



Report to the Centers for Medicare and Medicaid Services

Quarterly Operations Report

Rhode Island Comprehensive

1115 Waiver Demonstration

DY16 Q1

January 1, 2024 – March 31, 2024

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

Submitted 5/31/24

I. Narrative Report Format

Rhode Island Comprehensive Section 1115

Demonstration Section 1115 Quarterly Report

Demonstration Reporting

Period: DY 16 January 1, 2024 – March 31, 2024

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 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.

During 2024 Q1, Rhode Island made significant progress in several important areas, with some highlights here and full detail within the report:

- Health System Transformation Project:
 - Quality and Outcome targets for OPY/QPY7 were finalized.
- Modernizing Health and Human Services Eligibility Systems:
 - Between January 1 and March 30, 2024, the Medicaid Systems team and Deloitte

implemented three (3) software releases to address 94 data fixes and 23 software enhancements for the RI Bridges eligibility system.

- Home and Community-Based Services Conflict-Free Case Management:
 - In January, the state posted final CFCM provider certification standards, responses to comments on the draft CFCM certification standards, and the CFCM provider application.
 - In February, EOHHS received four CFCM applications, three of which were from applicants that indicated they will support both EAD and DD clients.
 - The state developed and shared a plain language CFCM 1-Page for participants, which was translated into 12 languages.
- Home and Community-Based Services Quality Improvement:
 - Project Governance Team: The Project Governance Team submitted for CMS approval a contract to allow the state to use the National Core Indicators-Aging and Disability (NCI-AD) survey for the EAD population.
 - Quality Improvement Team: The HCBS Provider Training was made available on a free platform for all RI Medicaid HCBS direct care providers and direct support professionals.
 - Data Analytics Subgroup: The CY2032 Q3 data call, which was sent to program offices in December, was received in a timely manner by January 16. The results were aggregated by the EOHHS data team and presented at the February meeting using the data dashboard.
- LTSS System Modernization: Phase II of the Wellsky single HCBS case management system went live in March and is functioning well.
- State Plan Amendments: EOHHS submitted four SPAs in Q1, one of which was approved in Q1.
- Rate Increases: An updated rate for Conflict-Free Case Management was approved in Q1.
- Other Programmatic Changes: New regulations for Self-Direction were finalized and became effective in Q1.

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.

Summary:

The number of current enrollees as of the last day of the month in the reported quarter (March 31, 2024) with eligibility for full benefits is **329,548**. This count does not include another 2,379 members with full benefits but are eligible under Rhode Island’s separate CHIP program (and not reflected in **Table III.1**). Nor does it include an additional **12,414** members with only limited Medicaid coverage.

This represents a 4.4% decrease in Medicaid enrollment (full benefits) over prior quarter. The decrease is due to the Rhode Island Unwinding of the continuous coverage requirement in place since the start of the of the Public Health Emergency in March 2020.

Table III.1 Medicaid-Eligible Enrollment Snapshot as of Quarter-End (in Current DY) and Year-End

Snapshot					
	DY13	DY14	DY15	Mar-24	Jun-24
01: ABD no TPL	15,627	15,515	16,338	16,462	0
02: ABD TPL	34,434	36,767	34,561	33,238	0
03: Rite Care	138,813	143,979	147,646	137,519	0
04: CSHCN	12,247	12,440	11,598	11,238	0
05: Family Planning	1,369	1,104	1,005	1,040	0
06: Pregnant Expansion	56	96	104	94	0
07: CHIP Children	33,616	33,923	35,376	35,929	0
10: Elders 65+ - OHA Copay	1,562	1,151	1,168	1,194	0
14: BCCPT	87	93	49	35	0
15: ORS CNOM	74	100	95	110	0
17: Early Intervention	1,781	1,482	1,662	1,703	0
18: HIV	846	818	763	788	0
21: 217-like	4,701	5,131	5,570	5,618	0
22: New Adult Group	103,733	112,547	93,397	89,415	0
27: Undocumented Immigrants	59	55	67	58	0
Grand Total	349,005	365,201	349,399	334,441	0
Full Benefits Only	343,314	360,491	344,639	329,548	0
Partial Benefits	5,691	4,710	4,760	4,893	0

Notes to Table III.1:

1. "Snapshot" reporting includes members enrolled as of December 31 for each of the two prior Demonstration Years (DY) and last day of reported quarter(s) within the current DY.
2. "03: Children with Special Healthcare Needs (CHSCN)" includes Budget Populations, "08: Substitute Care" and "09: CSHCN Alt."
3. "07: CHIP Children" includes members eligible under CMS 64.21U and CMS 21. The former reflects the state's CHIP Expansion program for low-income children, whereas the later includes pregnant women and unborn children who are eligible under the Separate CHIP program. Only the CMS 64.21U eligible members are eligible under the Rhode Island's 1115 financial reporting and so included above. Details on the members excluded from this Budget Population for purposes of calculating Rhode Island's Budget Neutrality PMPM are shown in Table III.1b.
4. "10: Elders 65+" includes members eligible under the (a) Office of Health Aging (OHA) CNOM program to assist elders paying for medically necessary Adult Day and Home Care services, and (b) Medicare Premium Payment (MPP) Only (i.e., QMB Only, SLMB, and Qualifying Individuals). The MPP Only subgroup, however, are excluded for purposes of calculating PMPM b/c these costs are invoiced in aggregate and only reported under "02: ABD TPL." Details on this Budget Population are shown in Table III.2.
5. "Hypothetical 03: IMD SUD" are reported here for informational purposes. The expenditures (for Budget Services 11 per the Rhode Island's 1115 Waiver) for such members are reported under the member's underlying eligibility group. Where these members appear for purposes of calculating Rhode Island's Budget Neutrality PMPM are shown in Table III.3.
6. "22: New Adult Group" and "Low-Income Adults" are used interchangeably.

Table III.2. Medicaid-Eligible members excluded for 1115 Budget Neutrality Calculations

Snapshot					
	DY13	DY14	DY15	Mar-24	Jun-24
07: Separate CHIP Children	2,277	2,912	2,620	2,379	0
10: Elders 65+ - MPP Only	7,343	7,027	7,547	7,379	0
99: Base	3	2	138	142	0
Grand Total	9,623	9,941	10,305	9,900	0

Notes to Table III.2:

1. "Snapshot" reporting includes members enrolled as of December 31 for each of the two prior Demonstration Years (DY) and last day of reported quarter(s) within the current DY.
2. "07: CHIP Pregnant & Unborn" are members eligible under Rhode Island's Separate CHIP program. Their expenditures are reported under form CMS 21 and not included in the 1115 waiver reporting. These members are not included in **Table III.1**.
3. "10: Elders 65+ MPP Only" includes members eligible exclusively for support with their Medicare premium payments (i.e., QMB Only, SLMB, and Qualifying Individuals). The MPP Only subgroup is included in **Table III.1** but are excluded for purposes of calculating PMPM b/c these costs are invoiced in aggregate and only reported under "02: ABD TPL."

Table III.3. Medicaid-Eligible members receiving IMD SUD Services (Budget Services No. 11)

Snapshot					
	DY13	DY14	DY15	Mar-24	Jun-24
01: ABD no TPL	106	93	86	88	0
02: ABD TPL	19	5	10	2	0
03: Rite Care	59	55	38	44	0
04: CSHCN	2	7	2	2	0
07: CHIP Children			1	0	0
21: 217-like	1			0	0
22: New Adult Group	487	394	356	338	0
Grand Total	674	554	493	474	0

Notes to Table III.3:

1. "Snapshot" reporting includes members enrolled as of December 31 for each of the two prior Demonstration Years (DY) and last day of reported quarter(s) within the current DY.
2. Members using IMD SUD Budget Services meet the following criteria within the quarter:
 - Full Medicaid benefits
 - Aged between 21 and 64 years old inclusive.
 - Have at least one residential stay for SUD purposes at a state designated IMD within the fiscal quarter. Current list of IMDs providing with 16+ beds for SUD-related services include: The Providence Center, Phoenix House, MAP, Bridgemark, Adcare, and Butler Hospital
3. These counts will be updated (and increase) as more claims are paid and submitted to EOHHS thereby identifying more individuals with an IMD SUD related claim.

Number of Enrollees that Lost Eligibility

The number of enrollees eligible in the prior quarter who had lost eligibility for full Medicaid benefits as of the last day in the current quarter is **26,084**.

The cumulative count of terminations among those with full Medicaid benefits in the current demonstration year is **26,084**.

Table III.4 Medicaid-eligible members that lost eligibility by Quarter (in Current DY) and in Demonstration Year

	DY13	DY14	DY15				
			Mar-23	Jun-23	Sep-23	Dec-23	YTD
01: ABD no TPL	785	966	452	-	-	-	452
02: ABD TPL	1,685	3,570	1,388	-	-	-	1,388
03: Rite Care	4,685	6,390	10,288	-	-	-	10,288
04: CSHCN	702	556	203	-	-	-	203
05: Family Planning	77	87	123	-	-	-	123
06: Pregnant Expansion	-	9	9	-	-	-	9
07: CHIP Children	1,016	1,103	3,038	-	-	-	3,038
10: Elders 65+ MPP Only	478	145	49	-	-	-	49
10: Elders 65+ OHA Copay	2	38	12	-	-	-	12
14: BCCPT	62	89	52	-	-	-	52
15: ORS CNOM	1,035	863	225	-	-	-	225
17: Early Intervention	92	126	11	-	-	-	11
18: HIV	284	416	161	-	-	-	161
21: 217-like	4,252	32,057	10,425	-	-	-	10,425
22: New Adult Group	39	35	48	-	-	-	48
27: Undocumented Immigrants	15,194	46,450	26,484	-	-	-	26,484
Grand Total	14,020	45,411	26,084	-	-	-	26,084
Subtotal - Full Medicaid	785	966	452	-	-	-	452

Notes to Table III.4:

1. Loss of Eligibility reflects complete the loss of Medicaid eligibility between subsequent reporting periods (i.e., member was eligible on March 31 but no longer eligible on June 30). Members who move from one eligibility group to another are not reported herein; nor are members who gained and lost eligibility within the same quarter.
2. Annual counts of members losing eligibility compares subsequent December 31 snapshots. Only those that lost all eligibility are counted. Members who lost eligibility and regained eligibility prior to end of DY would not be included; nor are members who gained and lost eligibility within the same DY.
3. Within current DY, YTD refers to number who have lost eligibility between December 31 of prior fiscal year and end of the most recent quarter. Members who regained eligibility in a quarter would not be counted.

IV. “New”-to-“Continuing” Ratio

The Rhode Island 1115 Comprehensive Demonstration Waiver includes a self-direction component. As of March 31, 2024, a total of **2,380** Medicaid-eligible members were in a self-directed HCBS program, including 2,380 in a program administered by EOHHS and 1,284 in a program for I/DD members and administered by Rhode Island’s Department of Behavioral Health Developmental Disabilities & Hospitals (BHDDH).

Distinct Members	DY13	DY14	DY15		
				Mar-24	Jun-24
New	265	227	298	84	0
Continuing	464	630	752	1,012	0
Subtotal - EOHHS	729	857	1,050	1,096	0
Subtotal - BHDDH		1,071	1,239	1,284	0
Grand Total		1,928	2,289	2,380	0

Notes to Table IV.1:

1. Self-Directed includes Personal Choice and Independent Provider models as administered by Medicaid.
2. Additional self-directed members with an I/DD are administered by the Department of Behavioral Health, Developmental Disabilities, and Hospital, but are not reported herein.
3. “New” is defined as a member eligible for services on the last day of the quarter and not previously eligible for services on the last day of the prior quarter. “Continuing” means that the member was eligible for services across subsequent quarters.
4. For prior demonstration data, the counts reflect the average of the quarter-ending results within the year.
5. For figure for the BHDDH Self-Directed program for I/DD members represent total quarter-end snapshot only.

V. Special Purchases

The Rhode Island 1115 Comprehensive Demonstration Waiver includes a self-direction component. Below are the special purchases approved during DY16 January 1, 2024 – March 31, 2024 (by category or by type) with a total of **\$5,948.25** for special purchases expenditures.

Q1 2024	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	3	Acupuncture		\$1,125.00
	13	Service Dog Training		\$1,825.00
	6	Massage Therapy		\$ 570.00
	5	Supplements		\$ 974.37
	1	Apple Watch Subscription		\$ 29.90
	1	MedicAlert	1 year renewal	\$ 74.99
	1	Heavy Duty Walker		\$ 179.99
	1	Seat Lift Chair		\$1,169.00
CUMULATIVE TOTAL				\$5,948.25

V. Outreach/Innovative Activities

Summarize outreach activities and/or promising practices for January 1, 2024 – March 31, 2024.

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.

Accountable Entities (AEs)

Q1 2024

- As AEs/MCOs prepare for a new contract year, PY7 Re-certification applications were distributed and are due to EOHHS by 4/1/2024. New applications are also due 4/1/2024.
- OPY7 & QPY7 Targets have been finalized and an updated Quality Implementation Manual has been distributed.
- The MCOs completed and shared OPY6 Q3 AEIP Outcome Metrics with EOHHS and a communication was sent to the AE's pertaining to their performance.
- PY6 Q2 Incentive Payments were processed and distributed at the end of February.

VI. Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in DY 16 January 1, 2024 – March 31, 2024.

Modernizing Health and Human Services Eligibility Systems

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Between January 1 and March 30, 2024, the Medicaid Systems team and Deloitte implemented three (3) software releases to address 94 data fixes and 23 software enhancements for the RI Bridges integrated eligibility system (IES). These releases improved services for Medicaid Eligibility & Enrollment passive renewal process, Long Term Services and Supports (LTSS), Katie Beckett, notices, Customer and Worker Portal interfaces, and new functionality for wage verification via integration of The Work Number (TWN). No significant program development or issues were identified.

HCBS Conflict-Free Case Management

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Between January and March 2024, the state made considerable progress in implementing Conflict-Free Case Management (CFCM). In January, the state posted final CFCM provider certification standards, responses to comments on the draft CFCM certification standards, and the CFCM provider application. In February, EOHHS received four CFCM applications, three of which were from applicants that indicated they will support both EAD and DD clients. The state also developed and shared a plain language CFCM 1-Pager for participants, which was translated into 12 languages, and continued to develop the draft CFCM Program Manual.

HCBS Quality Improvement

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In January, February, and March 2024, the standing project governance team, quality improvement team, and two focused subgroups continued to meet regularly.

- **Project Governance Team:** In addition to overall project planning and leadership, the project governance team focused on reviewing and updating the HCBS Work Plan. The state continues to take steps towards utilizing the National Core Indicators-Aging and Disability (NCI-AD) survey for the EAD population. The contract was submitted to CMS for review and the State awaits approval. The team continues to follow the HCBS Work Plan and will continue to address items outlined for CY2024. The group awaits feedback from CMS regarding the new HCBS Quality Measure Set and will implement the new measures accordingly.

- **Quality Improvement Team:** The full QIS team continues to meet monthly. This meeting still serves as a time to discuss highlights, areas for improvement, and to serve as a resource to work through concerns that arise in the Critical Incident and Data Analytics subgroups. The team discussed the rollout of the HCBS Provider Training, pursuant to the HCBS quality assurance requirements under 42 C.F.R. § 441.302 for all Rhode Island Medicaid HCBS direct care providers and direct support professionals. The training was made available on a free platform for all Rhode Island DCWs/DSPs. State agencies were informed all HCBS providers are to complete the training developed and approved by the full QIS team and will continue to communicate this to providers under their purview. In the February meeting, the team reviewed the Q3 data and addressed changes in each performance area.
- **Critical Incidents Subgroup:** The Critical Incident subgroup has paused the regular meeting cadence and convenes on an as needed basis. The group continues to review the performance measures and quarterly data and will make updates as the need arises.
- **Data Analytics Subgroup:** The CY2023 Q3 data call, which was sent to program offices in December, was received in a timely manner by January 16. The results were aggregated by the EOHHS data team and presented at the February meeting using the data dashboard. The data team continues to prepare for future changes in data collection measures once the WellSky system is implemented; this system will serve as a single data source across all state agencies. A member of the data team continues to participate in WellSky development meetings to ensure a smooth transition. On March 15, the CY2023 Q4 data template was sent to the program offices, to be returned in April.

LTSS System Modernization

DY16 Q1

The State continues to collaborate with the vendor WellSky to develop and implement the single case management system for all Rhode Island HCBS participants. Phase II went live in March, and the Phase II capabilities are functioning well. Following the go live, the State began Phase III Project Planning. This process continues to identify other interfaces needed to fully implement the system.

Waiver Category Change Requests

The following Waiver Category request changes and or State Plan Amendments have been submitted or are awaiting CMS action during the period of January 1, 2024 – March 31, 2024.

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Request Type	Description	Date Submitted	CMS Action	Date
SPA	23-0011 Ticket to Work	12/20/23	Approved	3/1/24
SPA	23-0012 Ticket to Work	12/20/23	Approved	3/1/24
SPA	23-0013 Clinician Services	12/27/23	Approved	2/14/24
SPA	23-0014 Vaccine Coverage	12/27/23	Approved	2/1/24
SPA	24-0001 DSH	2/1/24	Approved	3/13/24
SPA	24-0002 DD Professional Services	2/26/24	Pending	
SPA	24-0003 MNIL/Spousal Impoverishment	3/7/24	Pending	
SPA	24-0004 Continuous Coverage for Children	3/28/24	Pending	

Rate Increases

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Throughout Q1, EOHHS worked with CMS to provide additional details related to the request to transition to a \$170.87 single monthly rate for CFCM services. This rate was approved on 3/26/24.

Other Programmatic Changes Related to the 1115 Waiver

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The new self-directed program regulations were finalized on 1/23/24 and became effective on 2/12/24. These new regulations reflect the changes that were made to merge the Personal Choice and Independent Provider self-directed programs into a single program, called Personal Choice, as directed by the State legislature.

**VII. Financial/Budget Neutrality
Developments/Allotment Neutrality
Developments/Issues**

There were no significant developments/issues/problems with financial accounting, budget neutrality, CMS-64 reporting for DY 16 January 1, 2024 – March 31, 2024 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

January 1, 2024 – March 31, 2024

The Rhode Island Executive Office of Health and Human Services (RI 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 Prior Authorization (PA) requests, PA request denials, 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. The Appeals and Grievances charts can be found in Section XII. Enclosures – Attachments - Attachment 2 – Appeals, Grievances and Complaints.

Currently there 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 Medicaid eligible people enrolled in Managed Care:

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

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

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

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

Data is disaggregated according to Medicaid cohort:

- Rite Care
- Rhody Health Partners (RHP),
- Rhody Health Expansion, (RHE)
- Children with Special Health Care Needs (CSN),
- Children in Substitute Care (Sub Care). NHPRI ONLY

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
- billing Issues.

Consumer appeals are disaggregated into nine (9) categories:

- medical services,
- prescription drug services,
- radiology services,
- durable medical equipment,
- substance use disorder residential services,
- partial hospitalization services,
- detoxification services,
- opioid treatment services
- behavioral health services (non-residential).

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

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
- orthodontic services

The quarterly reports are reviewed by the RI EOHHS Compliance Officer and/or designee. 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 submit 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. EOHHS Compliance department reviews submitted A&G quarterly reports for trends in member service dissatisfaction, including but not limited to, access to services, balance billing and quality of care.

EOHHS re-implemented its commitment to Active Contract Management for its contracted MCOs and PAHP. As a part of this effort, EOHHS directed each MCO to submit their Program Integrity goals for the calendar year during Q1.

