



Report to the Centers for Medicare and Medicaid Services

Quarterly Operations Report

Rhode Island Comprehensive

1115 Waiver Demonstration

DY13 Q3

July 1, 2021 – September 30, 2021

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

Submitted December 2021

I. Narrative Report Format

Rhode Island Comprehensive Section 1115 Demonstration

Section 1115 Quarterly Report Demonstration Reporting

Period: DY 13 July 1, 2021 – September 30, 2021

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.

Population Groups (as hard coded in the CMS-64)	Number of Current Enrollees (to date)* 09/30/2021	Number of Enrollees That Lost Eligibility in 09/30/2021**	Number of Enrollees That Lost Eligibility in 2021 (to date)
Budget Population 1: ABD no TPL	12,906	343	1,464
Budget Population 2: ABD TPL	35,153	224	493
Budget Population 3: Rlte Care	137,072	848	2,293
Budget Population 4: CSHCN	12,507	90	224
Budget Population 5: EFP	939	2	17
Budget Population 6: Pregnant Expansion	59	0	1
Budget Population 7: CHIP Children	37,026	176	507
Budget Population 8: Substitute care	N/A	N/A	N/A
Budget Population 9: CSHCN Alt	N/A	N/A	N/A
Budget Population 10: Elders 65 and over	1,699	9	61
Budget Population 11, 12, 13: 217-like group	4,661	43	199
Budget Population 14: BCCTP	84	1	1
Budget Population 15: AD Risk for LTC	3,785	0	0
Budget Population 16: Adult Mental Unins	12,010	0	0
Budget Population 17: Youth Risk Medic	7,230	13	53
Budget Population 18: HIV	254	16	30
Budget Population 19: AD Non-working	0	0	0
Budget Population 20: Alzheimer adults	N/A	N/A	N/A
Budget Population 21: Beckett aged out	N/A	N/A	N/A
Budget Population 22: New Adult Group	101,831	920	2,645
Budget Population 27: Emg Svcs for Undocumented Immigrants	13	160	259

*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 13 July 1, 2021 – September 30, 2021:

Quarter 1: 32:483 at the close of the quarter.

Quarter 2: 41:520 at the close of the quarter.

Quarter 3: 56:554 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 DY13 July 1, 2021 – September 30, 2021 (by category or by type) with a total of \$3,957.33 for special purchases expenditures.

Q3 2021	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	2	Over the counter medications		\$ 446.58
	14	Acupuncture		\$ 1,190.00
	17	Service Dog Training		\$2,125.00
	1	Medical Supplies		\$ 139.98
	3	Alan Cathers		\$ 55.97
	CUMULATIVE TOTAL			\$3,957.33
	2021 YTD Total			\$9,102.57

VI. Outreach/Innovative Activities

Summarize outreach activities and/or promising practices for Q3, July 1, 2021 – September 30, 2021.

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

1. Continued collaborative efforts between Medicaid, RI Department of Labor and Training, Institutions of Higher Education (IHEs), RI Department of Health, and Commission on the Deaf and Hard-of-Hearing to advise, develop, review, and monitor HSTP-funded healthcare workforce transformation projects to support the establishment of Accountable Entities and other related system transformation objectives. Provided guidance and support regarding program and policy changes related to the COVID-19 pandemic.
2. Assisted in the development of workforce objectives and metrics related to the development of an LTSS APM.

Accountable Entities (AEs)

- Seven certified Accountable Entities began Program Year 4 operations. Of the seven AEs, three entered into the first year of down-side risk contracts. The remaining four AEs that are Federally Qualified Health Centers (FQHCs) will remain in shared savings-only contracts if they progress towards value-based care and alternative payments as evidenced by an EOHHS-approved proposal demonstrating a positive ROI. Such proposals may include the development of evidence-based processes, incentives for cost reduction, and the establishment of sustainability for interventions currently funded by grants.
- AEs continued working remaining project milestones for PY3 as they continued working on PY4 HSTP Milestones. All AE PY4 project plans were received in March and meetings were scheduled with each AE to review with EOHHS and the Managed Care

Organizations. All PY4 project plans were approved in May after requested updates were made.

