

Medicaid Accountable Entity Program

Certification Application for Comprehensive Accountable Entities

Rhode Island Executive Office of Health and Human Services

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SECTION 1: INTRODUCTION

The Health System Transformation Project (HSTP) program is initiated in collaboration with the Centers for Medicaid and Medicare Services (CMS) and Rhode Island's contracted Medicaid Managed Care organizations (MMCO). A certified Medicaid Accountable Entity (AE) will provide and coordinate health care services for Medicaid beneficiaries within a shared saving/risk total cost of care (TCOC) Alternative Payment Methodology and will be eligible to earn incentive payments for defined performance. Through the certification process EOHHS will identify AE's to participate in the Health System Transformation Project as approved by CMS in Rhode Island's 1115 waiver and as set forth in this application and associated EOHHS requirements documents. To this end, EOHHS has established standards setting forth the requirements for certification. These standards can be located on the EOHHS website, <http://www.eohhs.ri.gov/Initiatives/AccountableEntities/ResourceDocuments.aspx>.

The Rhode Island Executive Office of Health & Human Services (EOHHS) is soliciting applications from parties seeking certification to participate as a Medicaid Accountable Entity (AE) in EOHHS' Health System Transformation Project (HSTP). EOHHS will review such applications to determine whether such entities warrant certification. This section provides an overview of this application document to orient interested parties to the structure of the Medicaid Accountable Entity (AE) program and the process for applying for certification. The partnership via an APM contract between the AE and MCO to manage the total cost of care and quality outcomes for an attributed population is critical to population health. The AE and MCO contract represents a partnership of equally supportive partners with the same overarching population health goals and business models. To streamline, reduce redundancy, and ease administrative burden, the HSTP project plan and budget is now a part of this application and certification process. In addressing each of the capabilities in the certification standards, it is important to bear in mind that EOHHS is seeking a bona fide partnership between an AE and an MCO. **EOHHS is seeking complementary functionality not duplication of work.** It is not necessary that an applicant build all aspects of the capabilities required themselves. EOHHS is looking for description of how the AE is leveraging its partnership with an MCO to support its overall payment and delivery transformation efforts.

The certification period for approved applicants is targeted to begin approximately July 1, 2021. The certification period is intended to continue through June 30, 2022, based on continued compliance with certification requirements and annual re-certification as required by CMS.

Certification and an executed contract with a Medicaid managed care organization is a core requirement of participating in the HSTP incentive program.



1.1.1. Notifications

Potential Applicants are advised to review all sections of the application carefully and to follow instructions completely, as failure to make a complete submission may result in disqualification of the application.

EOHHS invites creative approaches and/or methodologies to meet core objectives of the certification requirements and their respective domains. However, EOHHS will reject as non-qualifying application submissions, applications that depart from or fail to address the core requirements of the certification standards. The applicant shall bear all costs associated with developing or applying proposal. The State assumes no responsibility for these costs.

EOHHS intends to certify a partnership that will assume responsibility for all aspects of the work. Subcontracts and partnership arrangements are permitted, provided that the proposal clearly identifies the prime applicant(s) and clearly indicates the use of subcontracts and/or partnerships.

Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.

In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful Applicant.

Under HIPAA, a “business associate” is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A “business associate” also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, certified AEs that qualify as a business associate will be required to sign a HIPAA business associate agreement.

EOHHS has set forth procedures specific to certified AEs to notify EOHHS of any potential changes that may impact performance or represent material modifications to the AE in relation to the entity’s certification and/or contract with a MCO (e.g. change in ownership; change in contracted status with a MCO; changes in the composition of participating providers, change in the AE’s legal or financial status such as but not limited to changes due to a merger, acquisition, or any other change in legal status; withdrawal or change in legal status of key partners; requests to add additional partners, or other material change). Upon notice and with reasonable opportunity for the AE to address identified deficiencies, EOHHS reserves the right to suspend or terminate certification. !

The AE shall not assign or transfer any right, interest, or obligation under this certification to any



successor entity or other entity without the prior written consent of EOHS.

EOHS reserves the right to decide at any time not to move forward with the Accountable Entity program or modify or terminate the program if it is determined that it is not achieving the established principles and goals.

1.1.2. Submission of Application Materials

Applicants shall provide (a) one original, (b) five hard copies, and (c) an electronic copy of their application. Submissions should be single spaced on 8.5" by 11" paper. Applicants should not use smaller than 11 pt. font and margins of 1" for their proposal summary, Attachments A-D can be printed on 11" by 17" paper. The electronic copy of the application should be emailed to Libby.Bunzli@ohhs.ri.gov no later than 4:00 p.m. EST on March 15, 2021.

Applicants are required to submit **Attachment A** (Comprehensive Accountable Entity Application Submission Summary Checklist), **Attachment B** (Assurances and Attestations), **Attachment C** (Excel Application Template Tool), **Attachment D** (HSTP Project Plan & Measure Template), and **Attachment E** (HSTP Budget) to submit a completed application to EOHS. These attachments are provided as Word and Excel attachments in this application.

This application's attachments can only be opened via a computer, not a mobile device. If an Applicant has trouble opening the attachments, they may email Jennifer Marsocci (Jennifer.Marsocci@ohhs.ri.gov) to request these attachments. **EOHS will not be able to answer questions from Applicants related to this application.**

Submission Deadline: March 15, 2021 4:00pm (Eastern Time)

To be considered for certification applications must be submitted no later than 4:00 p.m. March 15, 2021.

*For any questions pertaining to the location for the submission, Applicant's should contact Jennifer Marsocci 401.462.1575 or Jennifer.Marsocci@ohhs.ri.gov

We kindly request that Applicants not contact individual EOHS employees, contractor or subcontractor **parties to EOHS for inquiries about the application during the application review process. Applicants should follow procedures and protocols stated within this application.**

SECTION 2: SUBMISSION GUIDANCE FOR AE APPLICATIONS

2.1.1 General Submission Guidance

This is an application for certification as an AE. The application should be organized and written to address the elements of certification as set forth in the certification standards. For reference the [Certification Standards for Comprehensive Accountable Entities](http://www.eohhs.ri.gov/Initiatives/AccountableEntities/ResourceDocuments.aspx) can be found via this link <http://www.eohhs.ri.gov/Initiatives/AccountableEntities/ResourceDocuments.aspx>.

The submission shall consist of the following:

- Letter of Transmittal



- Executive Summary
- Technical Proposal, References, and associated attachments
- Attachment A- AE Application Attachment Summary Checklist
- Attachment B- Assurances and Attestations
- Attachment C- Excel Application Tool Template
- Attachment D- HSTP Project Plan & Measure Template
- Attachment E-HSTP Project Budget

The AE Application Submission Summary Checklist (**Attachment A**) herein referred to as the ‘checklist’ in this application aligns with all the application requirements and domains of the certification standards. It identifies the scoring points that are assigned to each of the respective sections. Similarly, the structure of this Submission Guidance aligns with the organization of the Certification Standards, asking Applicants to address each of the eight Domains. The applicant’s proposal should address specifically each of the required elements in the sequence set forth in this section.

The checklist additionally suggests the number of pages for the applicant’s technical proposal response, excluding attachments. To help guide both the organization and review of the applications, the applicant is to complete the last two columns of the checklist by providing the page number(s) on which the applicant’s response to the requirements can be found. The third column from the right pertains to pages in the proposal. The furthest column on the right pertains to attachments.

Each element is a required component of the application. Failure to submit all components of the application may result in disqualification. The Technical Proposal is the section that is used to most fully describe the proposal, inclusive of the **HSTP project plan & measure (Attachment D)**. Section 4 of this Application provides an overview of the process for EOHHS evaluation of proposals. Note that Technical Proposals will be evaluated on two dimensions:

- **Technical Merits**– Understanding and Strength of Proposed Approach
- **Organizational Readiness**

With respect to Organizational Readiness, EOHHS recognizes that developing the capacity to be an effective AE and agent of health system transformation is a progressive path. In some domain areas the applicant may describe an existing strength or capacity. In other cases, the applicant may identify a point of progress in readiness along with a thoughtful plan of approach to further develop capability in a domain. Organizational Readiness therefore may reflect organizational and program elements currently in place or it may reflect the presence of clearly identified path for next steps.

Note that, as described in Section 4, Application Scoring and Evaluation, the minimum required readiness score for certification is higher in Domains 1, 2, and 3 than in Domains 4-8.

