

## M E M O

Date: October 12<sup>th</sup>, 2020  
To: Executive Office of Human and Health Services  
From: Blackstone Valley Community Health Care Accountable Entity Program  
Re: Accountable Entity Attachment L: Roadmap

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Blackstone Valley Community Health Care (BVCHC) offers the following comments for consideration by the Executive Office of Human and Health Services (EOHHS) in determining their Accountable Entity (AE) roadmap for Program Year 4 (PY4) and beyond as relayed by Attachment L (communicated 9/10/20).

### Sustainability

The roadmap provided to AEs continues to emphasize incentives tied to project fulfillment under various Accountable Entity Incentive Pool (AEIP) guises, particularly Health System Transformation Projects (HSTP). Not evident in the memo is where the funds can be procured following the expiration of the current waiver in December 2020.

BVCHC commends EOHHS for supporting centralized systems to meet uniform AE needs (i.e. social determinant platform, care management alerts). However, AEs must graduate to semi-autonomous organizations through greater discretionary earnings in the form of shared savings; such revenue is critical to framing operating capital. AEs have progressed to the point where they should provide value-based care through self-designated interventions that suit their total cost of care (TCOC) drivers as opposed to AEIP-prescribed endeavors (i.e. project measures, “outcome” measures already accounted for in TCOC). EOHHS mentions the prospect of greater shared savings through the revised PY3 TCOC model, yet it is unclear how well AEs will perform. Experience shows diminishing returns due to efficiency-related caps and understated inflation. Thus, BVCHC encourages EOHHS to maximize shared savings to all possible extents. Achievable targets motivate AEs to continue program participation rather than AEIP reliance.

EOHHS’ suggestion of technical assistance to maximize Medicaid billing (p. 28) implies reliance on billing mechanisms. These in turn inevitably influence how providers administer care. Furthermore, it risks perpetuation of a volume-based approach. The roadmap proceeds to mention primary care capitation (p. 29), but it is unclear if this is in a general context or specifically to community health reimbursement discussed in the preceding paragraphs.

### Social Determinants of Health (SDOH)

BVCHC commented on this area extensively in an August 18<sup>th</sup> memo responding to the call for public comment to EOHHS’ SDOH roadmap. To summarize:

- EOHHS continues to recognize the need for “upstream” interventions, but there has yet to be any indication of movement in reinvigorating the state’s social infrastructure. Such conversations go beyond even that of the AE Program.

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- BVCHC doubts the Health Equity Zones' (HEZ) capacity to support what will be an influx of partnership requests to accommodate the thousands of AE members in need of case support. This is particularly acute for service areas such as Pawtucket and Providence hosting multiple AEs who will rely on the same HEZ constituents.
- Reimbursement for community health services, although recognized by EOHHS, requires further discussion.
- Cuts to community health funding through Cate Transformation Collaborative (CTC) have jeopardized community health teams in the short-term.

## Communication

Throughout the program, EOHHS has required various elements be reported, typically in narrative form, to afford the state insight into AE and MCO progress. More requirements laid out here (particularly for MCOs) that will likely prove to be a distraction to managing our businesses: see AE budget reports (p. 23) and MCO deliverables (pp. 16-17) *in addition to* ongoing deliverables, template fulfillments, etc. required of AEs. Despite these requirements, EOHHS has yet to routinely provide meaningful data on the program's impact or expenditures/budgeting as reported to CMS. AE-MCO dyads cannot continue program participation in PY5 and beyond without realistic insight into what impact the program has made, what it promises to make, and avenues EOHHS can explore through program-imposed returns on investments as opposed to waivers.