



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

**Quarterly Operations Report**

**Rhode Island Comprehensive**

**1115 Waiver Demonstration**

**April 1, 2020 – June 30, 2020**

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

**Submitted January 2021**

**I. Narrative Report Format**

**Rhode Island Comprehensive Section 1115 Demonstration**

**Section 1115 Quarterly Report Demonstration Reporting**

**Period: DY 12 April 1, 2020 – June 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)* 06/30/2020 | Number of Enrollees That Lost Eligibility in 06/30/2020** |
|--|---|---|
| Budget Population 1: ABD no TPL                            | 13,407  | 649   |
| Budget Population 2: ABD TPL                               | 34,668  | 237   |
| Budget Population 3: Rlte Care                             | 127,588   | 1,004   |
| Budget Population 4: CSHCN                                 | 12,309  | 22  |
| Budget Population 5: EFP                                   | 1,213   | 10  |
| Budget Population 6: Pregnant Expansion                    | 23  | 0   |
| Budget Population 7: CHIP Children                         | 32,374  | 168   |
| 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                   | 1,686   | 25  |
| Budget Population 11, 12, 13: 217-like group               | 4,545   | 63  |
| Budget Population 14: BCCTP                                | 75  | 1   |
| Budget Population 15: AD Risk for LTC                      | 3,681   | 0   |
| Budget Population 16: Adult Mental Unins                   | 12,013  | 0   |
| Budget Population 17: Youth Risk Medic                     | 6,069   | 40  |
| Budget Population 18: HIV                                  | 201   | 11  |
| 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                      | 81,341  | 502   |
| Budget Population 27: Emg Svcs for Undocumented Immigrants | 62  | 97  |

**\*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 April 1, 2020 – June 30, 2020:

Quarter 2: 32:523 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 April 1, 2020 – June 30, 2020 (by category or by type) with a total of \$1,118.95 for special purchases expenditures.

| <b>Q 2<br/>2020</b> | <b># of<br/>Units/<br/>Items</b> | <b>Item or Service</b>       | <b>Description of Item/Service<br/>(if not self-explanatory)</b> | <b>Total Cost</b> |
|---------------------|----------------------------------|------------------------------|--|-------------------|
|                     | 3                                | Over the counter medications |  | \$ 628.95         |
|                     | 4                                | Acupuncture                  |  | \$ 340.00         |
|                     | 2                                | Massage Therapy              |  | \$ 150.00         |
|                     | <b>CUMULATIVE TOTAL</b>          |                              |  | <b>\$1,118.95</b> |

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

Summarize outreach activities and/or promising practices for Q2, April 1, 2020 – June 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 Q1, the following activities occurred.

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

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

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

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



- EOHHS focused on preparation for PY3 implementation through meetings and preparing final guidance and documentation for AE's and MCO's on the following topics:
  - Total Cost of Care Technical Guidance for Implementation for MCO's
  - Review of Total Cost of Care Methodology and Model Financial Simulation
  - Walkthrough of the Data Request Requirements to support establishing PY3 baseline Total Cost of Care targets with the MCO's.
  
- EOHHS continued to work with its vendor, Bailit Health, in the development and release of an Implementation Guide for the AE quality program, including recommendations for Program Year 3 quality component of the APM contract, data collection and reporting specific to clinical quality (hybrid) measures, development of technical specification for a social determinant of health, and standardization of scoring criteria and methodology. Due to the COVID-19 Pandemic, the Quality Strategy for PY3 has been revised and the following changes were made in response:
  - MCOs should use the PY 2 Quality Score methodology instead of PY 3 methodology, except for those measures that are common to both PY 2 and PY3.
  - For measures that are common to both PY 2 and PY 3 and for which the PY 3 value is superior, MCOs should use PY 3 rates instead of PY 2 rates; if the PY 3 value is not superior, MCOs should use PY 2 rates.
  - MCOs will be required to report measures that are new additions to PY 3 to EOHHS, but these measures will not be included in the Overall Quality Score calculation.
  