EOHHS has continued to require each MCO to submit their current Network Adequacy plan and provide in network contracting strategies to address any lack of in-network BH service access.

EOHHS continued to build on its work related to Network Adequacy and oversight.

During Q1 Tufts 'Corrective Action Plan (CAP) related "mainstreaming" was closed out as the action was remedied and THPP was able to demonstrate full compliance. However, this exercise has prompted EOHHS to continue to work with the Office of the Health Insurance Commissioner to ensure parity between commercial and Medicaid lines of business in the state of Rhode Island.

EOHHS successfully implemented the 21st Century CURES ACT related to provider enrollment which should also ensure parity between lines of business.

In keeping with gains made in 2023 EOHHS will continue the quarterly A&G data reviews., EOHHS Compliance conducts reviews of the total number of prior authorizations (PAs) as well as the PA denial rate per MCO via quarterly reporting requirements.

Of note, EOHHS evaluates trends in issues of dissatisfaction specifically attributed to Accountable Entities (AE) as well as Network Adequacy trends in certified AEs as compared to core contract adequacy.

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MCO Prior Authorization and Denials Summary

NHPRI Q1-2024: Prior Authorizations and Denials: NHPRI reported twenty thousand three hundred and fifty-four (20,354) PAs (across all cohorts) of which two thousand and forty-three (2,043) PAs were denied representing an 10.04% denial rate. There was a slight increase of 1.35% in denials from Q4-2023 to Q1 2024.

UHCCP Q1-2024: Prior Authorizations and Denials: UHCCP-RI reported fifteen thousand and twenty-four (15,024) PAs (across all cohorts) of which three thousand two hundred and eight (3,208) PAs were denied representing a 21.35% total denial rate. There was a slight decrease (less than 1%) in denials from Q4 2023 to Q1 2024.

THRIT Q1-2024: Prior Authorizations and Denials: THRIT reported two hundred and seventy-eight (278) PAs (across all cohorts) of which thirty-six (36) PAs were denied representing 12.95% denial rate. There was a slight change in PA requests and denials from Q4 2023 to Q1 2024. Representing 1.04% increase in denial rate.

Dental (Rite Smiles) Q1-2024: Prior Authorizations and Denials: Rite Smiles reported a total of three thousand one hundred and thirty-nine (3,139) PAs of which one thousand two hundred and sixty-one (1,261) PAs were denied representing 40.17% total denial rate (a decrease of 2.36% from Q4 2023). Requests for orthodontic services represent 45.36% denial rate which represents a decrease of more than .22% from Q4 2023.

MCO Q1-2024: Appeals and Overturn Rate Summary

NHPRI Q1-2024: NHPRI reported a total of three hundred and ninety-seven (397) standard internal appeals, ten (10) expedited internal appeals and ninety (89) state fair external hearings across all cohorts. Of the four hundred and ninety-six (496) total appeals, two hundred and twenty-four (224) appeals were overturned representing 45.16% overturn rate. Of the eighty-nine (89) external appeals, twenty-seven (27) appeals or 30.34% were overturned.

UHCCP Q1-2024: UHCCP reported a total of sixty (60) standard internal appeals, ninety-seven (97) expedited internal, zero expedited external and zero state fair- external hearings across all cohorts. Of the one hundred and fifty-seven (157) total appeals, ninety-three (93) were overturned representing 59.24% overturn rate. There were zero external appeals in Q1.

THRIT Q1-2024: THRIT reported a total of nine (9) standard internal appeals, nine (9) expedited internal appeals and zero state fair – external hearings across all cohorts. Of the eighteen (18) total appeals seven (7) were overturned representing 38.89% overturn rate. There were no external appeals in Q1.

Dental (Rite Smiles) Q1-2024: Rite Smiles reported a total of sixty-nine (69) standard internal appeals and ten (10) expedited state fair-external hearings. Of the seventy-nine (79) total appeals, twenty-seven (27) appeals were overturned representing 34.17% overturn rate. Denials for orthodontic services represented 69.62% of appeal requests. EOHHS is currently reviewing trends to ensure that members are fully aware to initiate an appeal given this trend.

Additionally, EOHHS is working with Dental to ensure that continuity of care is considered when members in active orthodontic treatment and churn off Rite Smiles due to the existence of commercial dental third party liability.

MCO Q1-2024 Grievances and Complaints Summary

NHPRI Q1-2024: Grievances and Complaints: NHPRI reported a total of total of fifty-six (56) Grievances and Complaints; eighteen (18) Grievances and thirty-eight (38) Complaints; eleven (11) were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the thirty-nine (18) Grievances, seventeen (17) represented quality of care issues, one (1) to access of care and zero (0) customer service issues. Access to care issues were related to in-network BH provider availability. There was a significant increase (69.70%) in grievances/complaints from Q1 2024 over Q4 2023. This is being monitored during oversight and flagged as a part of the provider enrollment screening process related to the 21st Century CURES ACT.

UHCCP Q1-2024: _Grievances/Complaints: UHCCP-RI reported a total of twenty-one (21) Grievances and Complaints; twenty-one (21) Grievances and zero Complaints; twelve (12) were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the twenty-one (21) Grievances, one (1) represented quality of care issues and two (2) represented balance billing issues. UHCCP educated the Accountable Entities (AEs) regarding balance billing. This has led to no balance billing complaints regarding the Accountable Entities for Q1.

THRIT Q1-2024: Grievances and Complaints: THRIT reported four (4) Grievances and zero Complaints in Q1-2024.

Rlte Smiles (Dental) Q1-2024: Grievances and Complaints: Rlte Smiles reported a total of zero consumer Grievance and zero Complaint in Q1-2024.

EOHHS also participates in two advisory groups, the long-standing Consumer Advisory Committee (CAC) and the Integrated Care Initiative's ICI Implementation Council. CAC stakeholders include individuals who are enrolled in Rlte Care, and representatives of advocacy groups, health plans, the Department of Human Services (DHS), and EOHHS. The CMS Regional Officer participates in these meetings as her schedule permits. The CAC met two (2) times in DY 16 January 1, - March 31, 2024:

January meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- Return to Normal Operations (also called “unwinding”) Update
- Data Reports – Enrollment & Auto Assignment

March meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- Return to Normal Operations (also called “unwinding”) Update
- 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 16 January 1, 2024 – March 2024.

NEMT Analysis	Q1 2024	Q2 2024	Q3 2024	Q4 2024	DY16 YTD
All NEMT & Elderly Complaints	352				352
All NEMT & Elderly Trip Reservations	536,640				536,640
Complaint Performance	0.07%				0.07%
Top 5 Complaint Areas					
Transportation Provider No Show	101	1			101
Transportation Broker Processes	25	5			25
Transportation Provider Behavior	22				22
Transportation Provider Late	76	2			76
Transportation Broker Client Protocols	28	4			28
Driver Service/Delivery	54	3			54

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_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.

