Report to the Centers for Medicare and Medicaid Services

Annual Operations Report

Rhode Island Comprehensive

1115 Waiver Demonstration

January 1, 2019 – December 31, 2019

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

November 2020

I. Narrative Report Format

Rhode Island Comprehensive Section 1115 Demonstration

Section 1115 Annual Report Demonstration Reporting

Period: DY 11 January 1, 2019 – December 31, 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) in Quarter	Number of Enrollees That Lost Eligibility in Quarter 1**	Number of Current Enrollees (to date) in Quarter	Number of Enrollees That Lost Eligibility in Quarter 2**	Number of Current Enrollees (to date) in Quarter 3*	Number of Enrollees That Lost Eligibility in Quarter 3**	Number of Current Enrollees (to date) in Quarter 4*	Number of Enrollees That Lost Eligibility in Quarter 4**
Budget Population 1: ABD no TPL	15,120	887	14,183	682	14,290	547	14,232	1,149
Budget Population 2: ABD TPL	33,672	651	34,046	386	33,884	345	33,799	485
Budget Population 3: RIte Care	125,639	3,697	124,533	3,961	121,348	5,711	116,786	6,595
Budget Population 4: CSHCN	12,131	215	12,095	117	12,105	188	12,206	168
Budget Population 5: EFP	1,090	61	1,101	56	1,157	73	1,191	138
Budget Population 6: Pregnant Expansion	37	3	26	3	18	3	20	4
Budget Population 7: CHIP Children	38,987	1,122	36,797	968	36,689	1,363	37,301	1,533
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	1,742	15	1,854	10	1,858	68	1,703	192
Budget Population 11, 12, 13: 217-like group	4,353	58	4,448	45	4,584	44	4,588	97
Budget Population 14: BCCTP	84	2	83	2	78	2	77	6
Budget Population 15: AD Risk for LTC	3,566	4	3,601	0	3,621	2	3,638	7
Budget Population 16: Adult Mental Unins	12,016	4	12,016	0	12,016	0	12,014	2
Budget Population 17: Youth Risk Medic	5,836	50	6,092	54	6,021	361	5,928	316
Budget Population 18: HIV	304	41	282	13	265	10	245	16
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	74,677	5,582	74,679	3,887	73,921	4,124	72,909	123

*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 11 January 1, 2019 – December 31, 2019 is listed below:

Quarter 1: 18:478 at the close of the quarter

Quarter 2: 23:489 at the close of the quarter

Quarter 3: 22:498 at the close of the quarter

Quarter 4: 15:507 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 DY11 January 1, 2019 – December 31, 2019 (by category or by type) with an annual total of **$9,648.69** for special purchases expenditures.

Q 1 2019	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	1	Over the counter medications		$ 229.25
	10	Acupuncture		$ 750.00
	14	Massage Therapy		$ 925.00
	5	Supplies, non-medical	Supportive devices	$ 208.25
	1	Diabetes management		$ 60.00
	1	Service Dog Training		$ 185.00
	CUMULATIVE TOTAL			**$2,357.50**

Q 2 2019	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	3	Over the counter medications		$ 589.24
	10	Acupuncture		$ 750.00
	4	Massage Therapy		$ 270.00
	1	Supplies, non-medical	Supportive devices	$ 107.00
	1	Diabetes management		$ 60.00
	1	Lawn Care		$ 125.00
	2	Service Dog Training		$ 185.00
	CUMULATIVE TOTAL			**$ 2,086.24**

Q 3 2019	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	3	Over the counter medications		$ 589.24
	10	Acupuncture		$ 750.00
	4	Massage Therapy		$ 270.00
	1	Supplies, non-medical	Supportive devices	$ 107.00
	1	Diabetes management		$ 60.00
	1	Lawn Care		$ 125.00
	2	Service Dog Training		$ 185.00
	CUMULATIVE TOTAL			**$ 2,086.24**

Q 4 2019	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	3	Over the counter medications		$ 827.71
	13	Acupuncture		$ 975.00
	7	Massage Therapy		$ 525.00
	2	Supplies, non-medical		$ 121.00
	1	Diabetes management		$ 60.00
	5	Lawn Care		$ 425.00
	2	Service Dog Training		$ 185.00
	CUMULATIVE TOTAL			**$ 3,118.71**

VI. Outreach/Innovative Activities

Summarize outreach activities and/or promising practices for the quarters during DY11 January 1, 2019 – December 31, 2019.

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, 2019 – December 31, 2019, the following activities occurred.

Health Workforce Development Program

- Continued collaborative efforts between Medicaid and Institutions of Higher Education (IHEs) - as well as other DSHPs at RI Department of Health and the RI Commission for the Deaf and Hard of Hearing - to advise, monitor, and align HSTP-funded IHE healthcare workforce transformation projects with the needs of Accountable Entities and other system transformation objectives.

- 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, and other areas with critical workforce needs.

- 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, and other LTSS programs and services.

- Assisted in the development of a new partnership between EOHHS and the RI Department of Labor & Training to strengthen connections between Accountable Entities and IHEs.

Accountable Entities

Q1 2019

- Five (5) Medicaid certified Accountable Entities (AEs) participated in the Health System Transformation Project (HSTP) Program Year (PY) 1, (July 1, 2018-June 30, 2019). During PY 1 managed care organizations (MCOs) and AE collaborated on the development and implementation of HSTP project plans.

- As a condition of approval by CMS from the AE Roadmap, the Executive Office of Health and Human Services (EOHHS) established the HSTP AE Advisory Committee to advance the goals of payment and delivery system reform in the State. The purpose of the advisory committee is to provide guidance on the strategic direction of the HSTP program. In Q1 2019, the topic was "Behavioral Health: Defining "acceptable" models of BH integration.

- EOHHS began work with Bailit Health to address the following tasks for the AE Program:
    - Recommend specific enhancements to the AE Quality Standards
    - Recommend specific enhancements to the AE Program Outcome Measurement Plan
    - Convene stakeholders to seek robust input and advice on the completion of all tasks
    - Recommend specific enhancements to the RI Medicaid Comprehensive Quality Strategy

  Stakeholder meetings on outcome measures, quality measures and scoring methodology, as well as social determinants of health were held in January and March.

- In aggregate, EOHHS paid out $540,783 to AEs in incentive funds for signing subcontracts with providers of social determinants of health (SDOH), behavioral health (BH), and substance use disorder (SUD) services. The MCOs earned $679,875 in incentive funds.

Q2 2019

- AEs had a delayed start with project plans, but all were approved. Additionally, more SDOH, BH, SUD service providers were contracted. In Q2, the AEs received $12,929,643 in incentive funds. The managed care organizations (MCOs) earned $549,944 in incentive funds for oversight and management of the AEs.

- In advance of PY 2 (July 1, 2019-June 30, 2020), six (6) Medicaid AEs were certified with conditions for PY 2. Note: AEs are eligible for HSTP incentive funds if they are certified and execute an Alternative Payment Methodology (APM) total cost of care contract with a Medicaid managed care organization (MCO).

- EOHHS continued to work with Bailit Health on the implementation of the AE quality component, including recommendations for Program Year 3 quality component of the APM contract, data collection and reporting specific to clinical quality (hybrid) measures, development of technical specification for a social determinant of health, and standardization of scoring criteria and methodology. A quality and outcome implementation manual was drafted as part of this work.

- In Q 2 2019, EOHHS executed an MOU with the Rhode Island Office of the Health Insurance Commissioner (OHIC) to develop a set of criteria to assess a provider's capacity to enter into downside-risk arrangements. Ongoing work continues between EOHHS and OHIC.

- Under the contract with the Center for Health Care Strategies (CHCS) individualized technical assistance was provided to Medicaid AEs and MCOs. An in-person learning collaborative took place in May with EOHHS, the MCOs, and the Medicaid AEs. The topics included:
    - Integrating the Voice of Consumers
    - Complex Care Management
    - Building Partnerships with Health Systems, Managed Care Organizations, and Community-Based Organizations

- EOHHS contracted with Day Health Strategies to recommend strategic changes to the AE requirements. For the Q2 the HSTP Advisory Committee meeting, Day Health Strategies presented "Medicaid Managed Care Draft Strategic Vision, Goals & Planning, and Stakeholder Process."

