Report to the Centers for Medicare and Medicaid Services

Quarterly Operations Report

Rhode Island Comprehensive

1115 Waiver Demonstration

April 1, 2018 – June 30, 2018

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

September 2018

I. Narrative Report Format

Rhode Island Comprehensive Section 1115 Demonstration

Section 1115 Quarterly Report Demonstration Reporting

Period: DY 10 April 1, 2018 – June 30, 2018

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)* 06/30/18**	**Number of Enrollees That Lost Eligibility in 06/30/18****
Budget Population 1: ABD no TPL	14,696	380
Budget Population 2: ABD TPL	35,185	229
Budget Population 3: RIte Care	131,642	3,655
Budget Population 4: CSHCN	12,628	195
Budget Population 5: EFP	719	45
Budget Population 6: Pregnant Expansion	28	1
Budget Population 7: CHIP Children	34,514	1,223
Budget Population 8: Substitute care	N/A	N/A
Budget Population 9: CSHCN Alt	N/A	N/A
Budget Population 10: Elders 65 and over	2,299	14
Budget Population 11, 12, 13: 217-like group	4,584	21
Budget Population 14: BCCTP	111	3
Budget Population 15: AD Risk for LTC	3,483	0
Budget Population 16: Adult Mental Unins	12,022	0
Budget Population 17: Youth Risk Medic	4,892	19
Budget Population 18: HIV	270	83
Budget Population 19: AD Non-working	0	0
Budget Population 20: Alzheimer adults	N/A	N/A
Budget Population 21: Beckett aged out	N/A	N/A
Budget Population 22: New Adult Group	76,710	4,664

*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 the quarter in DY 10 April 1, 2018 – June 30, 2018:

Q2--Quarter 2: 10:496 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 April 1, 2018 – June 30, 2018 (by category or by type) with a total of $3,905.62 for special purchases expenditures.

Q 1 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**

VI. Outreach/Innovative Activities

Summarize outreach activities and/or promising practices for Q2, April 1, 2018 – June 30, 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. During Q2 the following activities occurred.

Health Workforce Development Program

- Continued collaborative efforts between Medicaid and Institutions of Higher Education (IHEs) to accomplish the following:

- Advise and monitor infrastructure contracts with each IHE to provide administrative capacity and support for a) DHSP claiming, b) Healthcare Workforce Transformation (HWT) project development, and c) administration and implementation of Medicaid-IHE partnership agreement
- Advise and monitor HWT projects to ensure compliance with HSTP program and reporting requirements
- Oversee 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
- Provide Financial management of HSTP funding for IHE HWT activities

- Conducted additional research, stakeholder meetings, communications, program, policy, and strategy development to identify and address compelling healthcare workforce barriers and opportunities and achieve HSTP objectives.
- Continued collaboration with Medicaid Accountable Entity 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

Accountable Entities

- In May, all six Medicaid Accountable Entity (AE) applicants were certified with conditions. Certified with conditions means that the application is sufficiently strong enough to warrant certification, but that certain aspects of the application are in partial development or in planning stages. EOHHS has met with each Medicaid AE one-on-one to review questions and concerns regarding their conditions of certification. The Medicaid managed care organizations (MCO) were invited to participate in these meetings.
- AEs and MCOs are in the process of negotiating APM (Total Cost of Care contracts) for the AE program with the goal of having contracts executed by August 31, 2018.
- EOHHS has submitted a contract amendment to CMS and the Medicaid MCOs incorporating the HSTP Medicaid Accountable Entity program requirements as well as operational components. The goal is to have a signed Medicaid MCO contract amendment effective 8/31/18.
- New MCO report templates specific to HSTP/Medicaid AE incentive components are in development. EOHHS has met with the Medicaid MCOs to discuss the use of these reporting templates as well as the operational processes for the Medicaid AE incentive program.

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 3 meetings of the Executive Office of Health and Human Services (EOHHS) Task Force (née 1115 Waiver Task Force) on April 23, May 21, and June 25, 2018.
- Continue to meet with provider and community groups on AEs.
- 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 one meeting of the Rhode Island Medicaid Medical Advisory Committee (MCAC) on June 6, 2018.
- Posted Monthly Provider Updates in April - June 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 Q2, April 1, 2018 – June 30, 2018.

State Innovation Model
During Q2, April 1 – June 30, 2017, Rhode Island SIM conducted the following activities:

- 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 will serve as preceptors to 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 our colleges and universities.

- Held two SIM Steering Committee meetings on April 12 and May 10, 2018.

- 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.

- 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, and the Pediatric Value-Based Payment Work Group.

- Continued to support the launch of the Community Preceptor Institute (CPI) and developed the SIM-supported training program for community-based preceptors.

