included an update to the Customer Portal password requirements. No significant program development or issues were identified.

7.48.2.2 January off cycle patch - 1 BRRs & 2 PTs
7.48.2.3 February off cycle patch – 5 PTs
7.48.2.4 February off cycle patch – 2 BRRs & 4 PTS
7.48.2.5 March off cycle patch – 2 PTs
7.49 March major - 21 BRRs & 3 PTs
Total: **24 BRRs 16 PTs**

HCBS Conflict-Free Case Management

DY17 Q1

The State continues to make progress in implementing Conflict-Free Case Management (CFCM). The EOHHS regulation 210-RICR-50-10-1 was promulgated in January. The interagency CFCM team meets weekly to address and update operational flows for the State, CFCM Agencies, and HCBS Providers. The interagency team continues to meet with the CFCM agencies monthly to maintain a touch point between these community agencies and the State. Additionally, EOHHS continued to meet with CMS on a monthly cadence to provide ongoing updates on Rhode Island's Corrective Action Plan (CAP).

EOHHS received the first round of re-certification applications for CFCM agencies nearing the end of their initial certification period of one (1) year. EOHHS also received two new applications from community organizations seeking to become a Certified CFCM Agency.

HCBS Quality Improvement

DY17 Q1

In January, February, and March 2025, the standing project governance team, quality improvement team, and focused subgroup continued to meet routinely.

- **Project Governance Team:** To ensure participation in the National Core Indicators-Aging and Disability (NCI-AD) survey by survey year 2025, the team finalized contracts with respective vendors. Additionally, surveyors were trained on best practices developed by Advancing States, and participants and providers were made aware of the upcoming survey via mail.

- **Quality Improvement Team:** This meeting serves as a time to discuss highlights and areas for improvement. In February, the team reviewed the CY2024 Q3 data and discussed relevant metrics in each performance area.

- **Critical Incidents Subgroup:** The Critical Incident subgroup has paused the regular meeting cadence and convenes on an as-needed basis. The group continues to review the performance measures and quarterly data and will make updates as the need arises.

- **Data Analytics Subgroup:** The Data Analytics subgroup continues to meet on a quarterly basis. The CY2024 Q3 data call, which was sent to program offices in December, was received in a timely manner by January 15, 2025. The results were aggregated by the EOHHS data team and were presented at the February meeting leveraging 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 March 14, the CY2024 Q4 data template was sent to the program offices, to be returned in April 2025.

LTSS System Modernization

DY17 Q1

The State continues to collaborate with the vendor Wellsky to develop and implement the single case management system for all Rhode Island HCBS participants. The State and the vendor decided to move forward with a combined Phase III/IV project plan, and planning was adjusted accordingly. Due to multiple interface development requirements across three different vendors, the Phase III/IV go live is now planned for December 2025.

Home Stabilization

DY17 Q1

Because of the steady increase in program utilization, on 1/1/2025 the data collection emphasis on billing and prior authorization amounts ended, and the focus of data collection has shifted to program outcome, specifically to counts of new homes found in the Home Find service, and evictions of beneficiaries using the Home Tenancy service.

In Q1 2025, only two evictions were recorded for beneficiaries receiving Home Tenancy services.

In Q1 2025, 42 beneficiaries were recorded to have found new housing through Home Find services.

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, 2025 – March 31, 2025.

DY17 Q1

Request Type	Description	Date Submitted	CMS Action	Date
SPA	24-0016 Outpatient Facility Fees	12/6/24	Approved	3/4/2025
SPA	24-0018 Core Sets Reporting Requirements	12/23/24	Approved	1/8/25
SPA	24-0019 IHH Core Sets Reporting Requirements	12/23/24	Approved	1/6/2025
SPA	24-0020 RAC Exemption	12/30/24	Approved	2/26/25
SPA	25-0001 – IHH Core Sets	1/2/25	Pending	
SPA	25-0002 – CEDAR Core Sets	1/2/25	Pending	
SPA	25-0003 – MNIL	3/7/2025	Pending	
SPA	25-0004 – Supplemental Rebate Agreements	3/7/25	Pending	
SPA	25-0005 – Other Therapies Rates	3/26/25	Pending	
SPA	25-0006 – PACE	3/26/24	Pending	
SPA	25-0007 – PRTF	3/26/24	Pending	
SPA	25-0008 – DSH	3/26/24	Pending	
SPA	25-0009 – Four Walls	3/26/24	Pending	
SPA	25-0010 – CAA Juvenile Justice	3/28/25	Pending	

Rate Increases

DY17 Q1

No rate changes for waiver services were proposed or approved in Q1.

