Report to the Centers for Medicare and Medicaid Services

Quarterly Operations Report

Rhode Island Comprehensive

1115 Waiver Demonstration

DY13 Q2

April 1, 2021 – June 30, 2021

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

Submitted September 2021

I. Narrative Report Format

Rhode Island Comprehensive Section 1115 Demonstration

Section 1115 Quarterly Report Demonstration Reporting

Period: DY 13 April 1, 2021 – June 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, RIte Care and RIte Share, the state's previous section 1915(b) Dental Waiver and the state's previous section 1915(c) home and community-based services (HCBS) waivers were subsumed under this demonstration. The state's title XIX state plan as approved; its title XXI state plan, as approved; and this Medicaid section 1115 demonstration entitled "Rhode Island Comprehensive Demonstration," will continue to operate concurrently for the demonstration period.

The Rhode Island Comprehensive demonstration includes the following distinct components:

a. The Managed Care component provides Medicaid state plan benefits as well as supplemental benefits as identified in Attachment A of the Standard Terms and Conditions (STCs) to most recipients eligible under the Medicaid State Plan, including the new adult group effective January 1, 2014. Benefits are provided through comprehensive mandatory managed care delivery systems. The amount, duration and scope of these services may vary and limitations must be set out in the state plan, the STCs, or in demonstration changes implemented using the processes described in section IV of the STCs.

b. The Extended Family Planning component provides access to family planning and referrals to primary care services for women whose family income is at or below 200 percent of the federal poverty level (FPL), and who lose Medicaid eligibility under RIte Care at the conclusion of their 60-day postpartum period. Effective January 1, 2014, eligibility will be raised to 250 percent of the FPL. Section X of the STCs details the requirements.

c. The RIte Share premium assistance component enrolls individuals who are eligible for Medicaid/CHIP, and who are employees or dependents of an employee of an employer that offers a "qualified" plan into the Employer Sponsored Insurance (ESI) coverage.

d. Effective through December 31, 2013, the Rhody Health Partners component provides Medicaid State Plan and demonstration benefits through a managed care delivery system to aged, blind, and disabled beneficiaries who have no other health insurance. Effective November 1, 2013, the Rhody Health Options component expanded to all qualified aged, blind, and disabled beneficiaries whether they have other health insurance or not. Effective January 1, 2014, the New Adult Group began enrollment in Rhody Health Partners. The amount, duration, and scope of these services may vary and limitations must be set out in the state plan, the STCs, or in demonstration changes implemented using the processes described in section IV of the STCs.

e. The Home and Community-Based Service component provides services similar to those authorized under sections 1915(c) and 1915(i) of the Act to individuals who need home and community-based services either as an alternative to institutionalization or otherwise based on medical need.

f. The RIte Smiles Program is a managed dental benefit program for Medicaid eligible children born after May 1, 2000.

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)* 06/30/2021	Number of Enrollees That Lost Eligibility in 06/30/2021**
Budget Population 1: ABD no TPL	13,223	462
Budget Population 2: ABD TPL	34,551	147
Budget Population 3: RIte Care	136,610	718
Budget Population 4: CSHCN	12.489	92
Budget Population 5: EFP	973	5
Budget Population 6: Pregnant Expansion	58	0
Budget Population 7: CHIP Children	35,855	171
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	1,664	19
Budget Population 11, 12, 13: 217-like group	4,558	66
Budget Population 14: BCCTP	85	0
Budget Population 15: AD Risk for LTC	3,750	0
Budget Population 16: Adult Mental Unins	12,010	0
Budget Population 17: Youth Risk Medic	6,972	16
Budget Population 18: HIV	249	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	99,103	940
Budget Population 27: Emg Svcs for Undocumented Immigrants	123	57

*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 April 1, 2021 – June 30, 2021:

Quarter 1: 32:483 at the close of the quarter.
Quarter 2: 41:520 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 April 1, 2021 – June 30, 2021 (by category or by type) with a total of $1,008.27 for special purchases expenditures.

