Report to the Centers for Medicare and Medicaid Services

Quarterly Operations Report

Rhode Island Comprehensive

1115 Waiver Demonstration

DY15 Q1

January 1, 2023 – March 31, 2023

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

Submitted 5/25/23

I. Narrative Report Format

Rhode Island Comprehensive Section 1115 Demonstration

Section 1115 Quarterly Report Demonstration Reporting

Period: DY 15 January 1, 2023 – March 31, 2023

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.

During 2023 Q1, Rhode Island made significant progress in several important areas, with some highlights here and full detail within the report:

- Health System Transformation Project:
    - All Accountable Entities were certified for the Program Year beginning July 1, 2023.
- Modernizing Health and Human Services Eligibility Systems:
    - Between January 1 and March 30, 2023, the Medicaid Systems team and

Deloitte implemented four (3) software releases to address 48 data fixes and 22 software enhancements for the RI Bridges eligibility system.

- Home and Community-Based Services Conflict-Free Case Management:
    - Posted a summary of stakeholder feedback on the draft strategic plan along with the State's responses, as well as an updated CFCM strategic plan.
    - Drafted a request for information (RFI) to assess provider capacity, which was released in March and closed April 7, 2023.
    - Submitted a draft Corrective Action Plan (CAP) to outline the plan to achieve full compliance. The CAP was revised in early March, and on March 22, 2023, the State received CMS approval of the CAP.
    - Continues to hold small and large group sessions with external stakeholders to ensure that the process is informed by all stakeholders.
- Home and Community-Based Services Quality Improvement:
    - Quality Improvement Team: The QIS team completed an outline for HCBS Common Provider Training requirements. Additionally, the team made progress with the development of a project charter by requesting each program office develop a data collection procedural document for their Service Plans and Health and Welfare measures.
    - Critical Incidents Subgroup: The team finalized and shared a critical incident FAQ document with its members in English, Spanish, and Portuguese. The team also discussed and put forth a new proposal for the restrictive intervention measure and received approval from CMS on March 21, 2023. The new measure will be reflected in the June data call, covering Q1 data.
    - Data Analytics Subgroup: The CY2022 Q3 data call, which was sent to program offices in December, was received in a timely manner by January 17. The results were aggregated by the EOHHS data team and presented at the February meeting using the data dashboard. The data team also submitted counts to CMS for the unduplicated number of individuals who received HCBS services in CY2022, as well as the projected individual counts for CY2023.
- State Plan Amendments: EOHHS submitted three SPAs 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, 2023) with eligibility for full benefits is **364,099**. This does not include another 3,038 members eligible under Rhode Island's separate CHIP program (and not reflected in **Table III.1**). Nor does it include an additional **11,750** members with partial Medicaid coverage.

The 1.3% increase in Medicaid enrollment (full Benefits) over the quarter is due to continued moratorium on terminations 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	DY15					
	Dec-20	Dec-21	Dec-22	Mar-23	Jun-23	Sep-23	Dec-23	Quarter Δ	YTD Δ
01: ABD no TPL	16,025	15,694	15,390	15,335				-55	-55
02: ABD TPL	32,771	34,481	36,988	37,212				224	224
03: Rite Care	135,674	138,851	144,040	144,967				927	927
04: CSHCN	12,470	12,240	12,358	12,364				6	6
05: Family Planning	1,688	1,369	1,105	1,065				-40	-40
06: Pregnant Expansion	43	56	96	99				3	3
07: CHIP Children	30,670	33,615	33,906	34,716				810	810
10: Elders 65+	1,581	1,592	1,184	1,219				35	35
14: BCCPT	79	87	93	95				2	2
15: ORS CNOM	72	74	100	116				16	16
17: Early Intervention	1,802	1,781	1,450	1,514				64	64
18: HIV	813	816	790	725				-65	-65
21: 217-like	4,504	4,703	5,126	5,212				86	86
22: New Adult Group	92,288	103,786	112,784	115,397				2,613	2,613
27: Undocumented	146	59	55	51				-4	-4
Grand Total	330,626	349,204	365,465	370,087				4,622	4,622
Subtotal – Full Benefits	324,524	343,513	360,781	365,397				4,616	4,616
Subtotal – Partial Medicaid	6,102	5,691	4,684	4,690				6	6

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	DY15					
				Mar-23	Mar-23	Mar-23	Dec-22	Quarter Δ	YTD Δ
07: CHIP Pregnant & Unborn	1,487	2,275	2,911	3,038				127	127
10: Elders 65+ - MPP Only	7,514	8,120	7,044	7,060				16	16
99: Base	3	3	3	4				1	1

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	DY15					
				Mar-23	Jun-23	Sep-23	Dec-23	Δ Quarter	Δ YTD
01: ABD no TPL	110	106	90	68				-22	-22
02: ABD TPL	25	19	5	6				1	1
03: Rite Care	59	59	54	34				-20	-20
04: CSHCN	1	2	7	7				0	0
21: 217-like	1	1		0				0	0
22: New Adult Group	487	488	384	316				-68	-68
Grand Total	683	675	**540**	**431**				**-109**	**-109**

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 a state designated IMD within the fiscal quarter. Current list of IMDs providing with 16+ beds for SUD-related services include: The Providence Center, Phoenix House, MAP, Bridgemark, Adcare, and Butler Hospital
3. These counts will be updated (and increase) as more claims are paid and submitted to EOHHS thereby identifying more individuals with an IMD SUD related claim.

Number of Enrollees that Lost Eligibility

The number of enrollees eligible in the prior quarter who had lost eligibility for full Medicaid benefits as of the last day in the current quarter is **3,772**.

The cumulative count of terminations among those with full Medicaid benefits in the current demonstration year is **3,722**.