- EOHHS continued to work with Bailit Health on the ongoing purpose of the AE/MCO Quality Work Group, which is to adopt updated measure specifications and review measures and/or the incentive methodology for the current (i.e., OPY/QPY4) and next performance year (i.e., OPY5/QPY5).
- Under the contract 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, CHCS facilitated a webinar in September on “Screening for and Addressing Adverse Childhood Experiences (ACEs)”.
- The HSTP Advisory Committee held one meeting in September. The September meeting included a review of program updates; a budget update; a review of the final HSTP Roadmap and Sustainability Plan and review of proposed changes to the Program Year 5 Requirements
- The States’ initiative to address Social Determinants of Health, the “Rhode to Equity” challenge Funded by RI Executive Office of Health and Human Services (Health Systems Transformation Project (HSTP) and RI Department of Health to build place-based teams with local partners and community residents funded to improve population health with an equity lens; apply evidence-based Pathways to Population Health tools to more effectively build responsive community-clinical linkages that improve health (physical and behavioral) and social outcomes and use clinical and community data to identify population health needs, test strategic actions, and build sustainable community solutions began the first year of a now two year challenge. Teams successfully completed all quarter one deliverables including the Challenge Kick-Off, participating in coaching sessions and workshops and individual team meetings.

VII. Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in Q3, July 1, 2021 – September 30, 2021.

Modernizing Health and Human Services Eligibility Systems

Between July 1, 2021 and September 30, 2021, the Deloitte and State teams implemented four (4) software releases to address 153 data fixes and 18 software enhancements for the RI Bridges eligibility system. These releases improved services for RIte Share, Medicaid Eligibility & Enrollment, Long-Term Services and Supports (LTSS) as well as functionality improvements to customer and worker interfaces. 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 approved, submitted or are awaiting CMS action during the period of July 1, 2021 – September 30, 2021.

Request Type	Description	Date Submitted	CMS Action	Date
SPA	21-0008-GME Elimination	8/13/21	Pending	N/A
SPA	21-0009-Home Home Care Rate Increases and Enhancements	9/7/21	Pending	N/A
SPA	21-0010-Hospice	8/13/21	Pending	N/A
SPA	21-0011-Inpatient UPL Payments	8/16/21	Pending	N/A
SPA	21-0012-Community Health Workers (CHW) Services	9/28/21	Pending	N/A
SPA	21-0013-Doula Services	9/28/21	Pending	N/A

Other Programmatic Changes Related to the 1115 Waiver

EOHHS Submitted the following temporary rate increases to CMS pursuant to Pursuant to RI's spending plan for the implementation of the American Rescue Plan Act of 2021, Section 9817.

1. Day Habilitation rate to increase by 74%
2. Self Directed Community Services Personal Choice Program Financial Management Service rate to increase by 10%
Self Directed Community Services Independent Provider Financial Management Service rate to increase by 10%
3. Budget Population 10 Adult Day (DEA Co-Pay) 120%
4. Peer Recovery and Family/Youth Support Services (Budget Service 6) rate to increase by 78.8%

Supporting and building the HCBS workforce is a cornerstone of Rhode Island's Covid-19 pandemic recovery strategy as well as a fundamental approach in the State's long-term services and supports (LTSS) re-balancing initiative. The support that direct care workers and licensed health professionals provide to Medicaid enrollees who have physical or behavioral support needs helps to promote individual wellness and self-determination, allowing enrollees the choice to remain in their homes and communities and avoid unnecessary acute care or facility-based care. The pandemic has exacerbated challenges in meeting consumer demand for HCBS services due to workforce shortages.

Based on policy analysis and substantial stakeholder survey feedback highlighting a critical need to strengthen the HCBS workforce via improved compensation, EOHHS is dedicating an estimated \$30 million of its HCBS ARPA funds to a HCBS Workforce Recruitment and Retention plan for LTSS providers, some of which are in our State Plan, with the goal of increasing compensation to frontline HCBS workers specifically by improving HCBS workforce recruitment and retention. Providers of services 1-3 will have between November 1, 2021 and March 31, 2023 to expend the funds, while providers of service 4 will have between December 1, 2021 and March 31, 2023 to expend the funds.

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 3 of DY 13 July 1, 2021 – September 30, 2021 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

July 1, 2021 – September 30, 2021

The Rhode Island 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 Medicaid managed care consumer issues. Quarterly, the Managed Care Organizations (MCO) submit Appeals and Grievance reports to EOHHS. The State reviews reports to identify emerging consumer issues, trends and recommend actions to mitigate and/or improve member satisfaction.

There currently are three (3) medical MCOs and one (1) dental Prepaid Ambulatory Health Plan (PAHP) that are contracted with RI EOHHS to provide care to RI managed Medicaid members:

- Neighborhood Health Plan of RI (NHPRI)*,
- Tufts Health Public Plan RITogether (THRIT),
- United Healthcare Community Plan (UHCP-RI),
- United Healthcare Dental Rite Smiles (Rite Smiles)**.

***NHPRI** continues to be the only managed care organization that services the Rite Care for Children in Substitute Care populations.

****United Healthcare Rite Smiles *Rite Smiles*** is the dental plan for children and young adults who are eligible for Rhode Island Medicaid who were born after May 1, 2000.

