



Report to the Centers for Medicare and Medicaid Services

Quarterly Operations Report

Rhode Island Comprehensive

1115 Waiver Demonstration

July 1, 2020 – September 30, 2020

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

Submitted February 2021

I. Narrative Report Format

Rhode Island Comprehensive Section 1115 Demonstration

Section 1115 Quarterly Report Demonstration Reporting

Period: DY 12 July 1, 2020 – September 30, 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.

Population Groups (as hard coded in the CMS-64)	Number of Current Enrollees (to date)* 09/30/2020	Number of Enrollees That Lost Eligibility in 09/30/2020**
Budget Population 1: ABD no TPL	13,120	301
Budget Population 2: ABD TPL	35,166	91
Budget Population 3: Rlte Care	130,958	550
Budget Population 4: CSHCN	12,502	29
Budget Population 5: EFP	1,149	6
Budget Population 6: Pregnant Expansion	30	0
Budget Population 7: CHIP Children	32790	129
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	1,689	27
Budget Population 11, 12, 13: 217-like group	4,511	54
Budget Population 14: BCCTP	80	1
Budget Population 15: AD Risk for LTC	3,674	16
Budget Population 16: Adult Mental Unins	12,013	0
Budget Population 17: Youth Risk Medic	6,283	10
Budget Population 18: HIV	228	14
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	86,603	565
Budget Population 27: Emg Svcs for Undocumented Immigrants	89	62

*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 July 1, 2020 – September 30, 2020:

Quarter 3: 1:541 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 July 1, 2020 – September 30, 2020 (by category or by type) with a total of \$2,692.80 for special purchases expenditures.

Q 3 2020	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	3	Over the counter medications		\$ 885.30
	11	Acupuncture		\$ 1,105.00
	4	Massage Therapy		\$ 300.00
	1	Supportive Equipment		\$ 100.00
	2	Service Dog Training		\$ 177.50
	1	Handicap Van Repairs		\$ 125.00
	CUMULATIVE TOTAL			\$2,692.80

VI. Outreach/Innovative Activities

Summarize outreach activities and/or promising practices for Q3, July 1, 2020 – September 30, 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 Q3, 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, community health, and other areas with critical workforce needs.

Accountable Entities (AEs)

- Due to COVID-19, the execution of risk-based contracts was postponed until PY4. AE's were required instead, to submit Pandemic Response Plans. All submissions were submitted in August and approved by EOHHS in September.
- AE's met all project milestones for PY2 as they continued working on PY3 HSTP Project Plans.

- EOHHS focused on preparation for the development of the PY4 Roadmap and Sustainability plan through meetings with stakeholders to gain insight into AE program costs including ongoing financial needs for infrastructure and staff following the end of the demonstration. Engagement included:
 - Meeting individually with AE's to better understand program costs, challenges and barriers to sustainability;
 - Reviewing AE program initiatives at the AE Advisory Committee Meeting;
 - Conducting a public comment period to receive and respond to stakeholder feedback.

- Under the contact with the Center for Health Care Strategies (CHCS) individualized Technical Assistance (TA) was provided to Medicaid AEs and MCOs. In addition to bi-weekly meetings with EOHHS, plans were 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” was presented at the June 4, 2020 AE Advisory Committee meeting for input into the proposal. The updated TA Strategy includes quarterly webinars to exchange best practices, share lessons learned, learn from National SME’s on range of topics (Patient Engagement, BH Integration, Complex Care Management, SDOH); Open Forum Calls, in-person Learning Collaborative (date tbd) in addition to on-going project management and a final summative report. CHCS provided Technical Assistance via an Open Forum call for AE’s in July on “Health Equity and Pandemic response planning” and in August on “Leverage and Opportunities for Addressing Health Equity”.