Q3 2019

- A new Accountable Entity, Coastal, began full participation in PY2, as did a new Managed Care Organization (MCO), Tufts Public Health Plan (THPP).

- AEs continued work on PY1 HSTP Project Plans due to the delayed start with PY1 project plans. AEs began working on PY2 HSTP Project Plans as they negotiated contracts with the Managed Care Organizations (MCOs).

- EOHHS focused on preparation for PY3 through meetings and preparing documentation for public comment on the following topics:
    - Attribution Guidance
    - Incentive Program Requirements

- Total Cost of Care Requirements
- AE Certification Standards

- The HSTP Advisory Committee held 3 meetings. The June meeting included a presentation by the Rhode Island Medicaid Director regarding the evaluation of The AE Program conducted by Day Health Strategies on Strategic Vision, Goals & Planning, and Stakeholder Process. The August meeting was an open discussion that included Program Updates and Discussion and Public Comments on Key Findings from Day health Strategies. The September meeting included Public Updates, a Department of Labor and Training Update, and Discussion and Public Comment on PY3 Strategic Changes and Program Requirements.

- An open discussion on how to improve the Incentive Program was held with stakeholders and interested parties.

- EOHHS and the Rhode Island Quality Institute (RIQI) began work together to provide access to contracted AEs to RIQI's Care Management Dashboard. The dashboard provides live feeds of patients in the hospitals and emergency departments so AEs can intervene and assist with transitions of care. Although this exists throughout Rhode Island to those organizations willing to pay for this service, EOHHS is utilizing HSTP funds to provide a specific AE attribution file so AEs at risk can more effectively manage their attributed populations. A demo for the AEs is planned for early Q4.

Q4 2019

- In Quarter 4 of 2019, EOHHS submitted the program requirements for PY3 to CMS, including the AE Roadmap, Total Cost of Care (including Quality) Requirements, Attribution Requirements, Incentive Funding Program Requirements, and AE Certification Standards.

- Six (6) AEs signed contracts with three (3) MCOs as of 12/31/2019.

- For Program Year (PY 2) EOHHS and the MCOs engaged in a joint HSTP project plan review process. This increased efficiency, eased administrative burden and enhanced partnership with MCOs. By the end of the quarter four, three HSTP Project Plans were approved.

- EOHHS/ Medicaid continues work with the vendor Bailit Health regarding implementation of Quality Measures. This quarter specifically focused on providing support and guidance to both AEs and MCOs on operational plans and data validation plans to enable clinical data exchange between the AEs and the MCOs, which is vital to

data collection for the majority of hybrid EHR based quality measures in the AE program quality measure slate.

- In Q4, 2019, the AEs and MCOs established a patient engagement workgroup with support of EOHHS. The purpose of this workgroup is for AEs and MCOs to provide recommendation on a patient engagement measure and other key interventions and strategies to inform Program Year 4 requirements and/or opportunities for HSTP centralized investment.

- In addition to bi-weekly meetings with EOHHS, CHCS held a webinar on evaluating rising risk of members. CHCS conducted an in-person learning collaborative, "Paving a Successful Path Forward" where AEs shared their successes and speakers from other states discussed moving from the current provider business model to value-based payment.

- The AE Advisory Committee met twice in quarter 4. In these meetings, the PY 3 requirements and public comment on these requirements were reviewed, the process for risk-based provider organization (RBPO) through the Office of the Health Insurance Commissioner was discussed, and the group was presented the key performance indicators they will be receiving in the future.

- EOHHS worked with the State's actuarial vendor, Milliman, to develop a technical guide that refines the established total cost of care finance methodology. A series of meetings were held with both AEs and MCOs to plan for the implementation of this model starting in Program Year 3.

- Efforts to implement the Rhode Island Quality Institute care management dashboards for the AEs continued. A presentation was held for AEs and MCOs to understand how it is designed for AEs to know which of their members are in the emergency department or in-patients in a hospital. They will also know if there is a member they believe is attributed to their AE, but who is attributed to a different AE.

- Medical Transportation Management, the non-emergency transportation vendor for EOHHS gave a presentation to AEs about their services and how AEs can work with them to improve transportation for AE patients. Some AEs are interested in offering enhanced transportation to their members.

Dental Case Management Program

The Dental Case Management (DCM) Pilot allows a select group of trained dental practices across the state to use four new dental case management service codes to emphasize health

care coordination, improve oral health literacy and to support patient compliance among Medicaid beneficiaries. This is a time-limited pilot, for Calendar Year 2019. The below charts provide a summary of the utilization data that was gathered. The success of the program was hindered by several issues, including:

1. The financial motivation was impacted due to low reimbursement rates.
2. Even though it was promoted through multiple venues, there was not enough resources to market it successfully to the practices.
3. The inability to enroll practices, especially to non-FQHC practices, prevented expansion of the program.

	Q1	**Q2**	**Q3**	**Q4**
New providers receiving online training during this quarter	6 (from 3 practices)	6 (from 3 practices)	0	3
Total Providers Trained	14 (from 3 practices)	17 (from 3 practices)	17 (from 3 practices)	20[1] (from 3 practices)
New practices enrolled to bill DCM codes through DXC	2	1	0	0
Total practices enrolled to bill DCM codes through DXC	2	2	3	3[1]
DCM claims submitted during this quarter	4	68	3	5

[1] Q4 amounts for Total Providers Trained and Total Practices enrolled to bill DCM codes through DXC represent the cumulative total for 2019.

% Change in Broken Appointments among Adult Beneficiaries	**Q1**	**Q2**	**Q3**	**Q4**
Tri-County	--	-4%	-2.6%	No change

Utilization of Dental Case Management Service by Code	**Q1**	**Q2**	**Q3**	**Q4**
D9991	--	0	0	0
D9992	--	8	0	0
D9993	--	8	0	0
D9994	--	52	3	5

Utilization of Dental Case Management Service by Provider/Provider Type	**Q1**	**Q2**	**Q3**	**Q4**
Tri-County Health Center	--	4	1	4
St. Joseph Hospital	--	64	2	1

Utilization of Dental Case Management Service by Age	Q1	Q2	Q3	Q4
21 - 30	--	13	0	0
31 - 40	--	22	2	1
41 - 50	--	4	0	0
51 - 60	--	26	0	1
61 +		4	1	3

Utilization of Dental Case Management Service by Gender	Q1	Q2	Q3	Q4
Female	--	45	2	2
Male	--	23	1	3

DSHP State Spending Analysis

The amount of federal matching funds for support of DSHPs in SFY 2019 ($17,255,760) increased by approximately $9.6 million from SFY 2018 ($7,612,300).

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 2017-2018 and is the most recently available graduation and employment data for the FFP claims submitted for the States FY19.

