

September 17, 2017

Dear Deborah:

We have been actively attending the Workgroup meetings and reviewing all published documentation. We have a few questions to run by you and would appreciate any clarification that you and your colleagues can provide us:

- We understand that the Specialized AE – LTSS Program is intended to both enhance core capabilities and provide a basis for testing the validity of the APM model.

From the materials we reviewed, it's indicated that 20% of the AE Specific Incentive Pool shall be set aside to support the potential shared savings associated with each AE's Total Cost of Care target, inclusive of the required quality multiplier, in accordance with state defined APM guidance, as specified in Section F of the documentation. In our opinion, Section F does not clearly address this point.

Is RI – EOHHS saying that they are taking 20% of the amount to be distributed and holding it back to create a bonus opportunity even without actual savings being shown?

- We have a great deal of administrative, clinical and operational experience leading Medicare ACO's. We're developing a *Value Based Savings Calculator* that generates a 3-Year Pro-Forma Economic Model that measures rates of improvement and forecasts potential TCOC savings over time. Can the State of RI provide us with the most complete utilization and cost data for the past three years?
- Regarding "risk coding and how that can impact the benchmark", please confirm who and how the process of risk coding will be determined by:
 - the MCO;
 - the State of RI;
 - the MCO and the State of RI in collaboration;
 - the MCO, the State of RI and the AE in collaboration?
- After reviewing the flow of funds from the State of RI > MCO > Specialized AE, our understanding is that 80% of the capital is for readiness, IT infrastructure and system transformation. Of this, only 60% can be used readiness, and the remaining 20% is for POTENTIAL shared savings. An LTSS wouldn't get this unless they actually achieve savings including meeting the quality measures. Are we interpreting the program properly, or did we misunderstand?



- As a Specialized AE, are we required to have “Providers” contracted and locked, or a Letter of Understanding (“LOU”) before we can apply? If so, is it a joint application process?
- As a Specialized AE, are we required to have one or more MCO’s contracted and locked, or a LOU before we can apply? If so, is it a joint application process?
- Do you know how many prospective organizations are seeking to apply for a Specialized AE?
- What is the minimum and maximum number of attributed beneficiaries that may be assigned to a Specialized AE?

Once the questions have been answered, can you please notify us? On behalf of Questicare, we appreciate your consideration and look forward to next steps in the application and certification process. Thank you for your assistance.

Regards,

Mark Dumoff
CEO