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VIA EMAIL

Jennifer Marsocci, MS
Executive Office of Health and Human Services
3 West Road
Cranston, RI, 02920

Re: THPP Comments on PY4 Roadmap Draft

Dear Ms. Marsocci,

Tufts Health Public Plans ("THPP") appreciates the opportunity to provide comments on draft revision to the PY4 version of the Medicaid Program Accountable Entity Roadmap ("the Roadmap"). We continue to applaud the open and collaborative process that the Executive Office of Health and Human Services ("EOHHS") has undertaken in making program design decisions. We previously (September 19, 2019) commented on the Roadmap Year 3 adjustments and ask for continued review of those items.

We appreciate that the State is making limited changes to continue to enhance the program, without introducing significant variation to an in-flight program. Accordingly, our comments combine a few specific PY4 points and share our broader perspectives as the State considers longer-term sustainability of the reinvented Medicaid and AE program.

Future-state sustainability comments.

1. Social Determinants of Health – We agree with EOHHS' vision that in order to achieve accountability for quality and total cost of care, significant actions must be taken to address the social determinants of health. Please refer to our previously submitted comments as part of the Health System Transformation Project Social Determinants of Health Investment Strategy.

2. PCP centric model – we believe that the AE model needs to place increased focus on the PCP to patient relationship, by increasing alignment and affinity to systems accountable for care delivery. As an example, many new Medicaid enrollees affirmatively select an MCO but do not select a PCP and are auto-assigned without affinity, and without incurring a single annual visit, to an AE or system of care. We believe this is a significant issue that warrants attention for long term program sustainability. Several infrastructure changes are

needed to improve AE/ PCP affinity, starting with eligibility and enrollment through the Health Source RI gateway to improve the selection of a PCP/ AEs. Additionally, a centralized repository ('source of truth') for member/ AE attribution, managed by EOHHS, is critical for reliable and standardized TCOC calculation.

3. Scale – We believe that accountable care, inclusive of upside and downside financial risk, can only be accomplished through AE/ MCO relationships of scale, with a minimum baseline of 5,000 attributed members. Long-term financial sustainability requires actuarially-stable populations that justify scalable and sustainable commitments by AEs and MCOs, beyond the duration of the HSTP program.

4. