



ADVANCING INTEGRATED HEALTHCARE

Date: 3/27/19

To: **Libby Bünzli** Special Assistant to the Medicaid Program Director
Executive Office of Health and Human Services

Dear Libby,

The Care Transformation Collaborative of Rhode Island and PCMH Kids appreciate the opportunity to provide input on the Medicaid Managed Care Policy Statements on Member Assignment Related to Accountable Entities, Delegation and Risk Adjustment.

We support the State of Rhode Island Executive Office of Health and Human Services (EOHHS)'s efforts to formulate policy statements to provide direction and guidance for both the provider community and payers on your intent for how care is to be delivered as the system moves from a fee for service to a system of value based payment with Accountable Entities assuming risk. With the important changes being made in both the care delivery system and the payment system, we believe that your policy guidance will provide important direction on your intent as to how we will achieve both improved quality and smarter spending.

1. Member Assignment Policy: Your emphasis on the primary importance of the patient/provider relationship is clear and evidence based. Our concern is with the flaws in the present system of auto-assignment which does not support existing patient/provider relationships as beneficiaries cannot presently indicate when they register for Managed Care who they want identified as their primary care provider. The system needs to be fixed at the point when beneficiaries can make provider selections and we recommend easier and more efficient pathways when auto-assignments need to be changed to reflect patient preferences.
2. Delegation: Your direction on provider level care management is supported in the literature as well as in our own experience when we implemented the CTC Community Health Team (CHT) Network. For the thirty-five percent (35%) of the patients seen in CHT's, English is not identified as the primary language and ninety percent (90%) had at least one health related social determinant of health concern. It is much easier for patients to understand and trust the health care they receive when it is delivered by the primary care team as opposed to a potentially unknown and "remote" health plan team. We would urge that you additionally provide direction for accountable entities that care management services they are responsible for be delivered in primary care practices or as extensions of primary care through such options as community health teams when needed. The literature and CTC's evaluations support that particularly for high risk patients, face to face care management services that are closely tied to primary care practices are very effective in reducing risk, depression, anxiety, substance use disorder and the cost of care.

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3. Risk Adjustment: CTC supports your plan to incorporate social determinants in your risk adjustment methodology. We are very concerned however that your plan to incorporate diagnostic-based algorithms with weights based on acute conditions, behavioral health diagnosis, chronic illness and prescriptions do not apply to children and families.

There is an urgency to consider “at risk “children and families now and to apply pediatric sensitive risk adjustment algorithms as a top priority. Data from the RI Ecosystem analysis strongly supports the need for a coordinated family based approach because the strongest single factor associated with child maltreatment was parental substance use and serious mental illness. According to the 2018 KIDS COUNT Report, all babies born in Rhode Island were screened through the Rhode Island Department of Health Newborn Risk Assessment program and sixty-three percent (63%) of newborns screened “positive”, indicating the presence of one or more risk factors. Of the 10,050 babies born in RI in 2017, nearly 1/3 had a mother with a documented history of treatment for mental health condition and six percent (6 %) had a mother with a substance use disorder. Payment and care delivery systems need to take into account the risk of both the child and the family and be resourced accordingly. We do not think these payment methodologies can wait, particularly given the recent changes in the CEDAR program which is not functioning in a way that pediatric primary care practices can easily access services for high risk children and families.

Thank you in advance for this consideration and know that we welcome the opportunity to support your efforts to provide better health care for Rhode Islanders who obtain care through the Medicaid program.

Sincerely,



Debra Hurwitz, MBA, BSN, RN
Executive Director, CTC-RI