2.1.2 Letter of Transmittal and Background Information

Applicants must include a letter of transmittal signed by an owner, officer, or authorized agent of the Medicaid Accountable Entity. The letter shall certify that by submitting the application, the AE agrees to comply with the program requirements and Certification Standards as issued or amended. Applicants further understand that they are obligated to comply with all State and federal rules and regulations that apply to Medicaid. The Letter of Transmittal shall also:



- a. Provide the legal name and brief description of the Accountable Entity, and how the entity is organized (proprietorship, partnership, corporation).
- b. Identify whether the application is submitted as a single entity or a multiple entity (see [Certification Standards](#), Sections 1.2.2, 2.1, and 2.2 for additional detail on classifications)
 - i. If a single corporation, describe arrangements with partner entities (e.g. subcontracts, other).
 - ii. If a multiple Applicant entity, describe the multiple entity legal partnership arrangements
 - iii. Provide the legal names and brief description for at minimum 1 Behavioral Health (BH) partner provider organization and 1 social service partner organization (SSO).
- c. Specify the populations the Applicant is intending to be certified for: Children, Adults, or both Children and Adults.
- d. Provide the mailing address for the Applicant AE entity.
- e. Provide the name, title, mailing address, fax, telephone and email information for the primary contacts concerning this application, including the identified partner BH and SSO. Primary contracts should be employed by the AE and MMCO or other individual retained by one or more of the parties who is designated by the Applicant to have primary responsibility and authority for responding to EOHHS inquiries concerning the application.
- f. Optional Information - Applicants may provide any other information that the Applicant may want to convey to the State.

Background Information

Complete 'Applicant Background Information' tab on Attachment C: *Excel* Application Template Tool, tab 1.

2.1.3 Assurances/Attestations

Please complete and sign the Assurances and Attestations included as Attachment B-Assurances and Attestations to this application:

- Commitment to AE Program Requirements
- Declaration of Health Care-related Convictions or Offenses, Disbarments or Suspensions

These completed forms shall be included and identified as Section 2.1.3 of the application, immediately following the Letter of Transmittal.

Executive Summary (Maximum of 5 points in this section)

Please provide an Executive Summary describing the AE approach to the HSTP and AE program.

This section should contain a summary description of the AE applicant organization including a description of any member or partner organizations and/or subcontractors and their roles in the AE. Describe the population the applicant intends to serve as a Medicaid-certified AE. This section should also include a brief description of the vision that demonstrates an understanding of the goals of the AE Program and requirements.

EOHHS recognizes that development of high performing AEs is always a work in progress, that the certification standards may ask for evidence of capabilities that are still in the planning or early implementation stage. Different applicants for certification will bring differing strengths, levels of organizational readiness, opportunities for enhancement, and associated plans for further



development. **Please provide a brief overview of the organization's areas current strengths and areas needing further development in relationship to the eight domains specified in the certification standards.**

A successful MCO and AE partnership will demonstrate as part of this application the role of each applicant in the readiness, infrastructure and system transformation required to be a fully functional Medicaid Accountable Entity. EOHHS anticipates that high performing AEs will be working in partnership with MCOs. Please describe the specific arrangements with MCOs wherein the MCO provides certain functions or supports as it relates to organizational readiness (Domains 1-3) and or support and deployment of analytics, data sharing, and interventions as part of the HSTP Project Plan (Domains 4-8). Briefly describe the type and level of support the MCO(s) are providing to the AE as it relates to each Domain, including specific examples of activities and tasks led by the MCO. For example:

- **What is the role and function of the MCO in providing contract support to the respective AE in executing partnership agreements with behavioral health and community based social service organizations?**
- **The extent of data sharing (claim extract) and analytic support?**
- **The AEs expectation of the MCO to support its HSTP projects and associated budgets to ensure that HSTP/AE incentive funds are being used to fund delivery and transformation of care, non-Medicaid billable services?**

Experience and References

The AE should briefly identify any current or prior contracts held by the applicant which include risk on total cost of care, shared savings, or other risk-based contracts. Please describe the partnering entities, populations and services included, and the financial incentives involved (shared savings, shared risk, global capitation, incentive payments, etc.).

The AE should provide at least three (3) references of partners or affiliates experienced in working with the Applicant. Applicants with prior total cost of care, shared savings or risk-based contracts should include references from those specific contracts. Include at least one Rhode Island health plan partner, serving commercial, Medicare, or Medicaid members. Include at least one Rhode Island based provider organization that is not specifically included in the Accountable Entity's proposed governance. Please provide the name of the organization, a specific contact person, their phone number and email address.

2.1.4 Technical Proposal for Certification as a Comprehensive AE

The structure of the technical proposal is aligned with the organization of the certification standards and with the scoring rubric. In responding please order your response to conform with the numbering contained in this guidance. Refer to the appropriate sections of the Certification Standards for additional guidance. For reference, the introductory remarks to each domain are included and shown in italics.

Applicants are required to address each of the Domains in the Certification Standards. Applicant should provide:

- **Description of Proposed Approach**
- **Description of Organizational Readiness to implement the proposed approach, including:**
 - Description of current status



- Elements currently in place (e.g. executed agreements, existing staff, IT systems, organizational protocols, procedures)
- Areas and Plan for further development
- **Template and Pertinent Attachments to provide core information (as appropriate to the respective domain)**

DOMAIN #1: BREADTH AND CHARACTERISTICS OF PARTICIPATING PROVIDERS

(Maximum 15 points in this section)

An AE needs to have a critical mass of providers that are inter- disciplinary with core expertise/direct service capacity in primary care and in behavioral health, inclusive of substance use services. The AE further needs to demonstrate defined relationships with providers of social services. An application will need to identify participating partners, the role of the partners, and the core of the AE delivery system.

1.1. Provider Base & Relationship of Providers to the AE

Description of Proposed Approach

Describe how the Applicant proposes to meet the requirements of Sections 1.1 and 1.2 of the Certification Standards. **Applicant should provide both description of the AEs proposed approach and complete the template labeled Domain 1.1-1.2 Provider Base in Attachment C.** This template will supplement the narrative description and capture much of the pertinent information needed for EOHHS review. In completing the template, attach additional explanatory notes as may be appropriate.

- Identification of a critical mass of providers for attribution
- Identification of the population(s) to be served (children adults) by providers in the areas of:
 - Primary care
 - Behavioral health
 - Substance use services, including Opioid Treatment Programs as licensed by the Department of Behavioral Health, Developmental Disabilities, and Hospitals
 - Social determinants of health (Include the three key social needs identified for adults and children and the arrangement in place or to be made to address these specific social needs).
- Type of relationship of participating providers with the AE and supporting information
 - E.g. FEIN, voting rights, participation in shared savings,
 - Participation in written protocols for collaborative practice.
- Presence of a certification of agreement of the provider to participate in the AE

Note: For the purposes of these certification standards “provider” is defined as a corporate entity with an identifiable tax identification number for services to patients based on the work of individual clinicians working with or for the corporate entity.

Note: Clinicians employed by a participating provider entity are deemed to be participating in, and accountable for health care transformation efforts of the organizations that employ them.

- Identification of the individual clinicians associated with the participating providers who



provide the actual clinical services and the basis for attribution, including NPI and the number of children and adults, respectively attributable to the AE.

Description of Current Capability - Organizational Readiness

In describing current capability, the applicant should identify the degree to which described arrangements are proposed versus currently in place. The basis for meeting the core requirement for an attributable base of 5,000 members across all MCOs contracts (2,000 minimum per contract) must be clearly demonstrated. Please be clear as to the status of these arrangements. The applicant may have fully executed agreements with some participants but in other areas such agreements are well developed but not fully finalized. There may be signed Memoranda of Understanding, Letters of Agreement, or Letters of Intent that represent the AE's developmental path. In describing the AE's provider base the applicant should identify the current status of any agreements and projected timelines for completion. The current status should also be indicated in the template. Note that in this area a minimum score of "3" for Organizational Readiness as described in Section 4 is required for certification. **Please provide evidence of agreements with participating providers.**

1.2. Ability to Coordinate Care for All Levels of Need for Any Attributed Population

Description of Proposed Approach

For each population (children and/or adults) that is to be attributed to the AE, the applicant must demonstrate that it has the capability to address and coordinate the needs of populations at all levels and the ability to coordinate and direct a significant portion of care for those populations. AEs should have a strong foundation in primary care and be able to effectively coordinate care beyond the scope of primary care. Total costs of care calculations are based on the full range of benefits and services included within EOHHS's contract with managed care organizations.

Describe the proposed Applicant AE's strategy and approach for ensuring that members can receive the full continuum of care for attributed members either by providing services directly or through accountable care management to ensure smooth transitions to, and follow-up with service providers across the full continuum of member needs in:

- 1.2.1. Physical Health
- 1.2.2. Behavioral Health
- 1.2.3. Integrated Physical and Behavioral Health
- 1.2.4. Integrated Substance Use Disorder Treatment
- 1.2.5. Social Determinants of Health

In describing this approach please differentiate between the services provided directly by providers within the AE network and those provided through referral arrangements. If applicable, please identify any arrangements with MCOs that may be in place or in development to address these requirements.