- The HSTP Advisory Committee held one meeting in August. The August meeting included a presentation by the EOHHS HSTP strategic planning team on initiatives to address Social Determinants of Health within the Accountable Entity program. These initiatives include the procurement of a Community Resource Platform (CRP) to improve coordination between Community Based and Healthcare Organizations with members’/patients’/clients’. In addition to the CRP the SDOH strategy also includes a program to address health equity through a collaboration of AE’s, CBO’s, Community Health Teams and the Health Equity Zones in Rhode Island. The initiative, called the “Rhode to Equity” is designed to support geographically-based teams address upstream social determinants of health through the application of population health tools utilizing “The Pathways to Population Health” model. The August meeting also included a review of the PY4 Roadmap and Sustainability Plan that was to be posted for public comment on September 10, 2020.

- The 1115 Waiver Accountable Entity Roadmap and Sustainability Plan was posted for public comment on September 10, 2020.

VII. Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in Q3, July 1, 2020 – September 30, 2020.

Modernizing Health and Human Services Eligibility Systems

Between April 1, 2020 and June 30, 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 July 1, 2020 – September 30, 2020.

Request Type	Description	Date Submitted	CMS Action	Date
SPA	Cost Based Reimbursement for Government-Owned and - Operated Hospitals	5/5/20		
SPA	SUPPORT Act/CHIP	6/30/20	approved	9/2/20
SPA	Recovery Audit Contractors	6/30/20	approved	7/30/20
Waiver	COVID 1115	3/27/20	approved	7/21/20
Waiver	COVID 1115	4/8/20		
Waiver	Appendix K	5/1/20	approved	9/3/20

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 3 of DY 12 July 1, 2020 – September 30, 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

July - September 2020

Medicaid Managed Care Appeals and Grievance Q3 Report (7/2020 – 9/2020)

The 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 action to improve member satisfaction.

Each MCO continuously monitors member complaints and watches for trends or emerging consumer issues. A Grievances and Complaints report as well as an Appeals 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 quarterly reports are reviewed by the Compliance staff at EOHHS. 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). Where appropriate, Appeals and Grievances directly attributed to Accountable Entities (AE) are indicated as a subcategory for each cohort.

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.

Beginning Q1 2021, Rite Smiles, RI EOHHS' Dental program for children and young adults, will be submitted with RI Medicaid Managed Care Appeals and Grievance 1115 Waiver Report.

*Of note the state of Rhode Island was functioning under a Public Health Emergency due to the novel coronavirus. The decrease in number of appeals and grievances, specifically requests for external appeals, was experienced across all Plans.

I. NHPRI QUARTERLY REPORT Q3 _2020 - APPEALS, GRIEVANCES AND COMPLAINTS

NHPRI Quarterly Report Q3 2020_ Prior Authorization Requests

	Rite Care	(AE)*	CSN	(AE)	RHP	(AE)	RHE	(AE)	SubCare (NHP Only)
Prior Authorization Requests	6191	N/A	1244	N/A	3044	N/A	7198	N/A	260
Concurrent Authorization Requests	1607	N/A	381	N/A	888	N/A	1967	N/A	256

*(AE) represents authorization requests submitted by cohort; PAs not reported based on AE attribution.

NHPRI Quarterly Report Q3 2020_ APPEALS

Appeals Internal	Rite Care	CSN	RHP	RHE	SubCare
Standard	85	6	46	79	1
% Overturned	56%	100%	72%	67%	100%
Expedited	3	0	6	4	0
% Overturned	67%	N/A	100%	100%	N/A
State Fair Hearing – External	Rite Care	CSN	RHP	RHE	SubCare
Standard	3	0	8	5	0
% Overturned	100%	N/A	1%	20%	N/A
Expedited	0	0	1	0	0
% Overturned	N/A	N/A	0	N/A	N/A

*quarterly appeal rate = appeals per 1000/members

% Overturned = service denial decision not upheld in appeal

Summary

The Q3 2020 appeal rate is 0.26/1000 members, representing a 46% decrease in clinical appeals from Q2 2020. NHPRI subcontracts to OPTUM (representing 3 clinical appeals in Q3) for BH and eviCore (representing 148 appeals in Q3) for high-end radiological diagnostics, both entities conduct internal appeals.

NHPRI Quarterly Report Q1 2020 GRIEVANCES

	Rlte Care	CSN	RHP	RHE	SubCare	AE
Number of Grievances	4	0	8	2	0	5
Number of Complaints	5	0	13	11	0	0
Total	9	0	21	13	0	5

Summary

Of the 48 Grievances/Complaints submitted in Q3 2020; 10.42% of grievances/ complaints represents access to care issues attributed to AEs.