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

	DY12	DY13	DY14	DY15				
				Mar-23	Jun-23	Sep-23	Dec-23	YTD
01: ABD no TPL	613	632	769	154				154
02: ABD TPL	3,426	2,545	1,384	301				301
03: Rite Care	5,450	4,795	4,670	1,227				1,227
04: CSHCN	282	419	702	119				119
05: Family Planning	195	86	77	12				12
06: Pregnant Expansion	2	2	0	1				1
07: CHIP Children	1,562	1,087	1,012	269				269
10: Elders 65+ - OHA Copay	182	113	510	49				49
14: BCCPT	8	3	2	0				0
15: ORS CNOM	64	62	62	59				59
17: Early Intervention	1,179	1,020	1,039	226				226
18: HIV	72	82	88	85				85
21: 217-like	386	371	257	60				60
22: New Adult Group	5,632	4,301	4,101	1,126				1,126
27: Undocumented Immigrants	32	125	38	34				34
Grand Total	**19,085**	**15,643**	14,711	**3,722**				**3,722**
Subtotal - Full Medicaid	**17,464**	**14,202**	12,966	**3,288**				**3,288**

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.

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 September 30, 2022, a total of **1,997** Medicaid-eligible members were in a self-directed HCBS program, including 895 in a program administered by EOHHS and 1,102 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 15:

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

	DY12	DY13	DY14	DY15				
				Mar-23	Jun-23	Sep-23	Dec-23	YTD Avg.
New	98	262	224	67				67
Continuing	437	464	624	828				828
Subtotal - EOHHS	**535**	**726**	**848**	**895**				**895**
Subtotal - BHDDH			**1,071**	**1,102**				**1,102**
Grand Total			**1,919**	**1,997**				**1,997**

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 DY15 January 1, 2023 – March 31, 2023 (by category or by type) with a total of **$6,466.92** for special purchases expenditures.

Q1 2023	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	1	Over the counter medications		$ 301.48
	3	Acupuncture		$1,080.00
	12	Service Dog Training		$1,500.00
	4	Massage Therapy		$ 340.00
	7	Massage Float Therapy		$ 665.00
	4	Health Supplements		$ 1,186.32
	1	Adaptive Mobility Equipment		$ 1,319.13
	1	Membership Renewal – Medic Alert		$ 74.99
	CUMULATIVE TOTAL			**$ 6,466.92**

VI. Outreach/Innovative Activities

Summarize outreach activities and/or promising practices for January 1, 2023 – March 31, 2023.

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)

Q1 2023

- All AEs applied for PY6 re-certification and have all been certified without conditions pending review of PY6 HSTP Project Plans, due 5/8/2023.

- The AEs continued working towards their PY5 HSTP Project Plan targets.

- The MCOs completed and shared OPY5 Q3 AEIP Quarterly Outcome Metrics with EOHHS.

- EOHHS continued to work with Bailit Health on the AE/MCO Quality Work Group and have developed proposed changes for the quality measure slate, the methodology used to set targets, and measure specification for the upcoming performance year (i.e., OPY7/QPY7). We will be reviewing the proposed changes with the AE/MCO Quality Work Group at the next two meetings 5/8 and 6/13 to gather feedback.

- The PCF and CPO Health Equity Zones (HEZs) that were given Participatory Budgeting grants created committees of community members called "budget delegates and change agents" who have been meeting on a weekly basis, to further develop ideas collected from their respective communities and turn those ideas into full-fledged project proposals.

- The Rhode to Equity (R2E) learning and action collaborative began to plan and develop their second and final year Bi-Annual Conference, where the cross-sector teams will come together to reflect on their projects and lessons learned over the course of the R2E program and discuss and explore new and sustainable ways to further create community linkages prospectively.

VII. Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in DY 15 January 1, 2023 – March 31, 2023.

Modernizing Health and Human Services Eligibility Systems

DY15 Q1
Between January 1 and March 30, 2023, the Medicaid Systems team and Deloitte implemented four (3) software releases to address 48 data fixes and 22 software enhancements for the RI Bridges eligibility system. These releases improved services for Medicaid Eligibility & Enrollment, Asset Verification System (AVS), Long Term Services and Supports, as well as functionality improvements to our mobile app (HealthyRhode) and our customer/worker interfaces. No significant program development or issues were identified.

HCBS Conflict-Free Case Management

DY15 Q1
EOHHS is leading an interagency initiative to establish a statewide conflict-free case management (CFCM) program to serve Medicaid long-term services and supports (LTSS) beneficiaries who participate in the State's home and community-based services (HCBS) programs. A core component of this initiative is the establishment of a contractual network of qualified CFCM entities with the capacity to serve approximately 11,000 Rhode Island HCBS participants who have a varying and changing array of LTSS needs.

The CFCM initiative serves the broader goals of making the LTSS system more person-centered, quality-driven, and resilient, while bringing Rhode Island into compliance with federal requirements governing the Medicaid HCBS programs authorized by the State's Section 1115 Demonstration Waiver.

Implementation of CFCM is scheduled to begin on January 1, 2024. RI EOHHS will transition HCBS participants into CFCM throughout CY2024 based on a HCBS Participant Transition Plan. RI EOHHS anticipates that all HCBS participants under this initiative will be enrolled in the CFCM services system by December 31, 2024.

In January, February, and March 2023, the statewide team continued to develop the CFCM implementation plan and communication strategy. Most notably:

- The Governor's FY2024 budget proposal was released in January, including the legislative authority and funding to support the State's implementation of CFCM. The General Assembly will continue to debate and revise this proposal until June, for an effective date of July 1, 2023. The interagency team continues to identify materials that will need to be updated upon approval, such as regulations.

