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COVID-19 Updates to The Medicaid Accountable Entity Program

The novel coronavirus (COVID-19) public health emergency is directly impacting all parts of the healthcare system in Rhode Island. To ensure that these impacts do not seriously jeopardize the success of the Medicaid Accountable Entities (AE), the Rhode Island Executive Office of Health and Human Services (EOHHS) is adjusting program requirements for AE Program Year (PY) 3, which begins July 1, 2020. The purpose of this document is to summarize those changes.

EOHHS will continue to monitor the ongoing effects of COVID-19 on the healthcare system, including effects on total cost of care, quality performance, and capacity for quality reporting. Where appropriate, EOHHS will make further changes to AE program requirements and update this page to reflect those changes.

EOHHS appreciates the dedication and hard work of the AEs, managed care organizations (MCO), and network providers to ensure the health and safety of Rhode Islanders.

Updated May 28, 2020

Total Cost of Care

- Downside risk is no longer required for non-FQHC AEs in PY 3. EOHHS still encourages MCOs and AEs to continue to enter into a downside risk arrangement for PY 3, to the extent possible, as EOHHS intends to continue the progression to downside risk in PY 4.

- AEs taking on downside risk in PY 3 will still need to complete the Risk-Based Provider Organization (RBPO) certification process with the Rhode Island Office of the Health Commissioner (OHIC).

Quality Performance Year 3

- 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 MCOs should use the outcomes for the year with better performance. Where PY 2 performance is better, MCOs should use PY 2, and where PY 3 performance is better, MCOs should use PY 3.

- MCOs must report performance on new PY 3 measures to EOHHS, but these measures will not be included in the Overall Quality Score calculation.

Incentive Funding Performance Year 3

- AEs must submit an updated pandemic safety and preparedness plan that addresses health equity, SDOH, and use of technology such as tele-health. This milestone is worth 5% of Incentive Funds. The Pandemic Safety and Preparedness Plan is due August 3, 2020.

- AEs can earn 10% of Incentive Funds by either providing evidence of RBPO certification per OHIC or executing an EOHHS-qualified APM contract with an MCO (which need not include downside risk).

- Incentive payments for Outcome Measure Reporting will be done on a pay-for-reporting basis, so long as AEs submit a description and self-evaluation of implemented plans to improve each of the three measures: All-Cause Readmissions, Potentially Avoidable ED Visits, and ED Utilization for Individuals Experiencing Mental Illness.

- For the AE- and MCO-defined performance measures and targets for the AE core projects, both the AEs and MCOs will now have up to one year to achieve the HSTP project-based metric.

Healthcare Workforce Transformation

As a result of the COVID-19 pandemic, most HSTP-funded healthcare workforce transformation projects at URI, RIC, CCRI, RIDOH, and CDHH have had to be modified. These changes include transitioning some educational programs to online formats and rescheduling others to the fall. In addition, the pandemic has severely limited the availability of AEs to work with the IHEs, RIDOH, and CDHH to provide internships, clinical placements, and continuing education. Due to these unavoidable delays, EOHHS anticipates that most projects will be granted no-cost extensions of a year or more to complete their intended deliverables.