Report to the Centers for Medicare and Medicaid Services

Annual Operations Report

Rhode Island Comprehensive

1115 Waiver Demonstration

January 1, 2018 – December 31, 2018

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

June 2019

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.

g. Rhody Health Options is a managed care delivery system for individuals eligible for Medicaid only and for individuals eligible for both Medicare and Medicaid that integrates acute and primary care and long term care services and supports.

On December 23, 2013, CMS renewed the Comprehensive demonstration through December 31, 2018. This renewal includes changes to support the state's implementation of the Affordable Care Act (including coverage of the new adult group for adults with incomes at or below 133 percent of the FPL), the expansion of the state's home and community based services (HCBS), and the conversion from an aggregate cap to a per member per month budget neutrality model. The Comprehensive demonstration renewal commenced with an effective date of January 1, 2014.

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.*

Population Groups (as hard coded in the CMS-64)	Number of Current Enrollees (to date)* 03/31/18	Number of Enrollees That Lost Eligibility in 03/31/18**	Number of Current Enrollees (to date)* 06/30/18	Number of Enrollees That Lost Eligibility in 06/30/18**	Number of Current Enrollees (to date)* 09/30/18	Number of Enrollees That Lost Eligibility in 09/30/18**	Number of Current Enrollees (to date)* 12/31/18	Number of Enrollees That Lost Eligibility in 12/31/18**
Budget Population 1: ABD no TPL	15,311	447	14,696	380	14,308	659	13,916	579
Budget Population 2: ABD TPL	34,370	277	35,185	229	35,828	237	36,479	534
Budget Population 3: RIte Care	132,947	4,174	131,642	3,655	129,682	3703	126,723	4,149
Budget Population 4: CSHCN	12,814	149	12,628	195	12,448	341	12,215	250
Budget Population 5: EFP	746	85	719	45	787	35	925	65
Budget Population 6: Pregnant Expansion	25	2	28	1	29	2	29	6
Budget Population 7: CHIP Children	33,569	1,181	34,514	1,223	37,192	986	39,179	1,137
Budget Population 8: Substitute care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Budget Population 9: CSHCN Alt	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Budget Population 10: Elders 65 and over	2,190	16	2,299	14	2,315	39	2,379	11
Budget Population 11, 12, 13: 217-like group	4,561	32	4,584	21	4,492	38	4,382	51
Budget Population 14: BCCTP	120	0	111	3	89	18	82	6
Budget Population 15: AD Risk for LTC	3,444	0	3,483	0	3,506	0	3,538	2
Budget Population 16: Adult Mental Unins	12,022	1	12,022	0	12,022	0	12,020	2
Budget Population 17: Youth Risk Medic	4,675	22	4,892	19	5,234	44	5,476	29
Budget Population 18: HIV	253	47	270	83	200	90	249	19
Budget Population 19: AD Non-working	0	0	0	0	0	0	0	0
Budget Population 20: Alzheimer adults	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Budget Population 21: Beckett aged out	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Budget Population 22: New Adult Group	77,425	4,331	76,710	4,664	76,831	3,858	77,812	4,558

*Current Enrollees:
Number of current enrollees in the eligibility system as of the last day of the month in the quarter on the basis of Medicaid eligibility.

**Number of Enrollees That Lost Eligibility in the Current Quarter:
Number of enrollees no longer in the eligibility system as of the last day of the month in the quarter on the basis of Medicaid eligibility.

IV. "New"-to-"Continuing" Ratio

The Rhode Island 1115 Comprehensive Demonstration Waiver includes a self-direction component. The ratio of new-to-continuing Medicaid personal care service participants at the close of each quarter in DY 10 January 1, 2018 – December 31, 2018 is listed below:

Q1--Quarter 1: 6:497 at the close of the quarter

Q2--Quarter 2: 10:496 at the close of the quarter

Q3--Quarter 3: 8:498 at the close of the quarter

Q4--Quarter 4: 8:471 at the close of the quarter

V. Special Purchases

The Rhode Island 1115 Comprehensive Demonstration Waiver includes a self-direction component. Below are the special purchases approved during DY10 January 1, 2018 – December 31, 2018 (by category or by type) with an annual total of $25,297.80 for special purchases expenditures.

Q 1 2018	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	2	Over the counter medicines		$ 433.90
	2	Fitness Training		$ 96.25
	15	Massage Therapy		$ 672.50
	4	Supplies, non-medical	Gloves, support stockings, shoes, Mobile Lifeline	$ 326.23
	15	Acupuncture		$ 1,125.00
	2	Service Dog Training		$ 185.00
	CUMULATIVE TOTAL			**$ 2,838.88**

Q 2 2018	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	3	Over the counter supplements		$ 938.62
	2	Strength Training		$ 96.00
	24	Massage Therapy		$ 1,570.00
	2	Supplies, non-medical	Gloves, support stockings, Sterile Gloves	$ 121.00
	1	Diabetes management		$ 60.00
	4	Service Dog Training		$ 370.00
	10	Acupuncture		$ 750.00
	CUMULATIVE TOTAL			**$ 3,905.62**

Q 3 2018	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	1	Over the counter supplements		$ 880.47
	2	Strength Training		$ 96.00
	25	Massage Therapy		$ 1,797.50
	5	Supplies, non-medical	Gloves, support stockings,	$ 1,011.96
	1	Diabetes management		$ 60.00
	4	Service Dog Training		$ 370.00
	15	Acupuncture		$ 1,125.00
	1	TempurPedic Bed & Frame		$ 8,297.00
	CUMULATIVE TOTAL			**$13,637.93**

Q 4 2018	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	3	Over the Counter Meds		$ 645.37
	2	Diabetic Teaching		$ 120.00
	4	Service Dog Training		$ 370.00
	42	Massage Therapy		$ 2,970.00
	1	Recliner		$ 810.00
	CUMULATIVE TOTAL			**$ 4,915.37**

VI. Outreach/Innovative Activities

Summarize outreach activities and/or promising practices for the quarters during DY10 January 1, 2018 – December 31, 2018.

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 (AEs). During January 1, 2018 – December 31, 2018, the following activities occurred.

Health Workforce Development Program

- Continued collaborative efforts between Medicaid and Institutions of Higher Education (IHEs) to accomplish the following:
  - Developed HWT proposals consistent with HSTP objectives; monitored HWT projects to ensure compliance with HSTP program and reporting requirements.
  - Developed and implemented a SIM-funded project – in conjunction with the Medicaid-IHE Partnership – to train staff from community-based healthcare and social service agencies to serve as preceptors for interprofessional teams of healthcare students.
  - Oversaw Technical Assistance contract with third-party vendor to support DSHP claiming, Medicaid-IHE partnership development and administration, Medicaid-IHE Interagency Service Agreement (ISA) amendments, and ISA development with other approved DSHPs
- Provided research and policy recommendations regarding training, credentialing, recruitment and other workforce development aspects of RI's newly-enacted Independent Provider model of consumer-directed LTSS.
- Conducted additional research, stakeholder meetings, and program, policy, and strategy development as needed to identify and address compelling healthcare workforce barriers and opportunities and achieve HSTP objectives.
- Continued collaboration with Medicaid Accountable Entity (AE) representatives to identify AE workforce needs and maximize alignment of IHEs and other HWT partner efforts.
- Led planning, research, and stakeholder process for Governor's Long-Term Services and Support Workforce Policy Think Tank to identify workforce challenges and policy options to transform RI's LTSS system
- Presented on healthcare workforce transformation at the Managed Long-Term Services and Supports Conference in Washington, DC;

Accountable Entities

- In May, all six Medicaid Accountable Entity (AE) applicants were certified with conditions. EOHHS has met with each Medicaid AE one-on-one to review questions and concerns regarding their conditions of certification.
- EOHHS submitted a CMS pre-print form seeking approval to implement a value based arrangement through the Medicaid managed care contracts. Subsequently, a contract amendment was sent to CMS and the Medicaid managed care organizations (MCOs) incorporating all of the Medicaid Accountable Entity program requirements and operational components.
- New MCO report templates specific to HSTP/Medicaid AE incentive components were developed and finalized. Dashboards on attribution, total cost of care outcomes, quality, and other operational reporting are in development.
- The MCOs have executed a total of nine APM/Total Cost of Care Contracts (TCOC) with 5 certified AEs. In Q4, incentive payments totaling $2.4M were made from MCOs to the AEs for executing the TCOC.
- EOHHS transitioned from a design and development phase to operational implementation of the AE program as part of Medicaid managed care oversight and monitoring functions.
- The Accountable Entities submitted a progress report related to their conditions of certification on December 31, 2018. These progress reports along with a final report due in April 2019 will inform an AE's re-certification for Program Year 2.
- A stakeholder process to receive feedback on program year 2 requirements occurred in Q 4 2018. The requirements were submitted to CMS in December 2018.
- The HSTP AE Advisory Committee held its initial meeting. The AE Advisory Committee meetings will take place on a quarterly basis.
- EOHHS contracted with an evaluation vendor to conduct an evaluation of HSTP program (both the AE and workforce components) and a vendor to assist with the implementation of the AE quality component, including providing recommendations and guidance on data collection and reporting specific to clinical quality (hybrid) measures, development of technical specification for a social determinant of health and health status measures, and standardization of scoring criteria and methodology.