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

Integrated Care Initiative
The Integrated Care Initiative (ICI) in Rhode Island has been 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 the reporting quarter April 1- June 30, 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 receive their Medicaid coverage through Neighborhood Health Plan of Rhode Island (NHPRI). As of the end of June 2018, 12,605 individuals were enrolled in this voluntary program. Enrollment numbers for Q2 2018 increased 3% over Q1 2018.

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 34,000 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 phases separated by population groups. 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 2, 2018, only opt-in enrollment was offered. As of the end of June 2018, 13,305 people were enrolled in the Medicare-Medicaid plan. A total of 148 opt-in enrollments were processed during Q2. 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 April 1-June 30, 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 ICI to internal and external stakeholders, including consumers, advocates, and providers.
- Provided program updates at the April and June Lt. Governor's Long-Term Care Coordinating Council (LTCCC) meeting.
- Held monthly public meetings in April, May and June of the consumer advisory board for ICI called 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.
- 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. Individual 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 June 30, 2018, enrollment in Medicaid through HealthSource RI was 76,710.
- 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, April 1- June 30, 2018, the following activities have occurred:

- CTC continues to meet bi-weekly with the PCMH-Kids Planning team to discuss items such as the Pediatric Integrated Behavioral Health (IBH) Learning Collaborative focused on Adolescent Screening, Brief Intervention and Referral to Treatment (SBIRT)

- 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);

- On June 28th, PCMH Kids' practices and health plans reconvened to discuss the work to date on the development of a high-risk 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

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 continues to operate its Money Follows the Person (MFP) Demonstration Grant and will facilitate transitions from nursing homes to the community through December 31, 2018. Rebalancing activity will continue through the end of the grant in September 2020. Activities during this quarter include the following:

- Received 98 referrals for individuals interested in transitioning from a nursing facility to the community during this quarter.
- Transitioned 13 participants from nursing facilities to qualified community-based residences during this quarter.
- Facilitated 350 transitions from program inception through June 30, 2018.
- Initiated activity on the procurement for the Community Enhancement Grants rebalancing project. The project will provide funding for the development of innovative programs and services that help individuals remain in the community or return from institutions to the community.

Home and Community Base Services (HCBS) Final Rules

In January 2014, CMS published the HCBS final rules. Rhode Island has examined the final rules is planning for implementation. The activities that have occurred during the reporting quarter are outlined below.

- Work continued to prepare the State Transition Plan for posting
- Continued work on heightened scrutiny, transition planning, and ongoing monitoring.

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 during the beginning of September, the new systems launch 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 the 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.

Between April 1, 2018 and June 30, 2018, the Deloitte and State teams implemented maintenance releases to address hundreds of software and data incidents identified in the RIBridges 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. Overall the following batches, now that they are running on a schedule, are helping to ensure termination accuracy and quality:

- Renewals
    - Age out- During this quarter, 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.

- Post Eligibility Verification (PEV)- MAGI beneficiaries have 15 days to respond to any requests for additional documentation. Those that do not respond in time are picked up by OPA Med Batch and redetermined (and most likely terminated).

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

Outstanding LTSS Applications	2018 Q2			Today
	1-Apr-18	30-Jun-18	Difference	8-Aug-18
Need LOC	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 has been reduced by 19.2% for the second quarter. 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: 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: 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.

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 plan for pilot eligibility round 5.

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 will include 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 the period of April 1, 2018 – June 30, 2018.

Request Type	Description	Date Submitted	CMS Action	Date
Cat III	Home Stabilization Initiative	11/16/2015		
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	CHIP MHPAEA	6/29/2018		
SPA	IHH/ACT	6/29/2018		

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 Quarter 2 of DY 10 April 1, 2018 – June 30, 2018, or allotment neutrality and CMS-21 reporting for the quarter. The Budget Neutrality Report can be found in Attachment E- XII., Enclosures –Attachments, Attachment 1 Rhode Island Budget Neutrality Report.

IX. Consumer Issues

Summarize the types of complaints or problems enrollees identified about the program in DY10 April 1 – June 30, 2018. Include any trends discovered, the resolution of complaints, and any actions taken or to be taken to prevent other occurrences.

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 to watch 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.

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.

In addition to the three medical MCOs, there is one dental MCO, United Healthcare Dental that 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 Q2 2018 (4) 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. Because the numbers are so small, any impact has skewed the values significantly.

RI EOHHS utilizes Summary of Informal Complaints reports and participation in the Managed Care Oversight Team to identify consumer issue trends and develop strategies to prevent future occurrence. We also look to find new ways to offer consumer protections as is demonstrated by our requiring the provision of the RI Office of Health Insurance Commissioner's consumer assistance contact line information on specified member communications. This provides members another route to seek assistance invoking their member rights or in voicing dissatisfaction with the process.