Description of Current Capability-Organizational Readiness

Please describe the current capability of the AE to implement the proposed strategy. What is the status of agreed upon written protocols that guide the interaction across providers, disciplines, and levels of care within the proposed AE and are such protocols in place and in practice or are they in development? Are there tracking systems in place? Are there similar protocols in place for coordination with providers that are not participating within the AE? As applicable, please describe



related current and or planned staffing arrangements.

Attachments

If available, please attach a sample of written protocols that guide interactions across provider disciplines, and levels of care, and/or a sample of any recent related report.

1.3. Defined Methods to Care for People with Complex Needs

Response to this topic area is deferred to Domain 6

1.4. Able to Ensure Timely Access to Care

Description of Proposed Approach

Please describe the Applicant's approach to compliance with the pertinent access requirements. Are there areas of challenge and, if so, are there proposed approaches to address them?

Description of Current Capability - Organizational Readiness

Please describe the Applicant's current methods of ensuring and monitoring timeliness of access to care. What methods to assess access to performance are utilized? Does the Applicant currently meet the standards? Are there existing reports on access to care? How is the AE working with their partner MCO(s) to monitor member access to care and identify opportunities for increasing access? How is tele-health being leveraged to increase access to care?

Attachments

Please attach a sample of a recent report(s) pertaining to the access standards, if available.

DOMAIN #2: CORPORATE STRUCTURE AND GOVERNANCE

(Maximum of 12 points in this section)

A fundamental EOHHS objective is to promote the development of a new type of organization in Rhode Island Medicaid to promote a population health focused and person-centered system of care. Such an organization must meet a core set of corporate requirements set forth in these requirements. The intent of these requirements include: (1) To ensure multi-disciplinary providers are actively engaged in a shared enterprise and have a stake in both financial opportunities and decision-making of the organization; (2) to ensure that assets and resources intended to support RI Medicaid are appropriately allocated, protected, and retained in Rhode Island; (3) to ensure that the mission and goals of the new entity align with the goals of EOHHS and the needs of the Medicaid population; (4) to ensure a structured means of accountability to the population served, (5) to make health equity a strategic priority

A qualified AE applicant will demonstrate its ability to meet all the requirements of these certification standards including corporate structure and governance. A qualified applicant must be a legal entity incorporated within Rhode Island and with a federal tax identification number. The AE applicant may be formed by two or more entities joining together for the purpose of forming an accountable Entity, or, it may be a single entity that includes all required capabilities may be a qualified applicant.

If two or more parties form the AE applicant, it must be a distinct corporation and meet all the



requirements for corporate structure and governance. It must have an identifiable governing body with authority to execute the functions and make final decisions on behalf of the AE. The governing body must be separate and unique to the AE and must not be the same as the governing body of any other entity participating in the AE.

If the applicant is a single entity the AE's board of directors may be the same as that of the single entity. However, the single entity applicant must establish a Governing Committee with distinct obligations and authorities in management of the AE program. The composition of the Governing Committee must include participation of various constituencies as set forth below. The Governing Committee must have authority to make binding decisions regarding the distribution of any shared savings or losses to participating providers (primary care, behavioral health, and social service) or other contracted parties, as applicable.

Whether the Applicant is a single-entity or a multiple entity AE:

- Governing Board of Directors or Governing Committee shall meet regularly, not less than quarterly. There shall be an established means for shared governance that provides all AE Providers participating in savings and/or risk arrangements with an appropriate, meaningful proportionate participation in the AE's decision-making processes. The structure of the AE must ensure that Governing Board or Governing Committee members have shared and aligned incentives to drive efficiencies, improve health outcomes, work together to manage and coordinate care for Medicaid beneficiaries, and share in savings and in risk.
- The AE must have a mission statement that aligns with EOHHS goals – a focus on population health, a commitment to an integrated and accountable system of care, a primary concern for the health outcomes of attributed members, the progressive use of outcome-based metrics, and particular concern for those with the most complex set of medical, behavioral health, and social needs, and a health equity lens as part of the AE Governance Structure
- Health Equity must be clearly identified as a strategic priority for the AE, including, but not limited to demonstration of current and planned efforts by the AE to ensure programs and interventions address structural racism, equity is taken into consideration as part of the AE's decision-making process, hiring practices, staff retention, professional development, and the culture across the AE organization.
- Equity is to be incorporated into your AEs strategic planning process, including a mechanism by which the AE elicits patient feedback on components of your strategic plan

These requirements are further defined in sections 2.1 -2.4 of the Certification Standards. For each requirement, new applicants must either demonstrate specific compliance or propose an approach and timeline not to exceed nine months from the date of provisional certification to come into full compliance.

2.1 & 2.2 Multiple and Single Entity Applicants

Description of Proposed Approach

Describe the strategic approach to development of the corporate structure of the applicant AE including an overview of the types of partnerships currently in place and included within this application. Describe how the Applicant meets the requirements of Sections 2.1 and 2.2 of the Certification Standards. **Applicant should provide a descriptive overview and complete Attachment C, template labeled Domain 2.1-2.2. Governance, tab 3. This template will capture much of the pertinent information needed for Section 2.1- 2.2.** In completing the template,



attach additional explanatory notes as may be appropriate.

Is the applicant a separate and distinct corporation, with an established means of shared governance, authorized under Rhode Island state law and with an applicable taxpayer identification number? **Attach documentation that the AE is a distinct legal corporation in Rhode Island with a federal tax identification number, including articles of incorporation and organizational bylaws.**

Please provide the mission statement of the Applicant's AE and describe how this aligns with the goals of the EOHHS AE program. Describe the frequency of Governing Board meetings and evidence that such Board meetings take place. This shall minimally include date and times of at least three recent meetings and persons attending. The Applicant may opt to provide Board minutes of three recent meetings.

Attach bylaws setting forth Membership of the Board of Directors and identification of voting rights that is inclusive of the minimum requirements set forth in the Certification Standards.

- Include identification of Board Level Governing Committees inclusive of committees focused on integrated care, quality oversight, and finance.
- Include Operational Reports/Dashboards and financial reports provided or to-be- provided regularly to the Governing Board.

Provide a job description for the AE Compliance Officer, and indicate if the position is filled, and if not, when the position will be filled. Include reporting relationships of compliance officer and how the compliance summary reports will be provided to the Governing Board.

- Describe how it is assured that the Compliance Officer has an unimpeded line of communication with the Board.

Describe the Applicant's Community Advisory Committee (CAC) including a charter for the committee inclusive of its membership requirements. CAC must consist of at least four persons who are attributed Medicaid beneficiaries or family representatives served by the AE. Alternative structures for meaningful engagement with Medicaid members, families as well as the community can be proposed.

- Are the positions on the Community Advisory Committee filled?
- How frequently has the Committee met in the last six months?
- Please attach minutes from the most recent two meetings.

Describe the AE's conflict of interest provisions. Provide documentation or conflict of interest requirements.

Description of Current Capability - Organizational Readiness

In response to the questions above please identify whether the actions described are currently in place or are in development. If in development, please describe the status and plan for full development. For example, has the Board Governance been established in adopted by laws? Have the committees been formed? Have they met? Or, for the Consumer Advisory Committee (CAC) has a Charter been adopted? Have Committee members been identified? Has the CAC met?

Template, Attachments

Complete Attachment D Template Domain 2.1 – 2.2, Governance, Tab 3.



Does the Applicant AE have a completed audit for its most recent fiscal year? If so, please provide a copy of the audited statements for the entity.

2.3 Governing Board or Committee: Inter-Disciplinary Partners Joined in a Common Enterprise

Description of Proposed Approach

Please describe how the Applicant AE proposes to meet the requirements of the Certification Standards as set forth in Section 2.3. Describe the composition of the Board or Governing Committee's membership in relation to the requirements of Section 2.3.2 of the Certification Standards. Describe the applicant's approach to providing the AE participants with appropriate, meaningful proportionate control over decision making processes.

Describe the provisions establishing that the Governing Board or the Governing Committee retains sole authority to make binding decisions regarding the distribution of any shared savings or losses to providers or other contracted partner as applicable.

Description of Current Capability - Organizational Readiness

Please identify whether the approach described above is currently in place or whether aspects of the approach described are still being developed. If in development, please describe the applicant's plans for meeting the requirements.

Template, Attachments

Please complete Attachment D template labeled Domain 2.1-2.3. Governance, Tab 3. Please provide clear documentation demonstrating compliance with Section 2.3.1 of the Certification Standards pertaining to sole authority to make binding decisions regarding the distribution of any shared savings or losses to Providers, or other contracted partners, as applicable.

2.4 Compliance

Description of Proposed Approach

Please describe your approach to assuring compliance with State, Federal law re: Medicaid, Medicare including:

- Approach to ensuring compliance with State and Federal law re: Medicaid, Medicare
- Compliance regarding to debarred providers, discrimination, protection of privacy, use of electronic records
- Compliance with respect to anti-trust rules and regulations
- Please describe the role and scope of the Compliance Officer.