Health Graduates Employment Data		URI			URI			URI			CCRI			CCRI			CCRI			RIC			RIC			RIC		
		2015-2016 Graduates			2016-2017 Graduates			2017-2018 Graduates			2015-2016 Graduates			2016-2017 Graduates			2017-2018 Graduates			2015-2016 Graduates			2016-2017 Graduates			2017-2018 Graduates		
CIP Code	CIPTitle	Total	Employed in RI: All Industries	Employed in RI: Target Industries	Total	Employed in RI: All Industries	Employed in RI: Target Industries	Total	Employed in RI: All Industries	Employed in RI: Target Industries	Total	Employed in RI: All Industries	Employed in RI: Target Industries	Total	Employed in RI: All Industries	Employed in RI: Target Industries	Total	Employed in RI: All Industries	Employed in RI: Target Industries	Total	Employed in RI: All Industries	Employed in RI: Target Industries	Total	Employed in RI: All Industries	Employed in RI: Target Industries	Total	Employed in RI: All Industries	Employed in RI: Target Industries
41.03	Physical Science Technologies/Technicians.										9	8	2	6	4	1	5	5	2									
42.01	Psychology, General.	167	109	84	201	133	101	202	133	98										129	109	80	111	89	62	29	25	17
42.06	Counseling Psychology.							139																				
42.27	Research and Experimental Psychology.	2	2	1	0	0	0	0	0	0																		
42.28	Clinical, Counseling and Applied Psychology.	16	8	7	17	13	13	12	8	8										13	12	9	6	4	3	0	0	0
42.99	Psychology, Other.																			16	15	15	15	15	13	0	0	0
44.07	Social Work.										9	9	8	1	1	7	1	1	1	149	121	109	164	40	126	2	2	2
51.00	Health Services/Allied Health/Health Sciences,																			10	6	5	16	10	7	6	5	4
51.02	Communication Disorders Sciences and Services.	80	43	37	79	47	36	78	47	28																		
51.06	Dental Support Services and Allied Professions.										43	38	38	36	34	30	35	28	26	1	1	1	1	1	0	1	1	1
51.07	Health and Medical Administrative Services.	2	2	2	4	4	3	0	0	0	31	25	18	0	0	0	6	3	2	26	21	16	26	24	14	7	7	7
51.08	Allied Health and Medical Assisting Services.										30	20	20	45	37	29	31	25	21	1	1	1	0	0	0	1	1	1
51.09	Allied Health Diagnostic, Intervention, and										59	41	38	55	45	41	52	39	33	32	25	24	40	32	28	0	0	0
51.10	Clinical/Medical Laboratory	46	24	17	32	20	15	45	32	20	46	32	27	47	40	36	3	37	33	0			0			0		
51.15	Mental and Social Health Services and Allied										4	4	4	0	0	0	0	0	0	46	39	33	36	29	27	0	0	0
51.16	Nursing.																			0			0			0		
51.18	Ophthalmic and Optometric Support										3	3	2	4	4	4	4	4	3									
51.20	Pharmacy, Pharmaceutical Sciences, and	129	46	37	118	59	55	136	86	77																		
51.22	Public Health.	1			1			1			0	0	0	1	1	0	2	1	0									
51.23	Rehabilitation and Therapeutic Professions.	28	14	14	33	21	20	27	21	20																		
51.31	Dietetics and Clinical Nutrition Services.	45	28	18	41	27	13	45	30	23																		
51.35	Somatic Bodywork and Related Therapeutic										8	7	6	13	10	9	5	4	3									
51.38	Registered Nursing, Nursing Administration,	256	166	159	184	131	118	208	139	125	247	211	203	333	301	290	163	147	137	189	145	141	170	142	138	68	57	54
51.39	Practical Nursing, Vocational Nursing and										28	27	26	9	8	7	0	0	0									
60.02	Medical Residency Programs.													0														
	Current totals	**772**	**442**	**376**	**710**	**455**	**374**	**893**	**496**	**399**	**517**	**425**	**392**	**550**	**485**	**454**	**307**	**294**	**261**	**612**	**495**	**434**	**585**	**386**	**418**	**114**	**98**	**86**

VII. Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in DY11 January 1, 2019 – December 31, 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.

Q1 2019

Between January 1, 2019 and March 31, 2019, the Deloitte and EOHHS teams implemented maintenance releases to address software and data incidents identified in the RI Bridges application and implemented enhancement releases to improve the usability of the application as well as implement new functionality. Improvements to the Medicaid program can be summarized across the focus areas 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. Two new batches were deployed during this timeframe:

PARIS – The Public Assistance Reporting Information System (PARIS) data is now being utilized in RI Bridges matching recipients of public assistance to check if they receive duplicate benefits in two or more states.

Death Match – The monthly validation of death match was updated:

COMPLEX: This activity is performed in two categories,

a. Two-point Match
   If the Deceased date received from SSA matches the death date received from DOH, then it is considered as two-point match.
   In this scenario, death date is updated in RI Bridges and this individual is Auto terminated through the Mass Updates process.
b. One-point match

If the Deceased date is received from SSA but not from DOH, then it is considered as one-point match.
In this scenario, death date is updated in RI Bridges and RDOC is sent out to the deceased individual. If the response document is not received within 15 days, the individual is terminated through the Mass Updates process.

MAGI programs, the Deceased data-point is verified though two processes, PEV and Passive renewal.

PEV

a. PEV process verifies death information for all MAGI eligible individuals every month.
b. This verification happens in two-steps.
    i. In first step, the death data is verified with the data received from SSA.
    ii. If above verification fails, it moves on to step-2 to verify using the information received through DOH process.
c. RDOC is sent out when the verification fails.
d. Individual is terminated if the document is not received within 15 days.

Passive Renewal

a. As part of Passive Renewal process, Death data is verified for MAGI eligible individuals who are up for recertification in 60 days,
b. SSA and DOH are two sources of information used for this verification.
c. RDOC is sent out when the verification fails.
d. Individuals are terminated if the document is not received within 35 days.

Notices: 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. Ongoing meetings are held to prioritize and implement improvements to notices and meet all federal requirements.

MMIS Transaction Stabilization: EOHHS continues to focus on the discrepancies between RI Bridges and the MMIS. As of this report, the number of active recipients in RI Bridges who do not have an active eligibility record in the MMIS is steady around 200. This data is tracked daily and the report has been edging downward for several months. The recipients who have active eligibility in MMIS and no active segment is RI Bridges continues to be a focus for the State – this number has now been reduced to 3% of the total active Medicaid population.

CMS Eligibility Compliance: RI continues to address issues found in the RI Bridges 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 their corrective action plan.

Q2 2019

Between April 1, 2019 and June 30, 2019, the Deloitte and EOHHS teams implemented maintenance releases to address software and data incidents identified in the RI Bridges application and implemented enhancement releases to improve the usability of the application as well as implement new functionality. Improvements to the Medicaid program can be summarized across the focus areas below:

Notices: Terminations are no longer being held for manual review. Termination outcome goals have been achieved and pre-mailing review is no longer required.

MMIS Transaction Stabilization: RI continues to focus on the discrepancies between RI Bridges and the MMIS. As of this report, the number of active recipients in RI Bridges who do not have an active eligibility record in the MMIS is steadily around 185 – this data is tracked daily and this report has been edging downward for several months. The recipients who have active eligibility in MMIS and no active segment is RI Bridges continues to be a focus for the State – this number remains at 3% of the total active Medicaid population.

CMS Eligibility Compliance: RI continues to address issues found in the RI Bridges 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 their corrective action plan.

Q3 2019

Between July 1, 2019 and September 30, 2019, the Deloitte and State teams implemented maintenance releases to address software and data incidents identified in the RI Bridges application and implemented enhancement releases to improve the usability of the application as well as implement new functionality. Improvements to the Medicaid program can be summarized across the focus areas below:

Retirement of Interim Business Processes:

Interim Business Processes (IBPs) related to the Medicare Premium Payment (MPP) program, termination batches and patient share transactions between RI Bridges and the MMIS have all been retired as a result of RI Bridges functionality modifications this quarter. All manual

workaround involving Medicaid staff and/or specialized system scripting have now been phased out because our eligibility system is now functioning properly.

Q4 2019

Between October 1, 2019 and December 31, 2019, the Deloitte and State teams implemented maintenance releases to address software and data incidents identified in the RI Bridges application. No significant program development or issues were identified.

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 11, January 1, 2019 – December 31, 2019.

