



To: Medicaid Director Patrick Tigue
Rhode Island Executive Office of Health & Human Services

From: Elizabeth Burke Bryant, Executive Director
Devan Quinn, Policy Analyst

Date: March 27, 2019

Re: Comments regarding Accountable Entity Policy Statements

Rhode Island KIDS COUNT respectfully submits the following comments to the Executive Office of Health and Human Services (EOHHS) regarding the Accountable Entity (AE) Policy Statements related to delegation, member assignment, and risk adjustment. Our comments reiterate our strong commitment to increased provider coordination and the importance of maintaining and building on the strong foundation already in place for children through Medicaid managed care as the state moves forward with AEs. We continue to express the need to be careful in the creation of new administrative layers to the Medicaid delivery system for children. We are concerned about the transfer of responsibilities from MCOs that have proven track records of high quality care and wide access to a relatively new Accountable Entity structure without specific goals and metrics for success, especially as it relates to children's care. We encourage EOHHS to engage more public input from providers, advocates, and Medicaid members and to outline specific goals for the Accountable Entity Program. More specific commentary regarding AE policies is provided below.

Accountable Entities are a new and emerging concept, compared to longstanding tested track record of Medicaid managed care for children in RI.

We remain concerned regarding the scale and time table for expansion of these new AE contracts. We recommend that EOHHS provide ample opportunity for public comment regarding the larger goals, purpose, and implementation of the AE program.

Rite Care and its managed care delivery system is a national model. We agree with EOHHS that the AE program should be developed within, and in partnership with, Rhode Island's existing managed care structure. As you are well aware, Rhode Island has worked for more than 20 years to build and continuously improve the Rite Care delivery system, which has resulted in Rite Care routinely being named best in the nation in terms of quality of care for children and families.

- We support the continued retention of many functions of managed care organizations such as member services, translation, claim payments, network adequacy, and the option to perform certain care management services related to addressing social determinants and/or other contracted services such as transportation. Preserving the ability for Rite Care MCOs to offer these services is important given the expertise and capacity they have built over the years to provide quality and accessible care.

Kids are not little adults – they need child-focused care, financing, and care coordination. We continue to have reservations regarding the attribution of children to certified comprehensive AEs, especially to a group without a robust pediatric network and/or a proven track record of producing high-quality child outcomes.

- Given this, we welcome EOHHS guidance that AE certification will be specific to an approved population. Aside from ensuring strict pediatric network adequacy standards and quality metrics that are uniformly mandated by all managed care organizations to AEs, we recommend EOHHS also consider public transparency and contracting standards that help ensure AE investments in pediatric networks are robust, sufficient, and demonstrated via their total cost of care (TOC) methodologies. It may be worth exploring whether or not comprehensive AEs through their TOC arrangements should be mandated to spend/invest a defined proportional amount of money/savings on each population based on census and/or be held to a medical loss ratio similar to managed care organizations.
- What we have heard from relevant local stakeholders is that low-cost populations such as children often experience a lack of investments and resource allocations within new and emerging contracting models like AEs. We are concerned that a lack of focus on children given their relative good health status and low cost of care compared to other populations by comprehensive AEs will over time erode Rite Care’s continued and ongoing high quality performance.
- We also are concerned that AE attribution of children is mainly driven by a need to keep the overall financial costs of these new arrangements more manageable. An unintended consequence that may arise due to this strategy is that health and cost outcomes of other populations will be masked by the inclusion of children, distracting from needed strategies to improve the care and health of sicker and more expensive populations. As such, we strongly urge the EOHHS to provide strict oversight of comprehensive AEs to ensure that children do not get lost in the shuffle.
- Population-specific oversight safeguards and publicly reported evaluations will be needed to ensure population parity and positive health outcomes continue to be demonstrated for each respective population attributed within each comprehensive AE network.

Considerations regarding Risk Assessment& Measurement

- Rhode Island KIDS COUNT is very supportive of efforts to improve care coordination and care management at the provider level.
 - We encourage the EOHHS to tailor access to these services in a way that meets the unique needs of children. Utilization management and disease identification should not be the sole criteria for enhanced care coordination. Adherence to the Bright Futures periodicity schedule and achieving development milestones should also be factored in because prevention is critically important to child development.

