



**Report to the Centers for Medicare and Medicaid Services**

**Quarterly Operations Report**

**Rhode Island Comprehensive**

**1115 Waiver Demonstration**

**January 1, 2020 – March 31, 2020**

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

**Submitted November 2020**

**I. Narrative Report Format**

**Rhode Island Comprehensive Section 1115 Demonstration**

**Section 1115 Quarterly Report Demonstration Reporting**

**Period: DY 12 January 1, 2020 – March 31, 2020**

## **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, Rlte Care and Rlte 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 Rlte 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 Rlte 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 Rlte Smiles Program is a managed dental benefit program for Medicaid eligible children born after May 1, 2000.

On December 2, 2018, CMS renewed the Comprehensive demonstration through December 31, 2023. This renewal includes changes to support a continuum of services to treat addictions to opioids any other substances, including services provided to Medicaid enrollees with a substance use disorder (SUD) who are short-term residents in residential and inpatient treatment facilities that meet the definition of an Institution for Mental Disease (IMD). The Comprehensive demonstration renewal commenced with an effective date of January 1, 2019.

### 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.*

<b>Population Groups (as hard coded in the CMS-64)</b>	<b>Number of Current Enrollees (to date)* 03/31/2020</b>	<b>Number of Enrollees That Lost Eligibility in 03/31/2020**</b>
Budget Population 1: ABD no TPL	13,810	919
Budget Population 2: ABD TPL	33,773	430
Budget Population 3: Rite Care	116,265	3,994
Budget Population 4: CSHCN	12,139	167
Budget Population 5: EFP	1,163	125
Budget Population 6: Pregnant Expansion	26	1
Budget Population 7: CHIP Children	38,493	1,353
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	1,700	42
Budget Population 11, 12, 13: 217-like group	4,522	107
Budget Population 14: BCCTP	75	6
Budget Population 15: AD Risk for LTC	3671	0
Budget Population 16: Adult Mental Unins	12,013	1
Budget Population 17: Youth Risk Medic	5,924	270
Budget Population 18: HIV	250	5
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	73,821	4,968
Budget Population 27: Emg Svcs for Undocumented Immigrants	25	68

\*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 12 January 1, 2020 – March 31, 2020:

Quarter 1: 37:506 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 DY12 January 1, 2020 – March 31, 2020 (by category or by type) with a total of \$2,924.31 for special purchases expenditures.

<b>Q 1 2020</b>	<b># of Units/ Items</b>	<b>Item or Service</b>	<b>Description of Item/Service (if not self-explanatory)</b>	<b>Total Cost</b>
	4	Over the counter medications		\$ 822.32
	15	Acupuncture		\$ 1,125.00
	6	Massage Therapy		\$ 450.00
	1	Medical Supplies		\$ 107.00
	1	Medic alert		\$ 49.99
	4	Service Dog Training		\$ 370.00
	<b>CUMULATIVE TOTAL</b>			<b>\$2,924.31</b>

## **VI. Outreach/Innovative Activities**

Summarize outreach activities and/or promising practices for Q1, January 1, 2020 – March 31, 2020.

### **Innovative Activities**

#### **Health System Transformation Project**

On October 20, 2016, CMS approved the state's 1115 Waiver request to implement the Rhode Island Health System Transformation Project (HSTP) to support and sustain delivery system reform efforts. The RI HSTP proposes to foster and encourage this critical transformation of RI's system of care by supporting an incentive program for hospitals and nursing homes, a health workforce development program, and Accountable Entities. During Q1, the following activities occurred.

#### **Health Workforce Development Program**

1. Continued collaborative efforts between Medicaid, RI Department of Labor and Training, Institutions of Higher Education (IHEs), RI Department of Health, and Commission on the Deaf and Hard-of-Hearing to advise, develop, review, and monitor HSTP-funded healthcare workforce transformation projects to support the establishment of Accountable Entities and other related system transformation objectives. Provided guidance and support regarding program and policy changes related to the COVID-19 pandemic.
2. Provided guidance and support to other healthcare workforce transformation initiatives throughout RI to maximize alignment, collaboration, and impact of efforts related to primary care, long-term care, behavioral health, developmental disabilities, oral health, and other areas with critical workforce needs.