Request Type	Description	Date Submitted	CMS Action	Date
Cat III	Home Stabilization Initiative	11/16/2015		
SPA	Nursing Facility Rate Increase	8/7/2018	Approved	1/23/2019
SPA	Adult Day	11/8/2018	Approved	1/16/2019
SPA	Assisted Living and Home Care Rates	11/8/2018	Approved	1/2/2019
SPA	Skilled Nursing, PT, OT, Speech	11/8/2018	Approved	1/10/2019
SPA	Pre-Eligibility Medical Expenses	12/13/2018	Approved	3/13/2019
SPA	Home Equity	3/20/2019	Approved	4/11/2019
SPA	Medically Needy Income Limit and State Supplementary Payments	3/20/2019	Approved	3/19/2019
SPA	RIte Share	3/20/2019	Approved	6/25/2019
SPA	Medicaid and CHIP Final Rule	6/26/2019	Approved	8/9/2019
SPA	Medicaid Premiums and Cost Sharing	6/28/2019	Approved	8/9/2019
SPA	Inpatient Hospital Rate Increase	8/15/2019	Approved	10/23/2019
SPA	Outpatient Hospital Rate Increase	8/15/2019	Approved	9/27/2019
SPA	Elimination of Inpatient Hospital Supplemental Payments	8/15/2019	Approved	10/23/2019
SPA	Graduate Medical Education	8/15/2019	Approved	10/23/2019
SPA	Hospice Rates	8/15/2019	Approved	10/31/2019
SPA	Drug Reimbursement Technical Correction	10/29/2019	Approved	12/11/2019
SPA	Drug Utilization Review	12/19/2019		

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 11, 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 DY11 January 1 – December 31, 2019. 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 DY11 January 1 – December 31, 2019 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 Public Health Plan (THPP) 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 forty-five (45) grievances and/or informal complaints in Q4 2019 in comparison to nineteen (19) Q3 2019. This represents an increase of twenty-six (26) grievances and/or informal complaints received from all lines of business. Of this quarter's forty-five (45) grievances and/or informal complaints, Rhody Health Partners (RHP) and RIte Care (RC) cohorts represented the highest percentage of concerns with access to services and quality of care. NHPRI is the only MCO that administers Rite Care for Children in Substitute Care; there were no grievances and/or informal complaints submitted by Sub Care beneficiaries in either Q1, Q2, Q3 or Q4 2019.

Of note, there is an increase in grievances and/or informal complaints from beneficiaries attributed to an Accountable Entity from Q3 2019 to Q4 2019; however still a decrease from Q2 2019. Respectively; Q2 2019 – six (6), Q3 2019 – one (1), Q4 2019 – five (5).

UHCP-RI reported sixty-four (64) grievances and/or informal complaints in Q4 2019, in comparison to fifty-seven (57) grievances and/or informal complaints in Q3 2019. This represents an increase of seven (7) grievances and/or informal complaints for Q4 2019. Of this quarter's sixty-four (64) grievances and/or informal complaints, the following cohorts RIte Care, RHE and RHP represent the highest number of grievances and/or informal complaints. Complaints regarding balance billing issues remain the highest category forty-two (42), representing an increase in Q3 2019 reporting. The steady increase in member complaints about balance billing is an alarming trend. Of note, there is an increase in grievances and/or informal complaints from beneficiaries attributed to an Accountable Entity from Q3 2019 to Q4 2019, however still a decrease from Q2 2019. Respectively; Q2 2019 - thirty-one (31), Q3 2019 – nine (9), Q4 2019 – sixteen (16).

RIT reported three (3) grievances and/or informal complaints in Q4 2019 in comparison zero (0) grievances and/or informal complaints in Q3 2019.This represents the first quarter RIT has reported any grievances and/or informal complaints. As RIT is the newest MCO to the RI market and has a significantly lower membership than the other MCOs. All three (3) grievances and/or informal complaints referenced access to services as the concern. Of note, there was one (1) grievances attributed to an Accountable Entity and none reported in previous quarters.

United Healthcare Dental reported two (2) grievances and/or informal complaints in Q4 2019 in comparison to Q3 2019 one (1). Of note, Dental reports grievance and/or informal complaints using the following categories: Access to Care, Quality of Care, Environment of Care, Enrollment Disputes, Health Plan Customer Services, Billing Issues and Transportation.

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 their schedule permits. The CAC met six times in DY11 January 1 – December 31, 2019:

January meeting agenda

- Welcome and Introductions
- Review of November 8, 2018 Meeting Minutes
- Medicaid Waiver Updates
- NEMT Transition Updates
- Ad Hoc Items

March meeting agenda

- Introductions
- Purpose and Goals of Advisory Committee
    - Group Discussion
- Review of Enrollment Process
- Application Updates
- Review of General Enrollment Information
- Transportation Updates
- Questions and Answers- All

May meeting agenda

- Welcome and Introductions
- Data Update
    - Update on Caseload Estimating Conference
    - Enrollment Data Update
- Auto Assignment Update
- NEMT Update
- Ad Hoc Items

July meeting agenda

- Welcome and Introductions
- Enrollment Report Update
- Care Management Update
- Auto Assignment Update
- Open Enrollment Update
- 90-Day Letter Update

- Legislative Update
- Q&A

October meeting agenda:

- Welcome and Introductions
- Review of Minutes & Approval
- EOHHS Organizational Changes
- Behavioral Health Access
- Open Enrollment Status Update
- 90-Day Letter Update & Example
- Address Change Update
- Data Reports – Enrollment & Auto Assignment

November meeting agenda:

- Welcome and Introductions
- Review of Minutes & Approval
- Accountable Entities
- Transportation Update
- Open Enrollment Status Update
- 90-Day Letter 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 transportation reservations and the top five complaint areas during DY 11 January 1 – December 31, 2019.

NEMT Analysis	DY 11 Q1	DY 11 Q2	DY 11 Q3	DY 11 Q4
All NEMT & Elderly Complaints	2,038	919	720	761
All NEMT & Elderly Trip Reservations	559,988	592,712	604,394	610,229
Complaint Performance	0.36 %	0.16%	0.12%	0.12%
Top 5 Complaint Areas	DY 11 Q1			
Transportation Provider No Show	**735 (1)**	205 (2)	**184 (1)**	**224(1)**
Transportation Broker Processes	447 (2)	83 (4)	85 (3)	115 (3)
Transportation Broker Client Protocols	171 (3)		60 (5)	33 (5)
Transportation Provider Late	156 (4)	**299 (1)**	142 (2)	154 (2)
Complaint about Transportation Provider General	94 (5)			
Transportation Provider Behavior		115 (3)	83 (4)	80 (4)
Transportation Broker Trip Accuracy		58 (5)		

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 11 January 1 – December 31, 2019.

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	295	30	$41.65	$12,286.00
February	238	-57	$41.73	$9,931.00
March	194	-44	$41.66	$8,082.00
April	161	-33	$41.63	$6,702.00
May	178	17	$42.68	$7,597.00
June	161	-17	$41.89	$6,744.00
July	166	5	$42.93	$7,126.00
August	166	0	$43.20	$7,172.00
September	147	-19	$43.00	$6,321.00
October	160	13	$ 43.95	$ 7,032.00
November	145	-15	$ 43.47	$ 6,303.00
December	140	-5	$ 42.99	$ 6,019.00

Summary of Marketplace Activities for DY 11 January 1 – December 31, 2019
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.

With Open Enrollment, EOHHS saw a slight increase in enrollees for the month of January, whereas subsequent months showed a steady decline. The decline in monthly enrollment is likely due to natural churn, as well as a decrease in the number of new applications received by EOHHS—the last mass mailing to potentially eligible applicants was done in September 2018. EOHHS is currently assessing whether to execute another mass mailing.

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 11.

Quality Assurance and monitoring of the State's Medicaid-participating Health Plans
Monthly, the RI EOHHS leads oversight and administration meetings with the State's four (4) Medicaid-participating managed care organizations (MCOs): NHPRI, UHCCP-RI, 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

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 Demonstration year (DY) 11, January 1 – December 31, 2019.

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 of 2019:

All MCOs received an update in February regarding the transition to a new NEMT vendor, MTM. MTM provided information and contact information to all MCOs. The MCOs and NEMT vendor will meet regularly to meet the needs of members in care management programs.