Each Managed Care Organization (MCO) monitors consumer appeals, complaints, tracks trends and/or emerging consumer issues through the Appeals and Grievance process. Grievances, Complaints, and Appeals reports are submitted to RI EOHHS on a quarterly basis.

Data is disaggregated according to Medicaid cohort:

- Rite Care
- Rhody Health Partners (RHP),
- Rhody Health Expansion,
- Children with Special Health Care Needs (CSHN),
- Children in Substitute Care (Sub Care).

Consumer reported grievances are grouped into six (6) categories: access to care, quality of care, environment of care, health plan enrollment, health plan customer service and billing Issues.

Consumer appeals are disaggregated into nine (9) categories:

- medical services,
- prescription drug services,
- radiology services,
- durable medical equipment,
- substance abuse residential services,
- partial hospitalization services,
- detoxification services,
- opioid treatment services
- behavioral health services.

Where appropriate, appeals and grievances directly attributed to Accountable Entities (AE) are indicated as a subcategory for each cohort.

In addition to the above, RI EOHHS monitors consumer issues reported by Rite Smiles. Consumer reported issues are grouped into three (3) categories:

- general dental services,
- prescriptions drug services
- dental radiology.

Beginning in Q1 2022, dental services reporting will be divided to specifically identify consumer issues with orthodontic services.

The quarterly reports are reviewed by the RI EOHHS Compliance staff. Upon review, any concerning trends or issues of non-compliance identified by EOHHS are forwarded to the respective MCO. The Plan is then required to investigate the issue(s) and provide a report to EOHHS Medicaid Managed Care Oversight team within thirty (30) days of notification and, if appropriate monthly at the EOHHS/MCO Oversight meeting.

Please note, the State of Rhode Island is still operating under the Public Health Emergency (PHE) and, accordingly, has continued to require the MCOs to remove the prior authorization requirements on specific services. MCOs attribute the significant decrease of Prior Authorizations (PA) requests to this temporary rule reducing PA requirements for services. This rule will be lifted as of October 1, 2021, except for PAs related to behavioral healthcare services, which will not resume until January 1, 2022.

NHPRI QUARTERLY REPORT Q3-2021 APPEALS, GRIEVANCES AND COMPLAINTS

NHPRI Quarterly Report Q3-2021_Prior Authorization Requests

	Rite Care	Rite Care YTD	(AE)*	(AE)* YTD	CSN	CSN YTD	(AE)	(AE) YTD	RHP	RHP YTD
Prior Authorization Requests	5,713	17,640	N/A	N/A	1,137	3,329	N/A	N/A	3,489	10,081
Concurrent Authorization Requests	2,016	5,947	N/A	N/A	476	1,362	N/A	N/A	1,089	3,022

	(AE)	(AE) YTD	RHE	RHE YTD	(AE)	(AE) YTD	SubCare (NHP Only)	SubCare (NHP Only) YTD
Prior Authorization Requests	N/A	N/A	7,476	22,925	N/A	N/A	248	698
Concurrent Authorization Requests	N/A	N/A	2,339	6,513	N/A	N/A	229	709

*(AE) represents authorization requests submitted by cohort

NHPRI Quarterly Report Q3-2021 Appeals

Appeals Internal	Rite Care	Rite Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD
Standard	111	267	10	22	42	169	125	406	3	11
% Overturned	61%		40%		50%		57%		67%	
Expedited	6	23	4	7	4	22	14	52	3	3
% Overturned	100%		75%		25%		43%		33%	

State Fair Hearing – External	Rite Care	Rite Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD
Standard	5	22	2	6	13	39	19	185	0	2
% Overturned	20%		50%		8%		21%		N/A	
Expedited	0	0	0	0	0	2	0	16	0	0
% Overturned	N/A		N/A		N/A		N/A		N/A	

*Quarterly appeal rate = appeals per 1000/members

Summary

NHPRI had a total of three hundred and twenty-two (322) internal appeals, two hundred and ninety-one (291) standard appeals and thirty-one (31) expedited. Thirty-nine (39) appeals were reviewed in State Fair Hearing. (SFH). Eleven (11) appeals were overturned in SFH.

NHPRI subcontracts to OPTUM for BH and eviCore for high end radiological diagnostics, both entities conduct internal appeals which are reflected in total numbers.

OPTUM reported eleven (11) Appeals in Q2 2021 representing an appeal rate 0.23/1000 members.

eviCore reported one hundred and fifty-six (156) appeals in Q3 2021 representing an appeal rate of 0.91/1000members.