#### **Accountable Entities (AEs)**

- All Accountable Entities that qualified to enter into a risk-based contracts achieved pre-qualification to bear downside risk in contracts with Medicaid Managed Care Organizations (MCO's) for Program Year 3 on March 13, 2020.
- AE's met all project milestones for PY1 as they continued working on PY2 HSTP Project Plans. All AE PY2 project plans were approved in March.
- Re-Certification deadlines for PY3 for AE's were extended from March 20, 2020 to April 17, 2020 as a result of the challenges and competing priorities from the COVID-19 Pandemic. All PY2 certified AE's have been re-certified with conditions for PY3.



- EOHHS focused on preparation for PY3 implementation through meetings and preparing final guidance and documentation for AE's and MCO's on the following topics:
  - Total Cost of Care Technical Guidance for Implementation for MCO's
  - Review of Total Cost of Care Methodology and Model Financial Simulation
  - Walkthrough of the Data Request Requirements to support establishing PY3 baseline Total Cost of Care targets with the MCO's.
  
- EOHHS continued to work with Bailit Health in the development and release of an Implementation Guide for the AE quality program, 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. Due to the COVID-19 Pandemic, the Quality Strategy for PY3 has been revised and the following changes were made in response:
  - MCOs should use the PY 2 Quality Score methodology instead of PY 3 methodology, except for those measures that are common to both PY 2 and PY3.
  - For measures that are common to both PY 2 and PY 3 and for which the PY 3 value is superior, MCOs should use PY 3 rates instead of PY 2 rates; if the PY 3 value is not superior, MCOs should use PY 2 rates.
  - MCOs will be required to report measures that are new additions to PY 3 to EOHHS, but these measures will not be included in the Overall Quality Score calculation.
  
- Under the contact with the Center for Health Care Strategies (CHCS) individualized technical assistance was provided to Medicaid AEs and MCOs. In addition to bi-weekly meetings with EOHHS, plans made for an in-person learning collaborative in November with EOHHS, the MCOs, and the Medicaid AEs were modified due to COVID-19 and potential social distancing restrictions. An updated TA strategy with a proposal for ongoing TA, project ideas and virtual learning on "Behavioral Health in Tele-Health" and "Strengthening Partnerships with AE's and CBO's to address SDOH" will be presented at the June 4, 2020 AE Advisory Committee meeting for input into the proposal. CHCS also provided Technical Assistance via a webinar for AE's in January on "Behavioral health data exchange: understanding federal laws and overcoming barriers". Presenters from Manatt, Phelps & Phillips, LLP provided an overview of key issues related to sharing behavioral health data in compliance with 42 CFR part 2. Drawing from use cases submitted by RI AEs and MCOs, Manatt discussed key considerations for behavioral health data sharing and how to facilitate data sharing in compliance with 42 CFR part 2 based in part on practices in other states.

- The HSTP Advisory Committee held one meeting in February. The scheduled April meeting was cancelled due to COVID-19 concerns. The February meeting included a presentation by the EOHHS Managed Care Director on oversight and fidelity to established Attribution requirements; an update on the progress of the 1115 Independent Evaluation team by EOHHS Analytics Lead; an update on the HSTP budget and a Presentation from the Rhode Island Department of Health on their collaboration with EOHHS on the development of requirements and investments aimed at addressing Social Determinants of Health.
- 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 utilized HSTP funds to provide a specific AE attribution file so AEs can more effectively manage their attributed populations. Care Management Dashboards went live on February 28, 2020 for all AEs with the exception of one. Implementation for the remaining AE was delayed due to issues with the AE's current implementation of the Dashboard vs. the implementation planned for the Medicaid population, in addition to impacts as a result of COVID-19.

The 1115 Waiver Independent Evaluating Team (NORC) held onsite meetings in early March to align on data requirements, processes for file transfers, development of a Data Dictionary and the SUD mid-point assessment.

## VII. Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in Q1, January 1, 2020 – March 31, 2020.

### Modernizing Health and Human Services Eligibility Systems

Between January 1, 2020 and March 31, 2020, 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 the period of January 1, 2020 – March 31, 2020.