Neighborhood Health Plan of Rhode Island (NHPRI)

- EOHHS has provided extensive oversight for the transition of two delegated vendors:
    - Transition from behavioral health vendor, Beacon, to Optum
    - Transition to pharmacy benefit manager (PBM) vendor CVS
- EOHHS and NHPRI has identified risks associated with the transition and has worked with NHPRI to ensure safeguards for member access to BH services, as well as, address financial concerns from safety net BH providers.
- EOHHS requested that NHPRI provide bi-weekly status updates regarding transition outreach. Weekly calls are scheduled with EOHHS, NHPRI, and Optum staff to review and update the implementation plan.
- EOHHS has been working with NHPRI on improved processes to resolve issues related to returned mail and newborn payments.
- NHPRI provided a CVS transition update at the February oversight meeting. One script error, however, was triaged and addressed with CVS promptly.

UnitedHealthcare Community Plan (UHCCP-RI)

- EOHHS has been working with UHCCP-RI on improved processes to resolve issues related to returned mail and newborn payments.

- EOHHS reviewed files UHCCP-RI submitted to determine reconciliation work needed to ensure correct capitation payments made to UHCCP-RI.

Tufts Health Public Plans (THPP)

- EOHHS reviewed the renewal of quality improvement plans (QIPs), emphasizing that THPP should focus on access and membership. EOHHS advised THPP to continue working toward their NCQA accreditation in conjunction with their QIPs.
- THPP and EOHHS reviewed the implementation of the new 2019 Reporting Calendar and corresponding submission instructions, deadlines, reporting templates, naming conventions, and compliance standards/sanctions for non-compliance.
- Starting in March, THPP will begin providing EOHHS monthly updates on the status of encounter data submissions, ensuring compliance and the appropriate processing of their backlogged data.
- THPP shared that they spoke with behavioral health providers who raised concerns, including but not limited to infrastructure and claims. THPP is working with providers to rectify these issues and confirmed they will escalate as needed.

UnitedHealthcare-Dental (UHC Dental)

- In January, UHC Dental presented results of their Brushlink Pilot, which targeted 300 RIte Smiles members. 114 Brushlink toothbrushes were distributed and 73 members actively participated.
- UHC Dental is working with the RI Oral Health Coalition to improve network access.
- In February, EOHHS reviewed UHC Dental's member survey results, noting a positive net promoter score (NPS).
- EOHHS reviewed the two Q4 2018 QIPs:
    - QIP 1: Increasing the Percent of Children Receiving Preventive Health Services
        - Indicator: The percentage of children continuously enrolled in RIte Smiles for the reporting period who received a preventive service within the reporting period.
        - Goal: To increase the percentage of children receiving preventive health services by ten percent (10%) to an overall rate of 56.97%.
        - Member-focused Interventions:
            - Letters targeting fifteen (15) to eighteen (18) year-olds reminding parents of the importance of preventive care and how to establish a dental home were mailed to 13,944 members who had not been in care for six (6) or more months. A total of 695 members received dental care within sixty (60) days of the mailing.
            - Automated calls were made to households with children who were non-compliant for six (6) or more months, aged fifteen (15) to eighteen (18) years. Overall, more than 15,000 calls were made and over 6,000 connected with a live person or voicemail. Of those, 1,007 (15.93%) did follow up with a dentist.

- Movie ticket incentive program for members of three (3) FQHCs and three (3) general dental practices. A total of thirty-four (34) RIte Smiles members received the incentive.
- Education on preventive care and distribution of hygiene kits to members at three (3) community events. A total of 325 kits were distributed to members.

- Provider-focused Interventions:
  - Direct office contact was made periodically throughout the year to give "gap lists" of non-compliant patients.
  - Medical provider training on oral health screenings and fluoride varnish application.
- Results: The rate calculated by UHC Dental remained stable, increasing by 0.50 percentage points to a rate of 51.02%. UHC Dental did not achieve the QIP goal of 56.97%.
  - Overall Credibility of Results: There were no validation findings that call into question the credibility of this QIP.
- Strengths:
  - UHC Dental's intervention strategy included member and provider education on the importance of early and routine dental care.
  - Outreach to non-compliant members by mail and telephone were tied to positive outcomes.
  - The training of medical providers on the application of fluoride varnish increased member access to dental care.
- Opportunities for Improvement:
  - UHC Dental should develop a strategy for expanding its outreach and training of medical providers to provide dental care to pediatric patients.
  - As transportation was identified as a barrier for members, UHC Dental should update its improvement strategy to address transportation.

- QIP 2: Increasing the Percent of Children Receiving Pit and Fissure Sealants on First or Second Molars
  - Indicator: The percentage of children continuously enrolled for ninety (90) days in RIte Smiles for the reporting year who received a pit and fissure sealant on their first or second molar within the reporting period.
  - Goal: The goal for this QIP is to increase the percentage of children who received this service to 23.40%.
  - Member-focused Intervention(s):
    - Letters targeting six (6) to nine (9) year-olds reminding parents on the importance of preventive care and how to establish a dental home were mailed to 16,198 members who had not been in care for six (6) or more months. A total of 252 members received dental care within sixty (60) days of the mailing.

        - Automated calls were made to households with children who were non-compliant for six (6) or more months, aged six (6) to nine (9) years. Overall, more than 15,600 calls were made and over 8,000 connected with a live person or voicemail. Of those, 1,695 members completed a dental visit.
    - Results: The rate calculated by UHC Dental remained stable, increasing from 2017 by 0.59 percentage points to a rate of 18.40%. UHC Dental did not achieve the QIP goal of 23.40%.
    - Overall Credibility of Results: There were no validation findings that call into question the credibility of this QIP.
    - Strengths:
        - Outreach to non-compliant members by mail and telephone were tied to positive outcomes.
    - Opportunities for Improvement:
        - As transportation was identified as a barrier for members, UHC Dental should update its improvement strategy to address transportation.
        - UHC Dental should broaden its improvement strategy to include provider-specific interventions.
- EOHHS reviewed goals for rectifying the demographic issue in the Medicaid Management Information System (MMIS) that has led to returned mail.

Areas of focus addressed during Q2:

Specific to quality improvement and compliance, the following areas of focus were addressed during the cycle of oversight and administration meetings conducted during Quarter 2 of 2019:

Neighborhood Health Plan of Rhode Island (NHPRI)

- EOHHS provided extensive oversight for the transition from behavioral health vendor, Beacon, to Optum.
    - EOHHS and NHPRI identified risks associated with the transition and collaborated to ensure safeguards for member access to behavioral health services, as well as to address financial concerns from safety-net behavioral health providers. Beginning in January 2019, EOHHS requested that NHPRI provide EOHHS bi-weekly status updates on transition outreach. Weekly calls were scheduled with EOHHS, NHPRI, and Optum staff to review and update the implementation plan.
    - EOHHS met with NHPRI/Optum regularly to review the breakdown of claims denials and associated modifiers.
- EOHHS worked with NHPRI on improved processes to resolve issues related to returned mail and timely newborn payments.

UnitedHealthcare Community Plan (UHCCP-RI)

- EOHHS worked with UHCCP-RI on improved processes to resolve issues related to timely newborn payments.

    - EOHHS reviewed files UHCCP-RI submitted to determine reconciliation work needed to ensure correct capitation payments to UHCCP-RI.
- EOHHS reviewed UHCCP-RI's proposal submission for the Human Arc program that would assist members in understanding their SSI benefits.
- EOHHS reviewed with UHCCP-RI the upcoming open enrollment timeline and processes, including policies and procedures around submission of marketing materials.

Tufts Health Public Plans (THPP)

- EOHHS reviewed the renewal of quality improvement plans (QIPs), emphasizing that THPP should focus on access and membership. EOHHS advised THPP to continue working toward their NCQA accreditation in conjunction with their QIPs.
- Starting in March, THPP began providing EOHHS monthly updates on the status of encounter data submissions, ensuring compliance and the appropriate processing of their backlogged data. THPP is required to provide a monthly executive summary that documents their progress.