Q2 2021	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	1	Over the counter medications		$ 143.27
	4	Acupuncture		$ 340.00
	2	Massage Therapy		$ 150.00
	3	Service Dog Training		$ 375.00
	CUMULATIVE TOTAL			**$1,008.27**

VI. Outreach/Innovative Activities

Summarize outreach activities and/or promising practices for Q2, April 1, 2021 – June 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)

- All Accountable Entities re-applied for PY4 Certification. Of the six that applied, five were fully certified on April 30, 2021 and one was certified with a final condition that must be met by June 30, 2021. The final condition was met by the deadline and the AE was fully certified for Program Year 4.
- AEs continued working remaining project milestones for PY2 as they continued working on PY3 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 focused on Operations for PY3 and preparation for PY4 implementation through meetings and preparing final guidance and documentation for AE's and MCO's on the following topics:

    - Reviewing the TCOC PY4 Implementation process and updates to the TCOC data requests due to the entrance of a newly certified Accountable Entity;
    - Reviewing PY3 quarter 1 TCOC performance with the AE's and MCO's.

- 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 two webinars in April on "Supporting Effective Team-Based Primary Care through Medicaid Managed Care" and "Building Trust with Patients".

- The HSTP Advisory Committee held two meetings in April and June. The April meeting included a presentation on the States' initiatives to address Social Determinants of Health including 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. The June meeting focused on PY2 Total Cost of Care Results, Workforce Initiatives, LTSS Resiliency including the proposed LTSS APM and the Hospital Care Transitions Initiative (HCTI).

VII. Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in Q2, April 1, 2021 – June 30, 2021.

Modernizing Health and Human Services Eligibility Systems

Between April 1, 2021 and June 30, 2021, the Deloitte and State teams implemented two (2) software releases to address 82 data incidents and 10 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. RI Bridges also received a system upgrade to Oracle v12 processing automation in May. 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 April 1, 2021 – June 30, 2021.

Request Type	Description	Date Submitted	CMS Action	Date
SPA	Medicaid Disaster Relief Covid-19	1/21/21	Approved	4/20/21
SPA	Medication-Assisted Treatment	3/30/21	Approved	6/25/21
SPA	Home Equity Limits	3/30/21	Approved	5/10/21
SPA	Medically Needy Income Limit (MNIL)	3/30/21	Approved	5/28/21
SPA	GME Payment Increase	5/17/21	Pending	N/A
SPA	Covid 19 Vaccines and Vaccine Administration	5/17/21	Pending	N/A
SPA	Psychiatric Residential Treatment Centers (PRTF)	6/29/21	Pending	N/A

Other Programmatic Changes Related to the 1115 Waiver

HCBS MNA Increase

In order to enable EOHHS to provide sufficient support for individuals who are able to, and wish to, receive services in their homes, EOHHS increased the Home and Community Based Services (HCBS) Maintenance of Needs Allowance from one hundred percent (100%) of the Federal Poverty Limit (FPL) plus twenty dollars ($20) to three hundred percent (300%) of the Federal Social Security Income (SSI) Benefit rate. This allows individuals who are living in the community receiving HCBS to be able to keep more of their income for living expenses. 210-RICR-50-00-8 was amended to reflect this change and the amendment became effective on September 2, 2021.

Rate Increases

Shared Living

Pursuant to the Enacted SFY 22 RI State Budget, effective July 1, 2021, EOHHS is increasing specific FFS and MCO shared living rates by 10%. This increase was included in a LTSS resiliency package that seeks to bolster RI's HCBS capacity, as Shared Living expenditures currently comprise only 0.5% of all RI Medicaid expenditures and fewer than 300 individuals utilize this service. Our recent data show Medicaid eligible persons aged 65 and older have an interest in Shared Living as there was a 23% increase in utilization from 2018 to 2019, and shared living had the fastest growing utilization among home care, adult day services, and assisted living. If there were additional care givers available, EOHHS believes the service would see additional utilization shift from these settings.