NHPRI Quarterly Report Q3-2021 Grievances and Complaints

	Rite Care	Rite Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD	AE	AE YTD
Number of Grievances	4	26	1	1	13	31	9	28	0	0	8	23
Number of Complaints	9	44	6	9	17	45	15	45	0	0	8	14
Total	13	70	7	10	30	76	24	73	0	0	16	37

Summary

NHPRI reported a total of seventy-four (74) Grievances and Complaints in Q3 2021. Of the seventy-four (74), sixteen (16) were attributed to Accountable Entities (AE).

THRIT QUARTERLY REPORT Q3-2021 - APPEALS, GRIEVANCES AND COMPLAINTS

THRIT Quarterly Report Q3-2021_ Prior Authorization Requests

	Rite Care	Rite Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	(AE)*	(AE)* YTD
Prior Authorization Requests	334	1,025	0	0	847	2,347	0	0	174	348
Concurrent Authorization Requests	8	417	0	0	213	1,120	0	0	47	94

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

THRIT Quarterly Report Q3-2021 Appeals

Appeals Internal	Rite Care	Rite Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD
Standard	0	1	0	0	2	3	0	0
% Overturned	0%		0%		0%		0%	
Expedited	2	8	0	0	1	7	0	1
% Overturned	100%		0%		0%		0%	

State Fair Hearing – External	Rite Care	Rite Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD
Standard	0	0	0	0	0	0	0	0
% Overturned	0%		0%		0%		0%	
Expedited	0	0	0	0	0	0	0	0
% Overturned	0%		0%		0%		0%	

Summary

THRIT reported a total number of five (5) consumer appeals in Q3 2021

THRIT Quarterly Report Q3 2021 Grievances and Complaints

	Rite Care	Rite Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	AE	AE YTD
Number of Grievances	0	3	0	0	2	6	0	0	0	2
Number of Complaints	0	0	0	0	0	0	0	0	0	0
Total	0	3	0	0	0	6	0	0	0	2

Summary

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

UHCP-RI Quarterly Report Q3-2021 - APPEALS, GRIEVANCES and COMPLAINTS

UHCP-RI Quarterly Report Q3-2021 Prior Authorization Requests

	Rite Care	Rite Care YTD	(AE)*	(AE)* YTD	CSN	CSN YTD	(AE)	(AE) YTD
Prior Authorization Requests	2,080	7,007	205	650	170	469	22	66
Concurrent Authorization Requests	290	788	5	11	137	224	0	0

	RHP	RHP YTD	(AE)	(AE) YTD	RHE	RHE YTD	(AE)	(AE) YTD
Prior Authorization Requests	1,117	3,064	125	301	2,696	8,108	264	782
Concurrent Authorization Requests	377	1,042	60	71	703	2,053	12	24

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

UHCP-RI QUARTERLY REPORT Q3-2021 Appeals

Appeals Internal	Rite Care	Rite Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD
Standard	52	153	2	46	19	74	80	231
% Overturned	67%		100%		74%		76%	
Expedited	9	63	1	3	9	44	33	111
% Overturned	78%		0%		78%		79%	

State Fair Hearing – External	Rite Care	Rite Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD
Standard	0	0	0	0	0	0	0	1
% Overturned	0%		0%		0%		0%	
Expedited	0	0	0	0	0	0	0	0
% Overturned	0%		0%		0%		0%	

Summary

UHCP-RI reported two hundred and five (205) consumer appeals in Q3 2021. One Hundred and Fifty-three (153) standard, fifty-two (52) expedited internal appeals. Zero (0) member appeals were sent to SFH.

UHCP-RI Quarterly Report Q3-2021 Grievances and Complaints

	Rlte Care	Rlte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	AE	AE YTD
Number of Grievances	2	5	0	0	0	8	4	11	3	14
Number of Complaints	4	16	2	3	1	5	9	25	9	20
Total	6	21	2	3	1	13	13	36	12	34

Summary

Of the thirty-four (34) Grievances/Complaints submitted in Q3 2021; seven (7) grievances represented issues with balance billing, Twelve (12) grievances were attributed to AEs and of these 12 all represented issues with balance billing. EOHHS continues to monitor UHCCP regarding complaints by members of balance billing. UHCCP continues to address and demonstrate improvement with said issues.