UnitedHealthcare-Dental (UHC Dental)

- In May, UHC Dental met with transportation broker, MTM, to discuss strategies for allowing members to attend appointments timely. The group also discussed the appropriate use cases for gas mileage reimbursement.
- UHC Dental worked with the RI Oral Health Coalition to improve network access efforts, and with various community organizations to promote RIte Smiles and educate about the importance of oral health.
- UHC Dental released a newborn oral health video to engage newborns' mothers about the American Dental Association's (ADA) guidance for receiving oral healthcare in accordance with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) schedule.
- EOHHS reviewed progress toward mitigating the demographic systems issue that has led to returned mail.

Areas of focus addressed during Q3:

Specific to quality improvement and compliance the following areas of focus were addressed during the cycle of oversight and administration meetings conducted during Quarter 3 of 2019:

During Q3, EOHHS introduced to NHPRI, UHCCP-RI, and THPP the rollout of active contract management (ACM), a new strategic approach to evaluate how the State and medical MCOs collectively manage Medicaid members' care. By the close of Q1 2020, EOHHS intends to share with MCOs basic dashboards that illustrate data across all three (3) MCOs to drive deeper discussions and to connect it to AE initiative at later points in 2020.

EOHHS has been working with Deloitte on a system fix to remediate ongoing member address / demographic data issues that have caused increased return mail and lack of newborn payments due to newborns not found, duplicated, assigned to the wrong MCO. EOHHS executed contract Amendment 3 during Q3.

Neighborhood Health Plan of Rhode Island (NHPRI)

- As part of ACM, EOHHS data focused on emergency department (ED) visits, preventable hospital visits, and other trends, noting at a high level:
    - Overall trend remains steady with missing claims data for December 2018 and January 2019. The missing claims data will be further evaluated.
    - Average Length of Stay (ALOS), measured in days, remain high with increases in ALOS for all populations.
    - EOHHS has been developing a data dictionary so that MCOs and EOHHS align in terms of what data they measure and how.
    - AE Metrics including ED visits, in-patient metrics, primary care provider (PCP) assignment, among other analyses.
    - NHPRI presented how they analyze data and their use of the Milliman Advanced Risk Adjusters (MARA) concurrent risk score.
- EOHHS and NHPRI discussed the BH Stabilization Project, which seeks to resolve behavioral health provider fiscal and claims issues in conjunction with Optum; the project involves developing recommendations for State leadership to solve financial solvency issues in the short term and promote financial stability over time.
- Focused on claims processing configuration rules to include additional fields to better understand and avoid claims processing denials, NHPRI issued a new provider policy.
- As part of the transition from Beacon to Optum for behavioral health services, NHPRI has been working with Optum to monitor claims activity among the provider community, identifying code/modifier discrepancies.
- Medicare-Medicaid Plan (MMP) discussions transpired to determine what services should be covered under the Developmentally Disabled (DD) waiver, versus what NHPRI should cover, to best lead to positive health outcomes for the DD population. EOHHS anticipates an RFI to gather additional stakeholder input will be forthcoming.
- Items discussed to be addressed in more detail during Q4 included:
    - Open Enrollment
    - Principles of FQHC reimbursement
    - Electronic Visit Verification (EVV) implementation and launch
    - Strengths and opportunities for improving the Accountable Entity (AE) Program.

<u>UnitedHealthcare Community Plan (UHCCP-RI)</u>

- As part of ACM, EOHHS informed UHCCP-RI that the government performance model is used to identify areas of improvement, and that strategic planning is the step that is most frequently skipped. The focus of Q3 discussions primarily involved the following:
    - EOHHS determined that the major cost drivers are related to members with substance use disorders (SUD) and serious and persistent mental illness (SPMI), and that eighty percent (80%) of costs are incurred by twenty percent (20%) of the population.
    - UHCCP-RI has been collaborating with FQHCs to make progress on reducing hospital readmissions.
    - Inpatient admissions have been decreasing over the past four (4) years.
    - UHCCP-RI's hospital admission rates were higher for those admitted for behavioral health reasons, versus medical reasons, as compared to NHPRI's and THPP's.
- EOHHS and UHCCP-RI discussed the BH Stabilization Project, which seeks to resolve behavioral health provider fiscal and claims issues in conjunction with Optum; the project involves

developing recommendations for State leadership to solve financial solvency issues in the short term and promote financial stability over time.
- EOHHS approved UHCCP-RI's Human Arc implementation and UHCCP-RI mailed communications to 2,200 members they identified.
- EOHHS denied UHCCP-RI's proposed Paramedicine Pilot design due to additional State-incurred costs.
- Items discussed to be addressed in more detail during Q4 included:
    - Open Enrollment: UHCCP-RI requests that EOHHS provide disenrollment data.
    - Principles of FQHC reimbursement
    - Electronic Visit Verification (EVV) implementation and launch
    - Strengths and opportunities for improving the Accountable Entity (AE) Program.

Tufts Health Public Plans (THPP)

- As part of ACM, EOHHS informed THPP about the process and requested THPP's partnership in developing a data dictionary. THPP identified subject matter experts to participate in meetings to discuss population health management, how to change identified trends, and collaboration with AE partners to lay the groundwork. Costs associated with ALOS for hospital admissions trended higher than NHPRI and UHCCP-RI.
- There were ongoing discussions with THPP about improving the quality of encounter data. THPP instituted provider file fixes and prioritized financial reconciliations.
- THPP and EOHHS discussed AE Program updates, focused primarily on the future state with Prospect, Integra, and Lifespan.
- THPP is in the process of finalizing NCQA accreditation, with expected completion June 2020.
- Items discussed to be addressed in more detail during Q4 included:
    - Open Enrollment
    - Principles of FQHC reimbursement
    - Electronic Visit Verification (EVV) implementation and launch
    - Strengths and opportunities for improving the Accountable Entity (AE) Program.

UnitedHealthcare-Dental (UHC Dental)

- UHC Dental presented their plan to roll out an enhanced member-facing website, including a secure portal, claims details, and provider searches, among other features.
- EOHHS and Freedman Healthcare coordinated to determine that UHC Dental will be added to the All Payer Claims Database (APCD) without an incurred cost.
- Once-per-lifetime limitations were implemented for dental codes D8050, D8060, and D8080.
- EOHHS approved UHC Dental's member survey and discussed UHC Dental's approach for administering their provider survey.
- UHC Dental partnered with Comprehensive Community Action Program (CCAP) and NHPRI to execute a collaborative clinic day that targeted members who did not attend a dental visit and well child visit.
- UHC Dental developed a Targeted Provider Sealant Incentive Program to be rolled out in Q4, with reports forthcoming in Q1 2020.
- Contract Amendment 9 was signed and executed.

Areas of focus addressed during Q4:

During Q4, EOHHS and the three (3) medical MCOs, including NHPRI, UHCCP-RI, and THPP, built upon the progress made with respect to launching ongoing ACM, a strategic approach to evaluate how the State and medical MCOs collectively manage Medicaid members' care. Q4 ACM focused primarily on the Accountable Entities (AE) program, specifically around member attribution and PCP assignment, as well as trend analysis for ED utilization and in-patient hospitalizations across varying Medicaid age bands and sub-populations.

EOHHS continued working with KPMG and other State agencies to develop and implement a system fix and associated policies and processes to remediate ongoing member address/demographic data issues that have caused increased return mail and lack of newborn payments due to newborns not found, duplicated, or assigned to the wrong MCO. Open enrollment kicked off in Q4, and EOHHS implemented a 90-day letter and just-cause process to set guidelines regarding if, when, and how Medicaid members are permitted to switch MCOs.