Other Programmatic Changes Related to the 1115 Waiver

DY17 Q1

In Q1, EOHHS continued work on the RIte @ Home Shared Living Program Application for Certification and Provider Manual.

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 17 January 1, 2025 – March 31, 2025 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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VIII. Consumer Issues

January 1, 2025 – March 31, 2025

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

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

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

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

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

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

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

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

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

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

Consumer appeals are disaggregated into nine (9) categories:

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

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

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

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

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

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

In keeping with gains made in 2024 EOHHS continues to monitor the quarterly A&G data reviews with a more appropriate level of scrutiny and has enlisted its Quality Improvement Organization, to support with the sharing of any best practices from the national level. In Q4 2024 EOHHS had their External Quality Review Organization conduct an annual Appeals & Grievance audit resulting in identifying low or zero grievances for United Healthcare Dental and Tufts Health Plan. EOHHS determined that both vendors lacked a sophisticated process to track grievances as they were not tracking them if they were resolves on first contact therefore not counting as a grievance. EOHHS throughout Q1 tracked complaints/grievances and found that UHC Dental revised their processes for their Customer Service representatives training, which now includes identifying and tracking grievances even if it resolves on first contact. Given UHC Dental was put on Corrective Action Plan (CAP) , UHC Dental was required to report their progress weekly to EOHHS. After several updates on progress and upon further review EOHHS determined that UHC Dental has satisfied the reporting requirements for complaints/grievances therefore the CAP was closed.

DY17 Q1

MCO Prior Authorization and Denials Summary

NHPRI Q1-2025:_Prior Authorizations and Denials: NHPRI reported seventeen thousand and sixty-one (17,061) PAs (across all cohorts) of which three thousand six hundred and twenty-four (3,662) PAs were denied representing an 21.46% denial rate. There was an additional increase of 3.08% in denials from Q4 2024 to Q1 2025. . At the January oversight meeting, NHPRI provided an update on prior authorization and utilization management, outlining their objectives for 2025. They emphasized maintaining timely access to care for members, minimizing delays, controlling costs related to waste and abuse, managing resources effectively, and adhering to established standards. This includes reviewing relevant data and increasing in-person meetings to evaluate denial rates associated with the prior authorization process. NHPRI also stated they will not use artificial intelligence for prior authorization decisions.

As a follow-up, NHPRI reviewed prior authorization and utilization management data for the 2024 calendar year. They reported a total of 115,000 prior authorization requests, with a denial rate of 13.6%. Of those denials, 1,192 were appealed, and 43% of the appeals were overturned. EOHHS has requested additional information regarding the reasons for these appeal reversals.

UHCCP Q1-2025: Prior Authorizations and Denials: UHCCP-RI reported twenty-one thousand four hundred and sixty-eight (21,468) PAs (across all cohorts) of which two thousand eight hundred and forty-three (2,843) PAs were denied representing a 13.24% total denial rate. There was a slight increase of 0.8% in denials from Q4 2024 to Q1 2025. EOHHS intends to monitor this in 2025.

At the MCO oversight in UHCCP discussed a new prior authorization initiative for providers called “Gold Card.” Providers are approved for gold star status based on their PA approval rate (90% and above.) The evaluation of a provider’s status is continuous throughout the year. These are awarded to a specific person, not an individual practice. UHCCP goal is to reduce prior authorizations by twenty percent (20%.)

THRIT Q1-2025: Prior Authorizations and Denials: THRIT reported one hundred and fifty (150) PAs (across all cohorts) of which nineteen (19) PAs were denied representing 12.67% denial rate. There was a significant decrease in PA requests and a slight increase in denials from Q4 2024 to Q1 2025. Representing 1.66% increase in denial rate and a 68.81% decrease in PA requests.

THPP gave an update on their prior authorizations and utilization management describing that the management of this is segmented into Medical and Pharmacy. THPP is trying to reduce the number of PA's by reviewing cost containment elements, detecting fraud, waste and abuse and reviewing claim denials.

Dental (RIte Smiles) Q1-2025: Prior Authorizations and Denials: RIte Smiles reported a total of three thousand and seventy-seven (3,148) PAs of which one thousand one hundred and twenty (1,158) PAs were denied representing a 36.79% total denial rate (a decrease of less than 1% from Q4 2024). Requests for orthodontic services represent 44.13% denial rate which represents an increase of 1.09% from Q4 2024. EOHHS has conducted a cursory analysis of these data, and preliminary findings indicate that there are issues related to provider's requiring technical assistance with billing appropriately and/or given the above merge with PI, they may be due to fraud and abuse. EOHHS finds majority of prior authorization/denials are for Orthodontia and this remains a primary focus of oversight and monitoring in 2025.