Rlte Smiles (UHC Dental) Quarterly Report Q3 2021_APPEALS, GRIEVANCES and COMPLAINTS

Rlte Smiles Quarterly Report Q3 2021_Prior Authorization Requests

	Dental	Dental YTD	RX	RX YTD	RAD	RAD YTD	Total	Totals YTD
Prior Authorization Requests	1,780	4,280	0	488	0	635	1,780	5,403
Retrospective Authorization Requests	75	165	0	29	0	18	75	222

Rlte Smiles QUARTERLY REPORT Q3 2021_APPEALS

Appeals Internal	Dental	Dental YTD	RX	RX YTD	RAD	RAD YTD
Standard	63	90	0	18	0	28
% Overturned	6%		0%		0%	
Expedited	0	8	0	7	0	28
% Overturned	0%		0%		0%	

State Fair Hearing – External	Dental	Dental YTD	RX	RX YTD	RAD	RAD YTD
Standard	0	0	0	1	0	21
% Overturned	0%		0%		0%	
Expedited	0	0	0	0	0	16
% Overturned	0%		0%		0%	

Summary:

UHC Rite Smiles reported a total of sixty-three (63) consumer appeals. The Public Health Emergency (PHE) had a significant impact on dental services, directly impacting service requests and subsequently submitted appeals and grievances and is reflected in the data.

Rite Smiles Quarterly Report Q3 2021 Grievances and Complaints

	Rite Smiles	Rite Smiles YTD
Number of Grievances	0	0
Number of Complaints	0	4
Total	0	4

Summary:

Rite Smiles reported zero (0) consumer complaints in Q3 2021.

The Public Health Emergency (PHE) had a significant impact on dental services, directly impacting service requests and, subsequently, submitted appeals and grievances and is reflected in the data.

EOHHS also participates in two advisory groups, the long-standing Consumer Advisory Committee (CAC) and the Integrated Care Initiative's ICI Implementation Council. CAC stakeholders include individuals who are enrolled in Rite Care, and representatives of advocacy groups, health plans, the Department of Human Services (DHS), and EOHHS. The CMS Regional Officer participates in these meetings as her schedule permits. The CAC met once in Q3 July 1 – September 30, 2021:

July meeting agenda

- Welcome and Introductions
- Review of May 13, 2021 Meeting Minutes
 - Budget and Program Updates
 - Doula Coverage
 - Rite Share
- Medicaid Managed Care Member Feedback Sessions and Focus Group
- HSRI Updates
- COVID-19 Updates
 - Telehealth and Prior Authorizations
 - Vaccination Efforts
- Medicaid Plan Change Opportunity
- Address Change Project
- Data Reports – Enrollment & Auto Assignment

The EOHHS Transportation Broker, Medical Transportation Management (MTM), reported on transportation related complaints. The following charts reflects the number of complaints compared to the transportation reservations and the top five complaint areas during DY 13 July 1 – September 30, 2021.

NEMT Analysis	DY 13 Q3	DY 13 YTD
All NEMT & Elderly Complaints	465	1,178
All NEMT & Elderly Trip Reservations	532,538	1,453,843
Complaint Performance	0.09 %	
Top 5 Complaint Areas	DY 13 Q3	DY 13 YTD
Transportation Provider No Show	101	244
Transportation Provider Late	63	136
Transportation Broker Processes	61	175
Transportation Provider Behavior	47	121
Driver Service/Delivery	38	38
Transportation Broker Client Protocols		82

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.

The steady increase in enrollment could be contributed to updates made by EOHHS in February 2021. EOHHS updated the Program fact sheet and application form, providing individuals with current eligibility guidelines, contact information, and new ways to access the Program's online resources. Over the past 4 months, the number of new applications fluctuated from 15 applications received in June, to 0 received in August, increasing to 11 in September.

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	66	(26)	\$ 46.23	\$ 3,051.00
February	145	79	\$ 43.50	\$ 6,307.00
March	172	27	\$ 43.34	\$ 7,454.00
April	180	8	\$ 43.28	\$ 7,791.00
May	183	3	\$ 42.97	\$ 7,863.00
June	196	13	\$ 42.74	\$ 8,378.00
July	191	(5)	\$ 42.22	\$ 8,064.00
August	191	0	\$ 41.93	\$ 8,009.00
September	185	(6)	\$ 41.96	\$ 7,763.00

XI. Evaluation/Quality Assurance/Monitoring Activity

Identify, describe, and report the outcome of all major evaluation/quality assurance/monitoring activities in Q3 of DY 13, July 1, 2021 – September 30, 2021.

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

Monthly Oversight Review

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

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 (Q3) of 2021, the first quarter of State Fiscal Year (SFY) 2022:

Active Contract Management (ACM)

For Q3 2021 ACM, EOHHS introduced three (3) new areas of focus for MCOs to prioritize their efforts for Q3 and Q4. These included the effort to increase the rate of pap smears and prostate exams due to members deferring these important screenings during the PHE. Simultaneously, MCOs focused on decreasing preventable ED utilization. MCOs also continued their quest to increase childhood immunization rates, with particularly around lead screening rates that had declined due to provider offices and schools being closed and the pent-up demand that followed. MCOs continued to submit monthly reports to EOHHS concerning childhood immunizations to assist the State in evaluating progress toward addressing the decline in immunizations and lead screening among children each month.