Request Type	Description	Date Submitted	CMS Action	Date
Cat III	Home Stabilization	11/16/15	approved	2/6/20
SPA	Inpatient hospital rate increase	8/15/19	approved	10/23/19
SPA	Outpatient hospital rate increase	8/15/19	approved	9/27/19
SPA	Elimination of Inpatient Hospital Supplemental Payments	8/15/19	approved	10/23/19
SPA	Graduate Medical Education	8/15/19	approved	10/23/19
SPA	MINL/SSP	3/31/20	approved	4/18/20
SPA	Home Equity Limit	3/31/20		
1135 Waiver	COVID 1135 Request 1	3/16/20	approved	3/25/20
1115 Waiver	COVID 1115 Request 1	3/16/20		
SPA	COVID Emergency Disaster Relief CHIP SPA	3/16/20	approved	4/24/20

Request Type	Description	Date Submitted	CMS Action	Date
1135 Waiver	COVID 1135 Request 2	3/25/20		
1115 Waiver	COVID 1115 Request 2	3/27/20		
Appendix K	COVID Appendix K Request 2	3/27/20	approved	5/7/20
SPA	COVID Disaster Relief	3/25/20	approved	4/8/20
Appendix K	COVID Appendix K Request 1	3/16/20	approved	3/25/20

**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 1 of DY 12 January 1, 2020 – March 31, 2020, 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

January – March 2020

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).

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 populations.

### **NHP QUARTERLY REPORT Q1\_2020 - APPEALS, GRIEVANCES AND COMPLAINTS**

#### **NHP Quarterly Report Q1 2020\_ Prior Authorization Requests**

	<b>Rite Care</b>	<b>(AE)*</b>	<b>CSN</b>	<b>(AE)</b>	<b>RHP</b>	<b>(AE)</b>	<b>RHE</b>	<b>(AE)</b>	<b>SubCare (NHP Only)</b>
Prior Authorization Requests	7,300	1,505	3,582	6,507	324				
Concurrent Authorization Requests	1,865	472	1,006	1,912	291				

\*(AE) represents authorization requests submitted by cohort

## NHP Quarterly Report Q1 2020\_APEALS

### Summary

253 appeals in Q1 2020 represents 54% increase in appeal rate per 1000 members from Q4 2019. Membership has decreased quarter over quarter which attributed the increase rate per thousand members.

NHP subcontracts to OPTUM for BH and eviCore for high end radiological diagnostics, both entities conduct internal appeals.

43 OPTUM Appeals in Q1 2020 represent an appeal rate 1.2/1000 members.

195 eviCore appeals in Q1 2020 represent an appeal rate of 1.33/1000members.

Appeals Internal	Rite Care	CSN	RHP	RHE	SubCare
Standard	112	145	101	158	4
% Overturned	71%	17%	51%	63%	75%
Expedited	0	5	8	14	8
% Overturned	0%	20%	25%	93%	63%
<b>State Fair Hearing – External</b>					
Standard	4	0	10	31	0
% Overturned	25%	0%	20%	0%	0%
Expedited	0	0	0	0	0
% Overturned	0%	0%	0%	0%	0%

\*quarterly appeal rate = appeals per 1000/members

## NHP Quarterly Report Q1 2020\_GRIEVANCES

### Summary

Of the 48 Grievances/Complaints submitted in Q1 2020; 16.6 % represented issues of quality of care; 14.8 were issues of access to care. There has been no change intends from Q4 2019 to Q1 2020.

	Rite Care	CSN	RHP	RHE	SubCare	AE
Number of Grievances	8	0	11	7	0	5
Number of Complaints	8	0	5	0	0	4
Total	16	0	16	7	0	9

**THPP QUARTERLY REPORT Q1\_2020 - APPEALS, GRIEVANCES AND COMPLAINTS**

**THPP Quarterly Report Q1 2020\_ Prior Authorization Requests**

	Rite Care	CSN	RHP	RHE	(AE)*
Prior Authorization Requests	210	0	0	0	27
Concurrent Authorization Requests	36	0	0	4	0

\* (AE) represents authorization requests submitted by cohort members attributed to an AE

**THPP Quarterly Report Q1 2020\_ APPEALS**

**Summary**

Quarter 1 2020 total rate of appeals (total 10), represent a slight uptick in a Appeals by member/provider (on behalf of member) since Q4 2019. The increase in appeals is commensurate to the steady increase in THP membership. The highest percentage of appeals represent denial of high-end radiology diagnostics.