MCO Q1-2025: Appeals and Overturn Rate Summary

NHPRI Q1-2025: NHPRI reported a total of four hundred and fifty-seven (457) standard internal appeals, nine (9) expedited internal appeals and seventy (70) state fair external hearings across all cohorts. Of the five hundred and thirty-six (536) total appeals, two hundred and sixty-eight (268) appeals were overturned representing 50% overturn rate which represents an increase of 4.53% over Q4 2024. Of the seventy (70) external appeals, forty (40) appeals or 57.14% were overturned which represents an additional increase of 11.81% over Q4.

UHCCP Q1-2025: UHCCP reported a total of sixty (60) standard internal appeals, sixty-three (63) expedited internal, zero expedited external and zero state fair- external hearings across all cohorts. Of the one hundred and twenty-three (123) total appeals, forty-six (46) were overturned represents a 37.40% overturn rate which also represents an increase of 5.64% over Q4. There were zero external appeals in Q4.

THRIT Q1-2025: THRIT reported a total of eight (8) standard internal appeals, fourteen (14) expedited internal appeals and zero state fair – external hearings across all cohorts. Of the twenty-two (22) total appeals nine (9) were overturned representing 40.91% overturn rate which represents a 7.57% increase in denials. There were no external appeals in Q4.

Dental (RIte Smiles) Q1-2025: RIte Smiles reported a total of fifty-nine (59) standard internal appeals and three (3) expedited state fair-external hearings. Of the sixty-two (62) total appeals, three (3) appeals were overturned representing 4.83% overturn rate. Denials for orthodontic services represented 100% of appeal requests. EOHHS is currently reviewing trends to ensure that members are fully aware of their rights to an appeal.

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

MCO Q1-2025 Grievances and Complaints Summary

NHPRI Q1-2025: Grievances and Complaints: NHPRI reported a total of total of thirty (30) Grievances and Complaints; nine (9) Grievances (all resolved) and twenty-one (21) Complaints (all resolved); seven (7) were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the nine (9) Grievances, seven (7) represented quality of care issues, one (1) to access of care and zero (0) customer service issues. Access to care issues were related to in- network BH provider availability. There was a decrease (57.69%) in grievances/complaints from Q1 2025 over Q4 2024. EOHHs will continue to monitor performance given the changes to date.

UHCCP Q1-2025: Grievances/Complaints: UHCCP-RI reported a total of eighty-one (81) Grievances (22 resolved) and one (1) Complaints (not resolved); thirty-three (33) were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the eighty-one (81) Grievances, two (2) represented quality of care issues and thirty-three (33) represented balance billing issues of which three (3) were attributed to AEs. EOHHS has noted that members are reporting that they are being balanced billed by providers. This raises concerns, as balance billing is not permitted under Medicaid guidelines and places an undo on financial burden on beneficiaries. This reporting will require further review and follow up with UHCCP to ensure compliance and protect members from improper billing practices.

THRIT Q1-2025: Grievances and Complaints: THRIT reported three (3) Grievance (all resolved) and zero Complaints in Q1-2025. EOHHS will address this decrease in number of reported grievances; their small N, makes it difficult to assess actionability. EOHHS continues to monitor and review the small number of complaints and grievances with THRIT to determine why there are such a small number of grievances

Dental (RIte Smiles) Q1-2025: Grievances and Complaints: RIte Smiles reported a total of zero (0) consumer Grievances and eight (8) Complaints (all resolved) in Q1-2025. EOHHS will work with RIte Smiles to ensure that they are accurately informing members of their right to grieve. While zero complaints is commendable, EOHHS requires evidence that members have been given their rights to file grievances and complaints.

In December of 2024 UHC Dental explained and presented information that grievances and/or complaints resolved during the initial call were not separately captured. EOHHS found that this practice was a failure to adequately track and report member grievances and does not comply with regulatory and Rite Smiles contractual requirements. UHC Dental was put on a Corrective Action Plan (CAP) for sixty (60) days to update their systems and train their customer service staff how to log and track complaints and grievances. UHC Dental complied and is now able to track complaints and

grievances. The most recent reporting identifies that these have been tracked correctly and as a result the CAP has been closed. EOHHS will continue to monitor the complaints and grievances to ensure compliance.