COVID-19 Public Health Emergency (PHE) Response Effort

During Q3, EOHHS and the three (3) medical MCOs, including NHPRI, UHCCP-RI, and THPP, partnered with EOHHS, RIDOH, school departments, faith-based organizations, provider offices, pediatrician and pediatric dentist offices, and accountable entities (AEs) to establish and align plans for disseminating the most important, updated vaccine-related information and the importance of parents and any other eligible household members to get vaccinated as soon as possible ahead of children returning to in-person learning. MCOs executed upon their continuously evolving member and provider outreach plans. Member-specific outreach (and follow-up, as necessary) included but was not limited to phone calls, text messages, emails, direct mailings, and website and social media posts.

Bi-weekly, the MCOs continued to submit iterative versions of their innovative strategic plans for how to successfully promote and distribute the COVID-19 vaccines among their membership, as well as stratified data on vaccination rates. MCOs prepared their respective teams and in-network providers for the reinstatement of prior authorizations, effective October 1. MCOs and EOHHS discussed their plans for indefinitely covering telemedicine as a covered benefit in accordance with the new Telemedicine Coverage Act.

General Updates

- The State mailed Medicaid Annual Plan Change Opportunity (MAPCO) letters to MCO members in five (5) waves, based on zip codes, beginning in September.
- EOHHS Compliance department conducted the annual MCO Appeals & Grievance audits.
- Due to RIDOH's concerns about the early, unusually high prevalence of Respiratory Syncytial Virus (RSV) in Rhode Island, and nationally, EOHHS requested that MCOs submit clinical policies, prior authorization requirements, and barriers and restrictions for RSV testing and access to Synagis (palivizumab).
- MCOs presented their respective plans for meeting CMS Interoperability and Patient Access Final Rule requirements at monthly oversight meetings.
- EOHHS kicked off the 21st Century Cures Act Provider/Enrollment Screening Project with MCOs.

Specific to the unique details of Q3 oversight, pertaining to each MCO, see below:

Neighborhood Health Plan of Rhode Island (NHPRI)

- NHPRI continued to work with RIDOH to obtain vaccination data for NHPRI members.
- For durable medical equipment (DME) claims adjudication, NHPRI successfully continued to refine the process for smooth claims processing transitioned from Integra (a contracted Accountable Entity) to NHPRI (in-house). EOHHS continued to provide active monitoring and oversight of this transition.
- NHP worked satisfactorily with EOHHS to address 834 data file issues.

UnitedHealthcare Community Plan (UHCCP-RI)

- UHCCP made significant strides at increasing the rate of pap smears to better than pre-pandemic levels through interventions and incentives associated with receiving a cervical cancer screening. They launched communication, targeted live-call outreach, and reminders, and issued gift cards.
- UHCCP surpassed the intended year-end benchmark for improving lead screening rates, noting a 90 percent screening rate before the end of Q3.
- UHCCP case managers conducted targeted outreach to mothers and families identified as vaccine-averse, emphasizing the importance of all eligible household members obtaining a vaccine prior to children returning to in-person learning during the 2021-2022 school year.

- UHCCP submitted an updated version of their Sanvello Application proposal. UHCCP requested approval to launch the on-demand, digital treatment support application aimed at engaging their members via on-demand interface that provides self-help for stress, anxiety, and depression.

Tufts Health Public Plans (THPP)

- THPP reported that the newly-merged Tufts/Harvard Pilgrim Health a new CEO is formally in place at Care organizations.
- Tufts reported issues identified with their interpreter services vendor that resulted in delays. This prompted improved training and higher staffing volume, including more multilingual staff.
- THPP continued to work satisfactorily with EOHHS to address encounter claims submission.

UnitedHealthcare-Dental (UHC Dental)

- UHC Dental continued submitting monthly iterations of their strategic plan for increasing utilization of preventative dental services by RIte Smiles members in accordance with CMS' PDENT-CH measures. UHC focused on integrating and collaborating with the medical MCOs, working closely with NEMT vendor MTM to mitigate transportation barriers, focus on provider engagement to foster and preserve provider satisfaction, and strategically place their Community Based Coordinator throughout the community at a wide variety of events, focusing on various faith-based and culturally-homogenous subpopulations across the State.
- UHC Dental continued to regularly meet with provider offices across Rhode Island to understand and monitor the current status of network capacity, access barriers due to staffing shortages and social distancing restrictions, and pent-up demand. They also monitored provider office vaccine compliance.
- UHC Dental and EOHHS (including the RI Dental Director) focused on better monitoring and improving prior authorization policies and procedures, as well as State Fair Hearings.
- UHC Dental launched the Medical Access Request Form & Process in a kick-off meeting with all medical MCOs to improve timely access to operating room settings needed to treat members who require dental procedures under general anesthesia.