- We are also supportive of EOHHS efforts to ensure high quality care is rewarded.
 - We urge that the development of measurement tool to include important historical measures for which Rhode Island Medicaid ranks well. A focus on only areas which need improvement may have the unintended consequence of eroding progress on measures for which Medicaid/Rite Care has performed well for years.
 - Relevant measures from the CMS children’s quality measure set should also be required of all AEs which include children. This will help ensure the achievement of the Reinventing Medicaid goal to maintain and expand on our record of excellence—including our #1 ranking—on delivering care to children.

Child-Focused Infrastructure Opportunities & IT Requirements

We believe there are opportunities to target health system transformation program funds and various IT requirements in ways that will benefit children and families immediately and in the long-term.

- Comprehensive AEs can better integrate behavioral health into pediatric practices.
- AEs could also help improve long-standing transitions of care issues that children and families routinely experience, such as preconception and prenatal care as it relates to infant health and youth transition to adult care. Infrastructure funds and new contractual arrangements should be leveraged to address these longstanding fragmented gaps of care and coordination.
- We are also very supportive of regulations that scale provider and patient use of the health information exchange (CurrentCare). This will help lay the foundation for which real-time public health surveillance of electronic medical records can be implemented statewide. We recommend that regulatory language regarding KIDSNET be similarly codified in relevant AE IT regulations as well. It is through these two systems (CurrentCare and KIDSNET) that Rhode Island can begin to modernize its public health reporting systems on important issues (such as obesity) and move toward contracting models in which outcomes are regularly measured and reimbursed. None of this can be done without a coordinated and mandated adoption of uniform IT protocols and systems.

Social Determinants Considerations

Rhode Island KIDS COUNT is very supportive of medical models that include addressing social determinants of health.

- EOHHS should leverage existing resources such as Early Intervention providers, Home Visiting programs, RIPIN consultants, and Cedar providers (as well as many others) that are already addressing social determinants and coordinating care.

- In addition, we urge EOHHS to collaborate with the Rhode Island Department of Health to outline a uniform vision for how AEs and managed care organizations can better integrate existing public health efforts such as home visiting, tobacco cessation, lead poisoning prevention, and community health teams into their care coordination efforts.
- We are also supportive of instituting developmental, housing, and food insecurity screening tools through AEs that are publicly reported via CurrentCare and/or KIDSNET, but recognize that state funding of related social services needs to be improved and adequately funded, especially with respect to affordable housing.
- EOHHS should also continue to allow managed care organizations to be a conduit for these ‘basic needs’ care management referrals.

Continued Focus on Consumer Protections

We ask that AE reports regarding consumer choice and access be aggregated and shared publicly to stakeholders

- EOHHS should make sure that AEs also are not actively in competition for membership attribution as it may result in barriers to care, especially in urgent situations or with respect to discharge planning. RIte Care and Medicaid managed care has had a long and strong history of consumer choice and access to broad networks. AEs should not restrict this longstanding policy priority.

Protecting Patient Centered Medical Home-KIDS (PCMH-KIDS)

A potential unintended consequence we would like to raise is the potential erosion of PCMH-KIDS due to a robust expansion of AEs. We urge EOHHS to enact necessary regulatory and contracting provisions that ensure that PCMH-KIDS’ continued momentum does not get lost in the new focus on AEs. By safeguarding PCMH-KIDS within the AE framework, EOHHS will help ensure pediatric transformation. More clarification on how AEs will continue to support care coordination and practice transformation efforts previously supported by time limited CTC PCMH training and funds needs to be outlined as well to ensure there is no erosion of services as practice structure, capacity, and training evolves.

A Need for Oral Health Inclusion

Rhode Island KIDS COUNT would like to see a more robust inclusion of oral health into the AE program and system transformation efforts. Research has shown that poor oral health has immediate and significant negative impacts on children’s overall health, school attendance, and academic achievement. AEs can be an innovation vehicle for this integration.

Closing

We appreciate the opportunity to provide comments on the Accountable Entity Policy Statements. As this process moves forward, Rhode Island KIDS COUNT is happy to provide continued assistance and perspective for this important work.