EOHHS continues to participate in two advisory groups: the long-standing Consumer Advisory Committee (CAC) and the Integrated Care Initiative's ICI Implementation Council. CAC stakeholders include individuals who are enrolled in RIte Care, and representatives of advocacy groups, health plans, the Department of Human Services (DHS), and EOHHS. The CMS Regional Officer participates in these meetings as her schedule permits. EOHHS conducted an inventory of advisory groups to prepare for the CMS final rule. We would like to include the Medicaid Clinical Advisory Committee (MCAC) as a noteworthy group which engages community stakeholders, specifically physicians, advocates, and practitioners from our overall healthcare community. EOHHS Medicaid also hosts a group specific to pediatrics; The RI Academy of pediatrics, and this group meets quarterly.

The CAC met two (2) times in DY 17 January 1, 2025 – March 31, 2025:

January meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- Cyber Security Incident
- DHS Update
- HSRI Update
- Data Reports – Enrollment & Auto Assignment

March meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- DHS Update
- HSRI Update
- MAC/BAC Status Update
- Olmstead
- 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 17 January 1, 2025 – March 31, 2025.

NEMT Analysis	Q1 2024		Q2 2024	Q3 2024	Q4 2024	DY16 YTD
All NEMT & Elderly Complaints	516					516
All NEMT & Elderly Trip Reservations	454,593					454,593
Complaint Performance	0.11%					0.11%
Top 5 Complaint Areas						
Transportation Provider No Show	150	1				150
Transportation Broker Processes	20					20
Transportation Provider Behavior	66	3				66
Transportation Provider Late	131	2				131
Transportation Broker Protocols	41	5				41
Driver Service/Delivery	51	4				51

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 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 Q1, the average monthly participation was 74 enrollees. The average subsidy was $38.54 per individual, with an average total of $2,865 per month.

Month	Marketplace Subsidy Program Participation	Change in Marketplace Participation	Average Subsidy per Enrollee	Total Subsidy Payments
January	95	9	$39.36	$3,739
February	67	(26)	$37.78	$2,531
March	61	(6)	$38.10	$2,324
April				
May				
June				
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 17, January 1, 2025 – March 31, 2025.

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

Oversight Review

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

Areas of focus addressed during Q1:

Throughout Q1 2025, EOHHS oversight activities across the three managed care organizations consistently emphasized contract management, quality assurance, and program integrity. A significant focus was placed on prior authorization and utilization management, including analysis of denial rates, appeals, and strategies to reduce PA burden. Each MCO shared updates on PA volumes and denial trends, with EOHHS seeking additional data to compare Medicaid against commercial lines and assess the appropriateness of denials.

A shared emphasis was also placed on CCBHCs (Certified Community Behavioral Health Clinics) and the quality measurement processes beginning in Q1, with EOHHS facilitating coordination and data collection. Cross-agency engagement and weekly meetings supported the alignment of expectations around claims submissions, billing issues, and state-level aggregation of performance metrics. Another common theme was preparation for CMS's NE UPIC audit, including document submission protocols, audit scope (e.g., denied claims, network adequacy, behavioral health), and coordination with Program Integrity teams across MCOs.

Additionally, the cybersecurity breach that affected eligibility systems in late 2024 continued to impact operations in early 2025. All MCOs were involved in managing communication with members, restoring eligibility processes, and aligning on messaging. EOHHS coordinated remediation efforts including credit monitoring through Experian and changes to member-facing systems and outreach.

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

Neighborhood Health Plan of Rhode Island (NHPRI)

- Optum Transition: Prepared for the transition of behavioral health services from Optum to internal operations, with status dashboards, provider outreach, and communications plans.
- Prior Authorization Review: Reported 115,000 prior authorizations in 2024 with a 13.6% denial rate; EOHHS questioned appeal overturn reasons and data submission processes.

- D-SNP Implementation: Finalized LOIs with providers and planned conversion to signed

contracts; readiness activities underway with internal milestones and timelines.

UnitedHealthcare Community Plan (UHCCP-RI)

- Prior Authorization Management: UHC implemented "Gold Card" status for high-performing providers; 2024 saw a 10% reduction in PA requests with increased approval rates and decreased denial rates.
- CMS Audit Readiness: Worked to prepare for UPIC audit; focused on behavioral health, provider network adequacy, denied claims, and compliance documentation.
- Program Integrity: Addressed active and legacy investigations including provider disenrollments, recoupments, and documentation issues; continued to respond to inquiries related to excluded providers and pending investigations.

