



Memorandum

To: EOHHS Accountable Entity Program MCOs and AEs and Interested Parties

From: Deborah Correia Morales
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CC: Melody Lawrence
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Date: June 14, 2019

Re: **AE Program Year (PY) Two: Amended Requirements Documents**

Below are the final EOHHS decisions, based upon the public comments received regarding the specific PY2 Accountable Entity Program technical corrections.

Included in the comments were a few questions about the current PY 1 and PY 2 requirements. These are also addressed for clarification purposes.

A significant number of additional comments were made regarding a variety of topics that will be presented to the EOHHS Subject Matter Experts for consideration in PY 3. The topics, which were not part of this opportunity for public comment include:

- General Considerations
- Quality Framework and Methodology
- TCOC Methodology
- Risk Adjustment
- Incentive Payment

AE Program Year Two Amended Requirements

Summary of Technical Corrections

Attachment L1: Total Cost of Care Requirements

Technical Correction	Description	Page Reference	EOHHS Decision
Elimination of Health Status Measure	<ul style="list-style-type: none"> Comprehensive AE Common Measure Slate Measure #11: Self-Assessment/Rating of Health Status is eliminated for PY 2 	Pg. 23	This measure is eliminated for PY2

Attachment L2: Incentive Program Requirements

Technical Correction	Description	Page Reference	EOHHS Decision
Additional Program Year Two Incentive Funding for Clinical Data Exchange and Validation Activities	<ul style="list-style-type: none"> In recognition of the level of effort required to ensure that MCOs can collect clinical data from AEs via electronic data exchange to generate certain Common Measure Slate measures, EOHHS has allocated additional incentive funds to Program Year Two in support of clinical data exchange and validation activities Additional Incentive Funding <ul style="list-style-type: none"> \$2,790,000 in unallocated Program Year One incentive funds have been allocated to Program Year Two; these funds were budgeted for allocation in Program Year One, but based on the actual number of MCO contracts and AE attributed lives, were unallocated to specific MCO-IMP and AEIP incentive pools in Program Year One The additional funding has been allocated equally to the MCO-IMP and AEIP for Program Year Two AEs granted exemption from clinical data exchange reporting will not be eligible for the increased AEIP Program Year 2 funding; an MCO will not receive additional MCO-IMP funding for an AE granted exemption from this reporting Associated Performance Milestone Requirements <ul style="list-style-type: none"> AEIP: The HSTP Project Plan shall allocate at least 10% of the funding allocated to the variable milestones 	<p>Pg. 6</p> <p>Pg. 7</p> <p>Pg. 15</p>	<p>EOHHS has decided that the concept of an exception is inappropriate as AEs without electronic clinical data reporting should develop that capacity. It is the expectation of EOHHS that this effort will evolve over the course of PY 2. The intent is to incent each AE to begin to make incremental steps towards clinical data exchange. EOHHS expects milestones regarding these efforts to be included in their project plan.</p> <p>At present, the implementation manual is being created by Bailit Health. EOHHS anticipates additional detail to be provided in this manual.</p> <p>EOHHS has extended the deadlines associated with the clinical data validation performance areas and milestone have been updated in the PY2 Incentive Funding requirements document.</p>

Technical Correction	Description		EOHHS Decision
	<p>category to activities associated with electronic clinical data exchange between the MCO and AE that the AE will undertake in support of the clinical data validation process ongoing during Program Year 2</p> <ul style="list-style-type: none"> ○ MCO-IMP: Additional MCO-IMP funding will be earned based on achievement of Clinical Data Validation Milestones previously articulated by EOHHS, and now incorporated in the MCO-IMP Required Performance Areas and Milestones framework, including: submission of the required Operational Plan, Data Validation Plan, and Implementation Status Reports 	Pg. 16-17	
Stipulation of Deadlines Associated with Performance Milestone Achievements	<ul style="list-style-type: none"> ● All AEIP Fixed Milestones: are specific to the performance period and must be met by the close of the performance year in order for an AE to earn the associated incentive payment ● AEIP Developmental Milestone #2: HSTP Project Plan must be submitted within 60 days of execution of an APM contract ● AEIP Developmental Milestone #3: Execution of an agreement with an SDOH, BH, and/or SUD provider must occur by the end of the calendar year ● MCO-IMP AEIP Program Development Milestone #2: Within 60 days of executing an APM contract, MCO must submit an HSTP Project Plan to EOHHS, including documentation of the MCO Review 	<p>Pg. 11</p> <p>Pg. 14</p> <p>Pg. 14</p> <p>Pg. 16</p>	<p>All AEIP Fixed Milestones must be met by the close of the performance year 2 (June 30, 2020) to achieve incentive payment:</p> <ul style="list-style-type: none"> ● Fixed Milestone # 1 is due 8/30/2019 ● Fixed Milestone #2 is due 11/1/2019 ● Fixed Milestone #3 is due 6/30/2020 <p>Each AE should have a multi-year project plan which consists of 3 core projects. The overarching goals, objectives and core projects do not necessarily need to change from year to year. However, EOHHS expects the specific project milestones will change year over year as the AE achieves milestones and moves on to the next phase of the project.</p> <p>Execution of a new agreement, or renewal of an existing agreement with an SDOH, BH, and/ or SUD provider must occur by the end of the program year, 6/30/2020.</p> <p>As AE Project Plans span across MCOs, in an effort to be more efficient and to expedite the review process, EOHHS will attend joint review meetings with all MCOs to review all of the PY2 project plans for approval</p>