Description of Current Capability - Organizational Readiness

In response to the questions above please identify whether the actions described are currently in place or are in development. If in development, please describe the status and plan for full development

Attachments

Please attach a copy of the following:

- Applicant's compliance plan.



- Policies and Procedures related to debarred providers, discrimination, protection of privacy, use of electronic records
- Policies and procedures for compliance with anti-trust rules and regulations.
- Job description, scope of duties for the compliance Officer. Is there currently a Compliance Officer for the AE? If so, please provide his/her name.

2.5 Executed Contract with a Medicaid Managed Care Organization

Description of Proposed Approach

Is the applicant in preparatory conversations with MCOs for entering into a contract with an MCO(s)? Please provide a brief overview of the anticipated approach to this requirement. Does the applicant currently have an executed contract, an MOU, or a jointly executed Letter of Intent to contract with a Medicaid MCO using an Alternative Payment Methodology such as a total cost of care model? Please briefly describe.

Description of Current Capability - Organizational Readiness

In response to the questions above please identify whether the actions described are currently in place or are in development. If in development, please describe the status and plan for full development

Attachments

Please provide any supportive materials that the applicant feels appropriate.

DOMAIN #3: LEADERSHIP AND MANAGEMENT

(Maximum of 12 points in this section)

AEs should have a single, unified vision and leadership structure, with the commitment of senior leaders and backed by the required resources to implement and support the vision. The application should describe how the AE will address key operational and management areas and how the various component parts of the AE will be integrated into a coordinated system of care. The goal should be a population health model that works to improve the health status of the entire attributed population while systematically segmenting subpopulation risk groups with complex needs to implement focused strategies to improve their health status.

3.1 Leadership Structure

Description of Proposed Approach

Organizational leadership is fundamental to successful efforts to achieve health system transformation and success. Please describe the applicant's leadership structure and strategy for joining the efforts of the participants into an integrated, accountable and coordinated system of care. What is the Applicant's strategy to develop and operate a high performing AE across the participating partners?

What does the Applicant see as the key areas of organizational capability necessary to be successful?

How is that reflected in the Leadership Structure? Is that leadership structure currently in place



or is there a proposed plan to do so?

Is there a Chief Executive who is responsible to the Board of Directors and has both responsibility and authority for AE operations? Is there a Medicaid AE Program Director who provides core direction to the program and who can hold others accountable for organizational performance? If a multiple entity applicant is there a Chief Executive Officer responsible to the Board of Directors? If a single entity, is there a Medicaid AE Program Director who works directly with the Governing Committee and who is responsible to the Chief Executive Officer of the single entity? What are the qualifications and experience of key persons on the leadership team? Is the Medicaid AE Program Director currently a full-time position? If not, at what point would it be projected a full-time position?

In describing the leadership structure and addressing these questions please describe:

- The AE’s management structure/staffing profile describing how the various component parts of the AE will be integrated into a coordinated system of care. In addressing, please identify which positions are Medicaid AE specific vs. shared across product lines and the FTE (e.g. 1.0 FTE, .5 FTE) level devoted to the area. The management/staffing profile may include specific management services agreements with MCOs or subcontracts under the direction of the AE. Pertinent areas include:
 - Integrated Care Management
 - IT Infrastructure/Data Analytics
 - Quality Assurance and Tracking
 - Finance - Description of infrastructure for Unified financial leadership and systems including how the financial leadership structure is integrated with other parts of the organization, such as an umbrella entity.
 - Financial modeling capabilities and indicators
 - Any plans for designing and implementing infrastructure capabilities and/or provider/partner incentives that encourage coordinated, effective, efficient care.

Description of Current Capability - Organizational Readiness

Please identify whether the approach described above is currently in place or whether aspects of the approach described are still being developed. If in development, please describe the Applicant’s plans for meeting the requirements.

Attachments

Attach an organizational chart for current and proposed AE organization. Indicate which positions are filled and anticipated date and/or requirements for filling vacant positions. If the organizational structure is not yet adequate, provide an approach and timeline for having required leadership structure in place. **Attach brief bios of key members of leadership team.**

DOMAIN #4: IT INFRASTRUCTURE – DATA ANALYTIC CAPACITY AND DEPLOYMENT

(Max 12 points in this section)

IT infrastructure and data analytic capabilities are widely recognized as critical to effective AE performance. The high performing AE will make use of evidence-based decision support systems



based on complete patient information and clinical data across life domains. This data will be used to inform and facilitate Integrated Care Management across disciplines, including strategies to address social determinants of health care.

It is not necessary that an AE use limited resources to independently invest in and develop “big data” capabilities. There are many efforts underway in Rhode Island to standardize data collection and take advantage of emerging technologies, to build all payer data systems, to enable access to an up-to-date comprehensive clinical care record across providers (e.g. CurrentCare, IMAT), and to forge system connections that go beyond traditional medical claims and eligibility systems (e.g. SNAP, homelessness, census tract data on such factors as poverty level, percent of adults who are unemployed, percent of people over age 25 without a high school degree). MCOs have long established administrative claims data and eligibility files. As such, many of these required capacities and capabilities might best be achieved through various forms of partnerships with MCOs and others to avoid duplicative infrastructure.

A successful AE will be able to draw upon and integrate multiple information sources that use validated and credible analytic profiling tools to conduct regular risk stratification/predictive modeling to segment the population into risk groups and to identify those beneficiaries who would benefit most from care coordination and management.

The goal of analytical tools is to define processes to advance population health, to support risk segmentation to better target efforts to rising risk and high-risk groups and to critical points of transition, to strengthen clinical practice, to promote evidence-based care, to report on quality and cost measures, and to better coordinate care.

4.1 Core Data Infrastructure and Provider and Patient Portals

Description of Proposed Approach

Please describe the applicant’s existing core IT infrastructure and data analytic capacity. Please describe the applicant’s proposed approach and current and/or projected capability for:

- Receiving, collecting, analyzing, and utilizing person specific clinical and health status information, including demographic data such as race, ethnicity and language.
- Ensuring EHR capacity and ability to share information, including full-panel submissions to MCOs through the State’s Quality Reporting System and other State systems as appropriate. Applicant’s approach to achieving Stage 2 Meaningful use requirements or an equivalent standard.
 - Attestation of AE current and/or planned
 - Proposed approach for documenting medical, behavioral, and social needs in a common record.
- Identifying whether 60% of attributed members are enrolled in CurrentCare and/or the Applicant’s plan for increasing and tracking CurrentCare enrollment.
 - Ensuring that provider participants contribute data from their EHRs to CurrentCare and have a clear method for receiving data from CurrentCare.

If applicable, please identify any arrangements with MCOs that may be in place or in development to address these requirements.

Description of Current Capability-Organizational Readiness

Please identify the degree to which the approach described above is currently in place or



whether aspects of the approach described are still being developed. Is the applicant currently receiving a care management dashboard and alerts from RIQI? If so, what populations and information is included? Which aspects of the applicant’s proposed currently approach is in place? Which are in a planning stage? If in development, please describe the applicant’s plans for meeting the requirements.

Attachments

Complete Attachment D: Template 4.1-4.3 section 4.1 Core Data Infrastructure and Provider and Patient Portals, tab 4. If available, please provide a sample of or a protocol for analyzing person specific clinical and health status information. Please provide a recent report on the status of Current Care enrollment.

4.2 Using Data Analytics for Population Segmentation, Risk Stratification, Predictive Modeling

Description of Proposed Approach

Describe the Applicant’s proposed approach for integrating data from multiple sources to conduct risk segmentation, stratification and predictive modeling, as well as to incorporate the social determinants of health. How does the applicant propose to develop and maintain a list of high/rising risk members? How is the MCO supporting the AE in this effort by producing such a list for the AE? As applicable, please identify how the proposed approach might vary for different populations served (e.g. children and adults; sub-groups of people with co-occurring medical and behavioral health needs, other). In your description please identify methods and validated tools to be used for such analyses. How is the applicant’s capability/approach in this area integrated into clinical care and care management work-flows?

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place or whether aspects of the approach described are still being developed. If in development, please describe the applicant’s plans for meeting the requirements.

Attachments

If available, please provide applicable descriptive materials of tools being used and/or sample reports such as a sample roster of high/rising risk members or a work plan for enhancing capability in this area. Please indicate key business process workflows and associated metrics that are being designed or currently in use for the proposed AE? Are there plans to make use of analytic tools to track, reshape, or improve the efficiency of business processes? Are there tools in place or in the planning phase for tracking and monitoring performance in areas that the Applicant considers to be critical? **If applicable, please identify any arrangements with MCOs that may be in place or in development to address these requirements.**

4.3 Reshaping workflows by Deploying Analytic Tools – Business Process Support Systems

Description of Proposed Approach

What are the business processes or workflows that the applicant views as critical to efficient and effective performance as an AE? Is there an established process for the applicant’s identification of key value producing business process workflows and associated metrics to do the following?