- Under the contact with the Center for Health Care Strategies (CHCS) individualized Technical Assistance (TA) was provided to Medicaid AEs and MCOs. In addition to bi-weekly meetings with EOHHS, plans made for an in-person learning collaborative in November with EOHHS, the MCOs, and the Medicaid AEs were modified due to COVID-19 and potential social distancing restrictions. An updated TA strategy with a proposal for ongoing TA, project ideas and Virtual Learning on "Behavioral Health in Tele-Health" and "Strengthening Partnerships with AE's and CBO's to address SDOH" 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, one 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 May on "COVID-19 response efforts" and in June on "the impact of COVID-19 in communities and insights on any new developments or innovations being made by organizations given the current environment".

- The HSTP Advisory Committee held one meeting in June. The scheduled April meeting was cancelled due to COVID-19 concerns. The June meeting included a presentation by the EOHHS Managed Care Director on oversight and fidelity to established Attribution requirements; an update on the progress of the 1115 Independent Evaluation team by EOHHS Analytics Lead; an update on the HSTP budget and a Presentation from the Rhode Island Department of Health on their collaboration with EOHHS on the development of requirements and investments aimed at addressing Social Determinants of Health.
- EOHHS and the Rhode Island Quality Institute (RIQI) began work together to provide access to contracted AEs to RIQI's Care Management Dashboard. The dashboard provides live feeds of patients in the hospitals and emergency departments so AEs can intervene and assist with transitions of care. Although this exists throughout Rhode Island to those organizations willing to pay for this service, EOHHS utilized HSTP funds to provide a specific AE attribution file so AEs can more effectively manage their attributed populations. Care Management Dashboards went live on February 28, 2020 for all AEs with the exception of one. Implementation for the remaining AE was delayed due to issues with the AE's current implementation of the Dashboard vs. the implementation planned for the Medicaid population, in addition to impacts as a result of COVID-19.

## **VII. Operational/Policy Developments/Issues**

Identify all significant program developments/issues/problems that have occurred in Q2, April 1, 2020 – June 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 April 1, 2020 – June 30, 2020.

| Request Type | Description  | Date Submitted | CMS Action | Date    |
|--------------|--|----------------|------------|---------|
| SPA          | Home Equity Limit  | 3/31/20        | approved   | 5/11/20 |
| SPA          | MINL/SSP   | 3/31/20        | approved   | 4/18/20 |
| SPA          | COVID Disaster Relief CHIP SPA                                       | 3/16/20        | approved   | 4/24/20 |
| SPA          | COVID Disaster Relief  | 3/25/20        | approved   | 4/8/20  |
| SPA          | COVID Disaster Relief SPA NF Rate Increase                           | 4/7/20         | approved   | 4/15/20 |
| SPA          | COVID Disaster Relief Emergency Case Management                      | 5/4/20         | approved   | 5/13/20 |
| 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 1135   | 3/25/20        | approved   | 5/18/20 |
| Waiver       | COVID 1135   | 5/4/20         | approved   | 5/18/20 |
| Waiver       | COVID 1115   | 3/27/20        | approved   | 7/21/20 |
| Waiver       | COVID 1115   | 4/8/20         |            |         |
| Waiver       | Appendix K   | 3/27/20        | approved   | 5/7/20  |
| Waiver       | Appendix K   | 4/7/20         | approved   | 5/7/20  |
| Waiver       | Appendix K   | 5/1/20         | approved   | 9/3/20  |

Financial/Budget Neutrality Developments/Allotment Neutrality  
Developments/Issues

There were no significant developments/issues/problems with financial accounting, budget neutrality, CMS-64 reporting for Quarter 1 of DY 12 April 1, 2020 – June 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.

## **VIII. Consumer Issues**

### **Medicaid Managed Care Appeals and Grievance Q2 Report (April - June 2020)**

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.

I. NHPRI QUARTERLY REPORT Q2 \_2020 - APPEALS, GRIEVANCES AND COMPLAINTS

NHPRI Quarterly Report Q2 2020\_ Prior Authorization Requests

|                                   | Rlte Care | (AE)* | CSN       | (AE) | RHP   | (AE) | RHE   | (AE) | SubCare (NHP Only) |
|-----------------------------------|-----------|-------|-----------|------|-------|------|-------|------|--------------------|
| Prior Authorization Requests      | 4,918     | N/A   | 3,582 961 | N/A  | 2,665 | N/A  | 5,508 | N/A  | 230                |
| Concurrent Authorization Requests | 4,918     | N/A   | 388       | N/A  | 807   | N/A  | 1,467 | N/A  | 382                |