Tufts Health Public Plans (THPP)

- Staffing & Compliance Enhancements: THPP hired several key staff, including a Medicaid Compliance Officer and Medical Director; IPRO completed an appeals and grievances audit with no findings.
- Health Equity & Community Engagement: Advanced initiatives including RELD data collection, flu vaccine outreach, and improved prenatal care access; extensive community engagement activities over the holidays.
- Behavioral Health Navigation: Expanded telehealth access for adults and continued in-person services for children; reviewed BH Navigation program with a focus on increasing routine appointment access.

UnitedHealthcare-Dental (UHC Dental)

- Claims Timeliness & Payment Processing: EOHHS emphasized the importance of timely payments due to provider financial pressures and requested ongoing notifications of any delays. UHC is expected to provide electronic documentation on claims timing and payment method percentages.
- Quality Performance & Network Management: Network updates included expansion of services at Cranston Pediatric Dentistry and Tri-County, though medically complex pediatric patients requiring anesthesia still face waitlists. UHC is conducting an internal review on anesthesia use (code D9420).
- Program Integrity & Provider Oversight: UHC Dental addressed ongoing investigations involving three providers.

XI. Enclosures/Attachments

Attachment 1: Rhode Island Budget Neutrality Report

Table A1.1 MEMBER MONTHS (ACTUALS)

	Historical:		Current:				
	DY 15	DY 16	DY 17				
Medicaid Eligibility Group (MEG)	2023	2024	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	YTD
ABD no TPL	193,623	208,189	55,767	0	0	0	55,767
ABD TPL	436,140	369,961	88,277	0	0	0	88,277
RIte Care	2,168,142	1,968,368	478,841	0	0	0	478,841
CSHCN	151,199	141,766	33,524	0	0	0	33,524
217-like Group	65,178	71,140	18,844	0	0	0	18,844
Family Planning Group	12,993	19,307	6,358	0	0	0	6,358
SUD IMD	5,942	6,702	1,028	0	0	0	1,028
Low-Income Adult	1,315,517	1,029,929	250,919	0	0	0	250,919
Additional Populations & CNOMS	45,632	45,490	10,953	0	0	0	10,953
Average Count of Members with Full Benefits	*361,312*	*316,338*	*77,267*	*0*	*0*	*0*	*77,267*

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 17				
Medicaid Eligibility Group (MEG)	DY 15 2023	DY 16 2024	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	YTD
ABD no TPL	$ 3,730	$ 3,730	$ 3,730	$ 3,730	$ 3,730	$ 3,730	$ 3,730
ABD TPL	$ 4,217	$ 4,217	$ 4,217	$ 4,217	$ 4,217	$ 4,217	$ 4,217
RIte Care	$ 683	$ 683	$ 683	$ 683	$ 683	$ 683	$ 683
CSHCN	$ 3,978	$ 3,978	$ 3,978	$ 3,978	$ 3,978	$ 3,978	$ 3,978
217-like Group	$ 4,627	$ 4,627	$ 4,627	$ 4,627	$ 4,627	$ 4,627	$ 4,627
Family Planning Group	$ 28	$ 28	$ 28	$ 28	$ 28	$ 28	$ 28
SUD IMD	$ 4,649	$ 4,649	$ 4,649	$ 4,649	$ 4,649	$ 4,649	$ 4,649
Low-Income Adult	$ 1,153	$ 1,153	$ 1,153	$ 1,153	$ 1,153	$ 1,153	$ 1,153
Composite PMPM for Members with Full Benefits	*$ 1,491*	*$ 1,518*	*$ 6,115*	*$ -*	*$ -*	*$ -*	*$ 6,115*