- In February, EOHHS posted a summary of stakeholder feedback on the draft strategic plan along with the State's responses. An updated CFCM strategic plan was posted in February.
- In February, the State drafted a request for information (RFI) to assess provider capacity, which was released in March and closes April 7, 2023.
- In early February, following previous discussions with CMS regarding the State's compliance with CMS' CFCM regulations, EOHHS submitted a draft Corrective Action Plan (CAP) to outline the plan to achieve full compliance. The CAP was revised in early March, and on March 22, 2023, the State received CMS approval of the CAP.
- The State continues to hold small and large group sessions with external stakeholders to ensure that the process informed by all stakeholders, although stakeholder engagement was paused while the RFI was open.

HCBS Quality Improvement

DY15 Q1

In January, February, and March 2023, the standing project governance team, quality improvement team, and two focused subgroups—Critical Incidents and Data Analytics—continued to meet regularly.

- **Project Governance Team:** In addition to overall project planning and leadership, the project governance team primarily focused on updating EOHHS' ISAs with its sister agencies. This work is ongoing and will continue into CY2023 as the team identifies areas to clarify partner expectations on items such as data sharing, group participation, and responding to inquires in a timely manner. The team also continues to update the HCBS Work Plan and identify the ongoing areas of focus for the remainder of CY2023.

- **Quality Improvement Team:** The full QIS team continued to convene biweekly to discuss highlights, areas for improvement, and to serve as a resource to work through concerns that arise in the Critical Incident and Data Analytics subgroups. The QIS team completed an outline for HCBS Common Provider Training requirements. The team will continue to work with leadership to determine the best methods to develop, implement and maintain the trainings for current and new HCBS providers. Additionally, the team made progress with the development of a project charter by requesting each program office develop a data collection procedural document for their Service Plans and Health and Welfare measures. The purpose of these process documents is to ensure the data collection methodology is consistent each quarter, allowing accurate data comparisons across quarters and years and ensuring data can be collected in the future if there are changes in staff. The documents are maintained in a common HCBS QIS Teams space to be reviewed bi-annually.

- **Critical Incidents Subgroup:** The Critical Incident subgroup continued to meet monthly. First, the team finalized and shared a critical incident FAQ document with its

members in English, Spanish, and Portuguese. The purpose of the document is to educate program participants about abuse, neglect, and exploitation and where to report incidents if they occur. The document will serve as starting point for each program and can be used as a supplement for education already in place. The document was provided in preparation for agencies to begin reporting out data on the Educating Families measure. The team also discussed and put forth a new proposal for the restrictive intervention measure and received approval from CMS on March 21, 2023. The new measure will be reflected in the June data call, covering Q1 data.

- **Data Analytics Subgroup:** The CY2022 Q3 data call, which was sent to program offices in December, was received in a timely manner by January 17. The results were aggregated by the EOHHS data team and presented at the February meeting using the data dashboard. The data team also submitted counts to CMS for the unduplicated number of individuals who received HCBS services in CY2022, as well as the projected individual counts for CY2023. Due to changes in which programs classify as HCBS, the previous unduplicated counts were revised to reflect the change in the baseline CY2022 metric. 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 8, the CY2022 Q4 data template was sent to the program offices, to be returned in April.

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, 2023 – March 31, 2023.

Request Type	Description	Date Submitted	CMS Action	Date
SPA	21-0006 COVID 19 Vaccines and Vaccine Administration	5/17/21	RAI	8/10/21
SPA	21-0007 Psychiatric Residential Treatment Centers (PRTF)	6/29/21	RAI	9/21/21
SPA	22-0018 Nursing Facility Rate Increase	11/18/22	Approved	2/8/23
SPA	22-0019 Nursing Facility Add-on Rate	11/18/22	Approved	2/8/23
SPA	22-0020 Children's Group Home Rate Increase	11/18/22	Approved	2/7/23
SPA	22-0024 Postpartum Coverage for 12 months	12/28/22	Pending	N/A
CHIP SPA	22-0025 Postpartum Coverage for 12 months	12/29/22	Pending	N/A
CHIP SPA (HSI)	22-0026 Postpartum Coverage for 12 months (conception to birth)	12/29/22	Pending	N/A
SPA	23-0001 DR SPA Emergency Case Management	1/30/23	Approved	2/8/23
SPA	23-0002 DR SPA RIte Smiles to 26	1/30/23	Withdrawn	2/15/23
SPA	23-0003 Nursing Facility Rate Methodology	1/30/23	Pending	N/A
SPA	23-0004 Former Foster Care Youth	3/31/23	Pending	N/A
SPA	23-0005 MNIL SSP Annual Update	3/31/23	Pending	N/A

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

There were no significant developments/issues/problems with financial accounting, budget neutrality, CMS-64 reporting for DY 15 January 1, 2023 – March 31, 2023 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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IX. Consumer Issues

January 1, 2023 – March 31, 2023

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, 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.

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 Q1-2023 the appeals and grievance data reviews continue to remain an area of focus, particularly because of encounter data issues with the MCOs. However, to date and during q1, none have resulted in EOHHS implementing any corrective actions.

Given the previous (Q3 & Q4) performance in outpatient Behavioral Health (BH) care and neuropsychological testing across all three (3) managed care organizations, EOHHS will continue to monitor these issues during oversight meetings. 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. EOHHS continued to build on its work related to Network Adequacy and oversight. Specifically, EOHHS directed Tufts to provide a full report including their outreach efforts and planning activities related to network adequacy and appropriate access to behavioral health services. Additionally, EOHHS requested THPP to begin collect BH drug utilization data during January of Q1 2023 to monitor trends as they related to BH drugs and in the context of Tuft's pharmacy benefit manager transition from CVS to OptumRX. There was nothing significant in the BH utilization that would warrant a concern.