- Improve integrated care management and follow-up across the continuum
- Improve efficiency of operations in addressing the needs of attributed populations
- Identify outlier utilization
- Track and review performance

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place or whether aspects of the approach described are still being developed.

Attachments

Please attach a summary table of key business process metrics for management of the AE's operations.

4.4 Integrating Analytic Work with Clinical Care and Care Management Processes

Description of Proposed Approach

HIT tools can provide clinical decision support based on evidence-based care pathways to providers to offer points of reference in their development of plans of care. Does the applicant have a systematic process to integrate developments in evidence-based care into support for clinical and care management practice? Discuss the applicant's proposed approach to integrating analytics into clinical care and care management in such areas as clinical decision support tools, early warning systems, dashboards, direct messaging, alerts, or others to support improvements in clinical care management across the continuum. These can include:

- HIT tools to provide screening and clinical decision support based on evidence-based clinical pathways, inclusive of behavioral health and social determinants of health, to offer points of reference for use in development of plans of care.
- Data based processes to support care coordination, identification of health disparities, and social determinant of health needs by domain, efficient utilization of services and tracking of costs of care;
- Analysis of gaps, needs, risks based on evidence-based practice and patient/member profiles (e.g. medical care gaps for persons with behavioral health or substance use conditions; improve medications management, adherence);
- Provision of actionable information to providers within the system
- Enhance care coordination/management for members at highest risk;
- Provide an early warning system for effective care management;
- Support management of care transitions in real-time (Hospital ED and discharges).

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place or whether aspects of the approach described are still being developed. Does the applicant currently have an agreement with RIQI through which RIQI provides notifications or other dashboard to some or all providers participating in the proposed AE? If, so please describe.

Attachments

As available attach sample printout of decision support tool, gap analysis report, early warning reports/alerts, dashboards, direct messaging, or other tools used to integrate data analytic capability work with clinical care and care management.



4.5 Staff Development – Training

Description of Proposed Approach

The best analytic tools will only be as effective as the preparedness of staff to make effective use of the tools, information, and metrics in the ways that work is conducted and monitored. Discuss how providers and their staff are trained or will be trained in use of technology tools and information to analyze and improve the management of member health. Please describe how staff are prepared to best use data and reports as internal feedback to identify deviations from best practices and for planning improvements in quality. If applicable, please identify any arrangements with MCOs that may be in place or in development to address these requirements.

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place or whether aspects of the approach described are still being developed. If in development, describe the applicant’s plans for staff development and training. Please note for reference if, or how, the applicant’s proposed approach is to be developed in conjunction with the expectations of Section 5.3 of the Certification Standards, “System Transformation and the Healthcare Workforce”.

Attachments

If applicable, please provide sample descriptive material of recent staff training in related areas.

DOMAIN #5: COMMITMENT TO POPULATION HEALTH AND SYSTEM TRANSFORMATION (Maximum of 12 points in this section)

Central to the AE is progression to a systematic population health model that works to improve the health status of the entire attributed population while systematically segmenting subpopulation risk groups with complex needs to implement focused strategies to improve their health status. An effective system recognizes interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and develops a road map to address social determinants of health based on recognized best practices locally and nationally. Along with clinical and claims data, the entity identifies population needs in collaboration with state and local agencies using publicly available data to develop a plan.

5.1 Key Population Health Elements

Description of Proposed Approach

What is the Applicant’s approach to development and implementation of an integrated strategic plan for population health that is population based, data driven, evidence-based, team based, person and family centered, integrated BH, identifies and addresses modifiable risk factors and recognizes the social determinants of health? Describe the team-based model being deployed for care management, care coordination and transitions of care, including working with Community Health teams and or community health workers. **Please identify any arrangements with MCOs that may be in place or in development to address these requirements.**

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place or whether aspects



of the approach described are still being developed. What are the tools that the applicant currently uses or plans to develop to monitor implementation of its approach to population health strategy?

5.2 Health Equity & Social Determinants of Health

Description of Proposed Approach

Please provide a summary of the Applicant's proposed strategic approach to identifying and addressing social determinants of health as described in Section 5.2 of the Certification Standards. Elaborate on the social factors and interventions that the applicant considers to be most critical to the health of the populations(s) and sub-populations included within the applicants expected attributed membership.

Does the Applicant have planned or established methods for arranging supports in high stress areas of social determinants of health (SHOH) such as?

- Housing stabilization and support services;
- Housing search and placement;
- Food security;
- Connectivity with internet and digital devices to enable tele-health capacity
- Safety and domestic violence for attributed members who have experience of violence.
- Need for utility assistance;

Many of the areas noted above are interrelated. EOHHS is particularly concerned with the adverse health effects associated with the loss or absence of a home. A growing body of research underscores the importance of a stable living arrangement for improved health outcomes. **In considering social determinants applicants are encouraged to give attention to services that are supportive of promoting the maintenance and establishment of stable housing.** If applicable, please identify any arrangements with MCOs that may be in place or in development to address these requirements.

In-House Capacity, Partnerships, Established Relationships

Please describe the applicant's organizational approach to developing the capability to mitigate the impacts of critical areas of social need for members facing such highly stressful circumstances. What key areas of social need does the applicant propose to address? Does the AE have proposed approaches for facilitating assistance in these key SDOH areas? To what degree is this through existing in-house capacity? Are there specific partners relationships that bring capability in this area? For example, Applicants may have in-house capacity, they may have established relationship with other parties that provide social supports on-site, or they may have established referral relationships with separate agencies. Is the applicant planning to partner with MCO(s) in the identification of and/or coordination of services? Are there other established or developing formal working relationships that are part of the Applicant's approach?

Assessment - Identification and Evaluation

What is the applicant's proposed approach to identification of social needs? Does the applicant have a defined protocol and SDOH screening tool? If so, please attach a copy of the protocol and tool. As applicable, describe the methods that are to be used to identify rising risk or high-risk individuals in its attributed population? Describe how the applicant's screening and the resulting outcome are captured in EHRs and/or population health tool and the capacity to analyze and report out on specific SDOH needs based on positive screens.



Tracking and Follow-up of Referrals

When critical social stressors are identified what are the applicant's proposed actions to be taken to maximize the degree that attributed members receive appropriate supports? What are the methods for tracking and follow up of referrals? Are there established protocols with CBOs to ensure patients receive supportive services to address indicated social needs, this may include warm-transfers, closed-looped referrals, navigation and case management/coordination? Are there formal relationships/agreements/contracts with providers of social support services that provide for warm transfers and communication back to the AE? Are their agreed upon actions, follow up to maximize the degree that members receive the needed assistance? If the Applicant has established protocols in these areas, please attach a copy. If the applicant is participating in a centralized HIT investment for SDOH screening, referral and follow up, please indicate and provide supporting evidence.

Collaborative Process

EOHHS is committed to strengthening the linkages between the provisions of health care services and services aimed at addressing social determinants of health. This is particularly important for rising risk and high-risk individuals and sub-populations. EOHHS recognizes that this is an emerging emphasis in health services and there is opportunity for learning how to best address these needs. Applicants will be asked to participate in collaborative process with EOHHS to develop standards for such areas as:

- Development of strategies and metrics for successful social service interventions;
- Data sharing between AE and social service providers to facilitate successful interventions;
- Best practices for formal and informal relationships between AEs and social service providers to support successful interventions;
- Approaches that the CBO track and report on referrals from the AE, through a monthly list of all attributed AE members who have been referred, and the status of interventions
- Identification of social needs intervention gaps in Rhode Island; and
- Future infrastructure needs to support social needs intervention for Rhode Islanders.

Applicants are asked to provide a statement affirmatively committing to their participation in this ongoing collaborative process.

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed. What is the status of the in-house capacity and/or formal relationships for social supports? If there is a standardized SHOH assessment tool and protocol for identifying SDOH, please describe the status and attach related documentation. Similarly, please attach if there are currently established methods for tracking and follow up of referrals please describe the status and attach related documentation. Are if there are formal relationships/agreements/contracts with providers of social support services that provide for warm transfers and communication back to the AE please describe the status and attach related documentation.

Template, Attachments

If the applicant's approach is based on in-house resources, please provide an organization chart identifying those resources and how those resources are integrated into to the larger



organization. If the applicant's approach is through established relationships with outside parties, please identify those relationships and associated services. As available please provide letters of support or agreement with such agencies and/or any agreed upon protocols for coordinating services with those agencies.