Comments that sought clarification of PY 1 and PY 2

Description	EOHHS Clarification
<ul style="list-style-type: none"> Implementation of Shared Management Structure meeting per quarter. Please confirm this replaces the JOC requirement. 	<p>The shared management structure is the current JOC meeting</p>
<ul style="list-style-type: none"> Completion of required operational, quality, and financial reporting to EOHHS on AE initiative (10%). As frequency of report delivery from the MCO to the AE is a concern for us, IHP is interested in knowing which reports are included and with what frequency they are delivered. Depending on what reports are being shared with EOHHS in this provision, it may also be prudent to have the report shared with the AE. 	<p>Reports are part of our MCO contract oversight and monitoring. Certainly, each MCO should be share and provide any information that is useful to their AE provider partnership and contract oversight</p>
<ul style="list-style-type: none"> Recommendation status reports be shared with the AE and perhaps even developed in conjunction with the AE. 	<p>EOHHS encourages implementation status reports being shared and discussed w/AE part of ongoing efforts to build capacity on both sides</p>
<ul style="list-style-type: none"> We believe the new language regarding the “failure to fully meet a performance metric under its AE Health System Transformation Plan within the timeframe specified, will result in forfeiture of the associated incentive payment (i.e. there will be no payment for partial fulfillment)” is restrictive and punitive. 	<p>This is a CMS requirement per our Special Terms and Conditions of the 1115 waiver.</p> <p>CMS Waiver List, page 176 states: “An AE’s failure to fully meet a performance metric within the time frame specified will result in forfeiture of the associated incentive payment (i.e. no payment for partial fulfillment). An AE that fails to meet a performance metric in a timely fashion can earn the incentive payment at a later point in time (not to exceed one year after the original performance deadline) by fully achieving the original metric in combination with one-time performance on the next metric in the performance sequence, in accordance with the requirements for Material Modifications described in section VIII.C.3 of this document.”</p>
<ul style="list-style-type: none"> Modify the Project Plan Template 	<p>The Project Plan Template is being modified. As stated last year, certain sections CAN be completed in Word and attached. There are some sections that are required to be in Excel for calculation purposes</p>
<ul style="list-style-type: none"> The MCO will maintain a report of funds received and disbursed by transaction in a format and level of detail specified by EOHHS. We recommend that EOHHS require the MCO to provide information, along with the payment to the AE, that informs them as to what it corresponds to, i.e. what project and what milestone of fixed milestone 	<p>AE should receive a milestone/performance funds earned report for their own records</p>

Description	EOHHS Clarification
<ul style="list-style-type: none"> Recommend that ambulatory care sensitive ED visits be aligned with how all the MCOs identify Avoidable ED visits and that the name be changed to reflect it as Avoidable ED visits. 	<p>The Plan is for EOHHS to calculate these measures across MCO/AE which will ensure alignment/standardization</p>
<ul style="list-style-type: none"> Hybrid Measures 	<p>Still under discussion with Bailit Health</p>
<ul style="list-style-type: none"> Recommend electronic clinical data exchange between the AE and MCO be constrained to that data which is necessary for calculating clinical quality measures in the quality measure slate as opposed to the bulk sharing of EHR data 	<p>Data collection will be limited to the minimum necessary to protect confidentiality</p>
<ul style="list-style-type: none"> Recommend adding a goal of measuring and rewarding improvements in key public health priority outcomes, e.g. obesity, infant mortality, maternal mortality 	<p>EOHHS appreciates the insightful feedback and have flagged for consideration in PY 3 requirements and for the current AE Bailit Health quality discussion.</p>