Table A1.3 WITHOUT WAIVER TOTAL EXPENDITURES

	Historical:		Current:				
			DY 17				
Medicaid Eligibility Group (MEG)	DY 15 2023	DY 16 2024	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	YTD
ABD no TPL	$ 722,238,087	$ 776,571,095	$ 208,017,908	$ -	$ -	$ -	$ 208,017,908
ABD TPL	$ 1,838,988,339	$ 1,559,943,974	$ 372,220,786	$ -	$ -	$ -	$ 372,220,786
RIte Care	$ 1,481,783,930	$ 1,345,251,405	$ 327,256,655	$ -	$ -	$ -	$ 327,256,655
CSHCN	$ 601,522,837	$ 563,995,043	$ 133,370,271	$ -	$ -	$ -	$ 133,370,271
Subtotal - Without Waiver	**$ 4,644,533,194**	**$ 4,245,761,517**	**$ 1,040,865,620**	**$ -**	**$ -**	**$ -**	**$ 1,040,865,620**
217-like Group	$ 301,571,015	$ 329,156,494	$ 87,188,993	$ -	$ -	$ -	$ 87,188,993
Family Planning Group	$ 367,410	$ 545,954	$ 179,788	$ -	$ -	$ -	$ 179,788
SUD IMD	$ 27,625,730	$ 31,159,146	$ 4,779,409	$ -	$ -	$ -	$ 4,779,409
New Adult Group	$ 1,516,837,781	$ 1,187,544,683	$ 289,318,511	$ -	$ -	$ -	$ 289,318,511

Budget Neutrality Tables II

Table A1.4 HYPOTHETICALS ANALYSIS

	Historical:		Current:				
	DY 15	DY 16	DY 17				
Medicaid Eligibility Group (MEG)	2023	2024	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	YTD
Without Waiver Expenditure Baseline	$ 301,938,424	$ 329,702,448	$ 87,368,782	$ -	$ -	$ -	$ 87,368,782
With Waiver Expenditures (Actuals):							
217-like Group	$ 249,615,556	$ 354,595,219	$ 104,213,878	$ -	$ -	$ -	$ 104,213,878
Family Planning Group	$ 167,696	$ 607,407	$ 79,220	$ -	$ -	$ -	$ 79,220
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Subtotal - Actuals	**$ 249,783,252**	**$ 355,202,626**	**$ 104,293,098**	**$ -**	**$ -**	**$ -**	**$ 104,293,098**
Excess Spending: Hypotheticals	$ (52,155,172)	$ 25,500,178	$ 16,924,316	$ -	$ -	$ -	$ 16,924,316

Table A1.5 LOW INCOME ADULT ANALYSIS

	Historical:		Current:				
	DY 15	DY 16	DY 17				
Medicaid Eligibility Group (MEG)	2023	2024	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	YTD
Without Waiver Expenditure Baseline	$ 1,516,837,781	$ 1,187,544,683	$ 289,318,511	$ -	$ -	$ -	$ 289,318,511
With Waiver Expenditures (Actuals)	**$ 767,988,677**	**$ 636,220,450**	**$ 150,002,432**	**$ -**	**$ -**	**$ -**	**$ 150,002,432**
Excess Spending: New Adult Group	$ (748,849,104)	$ (551,324,233)	$ (139,316,079)	$ -	$ -	$ -	$ (139,316,079)

Table A1.6 WITH WAIVER TOTAL ANALYSIS

	Historical:		Current:				
	DY 15	DY 16	DY 17				
Medicaid Eligibility Group (MEG)	2023	2024	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	YTD
ABD no TPL	$ 424,807,473	$ 530,465,367	$ 144,442,209	$ -	$ -	$ -	$ 144,442,209
ABD TPL	$ 716,988,160	$ 886,047,263	$ 252,343,673	$ -	$ -	$ -	$ 252,343,673
RIte Care	$ 666,445,049	$ 776,357,836	$ 243,120,159	$ -	$ -	$ -	$ 243,120,159
CSHCN	$ 195,347,281	$ 233,296,402	$ 56,504,183	$ -	$ -	$ -	$ 56,504,183
Excess Spending: Hypotheticals	$ -	$ 25,500,178	$ 16,924,316	$ -	$ -	$ -	$ -
Excess Spending: New Adult Group	$ -	$ -	$ -	$ -	$ -	$ -	$ -
DSHP - Health Workforce	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CNOM Services	$ 10,175,765	$ 10,142,169	$ 3,211,845	$ -	$ -	$ -	$ 3,211,845
TOTAL	**$ 2,013,763,728**	**$ 2,461,809,215**	**$ 716,546,385**	**$ -**	**$ -**	**$ -**	**$ 699,622,069**
Favorable / (Unfavorable) Variance	$ 2,630,769,466	$ 1,783,952,303	$ 324,319,235	$ -	$ -	$ -	$ 341,243,552
Cumulative Budget Neutrality Variance	$ 15.62 B	$ 17.40 B	$ 17.73 B	$ 17.73 B	$ 17.73 B	$ 17.73 B	$ 17.73 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 Q1-2025

