Neighborhood Health Plan OF RHODE ISLAND™

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To: Debbie Morales, Medicaid Accountable Entity Program Director, Rhode Island Executive Office of Health and Human Services

From: Beth Marootian, Director, Strategy and Business Development

Cc: Nancy R. Hermiz, VP Medicaid; David Burnett, Chief Growth Officer

Re: Response to Public Comment Request: Accountable Entity Program Year 2 Requirements

Date: May 31, 2019

Neighborhood Health Plan of Rhode Island is pleased to respond to the Executive Office of Health and Human Services (EOHHS) Proposed Accountable Entity Program Year 2 (PY2) Requirements.

Neighborhood encourages EOHHS to continue a balanced and measured approach informed by the AEs and MOCs as PY3 decisions are finalized in the coming weeks. Program stability is paramount to the success of the AE business model and Neighborhood does not endorse deviations from many of the PY 2 requirements. We encourage EOHHS to hold stable the use of optional quality measures, AE and MCO flexibility to establish measure weights and the existing Outcome metrics.

Substantive program changes as outlined above require time-consuming adjustments in organizational direction and staffs focus. Neighborhood encourages EOHHS to create consistency across the program years to give the AEs the strongest opportunity to achieve the program's goals of improving quality and reducing cost of care. Neighborhood is eager to work with EOHHS to implement a program consistent with the message of simplification and streamlining expressed by Director Tigue at the recent EOHHS Learning Collaborative.

The following are Neighborhood's recommendations to changes in the PY2 Requirements related to Total Cost of Care Requirements (L1) and Medicaid Infrastructure Incentive Program Requirements (L2). We look forward to discussing our comments with EOHHS to answer any questions and clarify our recommendations.

1. **Attachment L 1: Accountable Entity Total Cost of Care Requirements – Program Year Two Requirements**

Risk Progression

Neighborhood is requesting EOHHS and OHIC to carry out an deliberate and open process with the AEs focused on the proposed risk progression requirements. We strongly encourage EOHHS to model the proposed risk progression on current AE performance and assess the impact on the AEs and in particular on the federally qualified health centers (FQHC)-based AEs.

To allow adequate time for engagement and modeling of the risk progression, Neighborhood recommends moving the implementation of down-side risk to PY 4.

- Neighborhood recommends adjusting the risk progression thresholds to align with the federal requirements associated with the FQHCs.
- Neighborhood is concerned any "withhold" amount will impact the FQHC's federally required reimbursement protections guaranteed under the prospective payment system. Additionally, as proposed the "withhold" will create significant cash flow issues for the FQHCs.
- We caution EOHHS to fully test and model the risk progression methodology before committing to requirements.
- It is essential this policy be deployed in a way to avoid destabilization of the important primary care capacity created by RI's FQHCs. The FQHCs are also serving the majority of Medicaid AE lives and any action needs to be considered in light of maintaining their financial health and patient access.

2. **Attachment A: Quality Framework and Methodology for Comprehensive Accountable Entities**

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Hybrid data collection by AEs

Neighborhood requests reconsideration of the timetable for clinical data exchange. Given this process is just getting started by the MCOs sufficient time is needed to create the clinical data exchange and the conduct the time-consuming step of data validation. Neighborhood suggests offering more time and flexibility to complete this work.

Neighborhood's Recommendation

- Allow for clinical reporting (EMR data exchange) to occur at the provider or AE level. Much progress on achieving maximum clinical data integration can occur if the MCO is allowed to proceed with the AE or with individual providers within the AEs.
- Allow for data collection through a combination of EMR data exchange, medical record review, and self-reporting, as determined for each AE by the MCO and approved by EOHHS.

3. **EOHHS Medicaid Infrastructure Incentive Program**
   L2: Program Year Two Requirements and Program Year One Feedback

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AE Exemption from Clinical Data Exchange

Neighborhood's Recommendation: Please clarify the rules and terms associated with the clinical data exchange exemption and the process for seeking or lifting an exemption. Neighborhood supports extending the clinical data exchange incentive to any AE and/or AE partner participating in clinical data exchange. Neighborhood will be establishing EMR extracts for at least some providers within each AE and will rely on supplemental data collection for some providers.

We encourage EOHHS to:

- Remove the data exchange exemption process.
- Allow data collection to occur at the individual provider and/or AE level
- Allow data collection through a combination of EMR extracts, medical record review, and self-reporting, as determined for each AE by the MCO with review and approval of EOHHS.
- Extend AEIP and MCO-IMP incentive to both MCOs and AEs/AE primary care providers participating in clinical data exchange recognizing the resources and expense for both parties associated with the activity.
- Further the SIM/IMAT project by allowing AEIP funding to be used for participation in this initiative.

For example, by lifting the exemption and extending the clinical data exchange incentive to Integra and Neighborhood resources will be available to advance the clinical data exchange and validation of providers on Epic capturing over 70% of attributed member data.

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MCO-IMP Incentive Pool

Neighborhood's Recommendations:

- Allow the MCO's 60 days after executing Amendment #3 to contract with the AEs.
- Adjust the AE contract date requirement (currently July 1st) recognizing the dependency associated with the MCOs receipt of Amendment #3. The delay in the MCO Amendment #3 has a direct impact on Neighborhood's ability to finalize and execute the PY 2 AE contract amendments.
- The additional time is needed to prepare AE amendments based on the final PY 2 program requirements and the MCO Amendment #3.
- The funding of the MCO IMP as currently allocated per AE contract is not fair or equitable. The same level of effort goes into each AE contract managed by the MCO. By contracting with more than 3 AEs, Neighborhood is working to grow and strengthen the program and recommend equal incentive allocation per AE contract up to the number of certified AE (six).

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AE Forfeiture of Incentive

Neighborhood's Recommendation:

- Consider removing the incentive payment forfeiture process.
- We are concerned the forfeiture process will create unnecessary and time-consuming financial exchange and reconciliation between the MCO and EOHHS.

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HSTP Project Plan Submission

Neighborhood's Recommendations:

- Please consider expanding the timeframe for HSTP Project Plan submission to 120 days after the execution of the TCOC Contract days. The proposed 60 day timeframe is extremely constrained requiring Neighborhood to likely review 6 Project Plans within a compressed period of time.
- The 60 day timeframe does not allow for adequate review and comment by the MCO to the AE. During PY1 Neighborhood's input improved each AE's Project Plan and minimized the amount of requested changes from EOHHS.
- Neighborhood is seeking the final AEIP Milestone Template by June 15, 2019 allowing the AEs time to review and deploy for their AEIP Project Plan documentation.

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Minnesota Community Measurement (MNCM) Data Validation Plan

Neighborhood's Recommendation:

- There will be validation occurring with our EMR data exchange vendor, IMAT Solutions, and the providers for all extracts.
- Our EMR data exchange vendor, IMAT Solutions is in process of achieving NCQA certification for 28 HEDIS and CMS eCQM quality measures.
- Additionally, Neighborhood undergoes a strict NCQA required audit for all supplemental data files used to produce HEDIS measures. Neighborhood does not recommend an additional data validation process for HEDIS measures, creating additional work and resource use for the AEs and MCOs.

We look forward to discussing our comments with EOHHS to clarify our recommendations.