Appeals Internal	Rite Care	CSN	RHP	RHE
Standard	1	0	0	0
% Overturned	0%	0%	0%	0%
Expedited	2	0	6	1
% Overturned	0%	0%	33%	0%
State Fair Hearing – External	Rite Care	CSN	RHP	RHE
Standard	N/A	N/A	N/A	N/A
% Overturned	0%	0%	0%	0%
Expedited	N/A	N/A	N/A	N/A
% Overturned	0%	0%	0%	0%

**THPP Quarterly Report Q1 2020\_ GRIEVANCES**

**Summary**

The 2 grievances submitted by members represented issue with timely access to BH provider.

	Rite Care	CSN	RHP	RHE	AE
Number of Grievances	0	0	2	0	
Number of Complaints	0	0	0	0	
Total	0	0	2	0	



## UHC Quarterly Report Q1\_2020 - APPEALS, GRIEVANCES and COMPLAINTS

### UHC Quarterly Report Q1 2020\_ Prior Authorization Requests

	Rlte Care	(AE)*	CSN	(AE)	RHP	(AE)	RHE	(AE)
Prior Authorization Requests	4,580	235	442	34	3,075	118	5,976	211
Concurrent Authorization Requests	992	18	106	0	856	57	1,358	51

\* (AE) represents authorization requests submitted by cohort members attributed to an AE

### UHC QUARTERLY REPORT Q1 2020\_APPEALS

#### Summary

Quarter 1 2020 appeal rate of 2.20 (# of appeals per 1000/members) represents slight decrease in overall appeal rate from last quarter, a slight increase (.26) from Q1 2019 and a decrease of 0.05 from Q4 2019.

Appeals Internal	Rlte Care	CSN	RHP	RHE
Standard	18	2	20	49
% Overturned	72%	50%	80%	67%
Expedited	32	1	21	40
% Overturned	84%	100%	81%	90%
State Fair Hearing – External	Rlte Care	CSN	RHP	RHE
Standard	0	0	0	0
% Overturned	0%	0%	0%	0%
Expedited	0	0	0	0
% Overturned	0%	0%	0%	0%

### UHC Quarterly Report Q1 2020 GRIEVANCES

#### Summary

Of the 45 Grievances/Complaints submitted in Q1 2020; 36 represented issues with balance billing, this represents 80% of all member grievances and complaints This trend continues to represent the majority of member grievances/complaints as compared to Q4 2019. Access to in-network pain management and BH provider follows at 11.11 %.

	Rlte Care	CSN	RHP	RHE	AE
Number of Grievances	8	0	11	7	5
Number of Complaints	8	0	5	0	4
Total	16	0	16	7	9

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 Rlte Care, and representatives of advocacy groups, health plans, the Department of Human Services (DHS), and EOHHS. The CMS Regional Officer participates in these meetings as her schedule permits. The CAC met twice in Q1 January 1 – March 30, 2020:

#### January meeting agenda

- Welcome and Introductions
- Review of November 14, 2019 Meeting Minutes
- 90-Day Letter Review
- Final Open Enrollment Results
- Return Mail Project Update
- Data Reports – Enrollment & Auto Assignment

#### March meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- Staffing Changes
- Overview of Governor's Medicaid Budget Proposals
- Rlte Share Project Update
- Return Mail Project Update
- LTSS Renewal

The EOHHS Transportation Broker, Medical Transportation Management (MTM), reported on transportation related complaints. The following charts reflect the number of complaints compared to the transportation reservations and the top five complaint areas during DY 12 January 1 – March 31, 2020.

<b>NEMT Analysis</b>	<b>DY 12 Q1</b>
<b>All NEMT &amp; Elderly Complaints</b>	499
<b>All NEMT &amp; Elderly Trip Reservations</b>	568,258
<b>Complaint Performance</b>	0.09 %
<b>Top 5 Complaint Areas</b>	<b>DY 12 Q1</b>
<b>Transportation Provider No Show</b>	108
<b>Transportation Provider Late</b>	88
<b>Transportation Broker Processes</b>	75
<b>Transportation Provider Behavior</b>	62
<b>Transportation Client Protocols</b>	44

## **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](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Application%20for%20State%20Assistance%20Program.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.

In the first quarter we showed a 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. EOHHS will explore and assess the need to execute another mass mailing.