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.

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. Anticipated to be completed at the end March 2023 due to a staffing transition.

DY15 Q1

MCO Prior Authorization and Denials Summary

NHPRI Q1-2023: Prior Authorizations and Denials: NHPRI reported twenty-two thousand and fifty-nine (22,059) PAs (across all cohorts) of which one thousand six hundred and eighty-one (1,681) PAs were denied representing an 7.62% denial rate. There is no substantive change in PA requests or denials from Q4-2022 (8.02%) to Q1 2023. Representing less than 1% increase in denial rate.

UHCCP Q1-2023: Prior Authorizations and Denials: UHCCP-RI reported seventeen thousand eight hundred and twelve (17,812) PAs (across all cohorts) of which three thousand seven hundred and twenty-nine (3,729) PAs were denied representing a 20.94% total denial rate. Representing an approximate increase of 2.94% in denial rate. Despite the fact that, UHCCP only makes up approximately 25% of the market share, their RIte Care PA requests made up 45% between them and NHPRI. EOHHS has requested that UHCCP Optum share their PA policies Radiology and pharmacy represent approximately 66.74% of all prior authorizations and 94.29% denials respectively. EOHHS is currently finalizing its annual Appeals and Grievance audit, causation for this anomaly will be reviewed and addressed during the audit process.

THRIT Q1-2023: Prior Authorizations and Denials: THRIT reported one thousand two hundred and nine (1,209) PAs (across all cohorts) of which one hundred and forty-five (145) PAs were

denied representing 11.99% denial rate. There is no substantive change in PA requests or denials from Q4 2022 (12.13%) to Q1 2023. Representing less than 1% decrease in denial rate.

Dental (RIte Smiles) Q1-2023: Prior Authorizations and Denials: RIte Smiles reported a total of three thousand four hundred and sixty-two (3,462) PAs of which one thousand four hundred and seventy-three (1,473) PAs were denied representing 42.55% total denial rate. Requests for orthodontic services represent 45.49% denial rate which represents an additional decrease of more than .89% from Q4.

MCO Q1-2023: Appeals and Overturn Rate Summary

NHPRI Q1-2023: NHPRI reported a total of three hundred and sixty-seven (367) standard internal appeals, twenty (20) expedited internal appeals and one hundred and forty-six (146) state fair external hearings across all cohorts. Of the five hundred and thirty-three (533) total appeals, two hundred and three (203) appeals were overturned representing 38.09% overturn rate. Of the one hundred and forty-six (146) external appeals, forty-five (45), appeals, 31.03% were overturned.

UHCCP Q1-2023: UHCCP reported a total of one hundred and twenty-eight (128) standard internal appeals, one hundred (100) expedited internal and zero state fair- external hearings across all cohorts. Of the two hundred and twenty-eight (228) total appeals, one hundred and sixty-three (163) were overturned representing 71.49% overturn rate. There were no external appeals this quarter.

THRIT Q1-2023: THRIT reported a total of four (4) standard internal appeals, seven (7) expedited internal appeals and zero state fair – external hearings across all cohorts. Of the eleven (11) total appeals six (6) were overturned representing 54.55% overturn rate. There were no external appeals in Q1.

Dental (RIte Smiles) Q1-2023: RIte Smiles reported a total of forty-three (43) standard internal appeals and twelve (12) expedited state fair -external hearings. Of the fifty-five (55) total appeals eight (8) appeals were overturned representing 14.54% overturn rate. Denials for orthodontic services represented 100% of appeal requests. EOHHS is currently reviewing trends to ensure that members are fully aware to initiate an appeal given this trend.

MCO Q1-2023 Grievances and Complaints Summary

NHPRI Q1-2023: Grievances and Complaints: NHPRI reported a total of total of one hundred and six (106) Grievances and Complaints; fifty-four (54) Grievances and fifty-two (52) Complaints; eighteen (18) were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the fifty-four (54) Grievances, thirty-four (34) represented quality of care issues, twenty (20) 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 slight decrease (less than 1%) in grievances /complaints from Q1 over Q4. This is being monitored during oversight and flagged as a part of the provider enrollment screening process related to the 21st Century CURES ACT.

UHCCP Q1-2023: Grievances/Complaints: UHCCP-RI reported a total of seventeen (17) Grievances and Complaints; five (5) Grievances and twelve (12) Complaints; ten (10) were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the seventeen (17) Grievances, four (4) represented quality of care 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 was a significant decrease in balance billing complaints in both Q1 and Q2, and no balance billing issue complaints in Q3 and Q4. EOHHS is monitoring this issue closely and will monitor/track and resolve any additional unforeseen risks/issues that may result due to this oversight.

THRIT Q1-2023: Grievances and Complaints: THRIT reported zero Grievances and zero Complaints in Q1-2023.

RIte Smiles (Dental) Q1-2023: Grievances and Complaints: RIte Smiles reported a total of zero consumer Grievance and two (2) Complaints in Q1-2023.

The Public Health Emergency (PHE) had a significant impact on dental services, directly impacting staffing, service requests and, subsequently, submitted appeals and grievances and continues to be 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 five (5) times in DY 15 January 1, - March 31, 2023:

January meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- MAPCO Results
- Cover All Kids
- PHE Unwinding/Return to Pre-Pandemic Redeterminations
- Policy Update - SPAs
- Data Reports – Enrollment & Auto Assignment

March meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- Return to Annual Medicaid Redeterminations/Renewals (also called “unwinding”)
- Cover All Kids Update
- Data Reports – Enrollment & Auto Assignment

The EOHHS Transportation Broker, Medical Transportation Management (MTM), reported on transportation related complaints. The following charts reflect the number of complaints compared to the transportation reservations and the top five complaint areas during DY 15 January 1, 2023 – March 2023.