Unlike HCBS, nursing facilities, and hospice rates, Shared Living rates do not receive annual increases based on inflationary indices. Since these rates are much lower than other HCBS rates, caregivers are less incentivized to provide Shared Living arrangements, limiting their availability as a viable HCBS service. The average payment rate for Medicaid Shared Living services in RI (prior to this July 1, 2021 rate increase) is 15% lower than the average Medicaid shared living rate in Massachusetts and 13% lower than the rate in Connecticut.

Assisted Living Tiered Rates

Pursuant to the Enacted SFY 22 RI State Budget, effective October 1, 2021, EOHHS will create an acuity-based tiered payment system for Assisted Living, with each tier tied to the services required to meet beneficiary's needs. All tier payments cover core services (personal care, homemaker, meal prep, medication cuing, therapeutic day and transportation) provided today. Tiers B and C cover an array of additional services required to meet a beneficiary's acuity needs. The enacted tier methodology is a 13%, 42%, and 75% increase above the current rate, depending on patient classification.

An assessment of the beneficiaries' clinical/functional need conducted when determining initial and continuing Medicaid LTSS eligibility will determine the per diem rate the ALR will receive for the beneficiary. EOHHS will pay an ALR the rate associated with a beneficiary's tier if the ALR meets the RIDOH licensure and Medicaid certification standards below. ALRs are paid for beneficiaries up to their level of certification – for example, a Tier B ALR would be paid Tier A

rates for all Tier A residents, Tier B rates for all Tier B residents, but not Tier C rates as the ALR is not certified to provide Tier C services.

These reforms are necessary to modernize RI's ALR system to account for patient acuity provide services necessary to help an individual remain in the community. Currently, RI is one of six states that use a flat rate methodology that pays the same amount per day without regard to a beneficiary's acuity needs or the scope of Medicaid LTSS the ALR is authorized to provide. RI's rate of $69 per day is also the 9th lowest in the nation (39/48), second to last among states with flat rates, and below what the State pays for adult day and the average daily rate for home care, even though the ALR rate covers more services.

EOHHS anticipates the cost of these reforms to be $3.3M in SFY 22.

Home Stabilization Rate Increase
Pursuant to the Enacted SFY22 RI State Budget, effective July 1, 2021, EOHHS is increasing the Home Stabilization rate from a rate of $145 PMPM to $331 PMPM.

This increase came after community agencies throughout the State reported to Home Stabilization representatives at EOHHS that the $145 was not a sustainable amount to justify becoming providers. Of the five current certified providers, there are no agencies from rural areas, and only one traditional homeless service provider. The only billing has come from the State's largest mental health provider, which has a large workforce and numerous funding sources for an array of different programs. Two other comparable State examples (Minnesota and Washington) show a much higher funding rate when compared with Rhode Island.

This increase is necessary to achieve a realistic, impactful, and stable housing first intervention for Medicaid beneficiaries experiencing homelessness and housing insecurity in Rhode Island. It will also create enough sustainability to allow a more diverse provider portfolio in terms of agency type, size, and location in assisting our most vulnerable population.

Direct Service Professionals Rate Increase
Pursuant to the State of Rhode Island's Consent Decree for individuals with intellectual and developmental disabilities (I/DD), the State has worked collaboratively with the Court and the provider community to update some assumptions in the current rate setting model (Burns and Associates model) that is currently used for the I/DD service codes.

The State has updated the base assumptions for the hourly wage of Direct Service Professionals (DSPs), to reflect a base assumption of $15.75 per hour. In addition, the State has also updated the assumptions for the Direct Care Overnight positions (base wage assumption of $12.25) and DSP supervisors (base wage assumption of $21.99). By modifying the assumption, the base rates have been re-calculated for all service codes that include an assumption for DSPs, DSP Overnights and DSP supervisors. The attached rate sheet provides a detailed description by service code. The effective dates of the rate increases are 7/1/21. The COVID-19 pandemic has directly impacted the DSP workforce, and this rate increase is intended to continue to support the DSP workforce in order for the DSP workforce to continue to support and provide services to Medicaid beneficiaries.