<b>Month</b>	<b>Number of Marketplace Subsidy Program Enrollees</b>	<b>Change in Marketplace Subsidy Program Enrollment from Prior Month</b>	<b>Average Size of Marketplace Subsidy received by Enrollee</b>	<b>Projected Costs</b>	<b>Actual Costs</b>
<b>January</b>	159	19	\$ 43.26	\$ 6,878.00	ACTUAL
<b>February</b>	119	(40)	\$ 44.25	\$ 5,266.00	ACTUAL
<b>March</b>	107	(12)	\$ 44.31	\$ 4,700.00	ACTUAL

## **XI. Evaluation/Quality Assurance/Monitoring Activity**

Identify, describe, and report the outcome of all major evaluation/quality assurance/monitoring activities in Q1 of DY 12, January 1, 2020 – March 31, 2020.

### **Quality Assurance and Monitoring of the State’s Medicaid-participating Health Plans**

#### **Monthly Oversight Review**

On a monthly basis, the RI EOHHS leads oversight and administration meetings with the State’s four (4) Medicaid participating managed care organizations (MCOs), NHPRI, UHCP-RI, Tufts Public Health Plans 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 and compliance the following areas of focus were addressed during the cycle of oversight and administration meetings conducted during Quarter 1 of 2020:

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 2020:

#### Active Contract Management

During Q1, EOHHS and the three (3) medical MCOs, including NHPRI, UHCCP-RI, and THPP, built upon the progress made with respect to launching ongoing, active contract management (ACM), a strategic approach to evaluate how the State and medical MCOs collectively manage Medicaid members’ care. Q1 ACM focused primarily on continued improvement of Accountable Entities (AE) attribution and PCP assignment; EOHHS directed the MCOs to prioritize correcting AE attribution.

#### Common MCO Oversight Updates

EOHHS and MCOs collaborated to develop a call center script to ensure MCOs acquire members’ permission to provide updated demographic information to the State as part of the new Address Change Policy instituted. EOHHS rolled out a new newborn reconciliation process to ensure accuracy, prevent backlog, and effectuate more timely payments to MCOs. MCOs made significant progress toward EVV implementation, slated for a Q2 launch; they submitted 340B policies and procedures for compliance review and approval, as EOHHS continued technical implementation with DXC. EOHHS informed the MCOs that they will be responsible for FQHC wrap payments as of April 1. The 90-day letter and just-cause process EOHHS implemented in Q4 2019 functioned seamlessly throughout Q1.

#### COVID-19 Operational Oversight

As the COVID-19 public health crisis ramped up toward the conclusion of Q1, the MCOs swiftly exuded adaptability, cooperation, and compliance with Governor Raimondo’s executive orders; MCOs operationalized the provision of telehealth services, submitted related marketing

materials for escalated EOHHS approval, advanced provider payments, implemented remote call center operations, and participated in weekly check-in calls to ensure full transparency in real time.

Specific to the unique details of Q1 oversight pertaining to each MCO is outlined as follows:

### **Neighborhood Health Plan of Rhode Island (NHPRI)**

- EOHHS requested that NHPRI collaborate with AEs to correct attribution for PY3, as attribution ties directly to total cost-of-care savings; NHPRI convened as part of an AE Work Group to prioritize and troubleshoot AE attribution and reconciliation.
- Analysis and corresponding discussions about the behavioral health transition to Optum centered around behavioral health claims denied; NHPRI kept EOHHS apprised about their ongoing efforts to remediate claims/coding issues related to the behavioral health transition to Optum, mainly involving FQHC providers.
- NHPRI signed a settlement concerning newborn reconciliations and payment.
- NHPRI will begin submitting secondary diagnosis codes for capitation rate-setting.
- EOHHS introduced forthcoming, mandatory reporting requirements for PASSR tracking.
- EOHHS submitted feedback to NHPRI concerning their 2019 appeals and grievance audit.
- NHPRI and EOHHS collaborated to develop a call center script to ensure NHPRI acquires members' permission to provide updated demographic information to the State.
- EOHHS imposed a corrective action plan upon NHPRI to address their call center deficiencies and inadvertent lack of transparency thereof.