XII. Enclosures/Attachments

Attachment 1: Rhode Island Budget Neutrality Report

Budget Neutrality Table I

Budget Neutrality Summary

Without-Waiver Total Expenditures

Medicaid Populations	DY 11 2019 YTD	DY 12 2020 YTD	DY 13 Q1 CY 2021	DY 13 Q2 CY 2021	DY 13 Q3 CY 2021
ABD Adults No TPL	\$574,880,496	\$ 558,138,330	\$ 143,150,856	\$ 144,148,560	\$ 139,195,800
ABD Adults TPL	\$1,515,340,208	\$ 1,570,311,012	\$ 412,111,076	\$ 408,953,493	\$ 414,209,393
Rlte Care	\$1,124,280,008	\$ 1,173,757,273	\$ 324,104,634	\$ 329,508,657	\$ 332,503,011
CSHCN	\$501,135,222	\$ 536,123,544	\$ 142,473,978	\$ 142,239,060	\$ 141,791,958
TOTAL	\$3,715,635,934	\$ 3,838,330,159	\$ 1,021,840,544	\$ 1,024,849,770	\$ 1,027,700,162

With Waiver Total Expenditures

Medicaid Populations	DY 11	DY 12	DY 13	DY 13	DY 13
	2019 YTD	2020 YTD	1st Qtr. CY 2021	2nd Qtr. CY 2021	3rd Qtr. CY 2021
ABD Adults No TPL	\$ 460,321,375	\$ 427,179,157	\$ 109,765,949	\$ 91,186,420	\$ 148,256,940
ABD Adults TPL	\$ 734,710,806	\$ 516,755,079	\$ 97,626,632	\$ 114,887,892	\$ 164,588,003
Rlte Care	\$ 541,942,931	\$ 553,827,615	\$ 151,876,931	\$ 118,114,682	\$ 218,347,153
CSHCN	\$ 180,061,061	\$ 179,351,331	\$ 46,875,202	\$ 40,657,229	\$ 58,066,366
Excess Spending: Hypothetical	\$ -	\$ -	\$ -	\$ -	\$ -
Excess Spending: New Adult Group	\$ -	\$ -	\$ -	\$ -	\$ -
CNOM Services	\$ 34,827,736	\$ 8,337,011	\$ 1,844,023	\$ 2,247,263	\$ 2,110,688
TOTAL	\$ 1,951,863,909	\$ 1,685,450,193	\$ 407,988,736	\$ 367,093,485	\$ 591,369,150
Favorable / (Unfavorable) Variance	\$ 1,763,772,025	\$ 2,152,879,966	\$ 613,851,808	\$ 657,756,285	\$ 436,331,012
Budget Neutrality Variance (DY 1-5)		\$ -			
Cumulative Bud. Neutrality Variance	\$ 11,147,963,396	\$ 13,300,843,361	\$ 613,851,808	\$ 1,271,608,093	\$ 1,707,939,105

Budget Neutrality Table I

HYPOTHETICALS ANALYSIS

Without Waiver Total Exp.	2019 YTD	2020 YTD
217-like Group	\$ 225,235,256	\$ 237,116,616
Family Planning Group	\$ 316,416	\$ 353,975
TOTAL	\$ 225,551,672	\$ 237,470,591

1st Qtr. CY 2021
\$ 61,166,952
\$ 82,784
\$ 61,249,736

2nd Qtr. CY 2021
\$ 61,023,336
\$ 77,246
\$ 61,100,582

3rd Qtr. CY 2021
\$ 62,446,032
\$ 73,762
\$ 62,519,794

With-Waiver Total Exp.	2019 YTD	2020 YTD
217-like Group	\$ 195,337,894	\$ 199,195,728
Family Planning Group	\$ 359,192	\$ 406,225
TOTAL	\$ 195,697,086	\$ 199,601,953

1st Qtr. CY 2021
\$ 50,936,069
\$ 60,422
\$ 50,996,491

2nd Qtr. CY 2021
\$ 52,953,947
\$ 46,559
\$ 53,000,506

3rd Qtr. CY 2021
\$ 54,743,199
\$ 77,399
\$ 54,820,598

Excess Spending	2019 YTD	2020 YTD
217-like Group	\$ (29,897,362)	\$ (37,920,888)
Family Planning Group	\$ 42,776	\$ 52,250
TOTAL	\$ (29,854,586)	\$ (37,868,638)