VIII. Financial/Budget Neutrality Developments/Allotment Neutrality Developments/Issues

There were no significant developments/issues/problems with financial accounting, budget neutrality, CMS-64 reporting for Quarter 2 of DY 13 April 1, 2021 – June 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

April – June 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 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:

- 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).

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 in Q2 2021 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.

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NHPRI QUARTERLY REPORT Q2-2021 APPEALS, GRIEVANCES AND COMPLAINTS

NHPRI Quarterly Report Q2-2021_ Prior Authorization Requests

	RIte Care	(AE)*	CSN	(AE)	RHP	(AE)	RHE	(AE)	SubCare (NHP Only)
Prior Authorization Requests	5975	N/A	1140	N/A	3623	N/A	7784	N/A	220
Concurrent Authorization Requests	2153	N/A	470	N/A	980	N/A	2189	N/A	240

*(AE) represents authorization requests submitted by cohort

NHPRI Quarterly Report Q2-2021 Appeals

Appeals Internal	RIte Care	CSN	RHP	RHE	SubCare
Standard	84	7	74	142	4
% Overturned	50%	14%	50%	54%	75%
Expedited	6	1	2	16	0
% Overturned	83%	100%	100%	63%	N/A
State Fair Hearing – External	**RIte Care**	**CSN**	**RHP**	**RHE**	**SubCare**
Standard	6	2	13	142	1
% Overturned	33%	50%	8%	54%	0%
Expedited	0	0	0	16	0
% Overturned	N/A	N/A	N/A	63%	0%

*Quarterly appeal rate = appeals per 1000/members

Summary

NHPRI's two hundred and fourteen (214) appeals in Q2 2021 represents 8% increase in appeal rate per thousand (1000) members from Q1 2021.

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 0.26/1000 members.
eviCore reported one hundred and fifty-six (156) appeals in Q2 2021 representing an appeal rate of 0.92/1000members.

NHPRI Quarterly Report Q2-2021 Grievances and Complaints

	RIte Care	CSN	RHP	RHE	SubCare	AE
Number of Grievances	11	0	12	12	0	12
Number of Complaints	12	1	14	14	0	1
Total	23	1	26	26	0	13

Summary
NHPRI reported a total of seventy-six (76) Grievances and Complaints in Q2 2021. Grievances represented 46.05% of total and complaints represented 53.95% of total. Of the total reported grievances 47.37% were Access to Care and Quality of Care issues. Twenty-seven (27) of the seventy-six (76) grievances were reported as Quality of Care issues and all were attributed to three (3) Accountable Entities (AE) contracted with NHPRI.

THRIT QUARTERLY REPORT Q2-2021 - APPEALS, GRIEVANCES AND COMPLAINTS

THRIT Quarterly Report Q2-2021_ Prior Authorization Requests

	RIte Care	**CSN**	**RHP**	**RHE**	**(AE)***
Prior Authorization Requests	355	0	810	0	174
Concurrent Authorization Requests	73	0	217	0	47

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

THRIT Quarterly Report Q2-2021 Appeals

Appeals Internal	**RIte Care**	**CSN**	**RHP**	**RHE**
Standard	0	0	1	0
% Overturned	0%	0%	100%	0%
Expedited	3	0	1	1

% Overturned	100%	0%	100%	0%
State Fair Hearing – External	**RIte Care**	**CSN**	**RHP**	**RHE**
Standard	0	0	0	0
% Overturned	0%	0%	0%	0%
Expedited	0	0	0	0
% Overturned	0%	0%	0%	0%

Summary

THPRIT reported a total number of five (5) consumer appeals representing a rate 0.10/ 1000 members.

