



HSTP AE Advisory Committee Meeting Notes

Meeting Date, Time and Location: June 19, 2019, 8 a.m. to 10:00 a.m., 301 Metro Center Blvd., Warwick, R.I. 02886 Room 203

Meeting Facilitators/Presenters: Patrick Tigie, Anya Wallack, Melody Lawrence, & Day Health Strategies

Advisory Committee Member Participants: Becky Boss (BHDDH), Carrie Bridges-Feliz (Lifespan), Dr. Al Kurose (Coastal Medical), Dr. Barry Fabius (United Healthcare of RI), Dr. Jerry Fingerut (EOHHS), Ana Novais on behalf of Dr. Nicole Alexander Scott (RIDOH), Beth Marootian (Neighborhood Health Plan of RI), Domenic Delmonico (Tufts Health Public Plans), John Minichiello (Integra), Marie Ganim (OHIC), Marti Rosenberg (SIM), Michael Lichtenstein (Integrated Healthcare Partners), Patrick Tigie (EOHHS), Ray Lavoie (Blackstone Valley Community Health Center), Roberta Merkle (St. Elizabeth’s Community), Sam Salganik (RIPIN), Steve Odell (Prospect Health Services RI, Inc.)

Meeting Notes			
<i>Agenda Item</i>	<i>Time</i>	<i>Facilitator(s)</i>	<i>Meeting Notes</i>
Welcome & Introductions	20 Minutes (9:00 a.m. to 9:20 a.m.)	Patrick Tigie/ Melody Lawrence	<p>Introductions</p> <ul style="list-style-type: none"> Anya Wallack welcomed the committee and the public participants and introduced Melody Lawrence. Melody introduced herself to the committee and informed them of her new role as Director of Policy and Delivery System Reform. <p>Brief Program Updates (Melody)</p> <ul style="list-style-type: none"> Melody updated the Advisory Council on the Strategic Planning work that Day Health Strategies has been contracted to conduct in advance of their presentation later in the meeting. Melody briefed the council on the continuation of Technical Assistance for the MCO’s/AE’s and reported that the TA has been expanded to include more TA for the CBO’s. This decision is due in part to feedback from the last Learning Collaborative which highlighted the fact that CBO’s need support and guidance on how to partner and contract with the AE’s. Director Tigie stated that expanding partnerships with CBO’s is critical to the success of the HSTP program. Benefits of expanding partnerships are numerous but include supporting our members in their community and geographic difficulty providing services to remote areas of the state. Melody informed the committee of the rollout of the RIQI Dashboard and reported that the timeline and work breakdown structure has not been fully fleshed out. Update to follow by close of the month.

<p style="text-align: center;">Draft Strategic Vision, Goals, Planning and Stakeholder Process</p>	<p style="text-align: center;">30 Minutes (9:20 a.m. to 9:50 a.m.)</p>	<p style="text-align: center;">Patrick Tigie/Day Health Strategies</p>	<p>Mission, Vision, Values, Goals</p> <ul style="list-style-type: none"> • Director Tigie shared the Mission, Vision, Values and Goals for the Medicaid Managed Care Program stating that the driver for creating the Mission/Vision/Goals statement arose from a National Association of Medicaid Directors Conference on Medicaid Managed Care Best Practices attended by Senior Leadership at EOHHS. Director Tigie stated that having clear MCO Strategic Objectives (SO) drive what the state is prioritizing. Defining the work for the next five years is critical to achieving the mission of maintaining “a cost-effective, person-centered payment system that utilizes competitive and value-based purchasing as part of a results-oriented system of coordinated care.” Director Tigie stated that the Strategic Objectives are in draft form, that the state welcomed feedback but is not expecting to make significant changes. • Committee members commented on the Strategic Objectives and stated that: <ul style="list-style-type: none"> ○ 10% of the population is still in FFS; ○ Mission statement needs wordsmithing; important to distinguish between business versus human services as these two entities conduct different work ○ Risk is a substantial policy change and not the correct one, given the continued decreasing cost trend in RI Medicaid over the last 8 years. Moving to a risk-based system, at either MCO or AE level, will introduce incentives into the health care system and is not the right direction for the state; ○ Although costs have gone down, that does not mean that it will remain static. Innovation is crucial to moving in the direction of improved health outcomes and reduced cost; ○ Strategic Goal 4 does not make sense, the state cannot expect Medicaid to fix housing, the state needs to document SDOH; ○ 1st bullet under Vision is concerning as Rhode Island currently operates in silos. There needs to be a community-wide understanding of the importance of addressing SDOH and work force sustainability; ○ Overall document needs wordsmithing on forward-thinking. Medicaid should be the leader in engaging the population to understand how important SDOH is to community health. • Day Health Strategies reviewed the Strategic Plan Project and discussed the Five Aims and the approach to conduct a comprehensive review of the AE program <ul style="list-style-type: none"> ○ Melody Lawrence requested that all council members identified for interviews to respond as soon as possible to Christine Dadali as the project is fast tracked and all committee member input is valuable.
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			<ul style="list-style-type: none"> • Director Tigie reiterated the request and noted that stakeholder feedback was critical to inform actionable concrete changes for this Strategic Initiative. <ul style="list-style-type: none"> ○ Committee members requested that the interview questions be sent out in advance of meeting. • Committee members commented on the Day Health Strategic Plan project questioning the broader Strategic Plan for creating system reform. • Director Tigie responded that the AE program is the vehicle for creating long-term sustainable change. • Committee member responses questioned LTSS and a potential strategy to improve long-term care, expressing concern that AE's will be a vehicle for the global change needed and may not be the right direction for that population and that a holistic vision that included the duals population is required • Director Tigie responded that the state is starting fresh with this population. • Melody Lawrence further commented that the providers leading the comprehensive AE's and the providers that are anticipated to be involved in the specialized AE's are at very different stages and that will be taken into consideration moving forward. • NHP questioned the timeline for the Day Health project and Melody updated the committee that the work will be completed by the end of July, there will not be an opportunity for public comment and the recommendations will be shared with the AE Advisory Committee at a special meeting during August. • Committee members expressed concern on how they would provide feedback. • Director Tigie responded that he is open to the most effective way for committee to give feedback and that goal of Day Health's scope of work is to simplify the program requirements. • Marti Rosenberg spoke to the committee on the transition of the SIM Project, the goals/strategies and progress to date and what does SIM do next. Marti reported that the HSTP is where the work will take place as SIM Goals are closely aligned to the goals of HSTP. Future work will include the Community Health Teams/HIT Roadmap and collaboration with AE's, DLT, RIDE and OHIC to address challenges and SDOH. • Committee member questioned whether there would be a lesson's learned review? • Director Tigie responded that to the extent possible, there are lessons learned from the Pilot and thoughts will be captured during the interviews with Day Health. • NHP responded that there are some large providers that are not in the program and in thinking about system reform in whole we need to think about whole system.
<p>Committee Discussion/ Recommendations</p>	<p>60 minutes (9:50 a.m. to 10:50 a.m.)</p>	<p>Patrick Tigie/Anya</p>	<ul style="list-style-type: none"> •