NEMT Analysis	Q1 2023		Q2 2023	Q3 2023	Q4 2023	DY15 YTD
All NEMT & Elderly Complaints	271					271
All NEMT & Elderly Trip Reservations	565,241					565,241
Complaint Performance	0.05%					0.05%
Top 5 Complaint Areas						
Transportation Provider No Show	85	1				85
Transportation Broker Processes	29	4				29
Transportation Provider Behavior	37	3				37
Transportation Provider Late	45	2				45
Transportation Broker Client Protocols	20	5				20
Driver Service/Delivery	19	6				19
Transportation Broker Customer Service						0

X. Marketplace Subsidy Program Participation

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

For this quarter, the average monthly participation was 122 enrollees. The average subsidy was $40.94 per individual, with an average total of $5,008 per month.

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				
May				
June				
July				
August				
September				
October				
November				
December				

XI. Evaluation/Quality Assurance/Monitoring Activity

Identify, describe, and report the outcome of all major evaluation/quality assurance/monitoring activities in DY 15, January 1, 2023 – March 31, 2023.

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

Monthly Oversight Review

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

Areas of focus addressed during Q1:

Specific to quality improvement and compliance, the following areas of focus were addressed during the cycle of oversight and administration meetings conducted during Quarter 1 (Q1) of 2023, the third quarter of State Fiscal Year (SFY) 2023:

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 Q4, 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 and boosters given the winter months and holidays which increase exposure and risk in Q4. 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.

<u>General Updates</u>

- EOHHS continued work with MCOs concerning outreach and care coordination efforts to enhance provision of Early Intervention Services for members.
- EOHHS completed Wave 4 of 4, for Provider Screening – 21st Century Cures Act enrollment requirements. Letters were mailed to providers on December 16, 2023. EOHHS is providing oversight to external vendor (Gainwell Technologies) re: compliance with the enrollment requirements with the 3 MCOs, and Dental plan. Meetings with both the vendor and MCOs are held on a weekly basis to ensure adherence with the project plan. Given the intense oversight and research related to compliance with the CURES ACT, compliance with the ACT has improved. However, there remains a discrepancy between the MCE's self-reported compliance rates and the rates reported by Gainwell. During edit testing it was discovered that the definitions of "in-network" differed between the MCEs and EOHHS. EOHHS helped to address this by refining a compendium that included clear guidance and definitions. EOHHS has hired a new compliance officer, who will started during Q1 2023. The compliance officer has worked to streamline the entire process and has created a path to escalate accordingly. Progress has been made and EOHHS continues to assess.
- EOHHS reviewed results of QIP Reports with each MCO and collected data to share with the EQRO
- MCOs continued to address any outstanding retro-payments related to reimbursement rates for children services including Early Intervention, which were increased retroactively to July 1, 2022.This work was scheduled to be completed by December 31,2022 but is not completed. EOHHS made this an agenda item for each respective plan until compliance is achieved. During Q1, this was achieved.
- EOHHS received confirmation from CMS that PHE would end on May 11, 2023. EOHHS has worked internally and with its MCO's to begin planning activities relative to redeterminations and eligibility. EOHHS continues to explore creative ways to mitigate the risk for fraud and abuse, as well as treatment disruption for members.

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

Neighborhood Health Plan of Rhode Island (NHPRI)

- NHPRI informed EOHHS that they are switching specialty pharmacy from CVS as the PBM, to NHPRI acting as lead PBM and contracting with 3 pharmacies. EOHHS dedicated two meetings in Q3 and two in Q4 to ensure NHPRI had adequately planned for the transition, and to ensure that no member would be negatively impacted. NHPRI provided EOHHS with sufficient documentation that evidenced appropriate planning. NHPRI implemented the new specialty PBM during Q1 with no disruption for consumers or providers.
- NHPRI continued to work with RIDOH to obtain vaccination data for NHPRI members.

UnitedHealthcare Community Plan (UHCCP-RI)

- During Q1UHCCP oversight largely focused on subcontractor management related to their behavioral health vendor processing authorization for service and adjudicating

claims. As noted in previous Q's, there were recent rate changes that required remediation and retroactive reimbursement. UHCCP/Optum reported that there was an issue with claims' denials that required a manual edit. Because the resolution process was manual, it required more time which equated to monies owed to providers. EOHHS continues to monitor their progress towards completion as well as UHCCP's ability to adequately oversee their subcontractor. EOHHS has kept Optum Oversight as a standing agenda item during Q1.

- UHCCP case managers continued targeted outreach to members in areas with low COVID-19 vaccination rates.

Tufts Health Public Plans (THPP)

- As noted on previous Q's EOHHS monitored THPP's transition to OptumRX from CVS as their pharmacy benefit manager. EOHHS oversaw the project planning and milestones very closely to adequately prepare for any unforeseen issues that may impact the implementation. Despite this, there was a significant disruption during January 2023, that resulted in issues with: members access, subcontractor oversight and the mainstreaming clause within the MCO contract. Due to the above infractions, THPP was placed on three (3) separate Corrective Action Plans (CAP) that included civil monetary penalties. THPP has been cooperative throughout the CAP process and despite issues in the beginning of Q1, progress was made in February and March 2023.
- THPP continued to make progress to address encounter claims submission and has worked with EOHHS' data team accordingly.
- THPP has also attended the provider enrollment meetings related to the 21st Century CURES Act and continued to be a solid partner.
  EOHHS continues to delve deeper into THPP's network adequacy given recent trends by member requests to change plans. EOHHS will continue to monitor THPP's Network Adequacy very closely and if necessary, will impose a plan to address. EOHHS is seeking to make Network Adequacy a forma Active Management Project in future Q's.