For this quarter, the average monthly participation was 70 enrollees. The average subsidy was \$29.60 per individual, with an average total of \$2,072 per month.

Month	Marketplace Subsidy Program Participation	Change in Marketplace Participation	Average Subsidy per Enrollee	Total Subsidy Payments
January	58	-	\$38.88	\$2,255
February	55	(2)	\$39.98	\$2,199
March	55	-	\$39.64	\$2,180
April				
May				
June				
July				
August				
September				
October				
November				
December				

X. Evaluation/Quality Assurance/Monitoring Activity

Identify, describe, and report the outcome of all major evaluation/quality assurance/monitoring activities in DY 16, January 1, 2024 – March 31, 2024.

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.

Areas of focus addressed during Q1:

Specific to quality improvement and compliance, the following areas of focus were addressed during the cycle of oversight and administration meetings conducted during Quarter 1 (Q2) of 2024, the third quarter of State Fiscal Year (SFY) 2024:

Active Contract Management (ACM)

EOHHS continued its ACM review with MCOs to ensure compliance with meeting all contractual requirements. There has been a greater focus on the development of aligning both managed care compliance and the Office of Program Integrity (OPI). EOHHS kicked off CY24 with each vendor presenting on their processes for program integrity and reviewing their goals for the year. EOHHS required that each vendor set a specific ACM goal related to improve their organization’s program integrity department. Some organizations had specific processes, such as require prepayment review, while others focused on specific goals related to annual recoupments. EOHHS will oversee and monitor that each MCO meets their goals set for this quarter. EOHHS will also require that a member of the EOHHS OPI team attend the oversight meetings to better align processes.

General Updates

- Given the intense oversight and research related to compliance with the Cures Act, full compliance was achieved in Q1. EOHHS helped to address this by refining a compendium that included clear guidance and definitions. Compliance for dental began on 11/1/23 and for medical MCOs on 2/1/24.
- EOHHS reviewed the final results of the EQRO with each MCO and Dental during Q1 Oversight meetings.

Specific to the unique details of Q1 oversight, pertaining to each MCO, see below:

Neighborhood Health Plan of Rhode Island (NHPRI)

- NHPRI continued to work with RIDOH to obtain vaccination data for NHPRI members. They shared performance data on this effort in Q1 Oversight Meetings.
- NHPRI shared a formal transition plan related to transitioning care management from a subcontracted vendor and taking on that work internally. They are currently in the process of transition planning with the expectation of completion by Q3 2024.

UnitedHealthcare Community Plan (UHCCP-RI)

- UHCCP case managers continued targeted outreach to members in areas with low COVID-19 vaccination rates.
- EOHHS reviewed UHC's oversight of their BHO, Optum, and how to streamline the authorization process that some providers have noted as burdensome.

Tufts Health Public Plans (THPP)

- THPP was still on a corrective action plan related to not meeting contractual requirements related to mainstreaming. EOHHS reviewed progress and THPP was able to close their CAP in February 2024.
- THPP has attended the provider enrollment meetings related to the 21st Century CURES Act and continued to be a solid partner. EOHHS continues to delve deeper into THPP's network adequacy given recent trends by member requests to change plans. EOHHS will continue to monitor THPP's Network Adequacy very closely and if necessary, will impose a plan to address. EOHHS is seeking to make Network Adequacy a formal Active Contract Management Project in future Q's.

UnitedHealthcare-Dental (UHC Dental)

- EOHHS is currently working with UHC Dental to ensure adherence to CURES ACT. During Q1, UHC Dental has continued to make progress and remains significantly further along than their counterparts.
- EOHHS has reviewed their policies regarding loss of coverage due to RTNO impacting those who are currently receiving orthodontic care.

XI. Enclosures/Attachments

Attachment 1: Rhode Island Budget Neutrality Report

Table A1.1 MEMBER MONTHS (ACTUALS)

Medicaid Eligibility Group (MEG)	Historical:		Current:				
	DY 14 2022	DY 15 2023	31-Mar-24	30-Jun-24	DY 16 30-Sep-24	31-Dec-24	YTD
ABD no TPL	187,656	193,579	49,257	0	0	0	49,257
ABD TPL	428,793	438,694	100,604	0	0	0	100,604
Rlte Care	2,105,419	2,171,086	534,396	0	0	0	534,396
CSHCN	147,992	148,895	34,106	0	0	0	34,106
217-like Group	59,142	65,177	16,771	0	0	0	16,771
Family Planning Group	14,185	12,625	3,010	0	0	0	3,010
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Low-Income Adult	1,300,080	1,320,635	269,912	0	0	0	269,912
Additional Populations & CNOMS	46,807	44,905	11,488	0	0	0	11,488
<i>Average Count of Members with Full Benefits</i>	<i>352,424</i>	<i>361,506</i>	<i>335,015</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>335,015</i>

Notes to Member Months (Actuals)

1. Rlte Care includes: 03: Rlte Care, 06: Pregnant Expansion, 07: CHIP Children
2. SUD IMD member months reallocated to their underlying eligibility group. Approximately, 70% are reported within the Low-Income Adult Group.
3. Additional Populations & CNOMS include Early Intervention Only, ORS CNOM, Elders 65+.

Table A1.2 WITHOUT WAIVER PMPM

Medicaid Eligibility Group (MEG)	Historical:		Current:				
	DY 14 2022	DY 15 2023	31-Mar-24	30-Jun-24	DY 16 30-Sep-24	31-Dec-24	YTD
ABD no TPL	\$ 3,730	\$ 3,891	\$ 4,058	\$ 4,058	\$ 4,058	\$ 4,058	\$ 4,058
ABD TPL	\$ 4,217	\$ 4,398	\$ 4,587	\$ 4,587	\$ 4,587	\$ 4,587	\$ 4,587
Rlite Care	\$ 683	\$ 719	\$ 756	\$ 756	\$ 756	\$ 756	\$ 756
CSHCN	\$ 3,978	\$ 4,177	\$ 4,386	\$ 4,386	\$ 4,386	\$ 4,386	\$ 4,386
217-like Group	\$ 4,627	\$ 4,770	\$ 4,918	\$ 4,918	\$ 4,918	\$ 4,918	\$ 4,918
Family Planning Group	\$ 28	\$ 30	\$ 31	\$ 31	\$ 31	\$ 31	\$ 31
SUD IMD	\$ 4,649	\$ 4,900	\$ 5,165	\$ 5,165	\$ 5,165	\$ 5,165	\$ 5,165
Low-Income Adult	\$ 1,153	\$ 1,212	\$ 1,274	\$ 1,274	\$ 1,274	\$ 1,274	\$ 1,274
<i>Composite PMPM for Members with Full Benefits</i>	\$ 1,492	\$ 1,562	\$ 1,633	\$ -	\$ -	\$ -	\$ 1,633