II. THRIT QUARTERLY REPORT Q3 _2020 - APPEALS, GRIEVANCES AND COMPLAINTS

THPP Quarterly Report Q3 2020_ Prior Authorization Requests

	Rlte Care	CSN	RHP	RHE	(AE)*
Prior Authorization Requests	261	0	123	0	N/A
Concurrent Authorization Requests	93	0	24	115	0

* (AE) represents authorization requests submitted by cohort members attributed to an AE; THP does not participate in the AE program at this time.

THRIT Quarterly Report Q2 2020_APPEALS

Appeals Internal	Rlte Care	CSN	RHP	RHE
Standard	2	0	0	0
% Overturned	50% %	N/A	N/A	N/A
Expedited	4	0	5	0
% Overturned	50%	N/A	60%	N/A
State Fair Hearing – External				
Standard	0	0	0	0
% Overturned	N/A	N/A	N/A	N/A
Expedited	0	0	0	0
% Overturned	N/A	N/A	N/A	N/A

Summary

Q3 2020 total rate of appeals (total 11), represent a slight increase in an Appeals by member/provider (on behalf of member) since Q2 2020. The highest percentage of appeals represent denial of medications.

THRIT Quarterly Report Q 3 2020_GRIEVANCES and Complaints

	Rlte Care	CSN	RHP	RHE	AE
Number of Grievances	0	0	1	0	N/A
Number of Complaints	0	0	0	0	N/A
Total	0	0	1	0	N/A

Summary

THPP reported one (1) Complaints or Grievances for Q3 2020.

III. UHCP-RI Quarterly Report Q 3 _2020 - APPEALS, GRIEVANCES and COMPLAINTS

UHCP-RI Quarterly Report Q1 2020_ Prior Authorization Requests

	Rlte Care	(AE)*	CSN	(AE)	RHP	(AE)	RHE	(AE)
Prior Authorization Requests	1825	220	320	19	2616	101	5711	212
Concurrent Authorization Requests	214	6	53	0	375	1	780	3

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

UHCP-RI QUARTERLY REPORT Q3 2020 _APPEALS

Appeals Internal	Rlte Care	CSN	RHP	RHE
Standard	29	0	18	32
% Overturned	79%	N/A	78%	88%
Expedited	9	0	20	29
% Overturned	89%	N/A	90%	86%
State Fair Hearing – External				
Standard	0	0	0	0
% Overturned	N/A	N/A	N/A	N/A
Expedited	0	0	0	0
% Overturned	N/A	N/A	N/A	N/A

Summary

Q3 2020 appeal submission rate decreased by 19% when compared to Q2 2020, noting the majority of appeals represented requests and denials for high-end radiology.

UHCP-RI Quarterly Report Q3 2020 _GRIEVANCES

	Rlte Care	CSN	RHP	RHE	AE
Number of Grievances	4	0	4	8	N/A
Number of Complaints	14	0	2	8	N/A
Total	18	0	6	16	N/A

Summary

Of the four (4) Grievances/Complaints submitted in Q3 2020, the majority of member grievances/complaints in Q3 2020 concerned issues of balance billing and access to in network pain management. Issues of balance billing continues to be a significant source of member dissatisfaction. Twenty-two percent (22%) of the 40 grievances were due to balance billing issues.

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 twice in Q3 July 1 – September 30, 2020:

July meeting agenda

- Welcome and Introductions
- Review of May 14, 2020 Meeting Minutes
- COVID-19 Updates
 - Telehealth and Prior Authorizations
 - COVID-Testing
 - Transportation
- Medicaid Change Plan Opportunity (Open Enrollment)
- Return Mail Project Rollout
- Rite Smiles Update
- Data Reports – Enrollment & Auto Assignment

September meeting agenda

- Welcome and Introductions
- Review of July 9, 2020 Meeting Minutes
- HSRI Updates
- COVID-19 Updates
 - Telehealth and Prior Authorizations
 - COVID-Testing
 - Transportation
- Medicaid Change Plan Opportunity (Open Enrollment)
- Return Mail Project Rollout
- Data Reports – Enrollment & Auto Assignment

The EOHHS Transportation Broker, Medical Transportation Management (MTM), reported on transportation related complaints. The following charts reflect the number of complaints compared to the transportation reservations and the top five complaint areas during DY 12 July 1 – September 30, 2020.