Attachment A2.1: NHPRI Q1-2025 Prior Authorization Requests

RIte Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	5,668	0	0	0	5,668
Prior Authorization Denials	1,351	0	0	0	1,351

RIte Care AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

CSN	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	1,030	0	0	0	1,030
Prior Authorization Denials	124	0	0	0	124

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	2,989	0	0	0	2,989
Prior Authorization Denials	533	0	0	0	533

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	7,260	0	0	0	7,260
Prior Authorization Denials	1,628	0	0	0	1,628

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	114	0	0	0	114
Prior Authorization Denials	26	0	0	0	26

NHPRI Prior Authorizations and Denial Rates

Quarter over Quarter 2023 – Denial Rates				
	Q1	Q2	Q3	Q4
RIte Care	24%	0%	0%	0%
CSN	12%	0%	0%	0%
RHP	18%	0%	0%	0%
RHE	22%	0%	0%	0%
Subcare	23%	0%	0%	0%

Attachment A2.2: UHCCP Q1-2025 Prior Authorization Requests

RIte Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	5,636	0	0	0	5,636
Prior Authorization Denials	1,017	0	0	0	1,017

RIte Care AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	241	0	0	0	241
Prior Authorization Denials	9	0	0	0	9

CSN	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	454	0	0	0	454
Prior Authorization Denials	31	0	0	0	31

CSN AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	27	0	0	0	27
Prior Authorization Denials	4	0	0	0	4

RHP	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	3,982	0	0	0	3,982
Prior Authorization Denials	497	0	0	0	497

RHP AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	134	0	0	0	134
Prior Authorization Denials	6	0	0	0	6

RHE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	11,396	0	0	0	11,396
Prior Authorization Denials	1,298	0	0	0	1,298

RHE AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	253	0	0	0	253
Prior Authorization Denials	17	0	0	0	17

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 2023 – Denial Rates				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	18%	0%	0%	0%
CSN	7%	0%	0%	0%
RHP	12%	0%	0%	0%
RHE	11%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.3: THRIT Q1-2025 Prior Authorization Requests

RIte Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	197	0	0	0	197
Prior Authorization Denials	13	0	0	0	13
RIte Care AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

CSN	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	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	43	0	0	0	43
Prior Authorization Denials	6	0	0	0	6
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 2023 – Denial Rates				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	12%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	14%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.4: RIte Smiles Q1-2025 Prior Authorization Requests

Dental	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	2,338	0	0	0	2,338
Prior Authorization Denials	647	0	0	0	647

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	810	0	0	0	810
Prior Authorization Denials	511	0	0	0	511

RIte Smiles Prior Authorizations and Denial Rates

Quarter over Quarter 2023 – Denial Rates				
	Q1	**Q2**	**Q3**	**Q4**
Dental	28%	0%	0%	0%
Orthodontic	63%	0%	0%	0%

Attachment A2.5 NHPRI Q1-2025 Appeals and Overturn Rates

Appeals Internal - RIte Care	Q1	Q2	Q3	Q4	YTD
Standard	169	0	0	0	169
Overturned	91	0	0	0	91
Expedited	3	0	0	0	3
Overturned	2	0	0	0	2

Appeals External - RIte Care	Q1	Q2	Q3	Q4	YTD
Standard	21	0	0	0	21
Overturned	11	0	0	0	11
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - CSN	Q1	Q2	Q3	Q4	YTD
Standard	27	0	0	0	27
Overturned	15	0	0	0	15
Expedited	2	0	0	0	2
Overturned	2	0	0	0	2

Appeals External - CSN	Q1	Q2	Q3	Q4	YTD
Standard	11	0	0	0	11
Overturned	9	0	0	0	9
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - RHP	Q1	Q2	Q3	Q4	YTD
Standard	74	0	0	0	74
Overturned	35	0	0	0	35
Expedited	1	0	0	0	1
Overturned	0	0	0	0	0

Appeals External - RHP	Q1	Q2	Q3	Q4	YTD
Standard	10	0	0	0	10
Overturned	4	0	0	0	4
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - RHE	Q1	Q2	Q3	Q4	YTD
Standard	184	0	0	0	184
Overturned	79	0	0	0	79
Expedited	3	0	0	0	3
Overturned	2	0	0	0	2

Appeals External - RHE	Q1	Q2	Q3	Q4	YTD
Standard	27	0	0	0	27
Overturned	16	0	0	0	16
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	3	0	0	0	3
Overturned	2	0	0	0	2
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