Table A1.3 WITHOUT WAIVER TOTAL EXPENDITURES

Medicaid Eligibility Group (MEG)	Historical:		Current:				
	DY 14 2022	DY 15 2023	31-Mar-24	30-Jun-24	DY 16 30-Sep-24	31-Dec-24	YTD
ABD no TPL	\$ 699,980,429	\$ 753,123,142	\$ 199,875,709	\$ -	\$ -	\$ -	\$ 199,875,709
ABD TPL	\$ 1,808,009,645	\$ 1,929,296,867	\$ 461,463,039	\$ -	\$ -	\$ -	\$ 461,463,039
Rlite Care	\$ 1,438,916,843	\$ 1,560,953,353	\$ 404,195,837	\$ -	\$ -	\$ -	\$ 404,195,837
CSHCN	\$ 588,764,263	\$ 621,974,550	\$ 149,593,453	\$ -	\$ -	\$ -	\$ 149,593,453
Subtotal - Without Waiver	\$ 4,535,671,179	\$ 4,865,347,913	\$ 1,215,128,038	\$ -	\$ -	\$ -	\$ 1,215,128,038
217-like Group	\$ 273,643,146	\$ 310,914,946	\$ 82,483,078	\$ -	\$ -	\$ -	\$ 82,483,078
Family Planning Group	\$ 401,117	\$ 375,925	\$ 94,377	\$ -	\$ -	\$ -	\$ 94,377
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
New Adult Group	\$ 1,499,038,372	\$ 1,600,398,706	\$ 343,771,839	\$ -	\$ -	\$ -	\$ 343,771,839

Budget Neutrality Tables II

Table A1.4 HYPOTHETICALS ANALYSIS

	Historical:		Current:				
	DY 14 2022	DY 15 2023	31-Mar-24	30-Jun-24	DY 16 30-Sep-24	31-Dec-24	YTD
Medicaid Eligibility Group (MEG)							
Without Waiver Expenditure Baseline	\$ 274,044,262	\$ 311,290,871	\$ 82,577,454	\$ -	\$ -	\$ -	\$ 82,577,454
With Waiver Expenditures (Actuals):							
217-like Group	\$ 249,615,556	\$ 290,788,754	\$ 80,785,372	\$ -	\$ -	\$ -	\$ 80,785,372
Family Planning Group	\$ 167,696	\$ 159,199	\$ 52,350	\$ -	\$ -	\$ -	\$ 52,350
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Subtotal - Actuals	\$ 249,783,252	\$ 290,947,953	\$ 80,837,722	\$ -	\$ -	\$ -	\$ 80,837,722
Excess Spending: Hypotheticals	\$ (24,261,010)	\$ (20,342,918)	\$ (1,739,732)	\$ -	\$ -	\$ -	\$ (1,739,732)

Table A1.5 LOW INCOME ADULT ANALYSIS

	Historical:		Current:				
	DY 14 2022	DY 15 2023	31-Mar-24	30-Jun-24	DY 16 30-Sep-24	31-Dec-24	YTD
Medicaid Eligibility Group (MEG)							
Without Waiver Expenditure Baseline	\$ 1,499,038,372	\$ 1,600,398,706	\$ 343,771,839	\$ -	\$ -	\$ -	\$ 343,771,839
With Waiver Expenditures (Actuals)	\$ 772,853,442	\$ 824,591,187	\$ 151,398,366	\$ -	\$ -	\$ -	\$ 151,398,366
Excess Spending: New Adult Group	\$ (726,184,930)	\$ (775,807,519)	\$ (192,373,473)	\$ -	\$ -	\$ -	\$ (192,373,473)

Table A1.6 WITH WAIVER TOTAL ANALYSIS

Medicaid Eligibility Group (MEG)	Historical:		Current:				
	DY 14 2022	DY 15 2023	31-Mar-24	30-Jun-24	DY 16 30-Sep-24	31-Dec-24	YTD
ABD no TPL	\$ 429,719,403	\$ 519,409,291	\$ 118,893,316	\$ -	\$ -	\$ -	\$ 118,893,316
ABD TPL	\$ 717,141,125	\$ 827,680,620	\$ 207,164,498	\$ -	\$ -	\$ -	\$ 207,164,498
Rite Care	\$ 640,681,951	\$ 850,178,763	\$ 202,419,472	\$ -	\$ -	\$ -	\$ 202,419,472
CSHCN	\$ 195,422,916	\$ 263,196,281	\$ 51,773,907	\$ -	\$ -	\$ -	\$ 51,773,907
Excess Spending: Hypotheticals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Excess Spending: New Adult Group	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DSHP - Health Workforce & AIE Payments	\$ 19,150,124	\$ 20,610,704	\$ 2,735,540	\$ -	\$ -	\$ -	\$ 2,735,540
CNOM Services	\$ 10,175,765	\$ 9,630,849	\$ 2,214,040	\$ -	\$ -	\$ -	\$ 2,214,040
TOTAL	\$ 2,012,291,283	\$ 2,490,706,508	\$ 585,200,773	\$ -	\$ -	\$ -	\$ 585,200,773
Favorable / (Unfavorable) Variance	\$ 2,523,379,896	\$ 2,374,641,405	\$ 629,927,265	\$ -	\$ -	\$ -	\$ 629,927,265
Cumulative Budget Neutrality Variance	\$ 15.51 B	\$ 17.89 B	\$ 18.52 B	\$ 18.52 B	\$ 18.52 B	\$ 18.52 B	\$ 18.52 B

Notes to With Wavier Analysis

1. Excess Spending: Hypotheticals and New Adult Group reflects spending, if any, that exceeds the Without Waiver benchmark. Any savings against the Hypothetical populations (i.e., IMD SUD, 217-like and Family Planning groups) do not contribute to Budget Neutrality Variance.
2. Favorable/(Unfavorable) Variance compares actual spending on base MEGs and any excess spending on Hypotheticals or New Adult Group and any spending on CNOM services or DSHP investments to the Without Waiver expenditure limit (calculated in Table A1.3 as the product of the actual member months multiplied PMPM benchmark).
3. The Cumulative Budget Neutrality variance considers total “savings” relative to Without Waiver limit.