DSHP State Spending Analysis

The amount of federal matching funds for support of DSHPs in 2018 ($7,612,300) increased by approximately $2.7 million from 2017 ($4,957,421).

Health Graduates Employment Data

This table represents the graduates by Rhode Island's Institutions of Higher Education (University of Rhode Island, Community College of Rhode Island, and Rhode Island College) detailed by professional type/program from which they graduated. All fields of educational study are designated with a Classification of Instructional Program (CIP) Code which is a taxonomic scheme that identified the professional type/program that all participating schools can use. The data below is through academic year 2015-2016 and is the most recently available graduation

and employment data for the FFP claims submitted for the States FY18.

Health Graduates Employment Data as of April 2018		URI 2014-2015 Grads			URI 2015-2016 Grads			CCRI 2014-2015 Grads			CCRI 2015-2016 Grads			RIC 2014-2015 Grads			RIC 2015-2016 Grads		
CIP Code	CIPTitle	Total	Employed in RI: All	Employed in RI: HC	Total	Employed in RI: All	Employed in RI: HC	Total	Employed in RI: All	Employed in RI: HC	Total	Employed in RI: All	Employed in RI: HC	Total	Employed in RI: All	Employed in RI: HC	Total	Employed in RI: All	Employed in RI: HC
41.03	Physical Science Technologies/Technicians.							7	7		9	7	1						
42.01	Psychology, General.	173	112	72	154	99	63							124	90	62	104	77	46
42.28	Clinical, Counseling and Applied Psychology.	4	1	1	9	4	3							3	3	2	11	9	6
42.99	Psychology, Other.													14	13	13	16	15	15
44.07	Social Work.							4	4	4	8	8	6	111	91	72	146	112	99
51.00	Health Services/Allied Health/Health Sciences, General.													13	8	7	10	6	3
51.02	Communication Disorders Sciences and Services.	53	21	14	76	31	25												
51.06	Dental Support Services and Allied Professions.							41	36	33	43	38	36	1	1	1	1	1	1
51.07	Health and Medical Administrative Services.	1			1	1	1	32	28	20	30	21	15	53	43	27	25	19	14
51.08	Allied Health and Medical Assisting Services.							33	28	25	30	21	19	3	3	3	1	1	1
51.09	Allied Health Diagnostic, Intervention, and Treatment Professions.							61	53	47	58	40	38	29	23	20	32	24	23
51.10	Clinical/Medical Laboratory Science/Research and Allied	22	18	14	40	18	15	51	35	25	45	29	26						
51.15	Mental and Social Health Services and Allied Professions.							5	5	4	4	4	3	8	5	4	46	36	29
51.16	Nursing.																		
51.18	Ophthalmic and Optometric Support Services and Allied Professions.							1	1	1	3	3	2						
51.20	Pharmacy, Pharmaceutical Sciences, and Administration.	117	37	33	124	40	34												
51.22	Public Health.				1			1	1										
51.23	Rehabilitation and Therapeutic Professions.				28	13	13												
51.31	Dietetics and Clinical Nutrition Services.	54	25	11	21	9	2												
51.35	Somatic Bodywork and Related Therapeutic Services.							7	4	3	4	4	4						
51.38	Registered Nursing, Nursing Administration, Nursing Research and	220	137	133	239	142	136	260	221	206	246	209	197	129	99	94	186	142	137
51.39	Practical Nursing, Vocational Nursing and Nursing Assistants.							21	18	18									
Current	Totals	644	351	278	695	359	293	524	441	386	480	384	347	488	379	305	578	442	374

Outreach Activities

Rhode Island has continued to execute the State's comprehensive communications strategy to inform stakeholders about the 1115 Demonstration Waiver. In addition, efforts have increased to inform stakeholders about all aforementioned innovation activities with the intent to keep all processes strong with effective and open feedback.

- Convened 11 meetings of the Executive Office of Health and Human Services (EOHHS) Task Force (née 1115 Waiver Task Force) on January 1, January 22, February 26, March

26, April 23, May 21, June 25, July 23, August 27, September 24, and October 22, 2018.

- Continued monthly mailings to adult beneficiaries eligible for the Integrated Care Initiative and managed care programs. Provided program updates at the monthly Lt. Governor's Long Term Care Coordinating Council (LTCCC) meeting.

- Conducted five meetings of the Rhode Island Medicaid Medical Advisory Committee (MCAC) on January 3, March 7, June 6, September 5, and December 5, 2018.

- Posted Monthly Provider Updates in January - December 2018.

- Posted public notice on rule, regulations, and procedures for EOHHS.

VII. Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in DY10 January 1, 2018 – December 31, 2018.

State Innovation Model
During DY 10 January 1 – December 31, 2018 Rhode Island SIM conducted the following activities:

- Improved coordination with EOHHS: SIM Director Marti Rosenberg began attending EOHHS senior staff meetings, EOHHS policy workgroup, and EOHHS Public Affairs meetings. SIM staff members served on the team to evaluate Medicaid Accountable entity applications.

- Held four SIM Steering Committee meetings

- SIM staff members participated in several activities related to population health, including, but not limited to the Hunger Elimination Task Force, CTC-RI PCMH-Kids Post-Partum Depression learning collaborative, Pharmacy Transformation Workgroup, and the Overdose Task Force

- Continued work on Unified Social Service directory to link United Way or RI's 2-1-1 directory to the Department of Health.

- Presented at the Managed Long-Term Services and Supports Conference in DC, and the RI Interprofessional Education Collaborative Symposium

- State users have begun to use HealthFacts RI through Power BI. HealthFacts RI is working on a series of new reports to be published to the Department of Health website.

- Began the Interprofessional Community Preceptor Institute (ICPI) to train a group of designated practitioners within community-based physical and behavioral health care provider organizations. These practitioners provide supervision and application of theory to practice for inter-professional teams of students receiving professional training (e.g., Nursing, Pharmacy, Physical Therapy and Medicine) in Rhode Island's colleges and universities.

- RIC's Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training and Resource Center continues to provide centralized, statewide training and professional development to Community Health Team (CHT) and SBIRT staff, to improve their skills in screening for substance use disorders and referring patients for additional services when necessary.

- Participated in the LTSS Workforce Policy Think Tank meeting convened by EOHHS

- Developed and approved a work plan focused on implementation, sustainability planning, and oversight and evaluation of SIM projects

- Applied for and were awarded a grant to expand and sustain the Child Psych Access Project.

- Community Health Teams - CHT staff and URI evaluators created, finalized, and distributed the CHT evaluation plan and data collection toolkit. Full data collection began in October 2018

- The SBIRT Training and Resource Center presented their results and sustainability plan to the SIM Steering Committee in November 2018

Integrated Care Initiative

The Integrated Care Initiative (ICI) in Rhode Island was established to coordinate Medicare and Medicaid benefits for program eligible beneficiaries. The overall goals are to improve quality of care for Rhode Island's elders and people with disabilities, maximize the ability of members to live safely in their homes and communities, improve continuity of care across settings, and promote a system that is person-centered and helps members attain or maintain personal health goals. Rhode Island implemented the ICI in two phases. A description of each phase and a summary of the activities conducted in DY 10 January 1- December 31, 2018 are provided below.

Phase I – Rhody Health Options (RHO)

In November 2013, as part of Phase I of the ICI, EOHHS established a capitated Medicaid managed care program, called Rhody Health Options, for dual-eligible beneficiaries with full Medicare and full Medicaid coverage, as well as Medicaid-only adults who receive long-term services and supports (LTSS) through Rhode Island Medicaid. Rhody Health Options enrollees received their Medicaid coverage through Neighborhood Health Plan of Rhode Island (NHPRI). The Rhody Health Options program was sunsetted effective September 30, 2018. Approximately 12,900 members were transitioned from RHO into either the Medicare-Medicaid Plan (MMP) or Medicaid Fee-For-Service.