### **UnitedHealthcare Community Plan (UHCCP-RI)**

- UHC collaborated with Lifespan to launch the Home Asthma Response Program (HARP) Initiative, targeting high-ED and inpatient utilizers with pediatric asthma; Lifespan outreached to hundreds of members and has since begun providing services.
- UHC partnered with a technical, third-party organization to supply software needed to host a database to enable the convening of all community-based organizations to increase UHC's reach to engage formerly unengaged members who frequent shelters, food banks, and other communal support settings.
- Upon the National Housing First team engaging RI as a pilot state, UHC partnered with Crossroads Rhode Island to provide 10 housing units as part of a "Whole-person Care Plus" Program; UHC paid for the refurbishing of rooms they are leasing to house members of their homeless population.
- UHC featured a different story each monthly oversight meeting about a specific member with many comorbidities whose life was both saved and positively changed in a sustainable way as the result of UHC's care management intervention.
- EOHHS did not approve UHC's paramedicine pilot program earlier in 2019; UHC was in discussions with Providence EMS and other related stakeholders to determine another angle to explore to decrease ED admissions and costs.

### **Tufts Health Public Plans (THPP)**

- The encounter claims acceptance rate significantly increased to 95.5% as of the start of Q1.
- THPP presented a Population Health Segmentation & Stratification methodology as part of a new suite of population health analytic tools; THPP developed 20 learning models to predict distinct clinical complexity scores, including opportunity value, which enables the opportunity to reduce patients' medical cost.
- THPP made progress toward obtaining NCQA Accreditation, as well as toward adding one Walgreens close to a FQHC to their pharmacy network for ease of access.
- THPP informed EOHHS of their goal to evaluate provider satisfaction around different ways they interact with THPP so that THPP can identify areas of improvement; THPP will use this feedback to evaluate where they stand compared to other Medicaid plans.

### **UnitedHealthcare-Dental (UHC Dental)**

- UHC began covering dental code D154, Caries Arresting Medicament Application, more commonly referred to as "Silver Diamine Fluoride," as a value-added benefit.
- UHC reported results from the Q4 2019 Sealant Pilot program, which identified 488 non-compliant 6-9-year-old members across 12 providers; preliminary analysis indicated statistically significant improvement in sealant application rates.
- UHC collaborated with Wells Fargo to develop a process for identifying claims processing failures at the transmission level to ensure more seamless claims transfers.
- UHC partnered with a children's museum and Pawtucket Boys and Girls Club to provide models and samples of sealants in observance of Children's Dental Health Month.

UHC participated in a recognition of the seventy-fifth (75th) anniversary of water fluoridation at the State House in February; this provided positive public relations and increased visibility of the Rlte Smiles program. Every attending member of the House and Senate received a dental care packet that included information from Kids Count, plus a toothbrush.

**XII. Enclosures/Attachments**

**Attachment 1: Rhode Island Budget Neutrality Report**

**Budget Neutrality Table I**

**Budget Neutrality Summary**

**Without-Waiver Total Expenditures**

<b>Medicaid Populations</b>	<b>DY 10 2018 YTD</b>	<b>DY 11 2019 YTD</b>	<b>DY 12 Q1 CY 2020</b>
ABD Adults No TPL	\$568,983,280	\$574,880,496	\$147,272,121
ABD Adults TPL	\$1,489,697,426	\$1,515,340,208	\$382,344,144
Rlte Care	\$1,112,899,194	\$1,124,280,008	\$282,789,741
CSHCN	\$493,100,361	\$501,135,222	\$132,875,424
<b>TOTAL</b>	<b>\$3,664,680,261</b>	<b>\$3,715,635,934</b>	<b>\$945,281,430</b>



With Waiver Total Expenditures

Medicaid Populations	DY 10 2018 YTD	DY 11 2019 YTD	DY 12 1st Qtr. CY 2020
ABD Adults No TPL	\$415,613,308	\$460,321,375	\$106,930,234
ABD Adults TPL	\$725,296,165	\$734,710,806	\$138,778,027
RIte Care	\$549,821,243	\$541,942,931	\$123,602,300
CSHCN	\$182,172,130	\$180,061,061	\$47,981,502
<b>Excess Spending: Hypothetical</b>	\$ -	\$ -	\$ -
<b>Excess Spending: New Adult Group</b>	\$ -	\$ -	\$ -
<b>CNOM Services</b>	\$9,347,322	\$34,827,736	\$2,471,567
<b>TOTAL</b>	\$1,882,250,168	\$1,951,863,909	\$419,763,630
<b>Favorable / (Unfavorable) Variance</b>	\$1,782,430,093	\$1,763,772,025	\$525,517,800
<b>Budget Neutrality Variance (DY 1-5)</b>			
<b>Cumulative Bud. Neutrality Variance</b>	<b>\$9,384,191,371</b>	<b>\$11,147,963,396</b>	<b>\$525,517,800</b>