Please complete Attachment D, Template 5.2 SDOH, Tab 5. If available, please provide a sample of SDOH related assessment tools and protocols in use for SDOH. If available, please provide a sample of recent reports on tracking and follow up of SDOH related referrals. Please provide a statement of commitment to participate in the collaborative process described above as that process is developed.

5.3 System Transformation and the Healthcare Workforce

Description of Proposed Approach

Briefly describe the applicant's proposed approach to supporting RI's healthcare workforce transformation priorities. Specifically, is the applicant currently participating in partnerships with the Department of Labor and Training in conjunction with the University of Rhode Island (URI), Rhode Island College (RIC), Community College of Rhode Island (CCRI), and/or other education and training providers to address RI's healthcare workforce transformation priorities? In addition, please respond to the following questions:

- Does the Applicant have any partnerships with secondary schools, public workforce development agencies, and/or community-based organizations to help prepare culturally and linguistically-diverse students and adults for healthcare jobs and careers? If so, please describe.
- What commitments is the Applicant prepared to make to partner with education and training providers to address RI's healthcare workforce transformation priorities.
- Describe the Applicant's current efforts to train and educate its current and future workforce.
- Describe the training, skills, knowledge, and/or occupations that are most essential to achieving the Applicant's objectives as an AE.

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed along with a summary regarding activities described above.

DOMAIN #6: INTEGRATED CARE MANAGEMENT **(Maximum of 12 points in this section)**

The AE shall create an organizational approach to care integration and document such approach in a plan that defines a strategy to integrate person-centered medical, behavioral, and social services for individuals at risk for poor outcomes and avoidable high costs. The integration approach will be developed in collaboration with providers across the care continuum and incorporate evidence-based strategies into practice. An effective AE must have a systematic process to target the top 1% - 5% most complex patients in each relevant subpopulation for care management and support. The AE will have tools to systematically track and coordinate care across specialty care, facility-based care and community organizations. The AE will also demonstrate the ability to rapidly and effectively respond to changes in a condition with interventions and care plan refinements as



needed to enable such individuals to remain in the community. Such entities shall demonstrate protocols and/or defined strategies to work collaboratively with providers across the continuum of services

An AE should have a care coordination team with specialized expertise pertinent to the characteristics of each targeted population. The goal is to create interdependence among institutions and practitioners and to facilitate collaboration and information sharing with a focus on improved clinical outcomes and efficiencies.

Care coordination for high-risk members should include an individualized person-centered care plan based on a comprehensive assessment of care needs, including incorporation of plans to mitigate impacts of social determinants of health. Person centered care plans reflect the patient's priorities and goals, ensures that the member is engaged in and understands the care he/she will receive, and includes empowerment strategies to achieve those goals.

6.1 Systematic Processes to Identify Patients for Care Management

In earlier sections of this application (e.g. Domain #4: IT Infrastructure – Data Analytic Capacity and Deployment and in Section 5.2 on Social Determinants of Health) the applicant described processes for identifying patients for care management. No additional description of those processes is requested. Rather in Sections 6.2 Applicants are asked to more specifically describe the capabilities of the Care Management team and in Section 6.3 to describe their approach to implementing an individualized person-centered care plan.

6.2 Defined Care Management Team with Specialized Expertise Pertinent to Characteristics of Rising Risk and High-Risk Target Population

Description of Proposed Approach

Please describe the applicant's proposed approach to providing care management team(s) that support the work of the AE. Is care management centralized across the entire AE or is practice level care management leveraged? Describe the staffing complement, locations, and configurations envisioned for complex care management teams. Does the care management capacity include a well-defined set of providers inclusive of PCPs, BH, & Social Services (e.g. Community Health Worker)? Does this include participants from multiple organizations across disciplines? How does the proposed structure provide specialized expertise for work with distinct sub- populations?

- Integration of BH (including SUD) and Medical care – children, adults,
- Coordination of care for persons with chronic diseases including medical management,
- Coordinating transitions of care (ED, hospital, home, SNF)
- Coordination of care for persons requiring home and community-based services
- Coordination of care for persons requiring supporting social services

If applicable, please identify any arrangements with MCOs that may be in place or in development to address these requirements.

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still



being developed.

Template, Attachment

Please complete Attachment D Template Domain 6.2-Care Management team, tab 6. Or, if the template does not enable the applicant to properly describe its approach to 6.2, please attach a grid that provides a better description of the Care Management team(s).

6.3 Individualized Person-Centered Care Plan – Care Management for Rising Risk, High-Risk Targeted Members

Description of Proposed Approach

Please describe the applicant's proposed approach to meeting the requirements of Section 6.3 for an individualized person-centered care plan for rising risk and high-risk members with complex health needs. What is the Applicant's description of a person-centered care plan? Are there systematic and uniformly applied protocols for development of individualized care plans? If so, how does the care plan process:

- Incorporate assessment of gaps in care, functional status, behavioral health and social service needs, managing transitions, increased patient medication adherence and use of medication therapy.
- Include as appropriate a mitigation strategy for social determinants.
- Promote inter-disciplinary coordination across the continuum of care.
- Ensure a Person-centered approach developed in collaboration with the member or caregiver and is driven by the member's priorities, motivations, and goals, ensures that the member is engaged in and understands the care she will receive.
 - Strength based, culturally and linguistically informed, and built around the person, not only services.
 - Includes processes for working closely with members, family members and caregivers, range of providers to assure adherence to the care plan.
 - Encourages patient and/or family health education and promotion.
 - Leverages Home-based services, and telephonic and web-based communications, group care, and the use of culturally and linguistically appropriate care.

If applicable, please identify any arrangements with MCOs that may be in place or in development to address these requirements.

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed. Are there protocols guiding this process? Please provide a sample of a protocol used for Individualized Care Plan Development for people with complex needs. Are such protocols utilized uniformly across the AE? Do the care plans reside in an electronic format that permits review by multiple members of the team? Does the Applicant have a proposed approach for the further development of care plan development, management, and tracking? Are there individual and aggregate reporting tools that track progress and flag key events and needs for follow up interventions?

Template, Attachments

Please provide a copy of a protocol used for Individualized Care Plan Development, a sample plan, and a sample of a report(s) that tracks progress and key events.



DOMAIN #7: MEMBER ENGAGEMENT **(Maximum of 10 points in this section)**

An AE must have defined strategies to maximize effective member contact and engagement, including the ability to effectively outreach to, and connect with, hard-to-reach high need target populations. The best strategies will use evidence-based and culturally appropriate engagement methods to actively develop a trusting relationship with patients. A successful AE will make use of new technologies for member engagement and health status monitoring. Social media applications and telemedicine can be used to promote adherence to treatment and for support and monitoring of physiological and functional status of older adults. Recognizing that many of these new technologies for health status monitoring and health promotion are not currently covered benefits, EOHS anticipates that successful AEs will begin by promoting such products and encouraging their use and anticipates that infrastructure investments (including HSTP incentive funds) may be utilized to develop such capacities.

7. 1 Defined Strategies to Maximize Effective Member Contact and Engagement

Description of Proposed Approach

Describe population-specific, evidence-based patient-engagement strategies the applicant will use to fully engage patients, family and caregivers (formal and informal) in care. In doing so describe the applicant's strategy to effectively outreach to, and connect with, hard-to-reach high need target populations. How is the applicant's strategy designed to include the following elements?

- A communication approach that is culturally and linguistically appropriate and recognizes highly complex, multi-condition high cost members which recognizes that the roots of many problems are based in childhood trauma; that many of the highest need individuals have a basic mistrust of the health care system. Members may not have a primary existing affiliation with a PCP.
- Identified population specific strategies, methods to actively develop a trusting relationship using evidence-based and patient-centered engagement methods.
- Use of culturally and linguistically competent communication methods and materials with appropriate reading level and communication approaches.

If applicable, please identify any arrangements with MCOs that may be in place or in development to address these requirements

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed.

Attachments

Attach sample protocols to guide these efforts and a sample of pertinent communication materials.

7.2 Implementation, Use of New Technologies for Member Engagement, Health Status Monitoring, and Health Promotion



Description of Proposed Approach

Discuss any current capabilities or proposed plans to promote patients' use of technology products that support monitoring and management of conditions and symptoms, functional status, or allow patients who would otherwise be isolated to be connected socially as well as to the health care system. Does the applicant have a proposed strategy for enhanced capabilities to educate members and/or to promote the use of technologies for member engagement? This could include technologies that may not be covered by Medicaid but might support/enable people to be better able to manage their health conditions, such as:

- Products that support monitoring and management of an individual's physiological status and mental health (e.g. vital sign monitors, blood pressure monitoring devices, activity/sleep monitors, mobile PERS with GPS).
- Products that support monitoring and maintaining the functional status of vulnerable adults in their homes (Fall detection technologies, environmental sensors, video monitoring).
- Technologies, products that support both informal and formal caregivers providing timely, effective assistance.
- Social media applications to promote adherence to treatment.
- Technologies that enable vulnerable adults to stay socially connected (Social communication/PC mobile apps for remote caregivers, cognitive gaming & training, social contribution).
- Telemedicine, remote-tele-monitoring and /or web-based applications.