Phase II – Medicare-Medicaid Plan (MMP)

Under Phase II of the ICI, EOHHS established a fully integrated, capitated Medicare-Medicaid plan for dual-eligibles with full Medicare and full Medicaid coverage. Federal authority for the Medicare-Medicaid plan is through CMS' Financial Alignment Initiative, a federal demonstration to better align the financing of Medicare and Medicaid and integrate primary, acute, behavioral health, and LTSS for Medicare-Medicaid enrollees. EOHHS currently has authority to participate in the Financial Alignment Initiative through December 31, 2020.

Medicare-Medicaid plan enrollees receive their Medicare (Parts A, B, and D) and Medicaid coverage through NHPRI. Approximately 35,000 individuals are eligible for this voluntary program. Initial enrollment into the plan began on July 1, 2016 through a phased-in enrollment schedule. Enrollment started with three months of opt-in enrollment, which required eligible individuals to complete a paper or phone application to enroll. Passive (auto) enrollment began in October, 2016 with nine enrollment waves. Passive enrollment was offered to people who were

already enrolled in NHPRI (Rhody Health Options) for their Medicaid benefits and receive their Medicare benefits through Original Medicare.

During Quarter 4, 2018, a limited passive enrollment took place into the MMP for eligible RHO members, along with the ongoing opt-in enrollment. As of the end of December 31, 2018, 15,727 people were enrolled in the Medicare-Medicaid plan. Total enrollment went up from Q3 to Q4 by 2,577 beneficiaries. Values for enrollees include: care management, one health plan card and no out-of-pocket costs for prescription medications. Program activities for ICI Phase I & II conducted between January 1-December 31, 2018 include:

- Provided contract oversight to the Rhode Island Parent Information Network who provides ombudsman services for the Demonstration and healthcare assistance to dual eligibles.

- Provided contract oversight to Automated Health Systems, Inc., the enrollment call center for the Demonstration.

- Provided information on the ICI to internal and external stakeholders, including consumers, advocates, and providers.

- Provided program updates at the monthly Lt. Governor's Long-Term Care Coordinating Council (LTCCC) meeting.

- Held monthly public meetings of the consumer advisory board for ICI, known as the ICI Implementation Council.

- Worked with CMS, NHPRI, the enrollment broker, providers, the ombudsman, and consumer advocates to address enrollment-related issues and ensure access to services for dual-eligibles.

- Worked with the state's MMIS vendor on systems modifications needed to address enrollment-related issues for the Demonstration.

- Conducted contract management and operational oversight of the Medicare-Medicaid plan in collaboration with CMS.

- Monitored Enrollment Broker activities.

- Worked with the Medicare-Medicaid plan and CMS to resolve operational challenges associated with the Demonstration.

- Held a CMT Technical Site Visit at the plan to discuss various program operations.

- Participated in the one-year Demonstration evaluation by RTI.

Health Reform/New Adult Group (Medicaid Expansion)

On January 1, 2014, enrollment under Health Reform through HealthSource RI into a Qualified Health Plan (QHP) and the Medicaid New Adult Group became effective. Individuals and families could apply online, by phone, in-person, or by mail. The Health Source RI Contact Center staff, the Navigator Program (with 140 individuals available to assist), Department of Human Services Field Staff, and EOHHS/Medicaid staff have been assisting clients with the enrollment process since October 1, 2013. The activities conducted are outlined below.

- Continued on-going enrollment.
- As of December 31, 2018, enrollment in Medicaid through HealthSource RI was 77,812.
- Continued oversight of the managed care organizations.
- Continued systems modifications to support enrollment of the New Adult Group.
- Monitored enrollment of newborns into Medicaid and QHPs.
- Worked with customer service staff from the state and HealthSource RI to resolve enrollment issues.

CTC-RI/PCMH-Kids:

CTC-RI brings together key health care stakeholders, including Medicaid, to promote care for patients with chronic illness through the patient-centered medical home (PCMH) model. CTC-RI's mission is to lead the transformation of primary care in Rhode Island. CTC-RI brings together critical stakeholders to implement, evaluate, and spread effective models to deliver, pay for, and sustain high quality, comprehensive, accountable primary care. A pilot has been developed to address barriers to CTC practice sites success in meeting utilization targets for all cause hospitalization and all cause emergency use through the use of a Community Health Team (CHT). This effort aligns with Medicaid high utilizers' strategy. Additionally, the PCMH-Kids initiative, an all-payer medical home demonstration project for children and their families, identified a cohort of practices to participate in the PCMH-Kids practice transformation collaborative. During DY10, January 1- December 31, 2018, the following activities occurred:

- CTC continues to meet bi-weekly with the PCMH-Kids Planning team to discuss items such as the initial Pediatric Integrated Behavioral Health (IBH) Learning Collaborative that focuses on postpartum depression screening
- SBIRT coaches and QI practice facilitators were assigned to practices enrolled in the program and continue to meet with their assigned practices to help progress work plans; CTC and AAP have developed contracts for content experts (QI and Clinical Coaches);
- The seven practices participating in the postpartum depression learning collaborative wrapped up the program on March 28th, 2018 by giving an overview of their project

outcomes and providing feedback. These seven practices represent ~ 65 providers and a total pediatric population of ~36,000.

- On March 28th, the second half of the PCMH Kids Behavioral Health Learning Collaborative kicked off the Screen Brief Intervention Refer to Treatment (SBIRT) Learning Collaborative with eleven practices enrolled, representing ~75 providers and a total pediatric population of ~34,000. .

- CTC provided practices with the OnPoint tool that practices could use for displaying practice level information and creating trend lines for emergency department and inpatient utilization, total cost of care, pharmacy cost and use of specialists;

    - CTC worked with Data Stat to field the CAHPS version 3 customer experience surveys. CAHPS information was received in March and was shared with practices in April, 2018. Practices in PCMH Kids Cohort 1 will be eligible for incentive payment based on meeting 2017-2018 Performance standards (clinical quality, customer experience and utilization).
    - CTC initialized the Salesforce data base to include practice information, quality, customer experience and utilization information as well as documents related to practice requirements outlined in the Service Delivery Requirements.

- On June 28th, PCMH Kids' practices and health plans reconvened to discuss the work to date on the development of a framework for identifying high risk children that can greatly benefit from care coordination services.

- CHT work continues with existing teams at South County Health (SCH), Blackstone Valley Community Health Center East Bay Community Health Center, Thundermist and Family Service of RI. These teams received 236 referrals from 32 primary care practices. 219 individuals were enrolled into a CHT.

- Worked with CHTs on metric set development for program evaluation and performance monitoring purposes. Piloted patient outcome data collection at each CHT.

- Worked with RI DOH to roll out pharmacy and nutrition consultation services to all CHTs. Referrals began in September 2018

- Fifty-one Nurse Care Managers (NCM)/Care Coordinators (CC) completed a six-month xGLearn core curriculum training program in September. A key objective of the training was to assist NCM/CC with developing and immediately applying a working knowledge of care management strategies and using Rhode Island resources to meet the needs of high risk patients.

- The RI Department of Health partnered with CTC and submitted a "Healthy Tomorrow's" proposal to HRSA (10/1/18). The aim will be to improve care coordination between the Home Visiting Program and PCMH Kids practices for "at risk" children identified at birth.

- Worked with the University of Rhode Island evaluator to finalize CHT outcome evaluation which includes data collection on social determinants of health, behavioral health, patient outcomes, and patient experience. Data collection began with intakes on October 1, 2018.

- Medicaid Managed Care Organizations have agreed to provide the one-time bridge fund to contribute to sustainability for PCMH Kids Cohort 1 practices. A quality component requirement will be included as a part of the bridge fund.

- CTC launched a "Call for PCMH Kids Applications". Ten applications were received, representing 17 sites, 64 pediatric providers, and a patient population is 43,818 lives and 20,000 + attributed lives. The new contracts will be effective July 1, 2019

- In partnership with SIM, CTC hosted its Annual Conference on 11/1/18 and arranged for pediatric track with three breakout sessions.

- In December 2018, PCMH Kids hosted its quarterly stakeholder meeting in which there was a report out on PCMH Kids Cohort 1 accomplishments and a briefing on the RI 1st 1000 Days Campaign initiative.