<p>Public Comment</p>	<p>10 minutes (10:50 a.m.to 11:00 a.m.)</p>	<p>Patrick Tigie</p>	<p>Public comment centered on HSTP program funding.</p> <ul style="list-style-type: none"> • Question was raised about whether all HSTP funds were allocated and Director Tigie explained that with the 1115 Waiver Renewal, there are additional funds available. The total available fund is 260 million over 5 yrs. • Melody Lawrence provide a brief explanation for the how the funding works: DSHP (source vehicle that allows the match of state only expenditures (which are primarily the healthcare programs at IHEs). The Waiver requires that these funds be spent on the establishment of AEs; if they are spent on Medicaid-match able services, the corresponding FMAP may be claimed. <ul style="list-style-type: none"> ➤ AI: Provide details on how much has been drawn down to date in relation to the overall amount of available. Due: Next Meeting • NHPRI stated that it would be nice to have transparency into budget and spending. • Melody Lawrence/Director Tigie responded that there is intense federal scrutiny due to waiver extension.
<p>Adjourn</p>	<p>11:00 a.m.</p>	<p>Patrick Tigie</p>	<ul style="list-style-type: none"> • Meeting adjourned at approximately 10:00 AM. • Next meeting is scheduled for August 7, 2019

Public Participants: Maria Viveiros (UHC), Nama Hermiz (NHPRI), Bryan Blissmer (URI), Ed McGookin (Coastal), Sarah Reinstein (Carelink), Mike Walker (Carelink), Ben McToctin (Neighborhood), Carrie Feliz, Kristen Fournier (CCRI), Liz Tobsin-Tyler (Brown), A. Scott (RIDOT), Jamie Goulet (BHDDH), Michael Cronan (EOHHS-PA), Grace Medeiros (NHPR), Gary Bliss (PHSRI), Sandy Parous (BVCHC), Mary Ricci (THP), Nicholas Oliver (RIPHC), Sue Bomer (Optum/United), Karen D’antonio (HCH), Tinisho Richards (UHC), Loren Sidman (UHC), Shannan Alsireld (UHC), Libby Bunzli (EOHHS), Rick Brooks (EOHHS), Leah Del Giudice (EOHHS), Jennifer Marsocci (EOHHS), Rebekah LaFontant (EOHHS), Deborah Morales (EOHHS), Lisa Tomasso (HARI), Chris Ferraro (Coastal), Kaitlyn Goodman (FCG), Diane Evans (IHP), Ray Parris (PCHC), Sandy Crotis (UTTZ), V. Ward (MCSRI), Mark Kraics (HCH), Rich Slvalzman (BCBSRI), Marea Tumber (OHIC), Putney Pyles (HAS), Olivia Burke (Faulkner Consulting Group), Cindy Scott (Integra), Steven Den (BHDH)