1st Qtr. CY 2021
\$ (10,230,883)
\$ (22,362)
\$ (10,253,245)

2nd Qtr. CY 2021
\$ (8,069,389)
\$ (30,687)
\$ (8,100,076)

3rd Qtr. CY 2021
\$ (7,702,833)
\$ 3,637
\$ (7,699,196)

LOW INCOME ADULT ANALYSIS

Low-Income Adults (Expansion)	2019 YTD	2020 YTD
Without Waiver Total Exp.	\$ 880,767,360	\$ 987,151,494
With-Waiver Total Exp.	\$ 449,459,249	\$ 533,093,948
Excess Spending	\$ (431,308,111)	\$ (454,057,546)

1st Qtr. CY 2021
\$ 299,442,624
\$ 179,304,412
\$ (120,138,212)

2nd Qtr. CY 2021
\$ 309,176,960
\$ 134,606,071
\$ (174,570,889)

3rd Qtr. CY 2021
\$ 318,098,560
\$ 250,043,666
\$ (68,054,894)

Budget Neutrality Table II

Without-Waiver Total Expenditure Calculation

Actual Member Months	DY 11 2019 YTD	DY 12 2020 YTD
ABD Adults No TPL	\$ 174,842	\$ 162,770
ABD Adults TPL	\$ 407,788	\$ 405,137
Rlte Care	\$ 1,925,137	\$ 1,921,043
CSHCN	\$ 145,806	\$ 148,593
217-like Group	\$ 53,348	\$ 54,472
Low-Income Adult Group	\$ 889,664	\$ 951,013
Family Planning Group	\$ 13,184	\$ 14,159

DY 13 1st Qtr. CY 2021
\$ 40,031
\$ 101,932
\$ 507,206
\$ 37,602
\$ 13,629
\$ 275,223
\$ 3,184

DY 13 2 nd Qtr. CY 2021
\$ 40,310
\$ 101,151
\$ 515,663
\$ 37,540
\$ 13,597
\$ 284,170
\$ 2,971

DY 13 3rd Qtr. CY 2021
\$ 38,925
\$ 102,451
\$ 520,349
\$ 37,422
\$ 13,914
\$ 292,370
\$ 2,837

Without Waiver PMPMs	DY 11 2019 YTD	DY 12 2020 YTD
ABD Adults No TPL	\$ 3,288	\$ 3,429
ABD Adults TPL	\$ 3,716	\$ 3,876
Rlte Care	\$ 584	\$ 611
CSHCN	\$ 3,437	\$ 3,608
217-like Group	\$ 4,222	\$ 4,353
Low-Income Adult Group	\$ 990	\$ 1,038
Family Planning Group	\$ 24	\$ 25

DY 13 1st Qtr. CY 2021
\$ 3,576
\$ 4,043
\$ 639
\$ 3,789
\$ 4,488
\$ 1,088
\$ 26

DY 13 2 nd Qtr. CY 2021
\$ 3,576
\$ 4,043
\$ 639
\$ 3,789
\$ 4,488
\$ 1,088
\$ 26

DY 13 3rd Qtr. CY 2021
\$ 3,576
\$ 4,043
\$ 639
\$ 3,789
\$ 4,488
\$ 1,088
\$ 26

Without Waiver Expenditures	DY 11 2019 YTD	DY 12 2020 YTD
ABD Adults No TPL	\$ 574,880,496	\$ 558,138,330
ABD Adults TPL	\$ 1,515,340,208	\$ 1,570,311,012
Rlte Care	\$ 1,124,280,008	\$ 1,173,757,273
CSHCN	\$ 501,135,222	\$ 536,123,544
217-like Group	\$ 225,235,256	\$ 237,116,616
Low-Income Adult Group	\$ 880,767,360	\$ 987,151,494
Family Planning Group	\$ 316,416	\$ 353,975

DY 13 1st Qtr. CY 2021	DY 13 2 nd Qtr. CY 2021	DY 13 3rd Qtr. CY 2021
\$ 143,150,856	\$ 144,148,560	\$ 139,195,800
\$ 412,111,076	\$ 408,953,493	\$ 414,209,393
\$ 324,104,634	\$ 329,508,657	\$ 332,503,011
\$ 142,473,978	\$ 142,239,060	\$ 141,791,958
\$ 61,166,952	\$ 61,023,336	\$ 62,446,032
\$ 299,442,624	\$ 309,176,960	\$ 318,098,560
\$ 82,784	\$ 77,246	\$ 73,762

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: _____12/22/2021_____

XIII. State Contact(s)

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XIV. Date Submitted to CMS