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. Additionally, during Q1 EOHHS hired a new contract manager to oversee UHC dental.
- EOHHS is currently working with UHC Dental to ensure adherence to CURES ACT.

XII. Enclosures/Attachments

Attachment 1: Rhode Island Budget Neutrality Report

Table A1.1 MEMBER MONTHS (ACTUALS)

	Historical:		Current:				
			DY 15				
Medicaid Eligibility Group (MEG)	DY 13 2021	DY 14 2022	31-Mar-23	30-Jun-23	30-Sep-23	31-Dec-23	YTD
ABD no TPL	186,735	187,848	46,255	0	0	0	46,255
ABD TPL	389,246	430,753	111,515	0	0	0	111,515
RIte Care	2,050,133	2,105,912	537,814	0	0	0	537,814
CSHCN	146,946	147,691	37,073	0	0	0	37,073
217-like Group	54,812	59,176	15,526	0	0	0	15,526
Family Planning Group	18,159	14,193	3,241	0	0	0	3,241
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Low-Income Adult	1,192,867	1,301,458	344,114	0	0	0	344,114
Additional Populations & CNOMS	56,713	46,659	10,952	0	0	0	10,952
Average Count of Members with Full Benefits	*335,062*	*352,737*	*364,099*	*0*	*0*	*0*	*364,099*

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 13	DY 14	DY 15				
Medicaid Eligibility Group (MEG)	2021	2022	31-Mar-23	30-Jun-23	30-Sep-23	31-Dec-23	YTD
ABD no TPL	$ 3,576	$ 3,730	$ 3,891	$ 3,891	$ 3,891	$ 3,891	$ 3,891
ABD TPL	$ 4,043	$ 4,217	$ 4,398	$ 4,398	$ 4,398	$ 4,398	$ 4,398
RIte Care	$ 650	$ 683	$ 719	$ 719	$ 719	$ 719	$ 719
CSHCN	$ 3,789	$ 3,978	$ 4,177	$ 4,177	$ 4,177	$ 4,177	$ 4,177
217-like Group	$ 4,488	$ 4,627	$ 4,770	$ 4,770	$ 4,770	$ 4,770	$ 4,770
Family Planning Group	$ 27	$ 28	$ 30	$ 30	$ 30	$ 30	$ 30
SUD IMD	$ 4,411	$ 4,649	$ 4,900	$ 4,900	$ 4,900	$ 4,900	$ 4,900
Low-Income Adult	$ 1,097	$ 1,153	$ 1,212	$ 1,212	$ 1,212	$ 1,212	$ 1,212
Composite PMPM for Members with Full Benefits	*$ 1,414*	*$ 1,493*	*$ 1,559*	*$ -*	*$ -*	*$ -*	*$ 1,559*

Table A1.3 WITHOUT WAIVER TOTAL EXPENDITURES

	Historical:		Current:				
	DY 13	DY 14	DY 15				
Medicaid Eligibility Group (MEG)	2021	2022	31-Mar-23	30-Jun-23	30-Sep-23	31-Dec-23	YTD
ABD no TPL	$ 667,828,363	$ 700,696,613	$ 179,956,044	$ -	$ -	$ -	$ 179,956,044
ABD TPL	$ 1,573,594,779	$ 1,816,274,003	$ 490,422,801	$ -	$ -	$ -	$ 490,422,801
RIte Care	$ 1,331,874,962	$ 1,439,253,776	$ 386,674,027	$ -	$ -	$ -	$ 386,674,027
CSHCN	$ 556,764,673	$ 587,566,779	$ 154,863,914	$ -	$ -	$ -	$ 154,863,914
Subtotal - Without Waiver	**$ 4,130,062,777**	**$ 4,543,791,171**	**$ 1,211,916,785**	**$ -**	**$ -**	**$ -**	**$ 1,211,916,785**
217-like Group	$ 245,983,259	$ 273,800,460	$ 74,063,940	$ -	$ -	$ -	$ 74,063,940
Family Planning Group	$ 487,646	$ 401,343	$ 96,505	$ -	$ -	$ -	$ 96,505
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
New Adult Group	$ 1,308,675,527	$ 1,500,627,255	$ 417,011,211	$ -	$ -	$ -	$ 417,011,211

Budget Neutrality Tables II

Table A1.4 HYPOTHETICALS ANALYSIS

	Historical:		Current:				
	DY 13	DY 14	DY 15				
Medicaid Eligibility Group (MEG)	2021	2022	31-Mar-23	30-Jun-23	30-Sep-23	31-Dec-23	YTD
Without Waiver Expenditure Baseline	$ 246,470,905	$ 274,201,803	$ 74,160,445	$ -	$ -	$ -	$ 74,160,445
With Waiver Expenditures (Actuals):							
217-like Group	$ 213,980,940	$ 249,615,556	$ 70,189,578	$ -	$ -	$ -	$ 70,189,578
Family Planning Group	$ 245,689	$ 167,696	$ 51,841	$ -	$ -	$ -	$ 51,841
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Subtotal - Actuals	**$ 214,226,629**	**$ 249,783,252**	**$ 70,241,419**	**$ -**	**$ -**	**$ -**	**$ 70,241,419**
Excess Spending: Hypotheticals	$ (32,244,276)	$ (24,418,551)	$ (3,919,026)	$ -	$ -	$ -	$ (3,919,026)