NEMT Analysis	DY 11 Q2
All NEMT & Elderly Complaints	269
All NEMT & Elderly Trip Reservations	388,745
Complaint Performance	0.07 %
Top 5 Complaint Areas	DY 11 Q2
Transportation Provider No Show	63
Transportation Client Protocols	38
Transportation Provider Behavior	33
Transportation Provider Late	24
Transportation Broker Processes	19

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.

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	159	19	\$ 43.26	\$ 6,878.00	ACTUAL
February	119	(40)	\$ 44.25	\$ 5,266.00	ACTUAL
March	107	(12)	\$ 44.31	\$ 4,700.00	ACTUAL
April	136	29	\$ 43.24	\$ 5,880.00	ACTUAL
May	116	(20)	\$ 44.98	\$ 5,218.00	ACTUAL
June	116	-	\$ 44.70	\$ 5,185.00	ACTUAL
July	113	(3)	\$ 44.87	\$ 5,070.00	ACTUAL
August	103	(10)	\$ 44.93	\$ 4,628.00	ACTUAL
September	106	3	\$ 45.05	\$ 4,775.00	ACTUAL

XI. Evaluation/Quality Assurance/Monitoring Activity

Identify, describe, and report the outcome of all major evaluation/quality assurance/monitoring activities in Q3 of DY 12, July 1, 2020 – September 30, 2020.

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 2020, the start of State Fiscal Year (SFY) 2021:

Active Contract Management

During Q3, 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. Q3 ACM focused primarily on continued improvement of Accountable Entities (AE) attribution and PCP assignment, and more pointedly prioritizing correct AE attribution and provider roster reconciliation. Specifically, the MCOs were tasked with continuing to tighten the variance between members attributed to a specific AE and those who visit their PCP at their attributed AE, versus elsewhere, so that EOHHS better understands where and how members receive services. At the end of Q3, attribution work focused on enhancing immunization rates among children. Additional focus was devoted to gathering race/ethnicity data to better understand and address health disparities during the public health emergency (PHE).

Common MCO Oversight Updates

EOHHS communicated concerns from the Governor’s office regarding the significant decline in children’s immunizations and tasked MCOs with coordinating with providers to prioritize and submit plans for increasing well child visits and vaccinations ahead of the 2020-2021 school year. MCOs were further tasked with submission of immunization data and reporting on specific efforts to address the decline in immunizations and lead screening among children during the PHE.

Additionally, EOHHS successfully launched the Provider Termination & Network Changes policies, as well as updates to the process for reconciling newborn Medicaid members. EOHHS and our actuaries from Milliman reviewed SFY 2021 risk adjusted rates with each of the MCOs

to ensure mutual understanding, answer clarification questions, and alleviate any concerns. MCOs continued progress toward EVV implementation in preparation for the mandatory January 2021 launch. EOHHS mandated that MCOs coordinate member care with peers as a result of CMS authorizing the implementation of peer recovery specialist coverage for the fee for service (FFS) population to prevent program integrity concerns.

COVID-19 Operational Oversight

As the number of positive cases and significant increase in hospitalizations continued to rise as a result of the COVID-19 public health crisis in Q3, EOHHS continued to meet with MCOs weekly in to discuss planning and monitoring the ever-changing circumstances in real time. The MCOs acted in true partnership with EOHHS to ensure continuity of critical care and continued compliance with Governor Raimondo's executive orders. MCOs continuously monitored telehealth utilization, increased Medicaid enrollment, and provider relations and payments. Further focus was devoted to health disparities; interpreter services and gathering utilization data pertaining to immunizations, lead screening and race/ethnicity.