- PCMH Kids co-chairs received the 2018 AAP Calvin C.J. Sia Community Pediatrics Medical Home Leadership and Advocacy Award.

Money Follows the Person Demonstration Grant

Rhode Island was awarded a Money Follows the Person (MFP) Demonstration Grant in April 2011 to rebalance care from an institutional setting to a qualified community-based setting of care. Rhode Island ended MFP transitions from nursing homes to the community on December 31, 2018. Through the Nursing Home Transition Program, the state continues transition activity. Program operations and support for current MFP participants will continue until each person has completed his or her 365-day period. Rebalancing work will continue through the end of the grant in September 2020. Activities during DY 10 include the following:

- The following referrals and transitions occurred in DY10 January 1 – December 31, 2018.

Referrals/Transitions	Q1 CY 2018	Q2 CY 2018	Q3 CY 2018	Q4 CY 2018	Total CY 2018
Total referrals	97	100	95	87	379
Total transitioned from nursing facilities to community based residences	29	21	21	21	92
Of total, number of MFP participants that transitioned	19	13	15	10	57

- Facilitated 375 transitions from program inception through December 31, 2018.

- Submitted two proposals to CMS for use of state rebalancing funds. One request is for consulting services to support development of a plan to rebalance the Rhode Island LTSS system, and the second request is to create a No Wrong Door website for the state.

Home and Community Based Services (HCBS) Final Rules

In January 2014, CMS published the HCBS final rules. Rhode Island examined the final rules and began planning for implementation. The activities that have occurred during DY 10 January 1, 2018 – December 31, 2018 are outlined below.

- The State Transition Plan was posted for public comment. Wherever possible, comments were incorporated into the plan, or integrated into future plans for oversight and monitoring. The transition plan was completed in Q4 of DY10.

- A meeting with stakeholders and advocates was held on September 6, 2018 to review public comments and plan updates

- Work is continuing on heightened scrutiny, transition planning, and ongoing monitoring.

- Continued to review police and procedures for Assisted Living, ADCs and Shared Living.

Non-Emergency Medical Transportation

Effective May 1, 2014, the Executive Office of Health and Human Services implemented a new Non-Emergency Medical Transportation management broker contract. The vendor, LogistiCare, coordinates transportation services for Medicaid beneficiaries and individuals over the age of 60 who do not have access to transportation for critical appointments and services. This change to the transportation system was for Non-Emergency Medical Transportation only. The broker also provides member services, eligibility verification for transportation services, appointment scheduling with contracted transportation providers, quality assurance and monitoring, and program reporting. During DY 10 January 1 – December 31, 2018 EOHHS conducted the following:

- Continued oversight and monitoring of LogistiCare contract and activities.

- Continued to report to external committees and multi-agency groups, including the Alliance for Better Long Term Care and the Lt. Governor's Long Term Care Coordinating Council.

- Began transitioning to a new vendor, effective January 1, 2019

Modernizing Health and Human Services Eligibility Systems

The state launched RI Bridges on September 13, 2016. RI Bridges is the State's full-service Eligibility System servicing Medicaid recipients as well as a host of DHS-related programs. After a twelve (12) day transition period in the beginning of September, the Go-Live came with some typical and atypical concerns. Directly from system access concerns and through subsequent steps including Plan enrollment, there were numerous concerns that the vendor, Deloitte, needed to address. As EOHHS transitioned into using the new system, the state quickly realized that functionality was not fully utilized in Program, Data, and Plan areas. Therefore, EOHHS utilized Interim Business Processes which included workarounds to the system. Post launch, staff from the UHIP vendor were deployed in state offices to assist staff that were utilizing the new system and to identify and triage any possible glitches. EOHHS also established a process to categorize and prioritize these functionality issues.

During DY 10 the Deloitte and State teams implemented maintenance releases to address hundreds of software and data incidents identified in the RI Bridges application as well as enhancement releases to improve the usability of the application and implement new functionality. Activities that took place during DY 10 to improve and stabilize the system are listed below:

Batches- Batch process jobs can run without any end-user interaction or can be scheduled to start up on their own as resources permit. Overall the following batches, now that they are running on a schedule, are helping to ensure termination accuracy and quality:

- Updates completed during this timeframe included modifying the notice for Complex Medicaid to not display Medicaid renewal information and updating SWICA income utilization to occur for both renewal batches (20-day batch was referring to the updated SWIC income but the 60-day batch did not).

- Age out- During Q2, specific work was completed to identify and process individuals who had previously aged out of their category – the backlog – to align individuals into their correct categories.

- In Q4 the older MAGI cases that have not been renewed since August 2017 were redistributed through the end of December 2018. Non-MAGI, non-MPP were redistributed through the end of April 2019. MPP cases are still under review.

- Post Eligibility Verification (PEV)- PEV was run for the first time in production in July of 2017. PEV Batch is typically run on the 21st of the month. MAGI beneficiaries have 15 days to respond to any request for additional documentation. Those that do not respond in time are picked up by OPA Med Batch and redetermined (and most likely terminated). Verifies:

  - Employment Income (SWICA) from DLT

  - Unemployment Income (UI) from DLT

  - Death from DOH

- Negative Action Batch/20-day batch- The Negative Action Batch runs for Complex Medicaid programs to verify if documents have been returned for the Passive Renewal batch. The 20-day batch works in the same manner but is for the MAGI population only. Any case that has documents returned will be shielded from processing in either of these batches to allow the workers time to process the case. Both batches are heavily QC'd due to the likelihood of termination for individuals in these batches and must be completed in time before the adverse action cut off dates (typically on the 15th of the month).

LTSS Backlog: The State continues to make progress in reducing the LTSS backlog of applications. Significant progress was made in Q2 of DY10, as reflected in the chart below.

Outstanding LTSS Applications	2018 Q2			
	1-Apr-18	30-Jun-18	Difference	8-Aug-18
Need LCO	1105	564	-541	562
Need POC	283	294	11	294
Pending Authorization LTSS	219	156	-63	117
Pending Data Collection	52	95	43	160
RDOC Pending	27	252	225	250
Total	**1686**	**1361**	**-325**	**1383**

The number of recognized LTSS applications was reduced by 19.2% in Q2. Significant progress has been made with the Office of Medical Review (OMR) and the number of Level of Care (LOC) determinations has been reduced. During this time there was a change in the logic with the request for documentation (RDOC) pending category. Therefore, there was an increase in the RDOC category.

Notices: Notice denial reasons and their triggers were updated on March 24, 2018 for better clarity of language. Citations were updated to be aligned with the State's revised code. Approvals, denials and changes are released in a timely manner. Terminations continue to be held and manually reviewed to identify and resolve potential issues prior to termination of the customer and release of the termination notice. Workgroup sessions are ongoing to implement improvements to LTSS notices and meet all federal requirements.

Appeals: On March 24, 2018, system design improvements were implemented to enhance the usability of the RIBridges system during the appeals process. The appeals process was reviewed end to end, gaps were identified and addressed, and unnecessary processes were eliminated. The improved functionality standardizes the business process in the field offices, with the goal of preventing and reducing backlog and ensuring that all legal requirements are met.

Program Integrity: EOHHS continues to further the optimization of batches and notices including PEV, Passive Renewals, Age Out as well as daily activity. This helped reduce the Medicaid caseload and enforced greater program integrity so that only eligible members continue to receive benefits.

CMS Eligibility Compliance: RI continues to address issues found in the RIBridges Eligibility System during the pilot eligibility testing process. Findings are discussed during weekly theme meetings to ensure that the appropriate root cause analysis and corrective action is documented for CMS. RI continues to provide updates to CMS related to the corrective action plans for pilot eligibility rounds 3, 4 and 5.

MMIS Transaction Stabilization: The interface between the eligibility system and the MMIS has been modified to fix several transactions that had previously errored and required manual fixes. These included errors to demographics and eligibility segments. Further optimization is planned for the next several code releases.

Worker Inbox: The worker inbox was re-designed in late 2017 and early 2018 to meet core business requirements. When launched in July 2018, improvements included the replacement of previous worker inbox database tables with a new, custom database designed specifically for task management to allow for greater customization of task types to enable more accurate configuration; enhanced speed and reliability of task retrieval; improved task assignment methodology; and a streamlined field worker and supervisor dashboard to better organize work.

Waiver Category Change Requests

The following Waiver Category request changes and or State Plan Amendments have been submitted or are awaiting CMS action during DY 10, January 1, 2018 – December 31, 2018.