Neighborhood Health Plan of Rhode Island (NHPRI)

- As part of ACM, the conversation with NHPRI primarily focused around behavioral health outcomes, which involved NHPRI's collaboration with Optum as their behavioral health vendor. NHPRI examined trends of shifting risk over the past three State fiscal years based on the MARA Concurrent Risk Score by age category.
- Analysis of non-behavioral-health hospitalizations admitted through the ED, inpatient readmissions, and differences in behavioral-health-related ED visits between integrated health home (IHH) and non-IHH members, were also part of ACM discussions that yielded the following insights:
    - The 18-to-22-year-old population transitioning from the child to adult Medicaid benefit drives rate increases.
    - Rates are being driven by members in substitute care.
    - ALOS has not decreased, and capacity continues to be an issue.
    - ED visits are declining for both medical and behavioral health claims.
    - The majority of in-patient hospitalizations are considered medically necessary, rather than preventable.
- NHPRI and EOHHS also focused on the Accountable Entities (AE) program as part of ACM. Among the insights, many members either visit a provider outside their attributed AE and/or are not visiting a PCP. EOHHS emphasized to NHPRI the importance of achieving a variance of less than twenty-five percent (25%), accounting for eligibility churn.
- Analysis and corresponding discussions about the behavioral health transition to Optum centered around behavioral health claims denied, broken down by code, top denial reason, and provider group. NHPRI conducted a root-cause analysis and collaborated with Optum to find opportunities for enhancing provider education to reduce claims submission errors and increase "clean" claims.
- To enhance the overall member experience, NHPRI contracted with Temkin Group to develop a journey map of the member experience lifecycle to enable NHPRI to build a feedback loop.
- EOHHS disclosed upcoming initiatives to more accurately capture member demographic information and resolve ongoing newborn reconciliation issues. EOHHS also established new policies related to members' ability to change MCOs following the open enrollment period.

- EOHHS kicked off a public stakeholder process via a Request for Information (RFI) for the Duals Project.
- EOHHS requested NHPRI's collaboration in providing primary diagnosis codes and submitting Milliman's Financial Data Cost Report (FDCR) template to accelerate and improve the capitation rate-setting process.
- NHPRI opted to build upon progress of their 2019 Quality Improvement Plan (QIP) for 2020.

UnitedHealthcare Community Plan (UHCCP-RI)

- As part of ACM, EOHHS and UHCCP-RI reviewed behavioral health data and hospital inpatient admission rates. Medical and behavioral health inpatient admissions incrementally decreased each year since 2016. While behavioral-health-related readmission rates are higher than medical-related readmissions, medical ED visits account for most annual ED visits.
- ACM discussions also centered around AE Attribution, more specifically how many members visit providers at their assigned AE, versus elsewhere. EOHHS analyzed claims data for the preceding twelve months to determine which AEs' members were the highest utilizers of PCP services.
- UHCCP-RI agreed to keep their 2020 QIPs consistent with 2019 QIPs to allow for trend analysis that measures how significant of an impact UHCCP-RI's intervention has had on members.
- UHCCP-RI announced in November that they launched a pilot with Prospect, focused on the serious and persistent mental illness (SPMI) and homeless populations with the highest cost of care.
- EOHHS disclosed upcoming initiatives to more accurately capture member demographic information and resolve ongoing newborn reconciliation issues. EOHHS also established new policies related to members' ability to change MCOs following the open enrollment period.
- EOHHS kicked off a public stakeholder process via an RFI for the Duals Project.
- EOHHS enforced compliance for adhering to contractually-manded operational data reporting requirements.
- The Electronic Visit Verification (EVV) project's implementation/launch was delayed but continued to progress.
- UHCCP-RI provided ongoing updates regarding the implementation of Human Arc, a vendor with which UHCCP-RI shares claims data to then identify supplemental security income (SSI)-eligible members.
- UHCCP-RI announced an upcoming Home-based Asthma Response Program (HARP) pilot in partnership with Lifespan. Project HARP targets the highest utilizers with pediatric asthma to deliver intensive care management through Lifespan.

Tufts Health Public Plans (THPP)

- As part of ACM, THPP informed EOHHS of their population health platform with features that allow THPP to visualize ACM adult/child breakout metrics across the Tufts Health Plan enterprise, enabling the ability to filter by product/line of business for comparative analysis.
- THPP continued AE discussions with Integra and Lifespan, indicating progress toward potentially signing a contract in 2020. EOHHS emphasized that THPP must adhere to milestones and will not be issued exceptions.
- THPP signed a contract with Prospect in October and began implementation.

- THPP continuously increased encounter and SOBRA submission acceptance rates throughout Q4.
- THPP progressed toward NCQA accreditation, with anticipated completion in June 2020.
- THPP's QIP selection and 2020 intervention strategy will focus on technology and other add-ons that set THPP apart, with a keen focus on increasing engagement and member retention.
- THPP informed EOHHS of their intention to add one Walgreens Pharmacy location to their pharmacy network for cost savings.

UnitedHealthcare-Dental (UHC Dental)

- UHC Dental was added to the APCD. EOHHS also approved the coverage of ADA's 2020-recommended dental codes, which were added to DXC's system to for claims acceptance.
- UHC Dental launched a Sealant Incentive Program, a provider incentive program that targeted the top 10 providers with an incentive to administer sealants to the 488 six- to nine-year-old non-compliant members.
- EOHHS approved UHC Dental's Dental Care Coordination (DCC) Pilot proposal; its ultimate goal was to determine the total number of high-risk members that participate in RIte Smiles, the total number of high-risk members engaged in the Pilot that establish a dental home and complete one dental visit, and to measure total cost of care (TCOC) outcomes.
- UHC Dental submitted a proposal, subsequently approved by EOHHS, to add dental code D1354 (interim caries arresting medicament, more commonly referred to as "Silver Diamine Fluoride (SDF)") as a value-added benefit to be covered from January 1 through June 30, 2020, at no cost to the State.
- EOHHS approved UHC Dental's Program Integrity Counseling Program that examines providers with utilization twice or more the norm of their peers to identify root cause, fraud, waste, and abuse.
- UHC Dental launched the 2019 provider survey on October 14, 2019.
- UHC Dental provided Q3 QIP results, which included UHC Dental reaching the highest rate of preventive visits for the 15- to 18-year-old member population in 2019, up from Q2.
- UHC Dental advised of a call center transition from SKYGEN to an in-house call center.
- Member survey results indicated ninety-six percent (96%) of members would recommend the RIte Smiles program.

XII. Enclosures/Attachments

Attachment 1: Rhode Island Budget Neutrality Report

Budget Neutrality Table I

Budget Neutrality Summary

Without-Waiver Total Expenditures

Medicaid Populations	DY 9 2017 YTD	DY 10 2018 YTD	DY 11 Q1 CY 2019	DY 11 Q2 CY 2019	DY 11 Q3 CY 2019	DY 11 Q4 CY 2019	DY 11 2019 YTD
ABD Adults No TPL	$520,451,772	$568,983,280	$139,792,608	$ 144,267,576	$ 146,335,728	$ 144,484,584	$ 574,880,496
ABD Adults TPL	$1,399,941,483	$1,489,697,426	$397,247,832	$ 378,337,108	$ 371,484,804	$ 368,270,464	$ 1,515,340,208
RIte Care	$1,060,816,730	$1,112,899,194	$288,484,320	$ 283,471,264	$ 280,187,432	$ 272,136,992	$ 1,124,280,008
CSHCN	$469,098,220	$493,100,361	$124,989,942	$ 124,790,596	$ 125,577,669	$ 125,777,015	$ 501,135,222
TOTAL	$3,450,308,205	$3,664,680,261	$950,514,702	$ 930,866,544	$ 923,585,633	**$ 910,669,055**	**$ 3,715,635,934**