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. Both medical MCOs were rated Excellent by NCQA. Adherence to this standard dictates that Health Plans:

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

While THRIT does not yet have the membership level to pursue NCQA accreditation for their RI Medicaid business, EOHHS monitors their quarterly complaint report to ensure members are satisfied with their coverage and have adequate access to care through this "new to the market" MCO.

The State also participates in the long-standing Consumer Advisory Committee (CAC). 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 once during Q2 2018:

Children and Family
Consumer Advisory Committee

Thursday, May 10, 2018
9:00 am – 11:00

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

- 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 providers/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 the transportation reservations and the top five complaint areas during DY 10 April 1 – June 30, 2018.

NEMT Analysis	DY 10 Q2
All NEMT & Elderly Complaints	2,524
All NEMT & Elderly Trip Reservations	597,213
Complaint Performance	0.42 %
Top 5 Complaint Areas	**DY 10 Q2**
Transportation Provider Late	930
Transportation Provider General Complaint	371
Rider No Show	355
Complaint about Rider	295
Transportation Provider No Show	193

X. Marketplace Subsidy Program Participation

Effective January 1, 2014, parents/caretakers of Medicaid-eligible children in households with incomes between 142% and 179% of the Federal Poverty Level (FPL), who are not Medicaid eligible themselves, can apply for financial assistance paying for health insurance coverage accessed through HealthSource RI. To obtain assistance, applicants must submit a request to EOHHS. Applications are available at the 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 RIte Share at (401) 462-0311. The application requires applicants to provide demographic information and information regarding enrollment in a Qualified Health Plan (QHP) through HealthSource RI.

The following chart identifies the marketplace subside program participation during Q2 of DY 10, April 1 – June 30, 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	Projected Costs	Actual Costs
January	372	107	$42.05	$15,643.00	ACTUAL
February	306	-66	$41.87	$12,812.00	ACTUAL
March	305	-1	$41.83	$12,758.00	ACTUAL
April	316	11	$41.76	$13,196.00	ACTUAL
May	291	-25	$41.30	$12,019.00	ACTUAL
June	287	-4	$41.77	$11,988.00	ACTUAL

XI. Evaluation/Quality Assurance/Monitoring Activity

Identify, describe, and report the outcome of all major evaluation/quality assurance/monitoring activities in Q2 of DY 10, April 1, 2018 – June 30, 2018.

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

On a monthly basis, the RI EOHHS leads oversight and administration meetings with the State's four (4) Medicaid participating Plans, NHPRI, UHCP-RI, Tufts and UHC Dental. These monthly meetings are conducted separately with each health plan; agenda items focus on standing areas of focus as well as emerging items. Furthermore, each month EOHHS hosts an all plan meeting which focuses on a topic pertinent to all the MCOs for oversight or program performance.

Specific to quality improvement and compliance, the following areas of focus were addressed during the cycle of oversight and administration meetings that were conducted during Quarter 2 of 2018:

Quality & Compliance:

- 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 claims system in national queue and test system before going live this 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 audit. The report provided by UHC-RI only contained a couple of providers and reports on claims paid in less than 30 days. Report to be rerun for dates January 1, 2016 to present for all providers paid interest to include age of claims and amount of interest paid.

- Going forward, 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 will be 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 to enroll in program.

- 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. Evaluated opportunities for operational improvements, community outreach, and increasing satisfaction of services with provider network.

All four health plans (NHPRI, UHCP-RI, Tufts, and UHC Dental) participate in quarterly Program Integrity meetings with the Rhode Island Executive Office of Health and Human Services and the Rhode Island Attorney General's Medicaid Fraud and Control Unit (MFCU) to discuss the status of open investigations from quarterly Fraud and Abuse reporting.

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 # 143 (*State Must Separately Evaluate Components of the Demonstration*). This work group has since transformed into multiple work groups: "Analytics Big Group Meeting" and a "Quality Improvement Work Group", and "Data Quality Work Group".

During the reporting quarter the 1115 Quality and Evaluation workgroups discussed MCO claim submissions, readmission rates, and integrating analytics into health plan oversight and monitoring activities.