ATTACHMENT 2 – Appeals, Grievances and Complaints – Quarterly Report Q1-2024

Attachment A2.1: NHPRI Q1-2024 Prior Authorization Requests

Rlte Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	7,352	0	0	0	7,352
Prior Authorization Denials	855	0	0	0	855
Rlte Care AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

CSN	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	1,046	0	0	0	1,046
Prior Authorization Denials	42	0	0	0	42
CSN AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

RHP	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	3,146	0	0	0	3,146
Prior Authorization Denials	266	0	0	0	266
RHP AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

RHE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	8,611	0	0	0	8,611
Prior Authorization Denials	865	0	0	0	865
RHE AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

SubCare** (NHP Only)	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	199	0	0	0	199
Prior Authorization Denials	15	0	0	0	15

NHPRI Prior Authorizations and Denial Rates

Quarter over Quarter 2023 – Denial Rates				
	Q1	Q2	Q3	Q4
Rlte Care	12%	0%	0%	0%
CSN	4%	0%	0%	0%
RHP	8%	0%	0%	0%
RHE	10%	0%	0%	0%
Subcare	8%	0%	0%	0%

Attachment A2.2: UHCCP Q1-2024 Prior Authorization Requests

Rlte Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	5,382	0	0	0	5,382
Prior Authorization Denials	1,194	0	0	0	1,194
Rlte Care AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	263	0	0	0	263
Prior Authorization Denials	15	0	0	0	15

CSN	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	441	0	0	0	441
Prior Authorization Denials	52	0	0	0	52
CSN AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	27	0	0	0	27
Prior Authorization Denials	4	0	0	0	4

RHP	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	2,800	0	0	0	2,800
Prior Authorization Denials	563	0	0	0	563
RHP AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	134	0	0	0	134
Prior Authorization Denials	6	0	0	0	6

RHE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	6,411	0	0	0	6,411
Prior Authorization Denials	1,399	0	0	0	1,399
RHE AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	253	0	0	0	253
Prior Authorization Denials	17	0	0	0	17

SubCare** (NHP Only)	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	N/A	N/A	N/A	N/A	N/A
Prior Authorization Denials	N/A	N/A	N/A	N/A	N/A

UHCCP Prior Authorizations and Denial Rates

Quarter over Quarter 2023 – Denial Rates				
	Q1	Q2	Q3	Q4
Rlte Care	22%	0%	0%	0%
CSN	12%	0%	0%	0%
RHP	20%	0%	0%	0%
RHE	22%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.3: THRIT Q1-2024 Prior Authorization Requests

Rlte Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	222	0	0	0	222
Prior Authorization Denials	27	0	0	0	27
Rlte Care AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

CSN	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0
CSN AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

RHP	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	56	0	0	0	56
Prior Authorization Denials	9	0	0	0	9
RHP AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

RHE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0
RHE AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

SubCare** (NHP Only)	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	N/A	N/A	N/A	N/A	N/A
Prior Authorization Denials	N/A	N/A	N/A	N/A	N/A

THRIT Prior Authorizations and Denial Rates

Quarter over Quarter 2023 – Denial Rates				
	Q1	Q2	Q3	Q4
Rlte Care	12%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	16%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.4: Rite Smiles Q1-2024 Prior Authorization Requests

Dental	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	2,201	0	0	0	2,201
Prior Authorization Denials	689	0	0	0	689

RX	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

RAD	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

Orthodontic	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	938	0	0	0	938
Prior Authorization Denials	572	0	0	0	572

Rite Smiles Prior Authorizations and Denial Rates

Quarter over Quarter 2023 – Denial Rates				
	Q1	Q2	Q3	Q4
Dental	31%	0%	0%	0%
Orthodontic	61%	0%	0%	0%

Attachment A2.5 NHPRI Q1-2024 Appeals and Overturn Rates

Appeals Internal - Rite Care	Q1	Q2	Q3	Q4	YTD
Standard	20	0	0	0	20
Overturned	10	0	0	0	10
Expedited	39	0	0	0	39
Overturned	27	0	0	0	27

Appeals Internal - CSN	Q1	Q2	Q3	Q4	YTD
Standard	6	0	0	0	6
Overturned	2	0	0	0	2
Expedited	2	0	0	0	2
Overturned	2	0	0	0	2

Appeals Internal - RHP	Q1	Q2	Q3	Q4	YTD
Standard	12	0	0	0	12
Overturned	4	0	0	0	4
Expedited	15	0	0	0	15
Overturned	8	0	0	0	8

Appeals Internal - RHE	Q1	Q2	Q3	Q4	YTD
Standard	22	0	0	0	22
Overturned	10	0	0	0	10
Expedited	41	0	0	0	41
Overturned	30	0	0	0	30

Appeals Internal - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A
Expedited	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A

Appeals External - Rite Care	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - CSN	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - RHP	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - RHE	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A
Expedited	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A

Quarter over Quarter 2024 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	Q2	Q3	Q4
Rite Care	46%	0%	0%	0%
CSN	54%	0%	0%	0%
RHP	48%	0%	0%	0%
RHE	50%	0%	0%	0%
Subcare	50%	0%	0%	0%

Internal Expedited Appeal overturn rates:				
	Q1	Q2	Q3	Q4
Rite Care	50%	0%	0%	0%
CSN	100%	0%	0%	0%
RHP	0%	0%	0%	0%
RHE	25%	0%	0%	0%
Subcare	100%	0%	0%	0%

Quarter over Quarter 2024 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
Rite Care	30%	0%	0%	0%
CSN	20%	0%	0%	0%
RHP	24%	0%	0%	0%
RHE	37%	0%	0%	0%
Subcare	0%	0%	0%	0%

External Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
Rite Care	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	0%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	0%	0%	0%	0%

Attachment A2.6 UHCCP Q1-2024 Appeals and Overturn Rates

Appeals Internal - Rite Care	Q1	Q2	Q3	Q4	YTD
Standard	20	0	0	0	20
Overtured	10	0	0	0	10
Expedited	39	0	0	0	39
Overtured	27	0	0	0	27

Appeals Internal - CSN	Q1	Q2	Q3	Q4	YTD
Standard	6	0	0	0	6
Overtured	2	0	0	0	2
Expedited	2	0	0	0	2
Overtured	2	0	0	0	2

Appeals Internal - RHP	Q1	Q2	Q3	Q4	YTD
Standard	12	0	0	0	12
Overtured	4	0	0	0	4
Expedited	15	0	0	0	15
Overtured	8	0	0	0	8

Appeals Internal - RHE	Q1	Q2	Q3	Q4	YTD
Standard	22	0	0	0	22
Overtured	10	0	0	0	10
Expedited	41	0	0	0	41
Overtured	30	0	0	0	30