THRIT Quarterly Report Q2 2021 Grievances and Complaints

	RIte Care	CSN	RHP	RHE	AE
Number of Grievances	1	0	1	0	
Number of Complaints	0	0	0	0	
Total	1	0	1	0	

Summary

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

UHCP-RI Quarterly Report Q2-2021 - APPEALS, GRIEVANCES and COMPLAINTS

UHCP-RI Quarterly Report Q2-2021 Prior Authorization Requests

	RIte Care	**(AE)***	**CSN**	**(AE)**	**RHP**	**(AE)**	**RHE**	**(AE)**
Prior Authorization Requests	2062	242	149	17	873	92	2696	264
Concurrent Authorization Requests	313	5	50	0	348	8	703	12

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

UHCP-RI QUARTERLY REPORT Q2-2021 Appeals

Appeals Internal	**RIte Care**	**CSN**	**RHP**	**RHE**
Standard	60	3	31	80
% Overturned	78%	67%	65%	76%
Expedited	22	0	11	33
% Overturned	91%	0	73%	79%
State Fair Hearing – External	**RIte Care**	**CSN**	**RHP**	**RHE**
Standard	0	0	0	0
% Overturned	0%	0%	0%	0%
Expedited	0	0	0	0
% Overturned	0%	0%	0%	0%

Summary

UHCP-RI reported two hundred and forty (240) consumer appeals in Q2 2021 representing 1% increase in appeal rate per thousand (1000) members from Q1 2021.

UHCP-RI Quarterly Report Q2-2021 Grievances and Complaints

	RIte Care	**CSN**	**RHP**	**RHE**	**AE**
Number of Grievances	1	0	6	5	8
Number of Complaints	6	0	4	5	4
Total	7	0	10	10	12

Summary

Of the thirty-five (35) Grievances/Complaints submitted in Q2 2021; twelve (12) grievances represented issues with balance billing, this represents 34.29% of all member grievances. Twelve (12) grievances were attributed to AEs and of these 12 all represented issues with quality and access to care.

RIte Smiles (UHC Dental) Quarterly Report Q1 2021_APPEALS, GRIEVANCES and COMPLAINTS

Rite Smiles Quarterly Report Q1 2021_Prior Authorization Requests

	Dental	**RX**	**RAD**	**Total**

Prior Authorization Requests	1,975	0	0	1,975
Retrospective Authorization Requests	74	14	0	98

Rite Smiles QUARTERLY REPORT Q1 2021_APPEALS

Appeals Internal	**Dental**	**RX**	**RAD**
Standard	18	18	15
% Overturned	22%	33%	40%
Expedited	4	3	7
% Overturned	0%	0%	0%
State Fair Hearing – External	**Dental**	**RX**	**RAD**
Standard	0	0	0
% Overturned	0%	0%	0%
Expedited	0	0	0-
% Overturned	0%	0%	0%

Summary:
UHC Rite Smiles reported a total of 51 consumer appeals with an overturn rate of 31%. 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.
The totals reported appeals represent a rate of 0.45/1000 members.

RIte Smiles Quarterly Report Q2 2021 Grievances and Complaints

	RIte Smiles
Number of Grievances	0
Number of Complaints	3
Total	3

Summary:
Rite Smiles reported 3 consumer complaints in Q2 2021. All three (3) complaints represented access and quality of care issues.

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 Q2 April 1 – June 30, 2021:

May meeting agenda

- Welcome and Introductions
- Review of March 11, 2021 Meeting Minutes
- Medicaid Managed Care Member Feedback Sessions
- HSRI Updates
- COVID-19 Updates
    - Vaccination Efforts
    - Telehealth and Prior Authorizations
    - COVID-Testing
    - Transportation
- 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 April 1 – June 30, 2021.

NEMT Analysis	DY 13 Q2
All NEMT & Elderly Complaints	386
All NEMT & Elderly Trip Reservations	466,285
Complaint Performance	0.08 %
Top 5 Complaint Areas	DY 13 Q2
Transportation Provider No Show	79
Transportation Broker Processes	62
Transportation Broker Client Protocols	48
Transportation Provider Late	37
Transportation Provider Behavior	33

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 HeathSource RI Contact Center, online at http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Application_for_State_Assistance_Program.pdf, or can be requested by calling RIte Share at (401) 462-0311. The application requires applicants to provide demographic information and information regarding enrollment in a Qualified Health Plan (QHP) through HealthSource RI.

The steady increase in enrollment could be attributed 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.