Specific to the unique details of Q3 oversight pertaining to each MCO is outlined as follows:

Neighborhood Health Plan of Rhode Island (NHPRI)

- Discussion and analysis of AE attribution and reconciliation occurred between EOHHS and NHP during Q3.
- NHP conducted CAHPS 2020 Medicaid Adult Survey.
- AE attribution work, as part of ACM, was transitioned to work on enhancing immunization rates for children at end of Q3.

UnitedHealthcare Community Plan (UHCCP-RI)

- UHCCP-RI ("UHC") care management team and housing specialist identified five members who would be placed in the Housing Pilot launched in partnership between UHC and Crossroads Rhode Island. These high-utilizer members that had incurred more than \$1MM annually, attributed mostly to homelessness and hospitalizations, were placed in the newly renovated apartments and provided ongoing care management and daily monitoring by UHC's housing specialist.
- As part of the FQHC Transformation Investment Program, UHC invested funding in FQHC quality improvement initiatives focused on SDOH and the PHE, including telemedicine, digital engagement for the patient population, and increased testing capabilities, as well as initiatives focused on improving immunization rates and well-child follow-up visits.
- EOHHS met on many occasions with UHC to resolve SART billing changes associated with provider billing type issues, eligibility and enrollment rules by Medicaid sub-population, Durable Medical Equipment (DME) Policy questions, and skilled nursing facility (SNF) eligibility.

Tufts Health Public Plans (THPP)

- THPP began a project with the American Heart Association to conduct blood pressure screenings for members living in Central Falls.
- THPP successfully conducted system migration. No significant claims/member/provider issues were identified.
- THPP continued to work satisfactorily with EOHHS to address encounter claims submission.

UnitedHealthcare-Dental (UHC Dental)

- Resulting from the procurement results established in Q2, the newly executed contract with incumbent vendor UHC Dental was effectuated on July 1, which marked the launch of the contract readiness period. UHC Dental assigned a dedicated readiness project manager and submitted a comprehensive work plan that included readiness milestones reviewed at weekly readiness meetings.
- UHC Dental continued providing tele-dentistry services in accordance with the Governor's PHE Executive Order; they presented tele-dentistry utilization updates at monthly oversight meetings.
- UHC Dental worked with their contracted provider offices to ensure they were equipped with adequate PPE, that waiting rooms were retrofitted to accommodate social-distancing measures, and that COVID-19 screening process plans were in place for both office staff and patients, as part of the Governor's phased Reopening Rhode Island plan requirements. This also included plans for non-surgical management of caries and limiting aerosol procedures.
- UHC Dental submitted policies and procedures, as well as member-facing marketing materials and the member handbook for compliance review and approval.
- EOHHS introduced ACM objectives and expectations; UHC Dental submitted a proposed ACM strategy. EOHHS also introduced the concept and objectives of alternative payment methodologies (APM) and tasked UHC Dental with strategizing internally before submitting a proposed APM plan.
- EOHHS introduced the Health System Transformation Project (HSTP) and Accountable Entity (AE) programs to encourage and emphasize the need for better integration and care coordination between medical Medicaid MCOs and UHC Dental.

XII. Enclosures/Attachments

Attachment 1: Rhode Island Budget Neutrality Report

Budget Neutrality Table I

Budget Neutrality Summary

Without-Waiver Total Expenditures

Medicaid Populations	DY 10 2018 YTD	DY 11 2019 YTD	DY 12 Q1 CY 2020	DY 12 Q2 CY 2020	DY 12 Q3 CY 2020
ABD Adults No TPL	\$ 568,983,280	\$ 574,880,496	\$ 147,272,121	\$ 140,266,674	\$ 135,483,219
ABD Adults TPL	\$ 1,489,697,426	\$ 1,515,340,208	\$ 382,344,144	\$ 388,607,760	\$ 399,010,944
Rlte Care	\$ 1,112,899,194	\$ 1,124,280,008	\$ 282,789,741	\$ 289,681,821	\$ 297,376,144
CSHCN	\$ 493,100,361	\$ 501,135,222	\$ 132,875,424	\$ 131,883,224	\$ 134,509,848
TOTAL	\$ 3,664,680,261	\$ 3,715,635,934	\$ 945,281,430	\$ 950,439,479	\$ 966,380,155

