



MEMO

Date: March 25th, 2019
To: Libby Bunzli, Special Assistant to the Medicaid Program Director
From: Blackstone Valley Community Health Care Accountable Entity Program
Re: Medicaid Managed Care Draft Policy Statements for Public Comment

1. MCO Care Management Delegation

a) Blackstone Valley Community Health Care's (BVCHC's) Accountable Entity (AE) Program is in total agreement with EOHHS' plan to delegate care management functions to the AEs for members under their care. BVCHC's experience in reaching out and managing patients who have been assigned but have not been seen has revealed that the MCO remains integral to the care management process. This population is difficult for the AE to manage for the following reasons:

- I. The contact information is often limited or incorrect.
- II. Members do not understand why they are being contacted.
- III. Claims data may show that the member is receiving care elsewhere, but communication with other providers is prohibited without patient consent.
- IV. The MCO maintains the authority to inform the member of coverage loss if the member does not respond, thus providing an incentive for the member to engage.

BVCHC's AE believes that a joint approach to care management of the members who have never had a visit with the AE will be more successful.

b) If functions are to be delegated to the AE, BVCHC requests that any funds for such functions also be added to the AE. It is not reasonable for the MCO to be paid for functions delegated to the AE. So far, BVCHC has not seen MCOs express willingness to adjust funding in this regard.

2. Member Assignment related to AEs

BVCHC's AE Program wholly agrees with the plan to ensure continuity of care by reassigning patients to other remaining contracted MCOs. BVCHC applauds EOHHS' efforts to emphasize the relationship between the member and the provider network. BVCHC also understands that, in the event of discontinuance of an AE contract where only one MCO is contracted with, the provider-beneficiary relationship will not be jeopardized thanks to the underlying provider contract between the practice and MCO.

3. Capitation Risk Adjustments (Phase 2)

EOHHS' policy states, "EOHHS will explore the application of census data indicators of neighborhood stress, as well as other available patient-level data sources." BVCHC recognizes the need to incorporate SDOH data into payments and incentives and presumes that, to the extent possible, data sharing among all constituents of Rhode Island's Medicaid Program shall be encouraged as opposed to solely relying on AEs to develop such data collection mechanisms (i.e. SDOH screenings, fostering CBO infrastructures).