Request Type	Description	Date Submitted	CMS Action	Date
Cat III	Home Stabilization Initiative	11/16/2015		
SPA	Nursing Home Rate Increase	12/27/2017	Approved	2/8/2018
SPA	Home Care Rate Increase	12/27/2017	Approved	3/23/2018
SPA	Medically Needy Income Limit	3/30/2018	Approved	5/14/2018
SPA	State Supplementary Payments	3/30/2018	Approved	5/21/2018
SPA	Home Equity	3/30/2018	Approved	5/19/2018
SPA	Electronic Asset Verification System	4/19/2018	Approved	7/6/2018
SPA	CHIP MHPAEA	6/29/2018	Approved	8/10/2018
SPA	IHH/ACT	6/29/2018	Approved	9/27/2018
SPA	Pace Rates	8/1/2018	Approved	10/11/2018
SPA	Home Care, Hospice, HCBS Rates	8/1/2018	Approved	10/29/2018
SPA	Cedar In-Plan	8/1/2018	Approved	10/17/2018
SPA	Nursing Facility Rate Increase	8/7/2018		
SPA	Electronic Asset Verification System	9/8/2018	Withdrawn	
SPA	Non-Emergency Medical Transportation	10/9/18	Approved	11/15/2018
SPA	Adult Day Rate Increase	11/8/2018		
SPA	Assisted Living and Home Care Rates	11/8/2018		
SPA	PT, OT, ST in Private Practice	11/8/2018		
SPA	PEME	12/13/2018		

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 10, or allotment neutrality and CMS-21 reporting for the year. The Budget Neutrality Report can be found in Attachment E- XII., Enclosures –Attachments, Attachment 1 Rhode Island Budget Neutrality Report.

IX. Consumer Issues

Summarize the types of complaints or problems enrollees identified about the program in DY10 January 1 – December 31, 2018. Include any trends discovered, the resolution of complaints, and any actions taken or to be taken to prevent other occurrences.

The summary of the consumer issues identified during DY10 January 1 – December 31, 2018 are outlined below.

Consumer Issues
RI Executive Office of Health and Human Services (EOHHS) employs procedures to monitor consumer issues across the managed care delivery system. These procedures include tracking, investigating and remediating consumer issues, which allows the State to identify trends and take preventive action.

Each MCO continuously monitors member complaints and watches for trends or emerging consumer issues. A Summary of Informal Complaints report is submitted to RI EOHHS on a quarterly basis. These reports present consumer reported issues grouped into six (6) categories: Access to Care, Quality of Care, Environment of Care, Health Plan Enrollment, Health Plan Customer Service and Billing Issues. The informal complaint reports are reviewed by the appropriate staff at EOHHS and any questions or requests for clarification are sent back to the MCOs with an expected response date. Data is disaggregated according to Medicaid cohort: Core RIte Care (Med), Rhody Health Partners (RHP), Rhody Health Expansion (ACA), RIte Care for Children with Special Health Care Needs (CSHN), Children in Substitute Care (Sub Care), and Rhody Health Options (RHO).

There currently are three (3) MCOs that are contracted with EOHHS to provide care to RI managed Medicaid members: Neighborhood Health Plan of RI (NHPRI), Tufts Health RITogether (THRIT) and United Healthcare Community Plan(UHCP-RI). NHPRI continues to be the only managed care organization that services both the RIte Care for Children in Substitute Care and Rhody Health Options populations.

Q1 Data
NHPRI reported an 46% decrease in the number of informal complaints in Q1 2018 (69) in comparison to Q1 2017 (128) and experienced a 5.5% decrease in the number of informal complaints filed in Q1 2018 (69) in comparison to Q4 2017 (73). These changes represent a decrease in the number of Quality of Care and Health Plan Enrollment complaints across all populations.

UHCP-RI reported a 4% increase in the number of informal complaints in Q1 2018 (73) in comparison to Q1 2017 (70) and a 10% decrease in the number of informal complaints in Q1 2018 (73) compared to Q4 2017 (80). These changes are not significant in any category of complaints for any population.

THRIT reported no complaints to date.

United Healthcare Dental administers the RIte Smiles program to children born on or after May 1, 2000. They monitor informal complaints as well and reported the number of informal complaints in Q1 2018 (8) as compared to Q1 2017 (6). The comparison of Q1 2018 (8) to Q4 2017 (1) shows an increase in the number of Billing issues. Because the numbers are so small, any impact has skewed the values significantly.

Q2 Data
NHPRI reported an 42% decrease in the number of informal complaints in Q2 2018 (74) in comparison to Q2 2017 (127) and experienced a 7% increase in the number of informal complaints filed in Q2 2018 (74) in comparison to Q1 2018 (69). This quarter complaints are mostly in the categories of Quality of Care and Access to care for RIte Care, RHP and RHE populations.

UHCP-RI reported a 9% decrease in the number of informal complaints in Q2 2018 (64) in comparison to Q2 2017 (70) and a 14% decrease in the number of informal complaints in Q2 2018 (64) compared to Q1 2018 (73). This quarter's complaints are related to mostly Billing Issues for RIte Care and RHE populations.

THRIT reported no complaints to date.

United Healthcare Dental reported four (4) informal complaints in Q2 2018 as compared to Q2 2017 (6). The comparison of Q2 2018 (4) to Q1 2018 (8) shows an increase in the number of Billing issues.

Q3 Data
NHPRI reported a 44% decrease in the number of informal complaints in Q3 2018 (58) in comparison to Q3 2017 (104) and experienced a 22% decrease in the number of informal complaints filed in Q3 2018 (58) in comparison to Q2 2018 (74). This quarter complaints are mostly in the categories of Quality of Care and Access to care for RIte Care, RHP and RHE populations.

UHCP-RI reported a 22% decrease in the number of informal complaints in Q3 2018 (71) in comparison to Q3 2017 (91) and an 11% increase in the number of informal complaints in Q3 2018 (71) compared to Q2 2018 (64). This quarter's complaints are related to mostly Billing Issues for RIte Care, RHP and RHE populations.

THRIT reported two (2) complaints in Q3.

United Healthcare Dental reported no complaints in Q3.

Q4 Data
NHPRI reported an 85% decrease in the number of informal complaints in Q4 2018 (11) in comparison to Q3 2017 (73) and experienced an 81% decrease in the number of informal complaints filed in Q3 2018 (58) in comparison to Q4 2018 (11). EOHHS has asked NHPRI to validate these numbers due to the significant decrease in informal complaints.

UHCP-RI reported a 30% decrease in the number of informal complaints in Q4 2018 (56) in comparison to Q4 2017 (80) and an 21% decrease in the number of informal complaints in Q4 2018 (56) compared to Q3 2018 (71). This quarter's complaints are related to mostly Billing Issues for RIte Care and RHE populations.

THRIT reported no complaints in Q4 2018.

United Healthcare Dental reported seven (7) complaints for Q4 2018. The major complaint is regarding balance billing.

RI EOHHS utilizes the Summary of Informal Complaints reports and the Internal Health Plan Oversight Committee meetings to identify consumer issue trends and develop strategies to prevent future occurrence.

The State continues to require NHPRI and UHCP-RI to maintain National Committee for Quality Assurance (NCQA) accreditation and adhere to the NCQA's standards that pertain to members' rights and responsibilities. Adherence to this standard dictates that Health Plans:

- Educate members about their right to make a complaint, the difference between a complaint and an appeal, and about the Plan's process for remediation; and
- Develop and implement an internal process for the tracking, investigation and remediation of complaints.

The State 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 RIteCare, 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 six times in DY10 January 1 – December 31, 2018:

January meeting agenda

- Welcome and Introductions
- Review of November meeting minutes
- 2018 CAC Meeting Schedule
- Medicaid Updates
  - New Location - Virks Building
  - Open Enrollment
  - Returned mail
- UHIP/DHS Updates
- Membership/Enrollment Updates
- Ad Hoc Items

March meeting agenda

- Welcome and Introductions

- Review of January meeting minutes
- Medicaid Updates
- UHIP/DHS Updates
- Membership/Enrollment Updates
- Ad Hoc Items
    - Brainstorm: invite more consumers, advocates to CAC

May meeting agenda:

- Welcome and Introductions
- Review of March 8, 2018 meeting minutes
- Medicaid Updates
- UHIP/DHS Updates
- Membership/Enrollment Updates
- Ad Hoc Items

July meeting agenda:

- Welcome and Introductions
- Review of May 10, 2018 meeting minutes
- Medicaid Updates
- UHIP/DHS Updates
- Membership/Enrollment Updates
- Ad Hoc Items

September meeting agenda:

- Welcome and Introductions
- Review of July 12, 2018 meeting minutes
- Medicaid Updates
- UHIP/DHS Updates
- Membership/Enrollment Updates
- Ad Hoc Items

November meeting agenda:

- Welcome and Introductions
- Review of September 13, 2018 meeting minutes
- Medicaid Updates
- UHIP/DHS Updates
- Currrentcare- RI Quality Institute (RIQI)
- Ad Hoc Items

The ICI Implementation Council is a consumer advisory board to EOHHS and the steering committee for the ICI Ombudsman Program. The group includes individuals who are Medicaid enrolled and receive Long Term Services and Supports as well as those dual eligible members in the Integrated Care Initiative. The Council is 51% consumer led and is comprised of eight consumer/family members and seven provider/advocate members. The activity regarding this council is reported in the Integrated Care Initiative section of this report.