## Budget Neutrality Table I

### HYPOTHETICALS ANALYSIS

Without Waiver Total Exp.	2018 YTD	2019 YTD	1st Qtr. CY 2020
217-like Group	\$220,425,660	\$225,235,256	\$58,987,503
Family Planning Group	\$206,839	\$316,416	\$88,775
<b>TOTAL</b>	<b>\$220,632,499</b>	<b>\$225,551,672</b>	<b>\$59,076,278</b>

With-Waiver Total Exp.	2018 YTD	2019 YTD	1st Qtr. CY 2020
217-like Group	\$197,290,254	\$195,337,894	\$49,871,418
Family Planning Group	\$116,238	\$359,192	\$63,358
<b>TOTAL</b>	<b>\$197,406,492</b>	<b>\$195,697,086</b>	<b>\$49,934,776</b>

Excess Spending	2018 YTD	2019 YTD	1st Qtr. CY 2020
217-like Group	(\$23,135,406)	(\$29,897,362)	(\$9,116,085)
Family Planning Group	(\$90,601)	\$42,776	(\$25,417)
<b>TOTAL</b>	<b>(\$23,226,007)</b>	<b>(\$29,854,586)</b>	<b>(\$9,141,502)</b>

### LOW INCOME ADULT ANALYSIS

Low-Income Adults (Expansion)	2018 YTD	2019 YTD	1st Qtr. CY 2020
Without Waiver Total Exp.	\$875,438,550	\$880,767,360	\$221,653,482
With-Waiver Total Exp.	\$449,618,448	\$449,459,249	\$114,828,698
<b>Excess Spending</b>	<b>(\$425,820,102)</b>	<b>(\$431,308,111)</b>	<b>(\$106,824,784)</b>

## Budget Neutrality Table II

### Without-Waiver Total Expenditure Calculation

Actual Member Months	DY 10 2018 YTD	DY 11 2019 YTD	DY 12 1st Qtr. CY 2020
ABD Adults No TPL	\$180,515	\$174,842	\$42,949
ABD Adults TPL	\$418,102	\$407,788	\$98,644
Rlte Care	\$1,994,443	\$1,925,137	\$462,831
CSHCN	\$150,657	\$145,806	\$36,828
217-like Group	\$53,828	\$53,348	\$13,551
Low-Income Adult Group	\$926,390	\$13,184	\$3,551
Family Planning Group	\$8,993	\$889,664	\$213,539

  

Without Waiver PMPMs	DY 10 2018 YTD	DY 11 2019 YTD	DY 12 1st Qtr. CY 2020
ABD Adults No TPL	\$3,152	\$3,288	\$3,429
ABD Adults TPL	\$3,563	\$3,716	\$3,876
Rlte Care	\$558	\$584	\$611
CSHCN	\$3,273	\$3,437	\$3,608
217-like Group	\$4,095	\$4,222	\$4,353
Low-Income Adult Group	\$945	\$990	\$1,038
Family Planning Group	\$23	\$24	\$25

<b>Without Waiver Expenditures</b>	<b>DY 10 2018 YTD</b>	<b>DY 11 2019 YTD</b>	<b>DY 12 1st Qtr. CY 2020</b>
<b>ABD Adults No TPL</b>	\$568,983,280	\$574,880,496	\$147,272,121
<b>ABD Adults TPL</b>	\$1,489,697,426	\$1,515,340,208	\$382,344,144
<b>Rlte Care</b>	\$1,112,899,194	\$1,124,280,008	\$282,789,741
<b>CSHCN</b>	\$493,100,361	\$501,135,222	\$132,875,424
<b>217-like Group</b>	\$220,425,660	\$225,235,256	\$58,987,503
<b>Low-Income Adult Group</b>	\$875,438,550	\$880,767,360	\$221,653,482
<b>Family Planning Group</b>	\$206,839	\$316,416	\$88,775

**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: \_\_\_\_\_11/2/2020\_\_\_\_\_

**XIII. State Contact(s)**

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**XIV. Date Submitted to CMS**

11/6/2020