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

XI. Evaluation/Quality Assurance/Monitoring Activity

Identify, describe, and report the outcome of all major evaluation/quality assurance/monitoring activities in Q2 of DY 13, April 1, 2021 – June 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 2 (Q2) of 2021, the fourth quarter of State Fiscal Year (SFY) 2021:

COVID-19 Public Health Emergency (PHE) Response Effort

During Q2, EOHHS and the three (3) medical MCOs, including NHPRI, UHCCP-RI, and THPP, dedicated significant time and resources to collaborating with EOHHS, Rhode Island Department of Health (RIDOH), local and municipal organizations, and one another for coordinated planning, outreach, and marketing material development pertaining to COVID-19 vaccine distribution. This involved EOHHS establishing a payment mechanism to reimburse MCOs for administration of the COVID-19 vaccinations. Additionally, NEMT vendor MTM enabled MCO case managers portal access for ease of scheduling transportation to testing and vaccination sites.

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 after successfully instituting data exchanges with IMAT. This was a major initiative aimed at understanding vaccination rates broken down by MCO, region, age, and a variety of other data points, achieved through cooperative interagency (EOHHS/RIDOH) and MCO collaboration. This data enabled MCOs to conduct more targeted outreach campaigns and strategies for how to promote and deliver COVID-19 vaccines to the most vulnerable subpopulations in communities with the lowest vaccination rates.

Active Contract Management (ACM)

For Q2 2021 ACM, MCOs focused on increasing low colonoscopy and mammography utilization rates resulting from limitations posed by the COVID-19 pandemic. Simultaneously, MCOs focused on decreasing preventable ED utilization. MCOs focus of increasing childhood immunizations, well visits, and lead screening rates that had declined to low rates due to

provider offices and schools being closed and the pent-up demand that followed. They submitted monthly immunization/lead screening data to assist the State in evaluating progress toward addressing the decline in immunizations and lead screening among children each month, and MCOs were required to present their data and strategic next steps at each monthly oversight meeting.

EOHHS distributed drafts of medical MCO contract Amendment 5 for MCOs to review and submit questions ahead of finalizing the SFY 2022 Amendment.

Specific to the unique details of Q2 oversight, pertaining to each MCO, see below:

Neighborhood Health Plan of Rhode Island (NHPRI)

- NHPRI continued to convene meetings with UHCCP, THPP and RIDOH to ensure all entities were aligned with RIDOH's guidance, and that integrated, consistent messaging was being developed to maximize COVID-19 vaccinations across the Medicaid population.

- NHPRI continued to work with RIDOH to test and obtain vaccination data for NHPRI members.

- For durable medical equipment (DME) claims adjudication, NHPRI successfully transitioned claims processing from Integra (a contracted Accountable Entity) to NHPRI (in-house). EOHHS continued to provide active monitoring and oversight of this transition.

- EOHHS conducted oversight activities of NHPRI behavioral health vendor, Optum, concerning needed areas of improvement.

UnitedHealthcare Community Plan (UHCCP-RI)

- UHCCP collaborated with AEs and high-volume providers to strategize about how to effectively educate members regarding when it is appropriate to go to the ED, versus when to first consult with their PCP, due to high ED utilization due to members experiencing upper respiratory symptoms they fear to be COVID-19.

- UHCCP, in partnership with Crossroads Rhode Island, added more housing units to house additional homeless members with comorbidities as part of their Housing Pilot program. UHC filled the 10 housing units, expanded and contracted with Crossroads on five units, and put forth efforts to obtain IDs for the homeless population. There are a few members on whose behalf UHC is working to obtain birth certificates, social security cards, and identification.

- UHCCP established a House Calls Program as a value-add benefit for the Medicare Advantage DSNP program; it also serves as an educational opportunity to ensure

members are aware of their care plan, which includes a summary also received by their PCP to discuss unresolved issues. On an annual basis, members are offered a visit from an advanced practice clinician who makes an in-home or telephonic connection to conduct a 1-hour visit that includes a comprehensive assessment, including a person's health history, medication and diagnoses. If in person, this includes a physical exam.