The EOHHS Transportation Broker, Logisticare, reported on transportation related complaints. The following charts reflect the number of complaints compared to transportation reservations and the top five complaint areas during DY 10 January 1 – December 31, 2018.

NEMT Analysis	DY 10 Q1	DY10 Q2	DY 10 Q3	DY 10 Q4
All NEMT & Elderly Complaints	1,328	2,524	2,631	1,693
All NEMT & Elderly Trip Reservations	598,856	597,213	598,666	558,651
Complaint Performance	0.22 %	0.42 %	0.44 %	0.30%
Top 5 Complaint Areas	DY 10 Q1	DY 10 Q2	DY 10 Q3	DY 10 Q4
Transportation Provider Late	464	930	1,013	651
Transportation Provider General Complaint	305	371	357	300
Rider No Show	81	355	355	-
Complaint about Rider	110	295	223	108
Transportation Provider No Show	172	193	282	182
No Vehicle Available	-	-	-	241

X. Marketplace Subsidy Program Participation

Complete the following table that displays enrollment and cost information pertaining to the Marketplace Subsidy Program. Include a summary and explanation of any trends discovered.

The following chart identifies the marketplace subside program participation during the DY 10 January 1 – December 31, 2018.

2018 Month	Number of Marketplace Subsidy Program Enrollees	Change in Marketplace Subsidy Program Enrollment from Prior Month	Average Size of Marketplace Subsidy received by Enrollee	Actual Costs
January	372	107	$42.05	$15,643.00
February	306	-66	$41.87	$12,812.00
March	305	-1	$41.83	$12,758.00
April	317	12	$41.72	$13,224.00

May	292	-25	$41.26	$12,047.00
June	287	-5	$41.77	$11,988.00
July	270	-17	$42.06	$11,356.00
August	253	-17	$41.18	$10,419.00
September	221	-32	$40.94	$9,048.00
October	239	18	$41.11	$9,826.00
November	287	48	$40.90	$11,739.00
December	265	-22	$41.43	$10,980.00
Total				$141,840.00

Summary of Marketplace Activities for DY 10 January 1 – December 31, 2018
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 through HealthSource RI. To obtain assistance, applicants must submit a request to EOHHS. Applications are available at the HealthSource RI Contact Center, online at http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Application_for_State_Assistance_Program.pdf , or can be requested by calling the RIte Care InfoLine at (401) 462-5300. The application requires applicants to provide demographic information and information regarding enrollment in a Qualified Health Plan (QHP) through HealthSource RI.

During the month of September 2018, EOHHS identified and contacted approximately 500 potentially eligible applicants via mail. In the months following the September mailing, EOHHS saw a noticeable increase in the number of applications returned, as well as an increase in monthly enrollees. However, as in previous years, December saw a slight decline in enrollment. This is likely due to increased financial constraints during the holidays.

XI. Evaluation/Quality Assurance/Monitoring Activity

Identify, describe, and report the outcome of all major evaluation/quality assurance/monitoring activities in the quarters in DY 10.

Quality Assurance and monitoring of the State's Medicaid-participating Health Plans
On a monthly basis, EOHHS leads oversight and administration meetings with the State's four (4) Medicaid participating Plans, NHPRI, Tufts, UHCCP-RI, and UHC Dental. These monthly meetings are conducted separately with each Health Plan; agenda items focus on both standing agenda items and emerging areas of focus.

Specific to quality improvement, compliance, and program integrity, the following areas of focus were addressed during the cycle of oversight and administration meetings that were conducted during DY 10 January 1 – December 31, 2018.

Areas of focus addressed during Q1:

Quality & Compliance:

- In the January meeting, NHP and UHCP-RI presented data on their annual CAHPS survey results. Both plans presented data on the child and adult surveys. The MCOs identified areas with the best performance and what contributed to this outcome. They also identified areas for opportunity and what activities would be the focus in the coming year.

- In January EOHHS held an introductory meeting with Tufts and addressed the purpose and process of these monthly oversight meetings. EOHHS also discussed the Open Enrollment process.

- Additionally, EOHHS held compliance audits with NHP and UHCP-RI in the month of January.

- In the February meeting, EOHHS addressed the OIG audit report findings with NHP and UHCP-RI. EOHHS also reviewed the encounter data guidance document detailing EOHHS policies for encounter data submissions (this guidance was reviewed with NHP, UHCP-RI, and Tufts).

- In the March meeting, EOHHS met with NHP, UHCP-RI, and Tufts to review data related to the care management program Communities of Care and the Pain Management Program. There was also a detailed discussion on the OIG report findings (for NHP and UHCP-RI only).

- Beginning in March, EOHHS held a kick-off all-plan meeting to collaborate with the health plans on upcoming budget initiatives, planning for transition of services, and other important topics that are relevant to collective goals and responsibilities.

- Separate meetings were held for UHC Dental. In January, EOHHS reviewed concerns with the dental contract compliance and quality and discussed the use of specific dental codes by providers in the context of overutilization. In March, EOHHS continued the conversation on these dental codes and discussed the grievance and appeal process. In March, EOHHS partnered with the RI Department of Health to deliver a full-day quality improvement training to the UHC Dental staff.

- EOHHS reviewed quarterly reporting and analytic trends of utilization, informal complaints, grievances and appeals, communities of care and pain management program, pharmacy and access to care for the MCOs, including Dental.

Areas of focus addressed during Q2:

- In April, NHPRI discussed their behavioral health vendor transition project and discussed gaps within the current vendor delivery system and how these gaps may be ameliorated under the new vendor. NHPRI discussed how they plan to streamline the claims system before going live in the fall.

- EOHHS conducted its annual compliance audit of UHC-RI on 1/25-1/26/18, focusing on behavioral health claims, grievances, and appeals. EOHHS outlined action items that were further discussed at the April Oversight Meeting. Following the audit, UHC-RI had the following action items:
    - Ensure clear processes that providers are notified when claims are corrected on the UHC side to avoid multiple submissions from providers.
    - UHC-RI to revisit interest report submitted in response to the audit. The report provided by UHC-RI only contained a few providers and reports on claims paid in less than 30 days. Report was rerun for dates January 1, 2016 to Q2 2018 for all providers paid interest.
- NHPRI and UHC-RI will have the same behavioral health vendor. UHC-RI reviewed the issues that their vendor has had with provider payments.
    - By July 30, 2018 all MCOs are required to submit escalation paths for their BH vendors to EOHHS.
    - NHPRI required to submit escalation paths for all Medicaid products served by their vendors.
- During the April All Plan Meeting, MCOs discussed enrollment in the state-wide EHR system, CurrentCare. The MCOs strategized on how to improve enrollment of Medicaid members in the program, including more focus on cultural competencies and translated materials for members.
- Tufts was required to submit their NCQA certification timeline to EOHHS no later than June 30, 2018, with the expectation that Tufts will be pursuing full accreditation for July 2020.
- NHPRI reviewed analysis for State Partner Survey, which had an 82% response rate. NHPRI evaluated opportunities for operational improvements, community outreach, and increasing satisfaction of services within the provider network.