\*(AE) represents authorization requests submitted by cohort

NHPRI reported Prior Authorizations based cohort, PAs not reported based on AE attribution

NHPRI Quarterly Report Q1 2020\_APPEALS

| Appeals Internal              | Rlte Care | CSN | RHP  | RHE | SubCare |
|-------------------------------|-----------|-----|------|-----|---------|
| Standard                      | 60        | 87  | 2    | 125 | 0       |
| % Overturned                  | 33%       | 80% | 50%  | 65% | 0%      |
| Expedited                     | 3         | 4   | 2    | 6   | 2       |
| % Overturned                  | 67%       | 75% | 100% | 0%  | 0%      |
| State Fair Hearing – External | Rlte Care | CSN | RHP  | RHE | SubCare |
| Standard                      | 3         | 4   | 0    | 26  | 0       |
| % Overturned                  | 67%       | 75% | N/A  | 31% | N/A     |
| Expedited                     | 0         | 0   | 0    | 0   | 0       |
| % Overturned                  | 0%        | 0%  | N/A  | N/A | N/A     |

\*quarterly appeal rate = appeals per 1000/members

% Overturned = service denial decision not upheld in appeal

## Summary

The Q2 2020 appeal rate is 0.26/1000 members, representing a 29% decrease in clinical appeals from Q1 2020

NHPRI subcontracts to OPTUM for BH and eviCore 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 | 3         | 0   | 8   | 8   | 0       | 4  |
| Number of Complaints | 7         | 0   | 10  | 10  | 1       | 1  |
| Total                | 10        | 0   | 18  | 18  | 1       | 5  |

## Summary

Of the 52 Grievances/Complaints submitted in Q2 2020; 9.62% of grievances/ complaints represents access to care issues attributed to AEs

## II. THPP QUARTERLY REPORT Q2 \_2020 - APPEALS, GRIEVANCES AND COMPLAINTS

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

|                                   | Rlte Care | CSN | RHP | RHE | (AE)* |
|-----------------------------------|-----------|-----|-----|-----|-------|
| Prior Authorization Requests      | 193       | 0   | 375 | 0   | 0     |
| Concurrent Authorization Requests | 15        | 0   | 24  | 0   | 0     |

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

## THPP Quarterly Report Q2 2020\_Appeals

| Appeals Internal                     | Rite Care | CSN | RHP | RHE |
|--------------------------------------|-----------|-----|-----|-----|
| Standard                             | 1         | 0   | 3   | 0   |
| % Overturned                         | 100%      | 0%  | 0%  | 0%  |
| Expedited                            | 0         | 0   | 1   | 0   |
| % Overturned                         | 0%        | 0%  | 33% | 0%  |
| <b>State Fair Hearing – External</b> |           |     |     |     |
| State Fair Hearing – External        | Rite Care | CSN | RHP | RHE |
| Standard                             | N/A       | N/A | N/A | N/A |
| % Overturned                         | 0%        | 0%  | 0%  | 0%  |
| Expedited                            | N/A       | N/A | N/A | N/A |
| % Overturned                         | 0%        | 0%  | 0%  | 0%  |

### Summary

Quarter 2 2020 total rate of appeals (total 5), represent a decrease in an Appeals by member/provider (on behalf of member) since QQ1 2020. The highest percentage of appeals represent denial of high-end radiology diagnostics.

## THPP Quarterly Report Q 2 2020 GRIEVANCES and Complaints

|                      | Rite Care | CSN | RHP | RHE | AE  |
|----------------------|-----------|-----|-----|-----|-----|
| Number of Grievances | 0         | 0   | 0   | 0   | N/A |
| Number of Complaints | 0         | 0   | 0   | 0   | N/A |
| Total                | 0         | 0   | 2   | 0   | N/A |

### Summary

THPP reported zero (0) Complaints or Grievances for Q2 2020



### III. UHCP-RI Quarterly Report Q 2 \_2020 - APPEALS, GRIEVANCES and COMPLAINTS

#### UHCP-RI Quarterly Report Q1 2020\_ Prior Authorization Requests

|                                   | Rite Care | (AE)* | CSN | (AE) | RHP      | (AE) | RHE   | (AE) |
|-----------------------------------|-----------|-------|-----|------|----------|------|-------|------|
| Prior Authorization Requests      | 3,196     | 145   | 282 | 5    | 223      | 58   | 443   | 126  |
| Concurrent Authorization Requests | 794       | 14    | 84  | 0    | 685<br>- | 114  | 1,080 | 50   |