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

Quarter over Quarter 2025 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte	54%	0%	0%	0%
CSN	56%	0%	0%	0%
RHP	47%	0%	0%	0%
RHE	43%	0%	0%	0%
Subcare	67%	0%	0%	0%

Internal Expedited Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte	67%	0%	0%	0%
CSN	100%	0%	0%	0%
RHP	0%	0%	0%	0%
RHE	67%	0%	0%	0%
Subcare	0%	0%	0%	0%

Quarter over Quarter 2025 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte	52%	0%	0%	0%
CSN	82%	0%	0%	0%
RHP	40%	0%	0%	0%
RHE	59%	0%	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 Q1-2025 Appeals and Overturn Rates

Appeals Internal - RIte Care	Q1	Q2	Q3	Q4	YTD
Standard	23	0	0	0	23
Overturned	10	0	0	0	10
Expedited	21	0	0	0	21
Overturned	13	0	0	0	13

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

Appeals Internal - CSN	Q1	Q2	Q3	Q4	YTD
Standard	2	0	0	0	2
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

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

Appeals Internal - RHP	Q1	Q2	Q3	Q4	YTD
Standard	11	0	0	0	11
Overturned	10	0	0	0	10
Expedited	18	0	0	0	18
Overturned	14	0	0	0	14

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

Appeals Internal - RHE	Q1	Q2	Q3	Q4	YTD
Standard	24	0	0	0	24
Overturned	11	0	0	0	11
Expedited	24	0	0	0	24
Overturned	19	0	0	0	19

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

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

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

Quarter over Quarter 2025_Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte	43%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	91%	0%	0%	0%
RHE	46%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Internal Expedited Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte	62%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	78%	0%	0%	0%
RHE	79%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Quarter over Quarter 2025_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 Q1-2025 Appeals and Overturn Rates

Appeals Internal - RIte Care	Q1	Q2	Q3	Q4	YTD
Standard	1	0	0	0	1
Overturned	0	0	0	0	0
Expedited	6	0	0	0	6
Overturned	4	0	0	0	4

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

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

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

Appeals Internal - RHP	Q1	Q2	Q3	Q4	YTD
Standard	7	0	0	0	7
Overturned	3	0	0	0	3
Expedited	8	0	0	0	8
Overturned	5	0	0	0	5

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

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

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

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

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

Quarter over Quarter 2025_Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	43%	0%	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	67%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	63%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Quarter over Quarter 2025_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 Q1-2025 Appeals and Overturn Rates

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

Appeals Internal - Orthodontics	Q1	Q2	Q3	Q4	YTD
Standard	58	0	0	0	58
Overturned	3	0	0	0	3
Expedited	10	0	0	0	10
Overturned	1	0	0	0	1

Appeals External - Dental (State Fair Hearing)	Q1	Q2	Q3	Q4	YTD
Standard	1	0	0	0	1
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 2025_Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
General Dental	0%			
Orthodontic	5%			

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

Quarter over Quarter 2025_External Appeals

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

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

Attachment A2.9 NHPRI Q1-2025 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
RIte Care	2	0	0	0	2
CSN	1	0	0	0	1
RHP	2	0	0	0	2
Rhe	3	0	0	0	3
SubCare (NHP only)	0	0	0	0	0
Total Number of Grievances					8
AE	2	0	0	0	2

Number of Complaints	Q1	Q2	Q3	Q4	YTD
RIte Care	5	0	0	0	5
CSN	2	0	0	0	2
RHP	6	0	0	0	6
RHE	8	0	0	0	8
SubCare (NHP only)	0	0	0	0	0
Total Number of complaints					21
AE	5	0	0	0	5

Attachment A2.10 UHCCP Q1-2025 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
RIte Care	81	0	0	0	81
CSN	3	0	0	0	3
RHP	12	0	0	0	12
RHE	102	0	0	0	102
SubCare (NHP only)	N/A	N/A	N/A	N/A	0
Total Number of Grievances					198
AE	33	0	0	0	33

Number of Complaints	Q1	Q2	Q3	Q4	YTD
RIte Care	1	0	0	0	1
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					1
AE	0	0	0	0	0

Attachment A2.11 THRIT Q1-2025 Grievances and Complaints

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

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

Attachment A2.12 RIte Smiles Q1-2025 Grievances and Complaints

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

Number of Complaints	Q1	Q2	Q3	Q4	YTD
RIte Smiles	8	0	0	0	8
Total Number of complaints					8

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:

Date: 6/10/2025

XII. State Contact(s)

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XIII. Date Submitted to CMS

June 10, 2025