With Waiver Total Expenditures

Medicaid Populations	DY 10 2018 YTD	DY 11 2019 YTD	DY 12 1st Qtr. CY 2020	DY 12 2nd Qtr. CY 2020	DY 11 3rd Qtr. CY 2020
ABD Adults No TPL	\$ 415,613,308	\$ 460,321,375	\$ 106,930,234	\$ 92,219,357	\$ 166,531,869
ABD Adults TPL	\$ 725,296,165	\$ 734,710,806	\$ 138,778,027	\$ 120,030,301	\$ 278,105,694
Rlte Care	\$ 549,821,243	\$ 541,942,931	\$ 123,602,300	\$ 83,602,889	\$ 198,262,549
CSHCN	\$ 182,172,130	\$ 180,061,061	\$ 47,981,502	\$ 35,466,680	\$ 52,598,849
Excess Spending: Hypothetical	\$ -	\$ -	\$ -	\$ -	\$ -
Excess Spending: New Adult Group	\$ -	\$ -	\$ -	\$ -	\$ -
CNOM Services	\$ 9,347,322	\$ 34,827,736	\$ 2,471,567	\$ 1,916,974	\$ 1,895,190
TOTAL	\$ 1,882,250,168	\$ 1,951,863,909	\$ 419,763,630	\$ 333,236,201	\$ 697,394,151
Favorable / (Unfavorable) Variance	\$ 1,782,430,093	\$ 1,763,772,025	\$ 525,517,800	\$ 617,203,278	\$ 268,986,004
Budget Neutrality Variance (DY 1-5)					
Cumulative Bud. Neutrality Variance	\$ 9,384,191,371	\$ 11,147,963,396	\$ 525,517,800	\$ 1,142,721,078	\$ 1,411,707,082

Budget Neutrality Table I

HYPOTHETICALS ANALYSIS

Without Waiver Total Exp.	2018 YTD	2019 YTD
217-like Group	\$ 220,425,660	\$ 225,235,256
Family Planning Group	\$ 206,839	\$ 316,416
TOTAL	\$ 220,632,499	\$ 225,551,672

1st Qtr. CY 2020
\$ 58,987,503
\$ 88,775
\$ 59,076,278

2nd Qtr. CY 2020
\$ 59,614,335
\$ 92,025
\$ 59,706,360

3rd Qtr. CY 2020
\$ 59,614,335
\$ 88,325
\$ 59,702,660

With-Waiver Total Exp.	2018 YTD	2019 YTD
217-like Group	\$ 197,290,254	\$ 195,337,894
Family Planning Group	\$ 116,238	\$ 359,192
TOTAL	\$ 197,406,492	\$ 195,697,086

1st Qtr. CY 2020
\$ 49,871,418
\$ 63,358
\$ 49,934,776

2nd Qtr. CY 2020
\$ 50,514,886
\$ 66,356
\$ 50,581,242

3rd Qtr. CY 2020
\$ 48,910,935
\$ 219,484
\$ 49,130,419

Excess Spending	2018 YTD	2019 YTD
217-like Group	\$ (23,135,406)	\$ (29,897,362)
Family Planning Group	\$ (90,601)	\$ 42,776
TOTAL	\$ (23,226,007)	\$ (29,854,586)

1st Qtr. CY 2020
\$ (9,116,085)
\$ (25,417)
\$ (9,141,502)

2nd Qtr. CY 2020
\$ (9,099,449)
\$ (25,669)
\$ (9,125,118)

3rd Qtr. CY 2020
\$ (10,703,400)
\$ 131,159
\$ (10,572,241)

LOW INCOME ADULT ANALYSIS

Low-Income Adults (Expansion)	2018 YTD	2019 YTD
Without Waiver Total Exp.	\$875,438,550	\$880,767,360
With-Waiver Total Exp.	\$449,618,448	\$449,459,249
Excess Spending	(\$425,820,102)	(\$431,308,111)

1st Qtr. CY 2020
\$221,653,482
\$114,828,698
(\$106,824,784)

2nd Qtr. CY 2020
\$ 239,407,434
\$ 81,577,810
\$ (157,829,624)