Areas of focus addressed during Q3:

- Q3 saw the rollout of the managed care core contract CY19 Reporting Calendar for the medical managed care contracts (NHPRI, UHC Medical and Tufts). EOHHS engaged in a yearlong regulation and contract alignment process to reengineer standard reporting templates utilized by the MCOs. MCOs were given draft reporting templates and draft policies on August 30th.
- UHC Dental:

- In July, EOHHS discussed QIPs with UHC regarding preventative visits and sealants. EOHHs requested that the two QIPS from 2018 would continue in in 2019. UHC has developed an intervention plan to further target these QIPs.
- UHC Dental competed a Grievance and Appeals audit in Q3
- Provider Questionnaire was reviewed by EOHHS in September 2018
- EOHHS has approved all member marketing and oversight policy and procedures for the UHC *Brushlink* pilot program. The Brushlink pilot is a value-add pilot program where participating dental provider offer a digital accrometer attached to a standard toothbrush that measures time and thoroughness of daily brushing. EOHHS anticipates the pilot to conclude in March 2019 and will determine the effectiveness and engagement of members through this pilot with UHC Dental.

- NHPRI
  - As NHPRI transitioned to a different behavioral health vendor, EOHHS engaged with NHPRI to ensure a smooth transition for members and that BH providers are paid on-time. EOHHS requested documentation related to a pre-delegation audit and system testing project plans. EOHHS also engaged other state agencies, including the department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) and the Department of Children, Youth, and Families (DCYF), to participate in such discussions with EOHHS.
  - OIG audit follow-up was conducted at the July 2018 Oversight meeting with NHP.
  - Throughout Q3 2018, EOHHS and NHP discussed the new reporting calendar and NHPRI crafted a series of clarify questions that were incorporated into the CY19 reporting calendar and reporting policy-procedure.

- UHCP- RI
  - In September EOHHS engaged with UHCP-RI in a discussion to clarify reporting questions related to the new reporting calendar and requirements. EOHHS and reporting specialists met with UHCP-RI to clarify new reporting requirements. EOHHS provided feedback to UHCP-RI on clarify questions in September's Oversight meeting. Many of their question focused on quality related reporting.

- As UHCP- RI and NHP have the same BH vendor, UHCP-RI provided a point of contact chart to EOHHS to make sure that there is consistency for members and providers to contact if an issue arises.

- Tufts

  - Tufts was required to be fully compliant in three key areas by the end of CY2018: 1) Reporting 2) Quality 3) Encounter data submissions/SOBRA submissions. Tufts needed to make considerable improvements in these three areas by the end of the year or the MCO would be put on a state-driven corrective action plan:

    - Quality—Tufts met with EOHHS to refine QIP process and ensure that QIPs are submitted on time.

    - Encounter Data - weekly project plans submitted to EOHHS to ensure compliance by 10/17/19. Beginning the completion of SOBRA payments starting in 11/18.

    - Reporting—It is expected that Tufts will be fully compliant with reporting requirements starting on 1/1/19. Any previous reporting requirement overtures will no longer be waived starting in 2019.

Areas of focus addressed during Q4:

- Q4 saw the rollout of the managed care core contract CY19 Reporting Calendar for the medical managed care contracts (NHPRI, UHC Medical and Tufts). The MCOs were given draft reporting templates and draft policy on August 30th. The MCOs were notified on October 1, 2018 of final policy, reporting calendar, and reporting templates. MCOs have been given 90 days to fully implement and be compliant with the reporting templates and reporting requirements. UHC Dental is expected to have a similarly robust reporting process beginning in Q2 2019.

- NHPRI
  - EOHHS has actively engaged with NHPRI to ensure a smooth transition to their new BH vendor. EOHHS requested documentation related to a pre-delegation audit and system testing project plans. EOHHS has also engaged fellow agencies, BHDDH and DCYF, to participate in these discussions.

    - The November oversight meeting was dedicated solely to the BH vendor transition. NHP presented on several readiness topics and overall strategy for a successful implementation. The topics covered at this meeting included marketing/member communications, provider relations, Optum's readiness plans and staffing, systems testing, and final contingency planning.

- EOHHS reviewed the provider satisfaction survey and noted an improvement in overall provider satisfaction

- Throughout Q4 2018, EOHHS and NHP have actively discussed the new reporting calendar and new reporting procedural requirements.

- UHC Medical

  - UHC met with EOHHS leadership to discuss their accountable entity (AE) program implementation during the monthly oversight meetings. During these discussions UHC and EOHHS addressed quality improvement projects, such as the development of an analytical profile, and meeting quality targets for reporting.

  - EOHHS also discussed compliance items with UHC regarding new policies and procedures related the Medicaid newborns and adherence to the 21st Century Cures Act/EVV implementation.

- Tufts

  - EOHHS continues to work with Tufts on meeting their compliance requirements in reporting, quality, and encounter data submissions.

    - Quality—Tufts has met with EOHHS to refine QIP process and ensure that QIPs are submitted on time. Tufts and EOHHS actively hold ad hoc meetings to ensure that Tufts meets QIP standards.

    - Encounter data weekly project plans are submitted to EOHHS to ensure compliance. They have completed all (past and present) encounter data submission by 12/1. There were some technical capacity issues and SOBRA claims implementation items that were delayed to Q1 2019.

    - Reporting—It is expected that Tufts will be fully compliant with reporting requirements starting on 1/1/19.

Section 1115 Waiver Quality and Evaluation Work Group

Rhode Island's Section 1115 Quality and Evaluation Work Group, which includes Medicaid enterprise-wide representation, was established in 2009 and was responsible for the development of the 1115 Waiver's initial draft *Evaluation Design*. This work group has met regularly since the implementation of the Demonstration Waiver to analyze the findings from on-going quality monitoring activities that span the areas of focus as delineated in the Waiver's Special Terms and Conditions, STC # 123 (*State Must Separately Evaluate Components of the Demonstration*). This work group has since transformed into multiple work groups.

The areas of focus that were addressed by these multiple 1115 Quality and Evaluation workgroups during DY10 are as follows:

Q1 Activity

- Discussed updates on program quality work, the population grid, and data quality for encounter data
- Discussed findings and recommendations from meetings with program managers related to quality. Laid out plan for working towards standardization and best practice sharing.
- Established Utilization Tracking Template, populated cells with respective utilization metrics and initiated vetting process. Integrated process with program and policy staff. Incorporated HSTP into group and rolled in LTC, DD, Behavioral Health programs.

Q2 Activity

- Discussed MCO claim submissions and readmission rates
- Discussed integrating analytics into health plan oversight and monitoring activities

Q3 Activity

- Discussed standard updates to the UHIP system, rebalancing LTSS reports, C-Section and readmission rate metrics
- Discussed MacPro Quality measurement Construction

Q4 Activity

- Discussed readmission rates, C-Sections, and HCBS services
- Reviewed the billing manual for IHH/ACT services
- Discussed claims review and MCO oversight and monitoring

XII. Enclosures/Attachments

Attachment 1: Rhode Island Budget Neutrality Report

Budget Neutrality Table I

Budget Neutrality Summary

Without-Waiver Total Expenditures

Medicaid Populations	DY 8 2016 YTD	DY 9 2017 YTD	DY 10 Q1 CY 2018	DY 10 Q2 CY 2018	DY 10 Q3 CY 2018	DY 10 Q4 CY 2018	DY 10 2018 YTD
ABD Adults No TPL	$ 488,249,580	$ 520,451,772	$ 155,453,488	$ 136,900,816	$ 142,508,224	$ 134,120,752	$ 568,983,280
ABD Adults TPL	$ 1,271,228,068	$1,399,941,483	$ 350,168,077	$ 380,792,062	$ 373,430,904	$ 385,306,383	$1,489,697,426
RIte Care	$ 933,125,256	$1,060,816,730	$ 278,531,838	$ 278,078,742	$ 278,933,598	$ 277,355,016	$1,112,899,194
CSHCN	$ 417,839,643	$ 469,098,220	$ 125,179,158	$ 122,855,328	$ 124,599,837	$ 120,466,038	$ 493,100,361
TOTAL	$ 3,110,442,547	$3,450,308,205	$ 909,332,561	$ 918,626,948	$ 919,472,563	$ 917,248,189	$3,664,680,261