Table A1.5 LOW INCOME ADULT ANALYSIS

	Historical:		Current:				
	DY 13	DY 14	DY 15				
Medicaid Eligibility Group (MEG)	2021	2022	31-Mar-23	30-Jun-23	30-Sep-23	31-Dec-23	YTD
Without Waiver Expenditure Baseline	$ 1,308,675,527	$ 1,500,627,255	$ 417,011,211	$ -	$ -	$ -	$ 417,011,211
With Waiver Expenditures (Actuals)	**$ 748,128,413**	**$ 767,260,362**	**$ 217,778,095**	**$ -**	**$ -**	**$ -**	**$ 217,778,095**
Excess Spending: New Adult Group	$ (560,547,114)	$ (733,366,893)	$ (199,233,116)	$ -	$ -	$ -	$ (199,233,116)

Table A1.6 WITH WAIVER TOTAL ANALYSIS

	Historical:		Current:				
	DY 13	DY 14	DY 15				
Medicaid Eligibility Group (MEG)	2021	2022	31-Mar-23	30-Jun-23	30-Sep-23	31-Dec-23	YTD
ABD no TPL	$ 512,851,632	$ 429,413,373	$ 119,691,412	$ -	$ -	$ -	$ 119,691,412
ABD TPL	$ 713,080,983	$ 716,632,281	$ 188,600,337	$ -	$ -	$ -	$ 188,600,337
RIte Care	$ 722,498,727	$ 643,451,768	$ 238,864,979	$ -	$ -	$ -	$ 238,864,979
CSHCN	$ 177,986,526	$ 195,422,916	$ 83,384,318	$ -	$ -	$ -	$ 83,384,318
Excess Spending: Hypotheticals	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Excess Spending: New Adult Group	$ -	$ -	$ -	$ -	$ -	$ -	$ -
DSHP - Health Workforce & AIE Payments	$ 18,928,491	$ 19,150,124	$ 3,209,751	$ -	$ -	$ -	$ 3,209,751
CNOM Services	$ 8,152,058	$ 10,175,765	$ 2,564,483	$ -	$ -	$ -	$ 2,564,483
TOTAL	**$ 2,153,498,417**	**$ 2,014,246,226**	**$ 636,315,280**	**$ -**	**$ -**	**$ -**	**$ 636,315,280**
Favorable / (Unfavorable) Variance	$ 1,976,564,360	$ 2,529,544,944	$ 575,601,505	$ -	$ -	$ -	$ 575,601,505
Cumulative Budget Neutrality Variance	$ 14.97 B	$ 17.49 B	$ 18.07 B	$ 18.07 B	$ 18.07 B	$ 18.07 B	$ 18.07 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 Q1-2023

Attachment A2.1: NHPRI Q4-2022 Prior Authorization Requests

RIte Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	7,692	0	0	0	7,692
Prior Authorization Denials	673	0	0	0	673

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	1,084	0	0	0	1,084
Prior Authorization Denials	47	0	0	0	47

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

RHP	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	3,361	0	0	0	3,361
Prior Authorization Denials	211	0	0	0	211

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	9,641	0	0	0	9,641
Prior Authorization Denials	740	0	0	0	740

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	281	0	0	0	281
Prior Authorization Denials	10	0	0	0	10

NHPRI Prior Authorizations and Denial Rates

Quarter over Quarter 2023 – Denial Rates				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	9%	0%	0%	0%
CSN	4%	0%	0%	0%
RHP	6%	0%	0%	0%
RHE	8%	0%	0%	0%
Subcare	4%	0%	0%	0%

Attachment A2.2: UHCCP Q1-2023 Prior Authorization Requests

RIte Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	6,331	0	0	0	6,331
Prior Authorization Denials	1,343	0	0	0	1,343

RIte Care AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	255	0	0	0	255
Prior Authorization Denials	16	0	0	0	16

CSN	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	451	0	0	0	451
Prior Authorization Denials	62	0	0	0	62

CSN AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	37	0	0	0	37
Prior Authorization Denials	2	0	0	0	2

RHP	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	3,051	0	0	0	3,051
Prior Authorization Denials	579	0	0	0	579

RHP AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	87	0	0	0	87
Prior Authorization Denials	5	0	0	0	5

RHE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	7,979	0	0	0	7,979
Prior Authorization Denials	1,745	0	0	0	1,745

RHE AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	278	0	0	0	278
Prior Authorization Denials	16	0	0	0	16

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	21%	0%	0%	0%
CSN	14%	0%	0%	0%
RHP	19%	0%	0%	0%
RHE	22%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.3: THRIT Q1-2023 Prior Authorization Requests

RIte Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	402	0	0	0	402
Prior Authorization Denials	45	0	0	0	45
RIte Care AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	70	0	0	0	70
Prior Authorization Denials	3	0	0	0	3

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	807	0	0	0	807
Prior Authorization Denials	100	0	0	0	100
RHP AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	181	0	0	0	181
Prior Authorization Denials	18	0	0	0	18

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	11%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	12%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.4: RIte Smiles Q1-2023 Prior Authorization Requests

Dental	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	2,341	0	0	0	2,341
Prior Authorization Denials	803	0	0	0	803

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	1,121	0	0	0	1,121
Prior Authorization Denials	670	0	0	0	670

RIte Smiles Prior Authorizations and Denial Rates

Quarter over Quarter 2023 – Denial Rates				
	Q1	**Q2**	**Q3**	**Q4**
Dental	34%	0%	0%	0%
Orthodontic	60%	0%	0%	0%

Attachment A2.5 NHPRI Q1-2023 Appeals and Overturn Rates

Appeals Internal - RIte Care	Q1	Q2	Q3	Q4	YTD
Standard	105	0	0	0	105
Overturned	42	0	0	0	42
Expedited	5	0	0	0	5
Overturned	4	0	0	0	4