If applicable, please identify any arrangements with MCOs that may be in place or in development to address these requirements

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed.

DOMAIN #8: QUALITY MANAGEMENT

Maximum of 10 points in this section)

8.1 Quality Committee and Quality Program

Description of Proposed Approach

Describe the applicant's Quality Committee. Does the Quality Committee have an established charter? What does the charter or by laws set forth regarding the reporting relationship of the Quality Committee to the Board of Directors (for a multiple entity Applicant) or to the Governing Committee of the AE (for a single entity Applicant)? Please describe the proposed and current membership of the Quality Committee, the provider disciplines they represent, and the organizational affiliation of the Committee members.

Please describe the Quality Program. Does the Quality Program have a written scope or plan of work? Does this scope or plan include equity as an integral component? Please provide a copy as an attachment to your application. Is the Quality Program approved by an action of the Board of Directors or by the Governing Committee? Describe the applicant's development and



implementation of its Quality Program including clinical and operational policies. In addition to the clinical and operational aspects of the quality program, please describe how the AE is currently and or plans to measure and track health disparities, including but not limited to patient reported experiences and outcomes and how data will be used to implement change in your organization from a quality and organizational culture to address racial, health and social inequities. Describe the applicant's method of oversight of such a plan by the Quality Committee.

If applicable, please identify any arrangements with MCOs that may be in place or in development to address these requirements.

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed.

Attachments

Provide a copy of the Quality Committee's charge or charter and the Quality Program scope or plan of work.

8.2 Methodology for Integration of Medical, Behavioral, and Social Supports

Description of Proposed Approach

Describe the methods and processes adopted or proposed by the applicant to advance the integration of medical, behavioral, and social supports for AE members. How is this methodology incorporated across AE providers and other providers as pertinent to the structure of the proposed AE? If applicable, please identify any arrangements with MCOs that may be in place or in development to address these requirements

Please describe proposed approaches to monitor compliance with adopted protocols, including the remedial processes and penalties for failure to comply. How will the applicant employ its internal assessments of cost and quality of care to continuously improve the AE's care practices?

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed.

Attachments

Provide executed Policies and Procedures and Operational Protocols that have been adopted to advance such integration.

8.3 Clinical Pathways, Care Management Pathways, and Evidence Based Practice

Description of Proposed Approach

Describe the proposed or current process for (a) promoting awareness and adherence to evidence-based practice and (b) integration and review of clinical pathways, care management pathways based on evidence-based practice. The minutes of, and reports to, the Quality Committee as to the performance of the Quality Program will report on implementation and tracking of defined strategies for promoting the introduction and utilization of evidence-based practices in clinical and care management pathways.



If applicable, please identify any arrangements with MCOs that may be in place or in development to address these requirements

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed.

Attachments

Attach samples of minutes from meetings of the Quality Committee or related summary reports which demonstrate evidence of the committee tracking compliance with and implementation of defined quality strategies and protocols. Attached quality plan or description of a plan if it has not yet been created.

8.4 Quality Performance Measures

Description of Proposed Approach

Please describe the applicant’s approach to identifying and being able to report on a set of core quality metrics that enable the AE to monitor performance, emerging trends, and how results are used to improve care over time. AE will have the ability to track and report on key performance metrics. Performance metrics shall include consumer reported quality measures. Please identify any arrangements with MCOs that may be in place or in development to address these requirements

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed.

Attachments

Provide for a recent period any relevant quality metrics currently tracked and reported by the applicant, along with specific baselines and identified benchmarks/goals, which will enable the AE to monitor performance, emerging trends, and consumer satisfaction.



SECTION 3: HSTP PROJECT PLAN

Each AE as part of the certification process must submit a HSTP Project Plan. The HSTP project plan must identify a minimum of 3 and maximum of 5 core projects. It is the expectation that these three core projects shall be consistent over the course of the HSTP project and the associated milestone, tasks and deliverable will change year over year. HSTP Project Plans must focus on tangible projects within the AE Certification domain areas, linking recognized areas of need and opportunity to developmental tasks. The HSTP Project Plan must include clearly defined performance milestones. These milestones will represent tangible points of progress in the development of enhanced capabilities. The HSTP Project Plan shall support the AE in developing and enhancing its capacity for effective system transformation and for achieving quality and performance outcomes.

Specifications Regarding Allowable AE Specific HSTP Project Plans

Approvable HSTP Project Plans must specify:

- **Core Goals:** Approvable project plans must demonstrate how the project will advance the core goals of EOHHS priorities and specifically the Health System Transformation Project. Goals shall identify clear objectives and steps for achieving the goals.
- **Data Driven Identification of Shared MCO/AE Priorities**
The project plan must identify a set of shared MCO/AE projects based on population specific analysis of service needs, capabilities and key performance indicators. To inform this work, the AEs shall provide a population specific analysis of its attributed population. This analysis should include an annual analysis of the geographic distribution of the AE attributed population by zip code. This geographic analysis can be done in partnership with an MCO. This analysis should inform community level strategic investments to address social determinants of health and the coordination of social services.

The data driven assessment may provide a basis for risk segmentation of the population served by the AE that can help guide project plans. Data analyses may identify patterns of gaps in coordinated care for population subgroups such as adults with co-occurring medical and behavioral health needs and/or may identify avoidable inpatient or emergency department utilization in specific geographic areas. Project plans then focus on tangible projects within the certification domain areas, such as IT capability to identify and track needs, increasing capability to exchange quality data, strengthen targeted care management, or patient engagement processes. This provides for the linkage between recognized areas of need/opportunity and developmental tasks. AE shall demonstrate a data driven approach inclusive, but not limited to the following:

- Data driven assessment of the specific needs of the population served by the AE
- Specific gaps in AE capacities and capabilities as defined in the AE Certification Application
- Key Performance gaps, in quality and outcomes, relative to the populations served
- Areas of potential enhancement of workforce skill sets to better enable system transformation



AE Specific Core Projects: Workplan and Budget

The AE must develop a multi-year workplan and budget of their core projects over the course of the program. A more detailed workplan and budget must depict the funds flows of **how incentive funds are being invested to support each project, and community-based partnerships as stipulated in the HSTP incentive program requirements.**

Project Milestones: Approvable project plans must set milestones and deadlines for the meeting of milestones associated with each of the Core Projects to ensure timely performance.

Attachments

- **Attachment D: HSTP Project Plan & Measure Template**
- **AE to provide an Attributed Population Specific Analysis**

HSTP Project Plan Modifications

HSTP Project Plans may only be modified with state approval. EOHHS may require that a plan be modified if it becomes evident that the previous targeting/estimation is no longer appropriate or that targets were greatly exceeded or underachieved. The HSTP project plan will be reviewed annually as part of the annual Medicaid AE re-certification process.



SECTION 4: APPLICATION SCORING & EVALUATION

4.1.1. Overview

This section describes the scoring and evaluation procedures for review of certification applications. The Evaluation Committee's objective is to review and score proposals to determine whether submitting entities meet the certification standards set forth by EOHHS and make recommendations to the Medicaid Director as to certification. Each Evaluation Committee member's task is to conduct a comprehensive and impartial evaluation of all proposals that qualify for review.

Applicants will be scored on the technical proposal and organizational readiness as determined by completion of attestations, narrative responses, completed templates, and pertinent attachments.

Proposals will be evaluated on two dimensions:

- Technical Merits– Understanding and Proposed Approach
- Organizational Readiness

Committee recommendations on certification can result in the following outcomes:

- Full Certification
- Certified, with Conditions
- Not Certified

Based on its evaluation, EOHHS will send formal correspondence informing Applicants of the outcome of the review, that is, the Applicant is Fully Certified, Certified with Conditions, or Not Certified. Certified with conditions means that the application is sufficiently strong to warrant certification but that certain aspects of the application pertain to things that are in partial development or in planning stages. For example, the certification standards require the AE to have a Community Advisory Committee. The plans and commitment to do so may be present but the committee may not yet have been formed or has not yet met. In this case the proposal does include an identified plan and timeline to meet that requirement. The certification is conditional upon the newly-certified AE addressing the conditions in accordance with a defined project plan and timeline (e.g. that a proposed action be complete within a defined timeframe, such as four months or nine months). EOHHS anticipates that most, if not all, Applicants will have areas within Domains that are in process and proposed for further development.

Correspondence pertaining to certification with conditions will identify the conditions and timeframe for completion (e.g. final execution of proposed agreements, meeting milestones in a proposed work plan). Continued certification and eligibility for the full amount of potential incentive funds will depend on progress in meeting the certification conditions.