With Waiver Total Expenditures

Medicaid Populations	DY 9 2017 YTD	DY 10 2018 YTD	DY 11 1st Qtr. CY 2019	DY 11 2nd Qtr. CY 2019	DY 11 3rd Qtr. CY 2019	DY 11 4th Qtr. CY 2019	DY 11 2019 YTD
ABD Adults No TPL	$409,900,329	$415,613,308	$ 109,570,658	$ 110,745,562	$ 135,322,835	$ 104,682,320	$ 460,321,375
ABD Adults TPL	$753,679,210	$725,296,165	$ 186,466,360	$ 206,813,291	$ 210,846,009	$ 130,732,730	$ 734,710,806
Rlte Care	$513,027,120	$549,821,243	$ 134,627,877	$ 88,989,112	$ 182,873,426	$ 135,452,516	$ 541,942,931
CSHCN	$184,621,431	$182,172,130	$ 44,715,646	$ 36,255,884	$ 52,257,488	$ 46,832,044	$ 180,061,061
Excess Spending: Hypothetical	$2,277,946	$ -	$ -	$ -	$ -	$ -	$ -
Excess Spending: New Adult Group	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CNOM Services	$9,055,311	$9,347,322	$10,146,505	$ 10,939,223	$ 11,332,431	$ 2,409,577	$ 34,827,736
TOTAL	$1,872,561,346	$1,882,250,168	**$ 485,527,046**	**$ 453,743,071**	**$ 592,632,189**	**$ 420,109,187**	**$ 1,951,863,909**
Favorable / (Unfavorable) Variance	$1,577,746,859	$1,782,430,093	$ 464,987,656	$ 477,123,473	$ 330,953,444	$ 490,559,868	$ 1,763,772,025
Budget Neutrality Variance (DY 1-5)							
Cumulative Bud. Neutrality Variance	**$7,601,761,277**	**$9,384,191,371**	**$ 464,987,656**	**$ 942,111,129**	**$ 1,273,064,573**	**$ 1,763,772,025**	**$ 11,147,963,396**

Budget Neutrality Table I

HYPOTHETICALS ANALYSIS

Without Waiver Total Exp.	2017 YTD	2018 YTD	1st Qtr. CY 2019	2nd Qtr. CY 2019	3rd Qtr. CY 2019	4th Qtr. CY 2019	2019 YTD
217-like Group	$181,591,552	$220,425,660	$54,138,706	$ 55,683,958	$ 57,566,970	$ 57,845,622	$ 225,235,256
Family Planning Group	$101,794	$206,839	$76,008	$ 75,408	$ 81,360	$ 83,640	$ 316,416
TOTAL	$181,693,346	$220,632,499	$54,214,714	$ 55,759,366	$ 57,648,330	$ 57,929,262	$ 225,551,672

With-Waiver Total Exp.	2017 YTD	2018 YTD	1st Qtr. CY 2019	2nd Qtr. CY 2019	3rd Qtr. CY 2019	4th Qtr. CY 2019	2019 YTD
217-like Group	$182,709,505	$197,290,254	$ 44,365,123	$ 49,961,714	$ 48,546,437	$ 52,464,620	$ 195,337,894
Family Planning Group	$53,490	$116,238	$60,254	$ 54,155	$ 156,211	$ 88,572	$ 359,192
TOTAL	$182,762,995	$197,406,492	$ 44,425,377	$ 50,015,869	$ 48,702,648	$ 52,553,192	$ 195,697,086

Excess Spending	2017 YTD	2018 YTD	1st Qtr. CY 2019	2nd Qtr. CY 2019	3rd Qtr. CY 2019	4th Qtr. CY 2019	2019 YTD
217-like Group	$1,117,953	($23,135,406)	$ (9,773,583)	$ (5,722,244)	$ (9,020,533)	$ (5,381,002)	$ (29,897,362)
Family Planning Group	($48,304)	($90,601)	($15,754)	$ (21,253)	$ 74,851	$ 4,932	$ 42,776
TOTAL	$1,069,649	($23,226,007)	$ (9,789,337)	$ (5,743,497)	$ (8,945,682)	$ (5,376,070)	$ (29,854,586)

LOW INCOME ADULT ANALYSIS

Low-Income Adults (Expansion)	2017 YTD	2018 YTD	1st Qtr. CY 2019	2nd Qtr. CY 2019	3rd Qtr. CY 2019	4th Qtr. CY 2019	2019 YTD
Without Waiver Total Exp.	$828,075,193	$875,438,550	$223,385,580	$ 221,674,860	$ 221,492,700	$ 214,214,220	$ 880,767,360
With-Waiver Total Exp.	$458,848,954	$449,618,448	$106,919,488	$ 63,536,302	$ 149,646,421	$ 129,357,038	$ 449,459,249
Excess Spending	($369,226,239)	($425,820,102)	($116,466,092)	$ (158,138,558)	$ (71,846,279)	$ (84,857,182)	$ (431,308,111)

Budget Neutrality Table II

Without-Waiver Total Expenditure Calculation

Actual Member Months	DY 9 2017 YTD	DY 10 2018 YTD	DY 11 1st Qtr. CY 2019	DY 11 2nd Qtr. CY 2019	DY 11 3rd Qtr. CY 2019	DY 11 4th Qtr. CY 2019	DY 11 2019 YTD
ABD Adults No TPL	$172,164	$180,515	$42,516	$43,877	$44,506	$43,943	$174,842
ABD Adults TPL	$409,699	$418,102	$106,902	$101,813	$99,969	$99,104	$407,788
RIte Care	$2,001,541	$1,994,443	$493,980	$485,396	$479,883	$465,988	$1,925,137
CSHCN	$150,545	$150,657	$36,366	$36,308	$36,537	$36,595	$145,806
217-like Group	$45,764	$53,828	$12,823	$13,189	$13,635	$13,701	$53,348
Low-Income Adult Group	$921,107	$926,390	$225,642	$223,914	$223,730	$216,378	$889,664
Family Planning Group	$4,627	$8,993	$3,167	$3,142	$3,390	$3,485	$13,184

Without Waiver PMPMs	DY 9 2017 YTD	DY 10 2018 YTD	DY 11 1st Qtr. CY 2019	DY 11 2nd Qtr. CY 2019	DY 11 3rd Qtr. CY 2019	DY 11 4th Qtr. CY 2019	DY 11 2019 YTD
ABD Adults No TPL	$3,023	$3,152	$3,288	$3,288	$3,288	$3,288	$3,288
ABD Adults TPL	$3,417	$3,563	$3,716	$3,716	$3,716	$3,716	$3,716
RIte Care	$530	$558	$584	$584	$584	$584	$584
CSHCN	$3,116	$3,273	$3,437	$3,437	$3,437	$3,437	$3,437
217-like Group	$3,968	$4,095	$4,222	$4,222	$4,222	$4,222	$4,222
Low-Income Adult Group	$899	$945	$990	$990	$990	$990	$990
Family Planning Group	$22	$23	$24	$24	$24	$24	$24

Without Waiver Expenditures	DY 9 2017 YTD	DY 10 2018 YTD	DY 11 1st Qtr. CY 2019	DY 11 2nd Qtr. CY 2019	DY 11 3rd Qtr. CY 2019	DY 11 4th Qtr. CY 2019	DY 11 2019 YTD
ABD Adults No TPL	$520,451,772	$568,983,280	$139,792,608	$144,267,576	$146,335,728	$144,484,584	$574,880,496
ABD Adults TPL	$1,399,941,483	$1,489,697,426	$397,247,832	$378,337,108	$371,484,804	$368,270,464	$1,515,340,208
RIte Care	$1,060,816,730	$1,112,899,194	$288,484,320	$283,471,264	$280,187,432	$272,136,992	$1,124,280,008
CSHCN	$469,098,220	$493,100,361	$124,989,942	$124,790,596	$125,577,669	$125,777,015	$501,135,222
217-like Group	$181,591,552	$220,425,660	$54,138,706	$55,683,958	$57,566,970	$57,845,622	$225,235,256
Low-Income Adult Group	$828,075,193	$875,438,550	$76,008	$75,408	$81,360	$83,640	$316,416
Family Planning Group	$101,794	$206,839	$223,385,580	$221,674,860	$221,492,700	$214,214,220	$880,767,360

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: katie alijewicz

Date: 11/9/2020

XIII. State Contact(s)

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XIV. Date Submitted to CMS

11/13/2020