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

#### UHCP-RI QUARTERLY REPORT Q2 2020 \_APPEALS

| Appeals Internal                     | Rite Care | CSN | RHP   | RHE |
|--------------------------------------|-----------|-----|-------|-----|
| Standard                             | 33        | 0   | 13    | 48  |
| % Overturned                         | 91%       | N/A | 70%   | 73% |
| Expedited                            | 11        | 4   | 21    | 39  |
| % Overturned                         | 91%       | 50% | 76%   | 95% |
| <b>State Fair Hearing – External</b> |           |     |       |     |
| Standard                             | 0         | 1   | 21    | 48  |
| % Overturned                         | N/A       | N/A | 60.3% | 73% |
| Expedited                            | 0         | 0   | 16-   | 39  |
| % Overturned                         | N/A       | N/A | 76%   | 95% |

#### Summary

Quarter 2 2020 appeal submission rate represents an increase of 4% over Q1 2020, noting the majority of appeals represented requests and denials for high end radiology.

## **UHCP-RI Quarterly Report Q2 2020 GRIEVANCES**

|                      | Rlte Care | CSN | RHP | RHE | AE  |
|----------------------|-----------|-----|-----|-----|-----|
| Number of Grievances | 3         | 0   | 2   | 7   | N/A |
| Number of Complaints | 22        | 0   | 2   | 11  | N/A |
| Total                | 25        | 0   | 4   | 18  | N/A |

### **Summary**

Of the 47 Grievances/Complaints submitted in Q2 2020; The majority of member grievances/complaints as compared to Q1 2020 concerned issues of balance billing and access to in network pain management. Four (4) quality and access to care grievances were attributed to two (2) contracted Accountable Entities (AE).

EOHHS also participates in two advisory groups, the long-standing Consumer Advisory Committee (CAC) and the Integrated Care Initiative's ICI Implementation Council. CAC stakeholders include individuals who are enrolled in Rlte Care, and representatives of advocacy groups, health plans, the Department of Human Services (DHS), and EOHHS. CAC met twice in Q2 April 1 – June 30, 2020:

#### May meeting agenda

- Welcome and Introductions
- Review of March 12, 2020 Meeting Minutes
- COVID-19 Updates
  - Terminations
  - Telehealth and Prior Authorizations
  - COVID-Testing
  - Transportation and Dental
- 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 April 1 – June 30, 2020.

| <b>NEMT Analysis</b>                            | <b>DY 11 Q2</b> |
|---|-----------------|
| <b>All NEMT &amp; Elderly Complaints</b>        | 278             |
| <b>All NEMT &amp; Elderly Trip Reservations</b> | 336,308         |
| <b>Complaint Performance</b>                    | 0.08 %          |
| <b>Top 5 Complaint Areas</b>                    | <b>DY 11 Q2</b> |
| <b>Transportation Provider No Show</b>          | 64              |
| <b>Transportation Client Protocols</b>          | 39              |
| <b>Transportation Provider Late</b>             | 31              |
| <b>Transportation Provider Behavior</b>         | 31              |
| <b>Transportation Broker Processes</b>          | 23              |

## **IX. 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.

With Open Enrollment, EOHHS saw a slight increase in enrollees for the month of January, whereas subsequent months showed a steady decline. The decline in monthly enrollment is likely due to natural churn, as well as a decrease in the number of new applications received by EOHHS—the last mass mailing to potentially eligible applicants was done in September 2018. EOHHS is currently assessing whether to execute another mass mailing.

| <b>Month</b>    | <b>Number of Marketplace Subsidy Program Enrollees</b> | <b>Change in Marketplace Subsidy Program Enrollment from Prior Month</b> | <b>Average Size of Marketplace Subsidy received by Enrollee</b> | <b>Projected Costs</b> | <b>Actual Costs</b> |  |
|-----------------|--|--|---|------------------------|---------------------|--|
| <b>January</b>  | 159  | 19   | \$ 43.26  | \$ 6,878.00            | ACTUAL              |  |
| <b>February</b> | 119  | (40)   | \$ 44.25  | \$ 5,266.00            | ACTUAL              |  |
| <b>March</b>    | 107  | (12)   | \$ 44.31  | \$ 4,700.00            | ACTUAL              |  |
| <b>April</b>    | 136  | 29   | \$ 43.24  | \$ 5,880.00            | ACTUAL              |  |
| <b>May</b>      | 116  | (20)   | \$ 44.98  | \$ 5,218.00            | ACTUAL              |  |
| <b>June</b>     | 116  | -  | \$ 44.70  | \$ 5,185.00            | ACTUAL              |  |

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

Identify, describe, and report the outcome of all major evaluation/quality assurance/monitoring activities in Q2 of DY 12, April 1, 2020 – June 30, 2020.

