

November 11, 2020

Dear Jennifer,

We represent Upstream USA, a nonprofit that partners with health centers to provide training and technical assistance to improve reproductive health, increase access to contraception, and address disparities and biases in contraceptive care. Our transformative approach empowers patients to decide when and if they want to become pregnant, a critical step to improving broader outcomes for people of reproductive age and their families. We launched our work in Rhode Island earlier this year and we will begin our direct training with Federally Qualified Health Centers, Care New England, and others in early 2021.

We are writing in response to the request for public comment regarding the Accountable Entities Program Year 4 Requirement Documents. The AE Certification Standards document does not specify whether AEs must submit data for patient populations outside of Medicaid. We recommend that the AE Certification Standards be revised to state that QRS data submission be required to include the AE's full patient panel, rather than be limited to the Medicaid patient base.

Medicaid providers frequently serve as safety-net providers for a broader population in need, who often are not covered under Medicaid. Patient data that is more inclusive of all Rhode Islanders served by AEs will allow for more robust evaluation. This is particularly important for programs like Upstream who rely on the full patient panel to generate evidence of effectiveness in order to improve work with agencies and better serve Rhode Island patients. A clearer picture of all patient data can help AEs be better partners for the community they serve and for all Rhode Islanders, not solely for Medicaid patients.

In addition to including all patient populations in the QRS, the Aligned Measures Set should include a measure related to contraceptive care. This would enable AEs to set measures and standards to ensure that all patients are able to access contraception. To avoid coercion, and since many people choose *not* to use a contraceptive method, we would encourage that any contraceptive care measure set pay-for-reporting targets rather than pay-for-performance targets.

Sincerely,

Danika Severino Wynn
Executive Director, Rhode Island
Upstream USA