

Memo to: Libby Bunzli, Assistant to the Medicaid Program Director, RI EOHHS

From: Ray Parris, Executive Director, PCHC Accountable Entity

CC: Patrick Tigue, Medicaid Program Director, RI EOHHS; Dr. Jonathan Gates, Medical Director, PCHC AE; Ron Price, Chief Compliance Officer, PCHC; Edward Smith, Finance Director, PCHC

Date: March 27, 2019

RE: PCHC Public Comments for State of Rhode Island Medicaid Managed care Draft Policy Statements

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Providence Community Health Center (PCHC) is committed to partnering with RI Medicaid Accountable Entity Program (AE). PCHC has reviewed the EOHHS proposed Policy Statements and has developed comments regarding the proposals.

#### **Member Assignment:**

Membership Assignment needs to be consistently defined for the AE's. PCHC believes members should only be accounted for the AE in the month of assignment, not the final attributed membership at the end of a reporting period.

#### **Delegation:**

PCHC welcomes the delegation of Care Management (CM) within the AE program. PCHC does require:

1. Clear and consistent (between MCO's) definition of Care Management.
2. Transparent payment mechanism for the direct and indirect AE's Care Management Program expenses. Current, the MCO's are funded via capitation, but the AE's are funding our CM Program from potential future savings via the TCOC cost reduction settlement.

#### **Risk Adjustment:**

PCHC believes Risk Adjustment should have a geographical component. Rhode Island has a diverse population and a very high concentration of teaching hospitals. Many states employ a geographical component to their rate setting process. New York is risk adjusted

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and has 2 regions (upstate and down state). Maryland is risk adjusted and has 2 regions (inside Baltimore, Outside of Baltimore). Pennsylvania has 5 separate regions. Massachusetts also has a geographic component to their rates.

By employing a multi-region element to the Risk Adjustment, the AE's will have a more equitable and objective basis for competition.

PCHC recommends recalibrating/re-bucketing members into their risk based category ideally on a monthly basis, but on a quarterly basis at a minimum.

PCHC final recommendation is for transparency with the sharing of RI EOHHS Medicaid rate books between EOHHS, MCOs and AE's.

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