November 10, 2020

Jennifer Marsocci
Executive Office of Health and Human Services
3 West Road, Virks Building
Cranston, RI 02920
Submitted via email: jennifer.marsocci@ohhs.ri.gov

Re: Accountable Entity PY4 Documents

Dear Ms. Marsocci,

UnitedHealthcare Community Plan of Rhode Island continues to support the vision of the Executive Office of Health and Human Services (EOHHS) for the Accountable Entity (AE) program to promote patient-centered and value-based care, while testing market-driven reforms to drive quality, reduce costs, and improve outcomes for the Medicaid population. Rhode Island continues to be a national leader in using managed care to facilitate movement away from volume-driven payments towards value-based payments (VBP) rooted in improving quality health outcomes. Continued collaboration and coordination between EOHHS, managed care organizations (MCOs), and AEs is the foundation for moving forward in our collective efforts to transition from purchasing "health care" to purchasing "health."

UnitedHealthcare appreciates the opportunity offered by EOHHS to provide feedback on the revised AE documents for Performance Year 4 (PY4). EOHHS' commitment to VBP arrangements, if done thoughtfully, has the potential to lead to increased accountability through budget predictability and stability.

Risk Arrangements

To achieve improved outcomes and reduced costs, EOHHS must continue to move providers along the spectrum towards accepting downside risk. The most successful accountable care systems are able to customize engagement at the individual practice level as provider capabilities vary, especially for smaller, independent or individual providers. Additionally, providers are more likely to participate in increasing levels of performance compensation or risk if MCOs have the flexibility to use their tools and expertise to inform agreements on an individual basis based upon provider readiness. Given these factors, EOHHS should continue to provide flexibility to both AEs and MCOs to support AEs in meeting their clinical and business goals.

As EOHHS continues to shift away from volume and towards value, the lessons learned from years of value-based payment development and operation should be leveraged. We encourage EOHHS to engage MCOs in programmatic decisions moving forward.

Creating a sustainable Medicaid program requires engagement from all participants in Rhode Island's delivery of Medicaid services, from MCOs to AEs. As mentioned in our comments to the AE Roadmap (submitted on October 13, 2020), we recommend EOHHS consider implementing parity among MCOs and AEs in terms of assessing penalties and earning rewards for meeting or not meeting the State's goals. While there are incentives and penalties for MCOs to work with providers and shift contracts from volume to value, this is not the case for AEs. EOHHS should consider allowing MCOs to pass on incentives and/or penalties to AEs to promote participation and make certain AEs are held accountable. For example, New York allows MCOs to pass on incurred penalties to providers if penalties stemmed from providers refusing to participate in VBP arrangements.

We appreciate EOHHS taking the first steps to propose the Return on Investment Projects for federally qualified health centers (FQHCs). UnitedHealthcare is exploring utilization oversight initiatives with FQHCs and other AEs. We believe the proposal would benefit from the engagement of MCOs and FQHCs on how to structure this program for successful outcomes. We agree that any additional incentives should be tied to successful outcomes and associated returns on investment. We are, however, concerned that it may be challenging to track outcomes to a specific initiative or separate this work from the ongoing Total Cost of Care work.

PY4 Attribution

Regarding the proposed change to PY4 attribution, we request EOHHS provide further information around their decision to allow PCPs to participate in more than one AE through different taxpayer identification numbers (TINs), specifically data supporting this change and any anticipated enrollment changes to the AE program. We are concerned that this change in methodology will add significant complexity to financial, operational, and quality reporting and may lead to confusion regarding care management responsibilities. It is not currently understood if MCOs or AEs can support this added operational complexity, prevent duplication of care management services, assure continued integrated physical and behavioral care and accurately meet the reporting requirements in the timeframes proposed. UnitedHealthcare recommends EOHHS convene a working session with all stakeholders to evaluate the proposal and determine if this attribution change adds value to the AE program.

COVID-19 Impact

It is important to recognize that the COVID-19 public health emergency (PHE) has likely created hesitancy for AEs to continue to take on risk due to the financial strain endured as a result of utilization disruptions. However, VBP arrangements should not be abandoned as COVID-19 has highlighted the limitations of fee-for-service systems to provide sustainable quality care. We welcome the opportunity to collaborate with EOHHS to identify arrangements that work towards continuing to move providers down the risk corridor, while ensuring accountability for the cost and quality of care during these unprecedented times.

Additionally, the COVID-19 PHE has highlighted chronic health disparities, especially among communities of color, prevalent across the country that must be addressed. EOHHS should ensure that health equity is an overarching principle for MCOs and AEs working on population health efforts. A culturally and structurally competent value-based system can help improve health outcomes and quality of care and can contribute to the elimination of racial and ethnic health disparities.

EOHHS should convene stakeholders and promote quality improvement initiatives aimed at reducing health disparities, particularly as it relates to race and ethnicity. EOHHS should consider how it can utilize VBP arrangements to ensure providers implement interventions targeted to address health disparities and advance health equity.

FQHC Collaboration

UnitedHealthcare supports EOHHS fostering collaboration between MCOs and FQHCs. The COVID-19 PHE has had a significant impact on FQHCs and has put the nation's health care safety net at risk. In response, UnitedHealthcare launched the FQHC Transformation Investment Program to address decreased cash flow at FQHCs and the need to invest in capacity building efforts as a result of the historic shift in utilization caused by the PHE. Through this program, UnitedHealthcare recently invested nearly $500,000 in Rhode Island FQHCs to expand access to care and improve the health outcomes of those who rely on FQHCs. In response, FQHCs demonstrated capacity building by implementing rapid COVID-19 testing and contact tracing capabilities, building out telemedicine competences to maintain member access and tracking social determinants of health (SDOH) referrals for completion.

Serving 1 in 5 Medicaid beneficiaries nationally, FQHCs are critical to reaching EOHHS' goal of improved health outcomes and reducing health care costs. Recognizing this, we intend to continue to collaborate with FQHCs to ensure they can be successful. Improved health outcomes of the Medicaid population cannot be achieved if FQHCs are not able to continue providing access to care. We encourage EOHHS to continue to promote MCO/FQHC collaboration across all MCOs in Rhode Island.

In closing, UnitedHealthcare appreciates the opportunity to provide feedback and your thoughtful consideration of our comments. We value EOHHS' continued commitment to stakeholder engagement and look forward to continued collaboration. Should you have any questions or seek further information about the feedback provided, please do not hesitate to contact me by phone or email.

Sincerely,

Patrice E. Cooper

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