With Waiver Total Expenditures

Medicaid Populations	DY 8 2016 YTD	DY 9 2017 YTD	DY 10 1st Qtr. CY 2018	DY 10 2nd Qtr. CY 2018	DY 10 3rd Qtr. CY 2018	DY 10 4th Qtr. CY 2018	DY 10 2018 YTD
ABD Adults No TPL	$ 540,181,908	$ 409,900,329	$ 100,300,631	$ 94,951,944	$ 115,597,971	$ 104,762,128	$ 415,612,673
ABD Adults TPL	$ 616,430,588	$ 753,679,210	$ 177,096,375	$ 170,860,333	$ 208,506,331	$ 168,833,756	$ 725,296,795
RIte Care	$ 496,945,206	$ 513,027,120	$ 141,158,004	$ 68,891,561	$ 196,694,181	$ 143,077,496	$ 549,821,243
CSHCN	$ 175,292,128	$ 184,621,431	$ 45,418,236	$ 36,980,308	$ 55,723,160	$ 44,050,426	$ 182,172,130
Excess Spending: Hypothetical	$ 12,251,991	$ 2,277,946	$ 1,063,041	$ 699,354	$ 515,551	$ (1,208,297)	$ 1,069,649
Excess Spending: New Adult Group	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CNOM Services	$ 8,969,196	$ 9,055,311	$ 2,503,369	$ 2,417,357	$ 2,221,141	$ 2,205,455	$ 9,347,322
TOTAL	**$1,850,071,016**	**$1,872,561,346**	**$ 466,476,616**	**$ 374,101,503**	**$ 578,742,784**	**$ 462,929,261**	**$1,882,250,163**
Favorable / (Unfavorable) Variance	$1,260,371,531	$1,577,746,859	$ 442,855,945	$ 544,525,445	$ 340,729,779	$ 454,318,928	$1,782,430,098
Budget Neutrality Variance (DY 1-5)							
Cumulative Bud. Neutrality Variance	**$6,024,014,419**	**$7,601,761,277**	**$8,044,617,223**	**$8,589,142,668**	**$8,929,872,447**	**$9,384,191,375**	**$9,384,191,375**

Budget Neutrality Table I

HYPOTHETICALS ANALYSIS

Without Waiver Total Exp.	2016 YTD	2017 YTD
217-like Group	$ 169,392,808	$ 181,591,552
Family Planning Group	$ 89,922	$ 101,794
TOTAL	$ 169,482,730	$ 181,693,346

1st Qtr. CY 2018	2nd Qtr. CY 2018	3rd Qtr. CY 2018	4th Qtr. CY 2018	2018 YTD
$ 54,021,240	$ 56,101,500	$ 56,023,695	$ 54,279,225	$ 220,425,660
$ 50,370	$ 49,749	$ 49,335	$ 57,385	$ 206,839
$ 54,071,610	$ 56,151,249	$ 56,073,030	$ 54,336,610	$ 220,632,499

With-Waiver Total Exp.	2016 YTD	2017 YTD
217-like Group	$ 181,671,673	$ 182,709,505
Family Planning Group	$ 63,048	$ 53,490
TOTAL	$ 181,734,721	$ 182,762,995

1st Qtr. CY 2018	2nd Qtr. CY 2018	3rd Qtr. CY 2018	4th Qtr. CY 2018	2018 YTD
$ 51,037,174	$ 53,371,514	$ 48,582,139	$ 44,299,426	$ 197,290,254
$ 35,382	$ 17,909	$ 33,931	$ 29,016	$ 116,238
$ 51,072,556	$ 53,389,423	$ 48,616,070	$ 44,328,442	$ 197,406,492

Excess Spending	2016 YTD	2017 YTD
217-like Group	$ 12,278,865	$ 1,117,953
Family Planning Group	$ (26,874)	$ (48,304)
TOTAL	$ 12,251,991	$ 1,069,649

1st Qtr. CY 2018	2nd Qtr. CY 2018	3rd Qtr. CY 2018	4th Qtr. CY 2018	2018 YTD
$ (2,984,066)	$ (2,729,986)	$ (7,441,556)	$ (9,979,799)	$ (23,135,406)
$ (14,988)	$ (31,840)	$ (15,404)	$ (28,369)	$ (90,601)
$ (2,999,054)	$ (2,761,826)	$ (7,456,960)	$ (10,008,168)	$ (23,226,007)

LOW INCOME ADULT ANALYSIS

Low-Income Adults (Expansion)	2016 YTD	2017 YTD
Without Waiver Total Exp.	$ 693,378,495	$ 828,075,193
With-Waiver Total Exp.	$ 300,953,105	$ 458,848,954
Excess Spending	$ (392,425,390)	$ (369,226,239)

1st Qtr. CY2018	2nd Qtr. CY 2018	3rd Qtr. CY 2018	4th Qtr. CY 2018	2018 YTD
$ 220,038,525	$ 219,665,250	$ 217,640,115	$ 218,094,660	$ 875,438,550
$ 113,980,573	$ 63,694,496	$ 161,920,400	$ 110,022,979	$ 449,618,448
$(106,057,952)	$ (155,970,754)	$ (55,719,715)	$ (108,071,681)	$ (425,820,102)

Budget Neutrality Table II

Without-Waiver Total Expenditure Calculation

Actual Member Months	DY 8 2016 YTD	DY 9 2017 YTD	DY 10 1st Qtr. CY 2018	DY 10 2nd Qtr. CY 2018	DY 10 3rd Qtr. CY 2018	DY 10 4th Qtr. CY 2018	DY 10 2018 YTD
ABD Adults No TPL	168,420	172,164	49,319	45,212	43,433	42,551	180,515
ABD Adults TPL	387,806	409,699	98,279	104,808	106,874	108,141	418,102
RIte Care	1,851,439	2,001,541	499,161	499,881	498,349	497,052	1,994,443
CSHCN	140,829	150,545	38,246	38,069	37,536	36,806	150,657
217-like Group	44,021	45,764	13,192	13,700	13,681	13,255	53,828
Low-Income Adult Group	810,969	921,107	232,845	232,450	230,307	230,788	926,390
Family Planning Group	4,282	4,627	2,190	2,163	2,145	2,495	8,993

Without Waiver PMPMs	DY 8 2016 YTD	DY 9 2017 YTD	DY 10 1st Qtr. CY 2018	DY 10 2nd Qtr. CY 2018	DY10 3rd Qtr. CY 2018	DY 10 4th Qtr. CY 2018	DY 10 2018 YTD
ABD Adults No TPL	$ 2,899	$ 3,023	$ 3,152	$ 3,152	$ 3,152	$ 3,152	$ 3,152
ABD Adults TPL	$ 3,278	$ 3,417	$ 3,563	$ 3,563	$ 3,563	$ 3,563	$ 3,563
RIte Care	$ 504	$ 530	$ 558	$ 558	$ 558	$ 558	$ 558
CSHCN	$ 2,967	$ 3,116	$ 3,273	$ 3,273	$ 3,273	$ 3,273	$ 3,273

217-like Group	$ 3,848	$ 3,968	$ 4,095	$ 4,095	$ 4,095	$ 4,095	$ 4,095
Low-Income Adult Group	$ 855	$ 899	$ 945	$ 945	$ 945	$ 945	$ 945
Family Planning Group	$ 21	$ 22	$ 23	$ 23	$ 23	$ 23	$ 23
Without Waiver Expenditures	**DY 8 2016 YTD**	**DY 9 2017 YTD**	**DY 10 1st Qtr. CY 2018**	**DY 10 2nd Qtr. CY 2018**	**DY 10 3rd Qtr. CY 2018**	**DY 10 4th Qtr. CY 2018**	**DY 10 2018 YTD**
ABD Adults No TPL	$ 488,249,580	$ 520,451,772	$ 155,453,488	$ 142,508,224	$ 136,900,816	$ 134,120,752	$ 568,983,280
ABD Adults TPL	$1,271,228,068	$ 1,399,941,483	$ 350,168,077	$ 373,430,904	$ 380,792,062	$ 385,306,383	$ 1,489,697,426
RIte Care	$ 933,125,256	$ 1,060,816,730	$ 278,531,838	$ 278,933,598	$ 278,078,742	$ 277,355,016	$ 1,112,899,194
CSHCN	$ 417,839,643	$ 469,098,220	$ 125,179,158	$ 124,599,837	$ 122,855,328	$ 120,466,038	$ 493,100,361
217-like Group	$ 169,392,808	$ 181,591,552	$ 54,021,240	$ 56,101,500	$ 56,023,695	$ 54,279,225	$ 220,425,660
Low-Income Adult Group	$ 693,378,495	$ 828,075,193	$ 220,038,525	$ 219,665,250	$ 217,640,115	$ 218,094,660	$ 875,438,550
Family Planning Group	$ 89,922	$ 101,794	$ 50,370	$ 49,749	$ 49,335	$ 57,385	$ 206,839

Attachment 2: 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: Katie Alijewicz

Title: EOHHS Deputy Medicaid Program Director, Finance and Budget

Signature:

Date: 6/13/19

XIII. State Contact(s)

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XIV. Date Submitted to CMS

03/08/2019