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

#### **Monthly Oversight Review**

On a monthly basis, 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 of 2020:

#### Active Contract Management

During Q2, 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. Q2 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 tightening 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. As part of the collaborative ACM process, EOHHS updated the algorithm that was partially to blame for reconciliation inconsistencies.

#### Common MCO Oversight Updates

EOHHS successfully launched the new Demographic Change, Nursing Home Transition, and Provider Termination & Network Changes policies. MCOs continued progress toward EVV implementation. 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. EOHHS facilitated meetings with each MCO and the State’s actuary, Milliman, to review the SFY 2021 capitation rate development process and field MCOs’ questions. EOHHS conducted a meeting with each MCO to discuss and answer questions about FQHC payment reconciliation.

#### COVID-19 Operational Oversight

As the number of positive cases and significant increase in hospitalizations peaked as a result of the COVID-19 public health crisis in early Q2, 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.

Specific to the unique details of Q2 oversight pertaining to each MCO is outlined as follows:

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

- Analysis and corresponding discussions about the behavioral health transition to Optum concluded at the end of Q2, as claims/coding issues had significantly decreased and the process was running as expected.
- EOHHS reviewed youth behavioral health emergency department visits and hospitalizations data, and asked NHPRI to identify both potential strategies for improving performance and corresponding metrics to track improvement on an ongoing basis.

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

- UHCCP made significant progress toward their *Housing First* and *Whole Person Care Plus* initiatives, as UHCCP refurbished a building to provide parallel housing and tailored care management to select members.
- UHCCP collaborated with Optum and EOHHS regarding SART code and billing changes.

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

- THPP received NCQA accreditation.
- The encounter claims acceptance rate increased from 95.5% in Q1 to 98% at the start of Q2 but finished Q2 at 95.7%.
- THPP added a Walgreens to their network.

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

- UHC Dental reported results from their sealant pilot program with the intent to resume program enhancements after the conclusion of the COVID-19 public health emergency. 35 members received sealant applications, representing approximately a 7% gap closure overall.
- UHC Dental presented their concept for a proposed member-facing mobile app.
- EOHHS and DXC kept UHC Dental apprised of system fixes to be applied to the monthly 834 eligibility file.
- UHC Dental monitored tele-dentistry code utilization, notably higher utilization of code D0120 during Q2.

**XI. Enclosures/Attachments**

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

**Budget Neutrality Table I**

**Budget Neutrality Summary**

**Without-Waiver Total Expenditures**

| <b>Medicaid Populations</b> | <b>DY 10<br/>2018 YTD</b> | <b>DY 11<br/>2019 YTD</b> | <b>DY 12<br/>Q1 CY 2020</b> | <b>DY 12<br/>Q2 CY 2020</b> |
|-----------------------------|---------------------------|---------------------------|-----------------------------|-----------------------------|
| ABD Adults No TPL           | \$568,983,280             | \$574,880,496             | \$147,272,121               | \$ 140,266,674              |
| ABD Adults TPL              | \$1,489,697,426           | \$1,515,340,208           | \$382,344,144               | \$ 388,607,760              |
| Rlte Care                   | \$1,112,899,194           | \$1,124,280,008           | \$282,789,741               | \$ 289,781,821              |
| CSHCN                       | \$493,100,361             | \$501,135,222             | \$132,875,424               | \$ 131,883,224              |
| <b>TOTAL</b>                | <b>\$3,664,680,261</b>    | <b>\$3,715,635,934</b>    | <b>\$945,281,430</b>        | <b>\$950,439,479</b>        |