3rd Qtr. CY 2020
\$ 255,228,630
\$ 189,125,377
\$ (66,103,253)

Budget Neutrality Table II

Without-Waiver Total Expenditure Calculation

Actual Member Months	DY 10 2018 YTD	DY 11 2019 YTD
ABD Adults No TPL	\$ 180,515	\$ 174,842
ABD Adults TPL	\$ 418,102	\$ 407,788
Rlte Care	\$ 1,994,443	\$ 1,925,137
CSHCN	\$ 150,657	\$ 145,806
217-like Group	\$ 53,828	\$ 53,348
Low-Income Adult Group	\$ 926,390	\$ 889,664
Family Planning Group	\$ 8,993	\$ 13,184

DY 12 1st Qtr. CY 2020
\$ 42,949
\$ 98,644
\$ 462,831
\$ 36,828
\$ 13,551
\$ 213,539
\$ 3,551

DY 12 2 nd Qtr. CY 2020
\$ 40,906
\$ 100,260
\$ 474,111
\$ 36,553
\$ 13,695
\$ 230,643
\$ 3,681

DY 12 3rd Qtr. CY 2020
\$ 39,511
\$ 102,944
\$ 486,704
\$ 37,281
\$ 13,695
\$ 245,885
\$ 3,533

Without Waiver PMPMs	DY 10 2018 YTD	DY 11 2019 YTD
ABD Adults No TPL	\$ 3,152	\$ 3,288
ABD Adults TPL	\$ 3,563	\$ 3,716
Rlte Care	\$ 558	\$ 584
CSHCN	\$ 3,273	\$ 3,437
217-like Group	\$ 4,095	\$ 4,222
Low-Income Adult Group	\$ 945	\$ 990
Family Planning Group	\$ 23	\$ 24

DY 12 1st Qtr. CY 2020
\$ 3,429
\$ 3,876
\$ 611
\$ 3,608
\$ 4,353
\$ 1,038
\$ 25

DY 12 2 nd Qtr. CY 2020
\$ 3,429
\$ 3,876
\$ 611
\$ 3,608
\$ 4,353
\$ 1,038
\$ 25

DY 12 3rd Qtr. CY 2020
\$ 3,429
\$ 3,876
\$ 611
\$ 3,608
\$ 4,353
\$ 1,038
\$ 25

Without Waiver Expenditures	DY 10 2018 YTD	DY 11 2019 YTD
ABD Adults No TPL	\$ 568,983,280	\$ 574,880,496
ABD Adults TPL	\$ 1,489,697,426	\$ 1,515,340,208
Rlte Care	\$ 1,112,899,194	\$ 1,124,280,008
CSHCN	\$ 493,100,361	\$ 501,135,222
217-like Group	\$ 220,425,660	\$ 225,235,256
Low-Income Adult Group	\$ 875,438,550	\$ 880,767,360
Family Planning Group	\$ 206,839	\$ 316,416

DY 12 1st Qtr. CY 2020	DY 12 2 nd Qtr. CY 2020	DY 12 3rd Qtr. CY 2020
\$ 147,272,121	\$ 140,266,674	\$ 135,483,219
\$ 382,344,144	\$ 388,607,760	\$ 399,010,944
\$ 282,789,741	\$ 289,681,821	\$ 297,376,144
\$ 132,875,424	\$ 131,883,224	\$ 134,509,848
\$ 58,987,503	\$ 59,614,335	\$ 59,614,335
\$ 221,653,482	\$ 239,407,434	\$ 255,228,630
\$ 88,775	\$ 92,025	\$ 88,325

Attachment 2: Statement of Certification of Accuracy of Reporting of Member Months

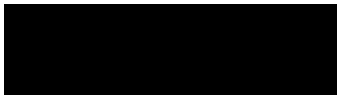
Statement of Certification of Accuracy of Reporting Member Months

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: 3.9.21

XIII. State Contact(s)

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3 West Road
Cranston, RI 02920

401-462-3058

Benjamin.Shaffer@ohhs.ri.gov

XIV. Date Submitted to CMS

Submitted __3/9/21_____