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State of Rhode Island Medicaid Program Managed Care Organization Member Assignment Related to Accountable Entities Policy Statement

Introduction

The State of Rhode Island Executive Office of Health and Human Services (EOHHS) is making available this policy statement addressing member assignment for Managed Care Organizations (MCOs) within the context of the implementation of Accountable Entities (AEs). Under fee-for-service payment models, populations of Medicaid beneficiaries in Rhode Island were defined by enrollment with specific MCOs. With the transition underway to value-based payment models through AEs, populations of Medicaid beneficiaries in Rhode Island are defined by attribution to AEs. The relationship of the population to the AE—not the MCO—has become critical to the AEs' core purpose: to manage the total cost of care and quality outcomes for attributed populations and drive improvement in population health. EOHHS will further effectuate provisions of this policy statement through MCO contract amendments and Health System Transformation Project requirements documents as needed.

Policy Statement

It is the view of EOHHS, consistent with federal requirements and reflected in MCO contracts, that the preservation of the beneficiary/provider relationship—particularly as it relates to the primary care provider (PCP) relationship—is paramount and central to a patient-centered delivery system. Maintaining continuity of care by preserving existing beneficiary/provider relationships has demonstrated benefits in terms of health outcomes and is fundamental to the success of the AEs that are structured such that high-quality, patient-centered primary care is the foundation from which to coordinate and integrate care, tailored to meet a patient's needs. EOHHS has established structural requirements for AEs that are meant to enhance the ability of the primary care team to engage with and manage the care of their patients and because PCP assignment, and in some circumstances enrollment in behavioral health programming, serves as the primary basis for attribution to an AE, preserving the beneficiary/provider relationship is central to an AE's ability to fulfill its management responsibility for both cost and quality. It should be noted that this policy statement does not alter the existing AE attribution rules.

However, while the criticality of the beneficiary/provider relationship in the context of AEs is clear, EOHHS also recognizes that contractual relationships between AEs and MCOs may evolve as the market evolves. Moreover, EOHHS is not privy to negotiations between MCOs and AEs and these parties are free to engage in business relationships as they see fit so long as the federal and state requirements are met. However, it is the responsibility of EOHHS to ensure that as business relationships change between MCOs and AEs, the beneficiary/provider relationship is not disrupted.

For these reasons, EOHHS will begin to put into place the following measure, starting on July 1, 2019, in dialogue with the MCOs and the AEs. If a provider participating as an AE elects to terminate

its provider contract with a single MCO, EOHHS will reassign Medicaid beneficiaries who are members of the terminated MCO equally to the remaining MCOs with which the AE is contracted. EOHHS will develop a robust beneficiary communication process such that all affected beneficiaries receive advance notice of the pending change, are made aware of the impacts of such change, and have the ability to opt-out, ensuring informed beneficiary choice. EOHHS will take this action both to ensure that the continuity of the beneficiary/provider relationship is maintained as well as to support the success of AEs—which represent that most significant Medicaid initiative related to value-based payment in Rhode Island. It is the view of EOHHS that these two objectives ultimately position the health care delivery system to better care and improve beneficiary health. This approach also ensures that the obligation of EOHHS to preserve the beneficiary/provider relationship is met while maintaining beneficiary choice and not arbitrarily excluding any one MCO.

By articulating these actions, it is not the intention of EOHHS to actively encourage or discourage the termination of provider contracts; rather, EOHHS is ensuring that in the event of the aforementioned circumstances, continuity of care, preservation of the beneficiary/provider relationship, and beneficiary choice are prioritized. Precise timelines related to operational milestones for EOHHS, MCOs, and providers associated with this policy will be approved by EOHHS and it is not the expectation that EOHHS, MCOs, and providers will have all operational milestones achieved by July 1, 2019.

Conclusion

The policies outlined above further the strategic objectives for AEs, particularly by supporting AEs willing to transform their delivery of care and their supporting business models by allowing such AEs to choose the MCO partners that will best support that work. EOHHS will monitor the effects of these policies through existing MCO and AE oversight structures.