Appeals Internal - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	N/A	N/A	N/A	N/A	N/A
Overtured	N/A	N/A	N/A	N/A	N/A
Expedited	N/A	N/A	N/A	N/A	N/A
Overtured	N/A	N/A	N/A	N/A	N/A

Appeals External - Rite Care	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overtured	0	0	0	0	0
Expedited	0	0	0	0	0
Overtured	0	0	0	0	0

Appeals External - CSN	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overtured	0	0	0	0	0
Expedited	0	0	0	0	0
Overtured	0	0	0	0	0

Appeals External - RHP	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overtured	0	0	0	0	0
Expedited	0	0	0	0	0
Overtured	0	0	0	0	0

Appeals External - RHE	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overtured	0	0	0	0	0
Expedited	0	0	0	0	0
Overtured	0	0	0	0	0

Appeals External - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	N/A	N/A	N/A	N/A	N/A
Overtured	N/A	N/A	N/A	N/A	N/A
Expedited	N/A	N/A	N/A	N/A	N/A
Overtured	N/A	N/A	N/A	N/A	N/A

Quarter over Quarter 2024 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	Q2	Q3	Q4
Rite Care	50%	0%	0%	0%
CSN	33%	0%	0%	0%
RHP	33%	0%	0%	0%
RHE	45%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Internal Expedited Appeal overturn rates:				
	Q1	Q2	Q3	Q4
Rite Care	69%	0%	0%	0%
CSN	100%	0%	0%	0%
RHP	53%	0%	0%	0%
RHE	73%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Quarter over Quarter 2024 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
Rite Care	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	0%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

External Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
Rite Care	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	0%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.7 THRIT Q1-2024 Appeals and Overturn Rates

Appeals Internal - Rite Care	Q1	Q2	Q3	Q4	YTD
Standard	2	0	0	0	2
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - CSN	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - RHP	Q1	Q2	Q3	Q4	YTD
Standard	7	0	0	0	7
Overturned	2	0	0	0	2
Expedited	9	0	0	0	9
Overturned	5	0	0	0	5

Appeals Internal - RHE	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A
Expedited	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A

Appeals External - Rite Care	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - CSN	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - RHP	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - RHE	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A
Expedited	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A

Quarter over Quarter 2024 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	Q2	Q3	Q4
Rite Care	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	29%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Internal Expedited Appeal overturn rates:				
	Q1	Q2	Q3	Q4
Rite Care	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	56%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Quarter over Quarter 2024 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
Rite Care	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	0%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

External Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
Rite Care	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	0%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.8 Rite Smiles Q1-2024 Appeals and Overturn Rates

Appeals Internal - Dental	Q1	Q2	Q3	Q4	YTD
Standard	14	0	0	0	14
Overtured	11	0	0	0	11
Expedited	0	0	0	0	0
Overtured	0	0	0	0	0
Appeals Internal - Orthodontics	Q1	Q2	Q3	Q4	YTD
Standard	55	0	0	0	55
Overtured	15	0	0	0	15
Expedited	10	0	0	0	10
Overtured	1	0	0	0	1

Appeals External - Dental (State Fair Hearing)	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overtured	0	0	0	0	0
Expedited	0	0	0	0	0
Overtured	0	0	0	0	0

Appeals External - Orthodontics (State Fair Hearing)	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overtured	0	0	0	0	0
Expedited	0	0	0	0	0
Overtured	0	0	0	0	0

Quarter over Quarter 2024 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	Q2	Q3	Q4
General Dental	79%			
Orthodontic	27%			

Internal Expedited Appeal overturn rates:				
	Q1	Q2	Q3	Q4
General Dental	0%			
Orthodontic	10%			

Quarter over Quarter 2024 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
General Dental	0%			
Orthodontic	0%			

External Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
General Dental	0%			
Orthodontic	0%			

Attachment A2.9 NHPRI Q1-2024 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
Rlte Care	2	0	0	0	2
CSN	0	0	0	0	0
RHP	9	0	0	0	9
Rhe	7	0	0	0	7
SubCare (NHP only)	0	0	0	0	0
Total Number of Grievances					18
AE	5	0	0	0	5

Number of Complaints	Q1	Q2	Q3	Q4	YTD
Rlte Care	9	0	0	0	9
CSN	2	0	0	0	2
RHP	8	0	0	0	8
RHE	19	0	0	0	19
SubCare (NHP only)	0	0	0	0	0
Total Number of complaints					38
AE	6	0	0	0	6

Attachment A2.10 UHCCP Q1-2024 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
Rlte Care	8	0	0	0	8
CSN	3	0	0	0	3
RHP	2	0	0	0	2
RHE	8	0	0	0	8
SubCare (NHP only)	N/A	N/A	N/A	N/A	0
Total Number of Grievances					21
AE	12	0	0	0	12

Number of Complaints	Q1	Q2	Q3	Q4	YTD
Rlte Care	0	0	0	0	0
CSN	0	0	0	0	0
RHP	0	0	0	0	0
RHE	0	0	0	0	0
SubCare (NHP only)	N/A	N/A	N/A	N/A	0
Total Number of complaints					0
AE	0	0	0	0	0

Attachment A2.11 THRIT Q1-2024 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
Rlte Care	1	0	0	0	1
CSN	0	0	0	0	0
RHP	3	0	0	0	3
RHI	0	0	0	0	0
SubCare (NHP only)	N/A	N/A	N/A	N/A	0
Total Number of Grievances					4
AE	0	0	0	0	0

Number of Complaints	Q1	Q2	Q3	Q4	YTD
Rlte Care	0	0	0	0	0
CSN	0	0	0	0	0
RHP	0	0	0	0	0
RHE	0	0	0	0	0
SubCare (NHP only)	N/A	N/A	N/A	N/A	0
Total Number of complaints					0
AE	0	0	0	0	0

Attachment A2.12 Rlte Smiles Q1-2024 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
Rlte Smiles	0	0	0	0	0
Total Number of Grievances					0

Number of Complaints	Q1	Q2	Q3	Q4	YTD
Rlte Smiles	0	0	0	0	0
Total Number of complaints					0

Attachment 3: Statement of Certification of Accuracy of Reporting of Member Months

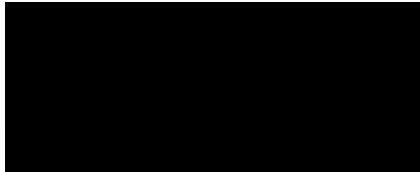
Statement of Certification of Accuracy of Reporting Member Months

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: Kimberly Pelland

Title: Medicaid Chief Financial Officer

Signature:



Date: 5/31/24

XII. State Contact(s)

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XIII. Date Submitted to CMS

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