Organizational readiness is a combination of things that are in place at the point of application and work plans and timeframes that are thoughtful, results-oriented, and well-articulated. EOHHS further understands that for some domain areas proposed actions may be contingent on the execution of agreements with MCOs, and the projected receipt of incentive-based payments that permit the investment of those resources.

Certification will be on an annual basis, in compliance with CMS requirements. Annual re-



certification will be a streamlined process. AEs will be required to be comply with all standards and conditions throughout the certification period.

AEs that are certified and have an executed contract with an MCO that is compliant with EOHHS requirements documents are eligible for HSTP incentive funds. This includes AEs that are certified with conditions. However, continued eligibility is contingent upon demonstrable progress in meeting the conditions of certification. Certified AEs will need to demonstrate to EOHHS clear progress on agreed upon timelines in meeting certification conditions to be eligible for continued receipt of HSTP incentive funds.

4.1.2 Evaluation Committee and Certification

The State shall conduct a comprehensive and impartial evaluation of all applications. Proposals will be evaluated for completeness and quality in relation to the certification standards. Final scores for each proposal will be totaled for the Committee as a whole. Certain elements of the proposals are to be scored on a pass/fail basis. The Applicant must be scored a “Pass” on these sections to qualify. Pass/Fail areas apply to the Letter of Transmittal and Assurances.

Except for the areas that will be scored pass/fail, a scoring instrument using a rating system of 1 – 5 points will be used to evaluate the entity’s responses to the specific elements of the Certification Standards. The proposal will be scored both on technical merits (Understanding and Proposed Approach) and on Organizational Readiness.

- The maximum amount of points that can be scored for the Technical Proposal is 100 points.
- Organizational Readiness will be scored on a weighted average of 1 to 5.

The table below sets forth the overall scoring requirements for certification. To be certified the applicant must meet the minimum scoring thresholds. Note that the minimum score for Organizational Readiness is a weighted average of 3.0. Additionally, the applicant must minimally score 3.0 in Organizational Readiness in each of the following domains:

- Domain #1: Breadth and Characteristics of Participating Providers
- Domain #2: Corporate Structure and Governance
- Domain #3: Leadership and Management

Scoring Outcomes	Technical Proposal Score	Weighted Average Readiness Score
Fully Certified	75pts, +	4.5+
Provisionally Certified with Conditions to be met within 9 months	70 pts+	3.0+
Provisionally Certified with Conditions to be met within 4 months	65pts+	2.5+
Not Certified	<65 pts	<2.5



The summary table below provides a summary of the Domains that proposals must address along with the maximum number of points that can be awarded for each section.

Comprehensive Accountable Entity Application Scoring Rubric		
Technical Proposal Elements	Points Per Section	<i>Suggested Number of Written Response Pages</i>
Letter of Transmittal	Pass/Fail	N/A
Assurances/Attestations	Pass/Fail	N/A
Proposal Summary	5	3
Domain 1: Breadth and Characteristics of Participating Providers	15	6
Domain 2: Corporate Structure and Governance	12	3
Domain 3: Leadership and Management	12	3
Domain 4: IT Infrastructure	12	6
Domain 5: Commitment to Population Health and System Transformation	12	5
Domain 6: Integrated Care Management	12	5
Domain 7: Member Engagement	10	3
Domain 8 Quality Management	10	3
Overall Score	100	37

The State reserves the right to disqualify or not consider any proposal that is determined not to achieve the State goals or be in the best interest of the State.

4.1.3 Scoring Guidelines

The Evaluation Committee will review responses and score them, considering such factors as:

- Responsiveness to requirements.
- Comprehensive understanding of the domain and clarity of proposed approach.
- Demonstration that critical functional requirements are in place, or the pathway for forward movement is clearly delineated.
- Excellence of approach to meet requirements in tangible ways.
- Evidence of forward-thinking approach to performance of work. Degree to which clarifications and/or revisions are needed.
- Applicant has the capability and preparedness to meet the requirements. Demonstrated level of readiness to perform.
- Enough detail is given to provide assurance that requirements can be successfully met. Necessary systems, policies and procedures, reporting capabilities, and staffing are in place and/or a cogent work plan for achieving organizational readiness is provided.

In scoring, the Committee may obtain and consider information from other sources concerning an applicant, such as applicant’s capability and performance under other contracts, the qualification of any subcontractor identified in the application, applicant’s financial stability, past or pending litigation, and other publicly available information



The Evaluation Committee may submit a list of detailed comments, questions, and concerns to one or more applicants after the initial evaluation. The Evaluation Committee will only use written responses for evaluation purposes. Each component will be assessed based on the team's evaluation of the applicant's understanding and the quality and completeness of the proposed approach and the applicant's Organizational Readiness to meet the requirements of the Certification Standards and perform as an effective AE. Specific scoring guidelines are included in the tables below.



Technical Proposal – Understanding and Proposed Approach		
Excellent	5	<ul style="list-style-type: none"> • Applicant presents an excellent understanding of the requirements and purpose of the section. • Strong relevant experience and capability is shown. • Proposed approach is thoughtful, insightful, and comprehensive. • Strengths are described and gaps, including non-obvious dependencies, that need to be addressed to strengthen ability to perform at a high level are described. • Commitment to program and system transformation is evident. • Inspires a high level of confidence in applicant's capability in this area.
Good	4	<ul style="list-style-type: none"> • Applicant presents a good understanding of the requirements and purpose of the section. • Some relevant experience and capability are shown. • Proposed approach demonstrates good understanding of what is required to be effective. • Strengths are described and but there are only limited descriptions of gaps, including non-obvious dependencies, that need to be addressed to strengthen ability to perform at a high level are described. • Commitment to system transformation is indicated but not fully represented in proposal. • Inspires a good level of confidence in applicant's capability in this area.
Average	3	<ul style="list-style-type: none"> • Applicant presents a basic understanding of the requirements and purpose of the section. • Limited relevant experience and capability is shown. • Proposed approach demonstrates basic understanding of what is required to be effective. • Strengths are described and but there are only limited descriptions of gaps, including non-obvious dependencies, that need to be addressed to strengthen ability to perform at a high level are described. • Commitment to system transformation is indicated but not fully represented in proposal. • Inspires a moderate level of confidence in applicant's capability in this area.
Fair	2	<ul style="list-style-type: none"> • Applicant presents a preliminary understanding of the requirements and purpose of the section. • Very little relevant experience and capability is shown. • Proposed approach demonstrates limited understanding of what is required to be effective. • Strengths are minimally described with very limited descriptions of gaps that need to be addressed to strengthen ability to perform at a high level are described. • Commitment to system transformation is not evident. • Does not inspire confidence in applicant's capability in this area.
Poor - Marginal	1	<ul style="list-style-type: none"> • Applicant presents a limited understanding of the requirements and purpose of the section. • No relevant experience and capability are shown. • Proposed approach does not understand what is required to be effective. • Very limited description of strengths without descriptions of gaps that need to be addressed to strengthen ability to perform at a high level are described. Commitment to system transformation is not evident. • Does not inspire confidence in applicant's capability in this area.
Non-responsive	0	<ul style="list-style-type: none"> • Proposal is non-responsive



Organizational Readiness		
High Level of Readiness	5	<ul style="list-style-type: none"> • Demonstrated excellent understanding of the requirements. • Requirements of the Certification Standards are fully met. • Approach is fully defined. Structure, systems, agreements, and/or staffing in place and operational.
Strong level of readiness	4	<ul style="list-style-type: none"> • Demonstrated good understanding of the requirements. • Gaps in capabilities are clearly identified • Early to mid-stage development toward meeting the requirements <ul style="list-style-type: none"> ○ Structure, systems, agreements, and/or staffing are partially in place. • Detailed plan of action with clear milestones and projected time line for further development.
Early to mid-stage of Readiness	3	<ul style="list-style-type: none"> • Demonstrated fair understanding of the requirements • Gaps in capability are clearly identified • Preliminary development of actions toward meeting the requirements <ul style="list-style-type: none"> ○ Needed structure, systems, agreements, and/or staffing plans are designed and moving toward implementation- • High level but comprehensive work plan with targeted milestones and projected timelines
Preliminary	2	<ul style="list-style-type: none"> • Demonstrated partial understanding of the requirements • Gaps in capability clearly identified • Limited development to date toward meeting the requirements. • High level work plan.
Poor, Marginal	1	<ul style="list-style-type: none"> • Demonstrated limited understanding of the requirements • Planning and implementation not yet begun.

Scoring for each section will be weighted as described in the Proposal Summary Checklist included as Attachment B to this document. Total points for each section will be derived as:

Awarded Points = (maximum points for the section) x (assigned score/5)

Example:

- Awarded points = 3 where maximum points = 5 and a section is scored a 3
- A minimum score of “3” is required for Organizational Readiness (Domains 1,2, and 3)