Appeals External - RIte Care	Q1	Q2	Q3	Q4	YTD
Standard	39	0	0	0	39
Overturned	12	0	0	0	12
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - CSN	Q1	Q2	Q3	Q4	YTD
Standard	10	0	0	0	10
Overturned	2	0	0	0	2
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - CSN	Q1	Q2	Q3	Q4	YTD
Standard	3	0	0	0	3
Overturned	1	0	0	0	1
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - RHP	Q1	Q2	Q3	Q4	YTD
Standard	88	0	0	0	88
Overturned	27	0	0	0	27
Expedited	5	0	0	0	5
Overturned	4	0	0	0	4

Appeals External - RHP	Q1	Q2	Q3	Q4	YTD
Standard	52	0	0	0	52
Overturned	17	0	0	0	17
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - RHE	Q1	Q2	Q3	Q4	YTD
Standard	159	0	0	0	159
Overturned	70	0	0	0	70
Expedited	10	0	0	0	10
Overturned	8	0	0	0	8

Appeals External - RHE	Q1	Q2	Q3	Q4	YTD
Standard	46	0	0	0	46
Overturned	13	0	0	0	13
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	5	0	0	0	5
Overturned	1	0	0	0	1
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	6	0	0	0	6
Overturned	2	0	0	0	2
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Quarter over Quarter 2023 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte	40%	0%	0%	0%
CSN	20%	0%	0%	0%
RHP	31%	0%	0%	0%
RHE	44%	0%	0%	0%
Subcare	20%	0%	0%	0%

Internal Expedited Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte	80%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	80%	0%	0%	0%
RHE	80%	0%	0%	0%
Subcare	0%	0%	0%	0%

Quarter over Quarter 2023 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte	31%	0%	0%	0%
CSN	33%	0%	0%	0%
RHP	33%	0%	0%	0%
RHE	28%	0%	0%	0%
Subcare	33%	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%

* 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 Q1-2023 Appeals and Overturn Rates

Appeals Internal - RIte Care	Q1	Q2	Q3	Q4	YTD
Standard	45	0	0	0	45
Overturned	24	0	0	0	24
Expedited	26	0	0	0	26
Overturned	22	0	0	0	22

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	3	0	0	0	3
Overturned	2	0	0	0	2
Expedited	5	0	0	0	5
Overturned	4	0	0	0	4

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	16	0	0	0	16
Overturned	10	0	0	0	10
Expedited	27	0	0	0	27
Overturned	21	0	0	0	21

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	64	0	0	0	64
Overturned	48	0	0	0	48
Expedited	42	0	0	0	42
Overturned	32	0	0	0	32

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 2023 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte	53%	0%	0%	0%
CSN	67%	0%	0%	0%
RHP	63%	0%	0%	0%
RHE	75%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Internal Expedited Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte	85%	0%	0%	0%
CSN	80%	0%	0%	0%
RHP	78%	0%	0%	0%
RHE	76%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Quarter over Quarter 2023 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 Q1-2023 Appeals and Overturn Rates

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

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	4	0	0	0	4
Overturned	3	0	0	0	3
Expedited	5	0	0	0	5
Overturned	1	0	0	0	1

Appeals External - RHP	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 - 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 2022 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	0%	100%	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 Care	0%	0%	50%	0%
CSN	0%	0%	0%	0%
RHP	36%	50%	27%	60%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Quarter over Quarter 2022 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	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 Care	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 Q1-2023 Appeals and Overturn Rates

Appeals Internal - Dental	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 - Orthodontics	Q1	Q2	Q3	Q4	YTD
Standard	43	0	0	0	43
Overturned	7	0	0	0	7
Expedited	12	0	0	0	12
Overturned	1	0	0	0	1

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

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

Quarter over Quarter 2023 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
General Dental	0%			
Orthodontic	16%			

Internal Expedited Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
General Dental	0%			
Orthodontic	8%			

Quarter over Quarter 2023 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 Q1-2023 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
RIte Care	15	0	0	0	15
CSN	3	0	0	0	3
RHP	12	0	0	0	12
Rhe	24	0	0	0	24
SubCare (NHP only)	0	0	0	0	0
Total Number of Grievances					54
AE	12	0	0	0	12

Number of Complaints	Q1	Q2	Q3	Q4	YTD
RIte Care	17	0	0	0	17
CSN	5	0	0	0	5
RHP	12	0	0	0	12
RHE	18	0	0	0	18
SubCare (NHP only)	0	0	0	0	0
Total Number of complaints					52
AE	6	0	0	0	6

Attachment A2.10 UHCCP Q1-2023 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
RIte Care	3	0	0	0	3
CSN	0	0	0	0	0
RHP	0	0	0	0	0
RHE	2	0	0	0	2
SubCare (NHP only)	N/A	N/A	N/A	N/A	0
Total Number of Grievances					5
AE	3	0	0	0	3

Number of Complaints	Q1	Q2	Q3	Q4	YTD
RIte Care	7	0	0	0	7
CSN	0	0	0	0	0
RHP	1	0	0	0	1
RHE	4	0	0	0	4
SubCare (NHP only)	N/A	N/A	N/A	N/A	0
Total Number of complaints					12
AE	7	0	0	0	7

Attachment A2.11 THRIT Q1-2023 Grievances and Complaints

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

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

Attachment A2.12 RIte Smiles Q1-2023 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
RIte Smiles	2	0	0	0	2
Total Number of Grievances					2

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

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

Statement of Certification of Accuracy of Reporting Member Months

As the Executive Office of Health and Human Services Deputy Medicaid Program Director, Finance and Budget, I certify the accuracy of reporting member months for demonstration population under the 1115 Comprehensive Demonstration Waiver for the purpose of monitoring the budget neutrality agreement.

Name: Kimberly Pelland

Title: Medicaid Chief Financial Officer

Signature: Lori Zelano for Kim Pelland

Date: 5/25/23

XIII. State Contact(s)

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XIV. Date Submitted to CMS

5/25/2023