- UHCCP presented their Optum vendor oversight structure, including how the two entities identify trends, resolve issues, and collaborate to execute a best in class Medicaid market behavioral health strategy.

- UHCCP finalized vendor contracts to launch the Doula Program.

Tufts Health Public Plans (THPP)

- THPP reported that a new CEO had been hired to manage the newly merged Tufts/Harvard Pilgrim Health Care organizations.

- Tufts worked with MTM to set up the Central Falls Van Project. Discussions continued between THPP and the Jenks Pediatrics regarding transporting patients to and from the practice. Patients would include both Medicaid and non-Medicaid populations.

- THPP continued to work satisfactorily with EOHHS to address encounter claims submission.

- THPP worked with EOHHS analytics' staff concerning population health strategies & measures related to ACM project metrics.

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. EOHHS' data analytics team built a dashboard from claims data to measure trends in the level of preventive care received month over month, reviewed at monthly oversight meetings. UHC Dental informed that, from their perspective, utilization has improved beyond pre-pandemic levels, significantly rebounding since October-December 2020. They noted the rebound correlates with evidence of deferred care, such that services not deemed in Q4 2020 showed a higher resurgence rate in Q1 2021.

- UHC Dental focused on gaining a better understanding of the ongoing barriers leading to network capacity challenges and developed in-person provider monitoring and outreach strategies.

- The Rhode Island Dental Director and EOHHS issued recommended guidance for increasing and improving RIte Smiles provider engagement.

- EOHHS tasked UHC Dental with developing a policy and workflow around member orthodontics appeals and to diminish the level of cases that result in State fair hearings.

- UHC Dental contracted with three (3) providers to institute alternative payment methodologies.

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
ABD Adults No TPL	$574,880,496	$ 558,138,330	$ 143,150,856	$ 144,148,560
ABD Adults TPL	$1,515,340,208	$ 1,570,311,012	$ 412,111,076	$ 408,953,493
RIte Care	$1,124,280,008	$ 1,173,757,273	$ 324,104,634	$ 329,508,657
CSHCN	$501,135,222	$ 536,123,544	$ 142,473,978	$ 142,239,060
TOTAL	**$3,715,635,934**	**$ 3,838,330,159**	**$ 1,021,840,544**	$ 1,024,849,770

With Waiver Total Expenditures

Medicaid Populations	DY 11 2019 YTD	DY 12 2020 YTD	DY 13 1st Qtr. CY 2021	DY 13 2nd Qtr. CY 2021
ABD Adults No TPL	$ 460,321,375	$ 427,179,157	$ 109,765,949	$ 91,186,420
ABD Adults TPL	$ 734,710,806	$ 516,755,079	$ 97,626,632	$ 114,887,892
RIte Care	$ 541,942,931	$ 553,827,615	$ 151,876,931	$ 118,114,682
CSHCN	$ 180,061,061	$ 179,351,331	$ 46,875,202	$ 40,657,229
Excess Spending: Hypothetical	$ -	$ -	$ -	$ -
Excess Spending: New Adult Group	$ -	$ -	$ -	$ -
CNOM Services	$ 34,827,736	$ 8,337,011	$ 1,844,023	$ 2,247,263
TOTAL	$ 1,951,863,909	**$ 1,685,450,193**	**$ 407,988,736**	**$ 367,093,485**
Favorable / (Unfavorable) Variance	$ 1,763,772,025	$ 2,152,879,966	$ 613,851,808	$ 657,756,285
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**

Budget Neutrality Table I

HYPOTHETICALS ANALYSIS

Without Waiver Total Exp.	2019 YTD	2020 YTD	1st Qtr. CY 2021	2nd Qtr. CY 2021
217-like Group	$ 225,235,256	$ 237,116,616	$ 61,166,952	$ 61,023,336
Family Planning Group	$ 316,416	$ 353,975	$ 82,784	$ 77,246
TOTAL	$ 225,551,672	$ 237,470,591	$ 61,249,736	$ 61,100,582