With Waiver Total Expenditures

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



## 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            |
| <b>TOTAL</b>              | <b>\$220,632,499</b> | <b>\$225,551,672</b> |

| 1st Qtr. CY 2020    | 2nd Qtr. CY 2020     |
|---------------------|----------------------|
| \$58,987,503        | \$ 59,614,335        |
| \$88,775            | \$ 92,025            |
| <b>\$59,076,278</b> | <b>\$ 59,706,360</b> |

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

| 1st Qtr. CY 2020    | 2nd Qtr. CY 2020     |
|---------------------|----------------------|
| \$49,871,418        | \$ 50,514,886        |
| \$63,358            | \$ 66,356            |
| <b>\$49,934,776</b> | <b>\$ 50,581,242</b> |

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

| 1st Qtr. CY 2020     | 2nd Qtr. CY 2020      |
|----------------------|-----------------------|
| (\$9,116,085)        | \$ (9,099,449)        |
| (\$25,417)           | \$ (25,669)           |
| <b>(\$9,141,502)</b> | <b>\$ (9,125,118)</b> |

### 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          |
| <b>Excess Spending</b>        | <b>(\$425,820,102)</b> | <b>(\$431,308,111)</b> |

| 1st Qtr. CY 2020       | 2nd Qtr. CY 2020        |
|------------------------|-------------------------|
| \$221,653,482          | \$ 239,407,434          |
| \$114,828,698          | \$ 81,577,810           |
| <b>(\$106,824,784)</b> | <b>\$ (157,829,624)</b> |

## Budget Neutrality Table II

### Without-Waiver Total Expenditure Calculation

| Actual Member Months   | DY 10<br>2018 YTD | DY 11<br>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<br>1st Qtr. CY 2020 |
|---------------------------|
| \$42,949                  |
| \$98,644                  |
| \$462,831                 |
| \$36,828                  |
|                           |
| \$13,551                  |
| \$213,539                 |
| \$3,551                   |

| DY 12<br>2 <sup>nd</sup> Qtr. CY 2020 |
|---------------------------------------|
| \$40,906                              |
| \$100,260                             |
| \$474,111                             |
| \$36,553                              |
|                                       |
| \$13,695                              |
| \$230,643                             |
| \$3,681                               |

| Without Waiver PMPMs   | DY 10<br>2018 YTD | DY 11<br>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<br>1st Qtr. CY 2020 |
|---------------------------|
| \$3,429                   |
| \$3,876                   |
| \$611                     |
| \$3,608                   |
|                           |
| \$4,353                   |
| \$1,038                   |
| \$25                      |

| DY 12<br>2 <sup>nd</sup> Qtr. CY 2020 |
|---------------------------------------|
| \$3,429                               |
| \$3,876                               |
| \$611                                 |
| \$3,608                               |
|                                       |
| \$4,353                               |
| \$1,038                               |
| \$25                                  |

| <b>Without Waiver Expenditures</b> | <b>DY 10<br/>2018 YTD</b> | <b>DY 11<br/>2019 YTD</b> | <b>DY 12<br/>1st Qtr. CY 2020</b> | <b>DY 12<br/>2<sup>nd</sup> Qtr. CY 2020</b> |
|------------------------------------|---------------------------|---------------------------|-----------------------------------|--|
| <b>ABD Adults No TPL</b>           | \$568,983,280             | \$574,880,496             | \$147,272,121                     | \$140,266,674                                |
| <b>ABD Adults TPL</b>              | \$1,489,697,426           | \$1,515,340,208           | \$382,344,144                     | \$388,607,760                                |
| <b>Rlte Care</b>                   | \$1,112,899,194           | \$1,124,280,008           | \$282,789,741                     | \$289,681,821                                |
| <b>CSHCN</b>                       | \$493,100,361             | \$501,135,222             | \$132,875,424                     | \$131,883,224                                |
|                                    |                           |                           |                                   |  |
| <b>217-like Group</b>              | \$220,425,660             | \$225,235,256             | \$58,987,503                      | \$59,614,335                                 |
| <b>Low-Income Adult Group</b>      | \$875,438,550             | \$880,767,360             | \$221,653,482                     | \$239,407,434                                |
| <b>Family Planning Group</b>       | \$206,839                 | \$316,416                 | \$88,775                          | \$92,025                                     |


## **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

**XII. State Contact(s)**

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**XIII. Date Submitted to CMS**

\_\_\_3/9/21\_\_\_\_\_