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
ABD Adults No TPL	$ 488,249,580	$ 520,451,772	$ 155,453,488	$142,508,224
ABD Adults TPL	$ 1,271,228,068	$ 1,399,941,483	$ 350,168,077	$373,430,904
RIte Care	$ 933,125,256	$ 1,060,816,730	$ 278,531,838	$278,933,598
CSHCN	$ 417,839,643	$ 469,098,220	$ 125,179,158	$124,599,837
TOTAL	**$ 3,110,442,547**	**$ 3,450,308,205**	**$ 909,332,561**	**$919,472,563**

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
ABD Adults No TPL	$ 540,181,908	$ 409,900,329	$ 100,300,631	$98,125,193
ABD Adults TPL	$ 616,430,588	$ 753,679,210	$ 177,096,375	$274,332,170
RIte Care	$ 496,945,206	$ 513,027,120	$ 141,158,004	$68,925,683
CSHCN	$ 175,292,128	$ 184,621,431	$ 45,418,236	$37,039,540
Excess Spending: Hypothetical	$ 12,251,991	$ 2,277,946	$ -	$ -
Excess Spending: New Adult Group	$ -	$ -	$ -	$ -
CNOM Services	$ 8,969,196	$ 9,055,311	$ 2,503,369	$ 2,417,357
TOTAL	**$1,850,071,016**	**$1,872,561,346**	**$ 466,476,616**	**$480,839,943**
Favorable / (Unfavorable) Variance	$1,260,371,531	$1,577,746,859	$ 442,855,945	$438,632,620
Budget Neutrality Variance (DY 1-5)				
Cumulative Bud. Neutrality Variance	**$6,024,014,419**	**$7,601,761,277**	**$8,044,617,223**	**$8,483,249,843**

Budget Neutrality Table I

HYPOTHETICALS ANALYSIS

Without Waiver Total Exp.	2016 YTD	2017 YTD	1st Qtr. CY 2018	2nd Qtr. CY 2018
217-like Group	$ 169,392,808	$ 181,591,552	$ 54,021,240	$ 56,101,500
Family Planning Group	$ 89,922	$ 101,794	$ 50,370	$ 49,749
TOTAL	$ 169,482,730	$ 181,693,346	$ 54,071,610	$ 56,151,249

With-Waiver Total Exp.	2016 YTD	2017 YTD	1st Qtr. CY 2018	2nd Qtr. CY 2018
217-like Group	$ 181,671,673	$ 182,709,505	$ 51,037,174	$ 53,371,514
Family Planning Group	$ 63,048	$ 53,490	$ 35,382	$ 17,909
TOTAL	$ 181,734,721	$ 182,762,995	$ 51,072,556	$ 53,389,423

Excess Spending	2016 YTD	2017 YTD	1st Qtr. CY 2018	2nd Qtr. CY 2018
217-like Group	$ 12,278,865	$ 1,117,953	$ (2,984,066)	$ (2,729,986)
Family Planning Group	$ (26,874)	$ (48,304)	$ (14,988)	$ (31,840)
TOTAL	$ 12,251,991	$ 1,069,649	$ (2,999,054)	$ (2,761,826)

LOW INCOME ADULT ANALYSIS

Low-Income Adults (Expansion)	2016 YTD	2017 YTD	1st Qtr. CY 2018	2nd Qtr. CY 2018
Without Waiver Total Exp.	$ 693,378,495	$ 828,075,193	$ 220,038,525	$ 219,665,250
With-Waiver Total Exp.	$ 300,953,105	$ 458,848,954	$ 113,980,573	$ 63,694,496
Excess Spending	$ (392,425,390)	$ (369,226,239)	$ (106,057,952)	$ (155,970,754)

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
ABD Adults No TPL	168,420	172,164	49,319	45,212
ABD Adults TPL	387,806	409,699	98,279	104,808
RIte Care	1,851,439	2,001,541	499,161	499,881
CSHCN	140,829	150,545	38,246	38,069
217-like Group	44,021	45,764	13,192	13,700
Low-Income Adult Group	810,969	921,107	232,845	232,450
Family Planning Group	4,282	4,627	2,190	2,163

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

217-like Group	$ 3,848	$ 3,968	$ 4,095	$ 4,095
Low-Income Adult Group	$ 855	$ 899	$ 945	$ 945
Family Planning Group	$ 21	$ 22	$ 23	$ 23
Without Waiver Expenditures	DY 8 2016 YTD	DY 9 2017 YTD	DY 10 1st Qtr. CY 2018	
ABD Adults No TPL	$ 488,249,580	$ 520,451,772	$ 155,453,488	$ 142,508,224
ABD Adults TPL	$1,271,228,068	$ 1,399,941,483	$ 350,168,077	$ 373,430,904
RIte Care	$ 933,125,256	$ 1,060,816,730	$ 278,531,838	$ 278,933,598
CSHCN	$ 417,839,643	$ 469,098,220	$ 125,179,158	$ 124,599,837
217-like Group	$ 169,392,808	$ 181,591,552	$ 54,021,240	$ 56,101,500
Low-Income Adult Group	$ 693,378,495	$ 828,075,193	$ 220,038,525	$ 219,665,250
Family Planning Group	$ 89,922	$ 101,794	$ 50,370	$ 49,749

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: 9/5/2018

XIII. State Contact(s)

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XIV. Date Submitted to CMS

09/05/2018