With-Waiver Total Exp.	2019 YTD	2020 YTD	1st Qtr. CY 2021	2nd Qtr. CY 2021
217-like Group	$ 195,337,894	$ 199,195,728	$ 50,936,069	$ 52,953,947
Family Planning Group	$ 359,192	$ 406,225	$ 60,422	$ 46,559
TOTAL	$ 195,697,086	$ 199,601,953	$ 50,996,491	$ 53,000,506

Excess Spending	2019 YTD	2020 YTD	1st Qtr. CY 2021	2nd Qtr. CY 2021
217-like Group	$ (29,897,362)	$ (37,920,888)	$ (10,230,883)	$ (8,069,389)
Family Planning Group	$ 42,776	$ 52,250	$ (22,362)	$ (30,687)
TOTAL	$ (29,854,586)	$ (37,868,638)	$ (10,253,245)	$ (8,100,076)

LOW INCOME ADULT ANALYSIS

Low-Income Adults (Expansion	2019 YTD	2020 YTD	1st Qtr. CY 2021	2nd Qtr. CY 2021
Without Waiver Total Exp.	$ 880,767,360	$ 987,151,494	$ 299,442,624	$ 309,176,960
With-Waiver Total Exp.	$ 449,459,249	$ 533,093,948	$ 179,304,412	$ 134,606,071
Excess Spending	$ (431,308,111)	$ (454,057,546)	$ (120,138,212)	$ (174,570,889)

Budget Neutrality Table II

Without-Waiver Total Expenditure Calculation

Actual Member Months	DY 11 2019 YTD	DY 12 2020 YTD	DY 13 1st Qtr. CY 2021	DY 13 2nd Qtr. CY 2021
ABD Adults No TPL	$ 174,842	$ 162,770	$ 40,031	$ 40,310
ABD Adults TPL	$ 407,788	$ 405,137	$ 101,932	$ 101,151
RIte Care	$ 1,925,137	$ 1,921,043	$ 507,206	$ 515,663
CSHCN	$ 145,806	$ 148,593	$ 37,602	$ 37,540
217-like Group	$ 53,348	$ 54,472	$ 13,629	$ 13,597
Low-Income Adult Group	$ 889,664	$ 951,013	$ 275,223	$ 284,170
Family Planning Group	$ 13,184	$ 14,159	$ 3,184	$ 2,971

Without Waiver PMPMs	DY 11 2019 YTD	DY 12 2020 YTD	DY 13 1st Qtr. CY 2021	DY 13 2nd Qtr. CY 2021
ABD Adults No TPL	$ 3,288	$ 3,429	$ 3,576	$ 3,576
ABD Adults TPL	$ 3,716	$ 3,876	$ 4,043	$ 4,043
RIte Care	$ 584	$ 611	$ 639	$ 639
CSHCN	$ 3,437	$ 3,608	$ 3,789	$ 3,789
217-like Group	$ 4,222	$ 4,353	$ 4,488	$ 4,488
Low-Income Adult Group	$ 990	$ 1,038	$ 1,088	$ 1,088
Family Planning Group	$ 24	$ 25	$ 26	$ 26

Without Waiver Expenditures	DY 11 2019 YTD	DY 12 2020 YTD	DY 13 1st Qtr. CY 2021	DY 13 2nd Qtr. CY 2021
ABD Adults No TPL	$ 574,880,496	$ 558,138,330	$ 143,150,856	$ 144,148,560
ABD Adults TPL	$ 1,515,340,208	$ 1,570,311,012	$ 412,111,076	$ 408,953,493
RIte Care	$ 1,124,280,008	$ 1,173,757,273	$ 324,104,634	$ 329,508,657
CSHCN	$ 501,135,222	$ 536,123,544	$ 142,473,978	$ 142,239,060
217-like Group	$ 225,235,256	$ 237,116,616	$ 61,166,952	$ 61,023,336
Low-Income Adult Group	$ 880,767,360	$ 987,151,494	$ 299,442,624	$ 309,176,960
Family Planning Group	$ 316,416	$ 353,975	$ 82,784	$ 77,246

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: _____10/25/2021_____

XIII. State Contact(s)

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XIV. Date Submitted to CMS

11/1/21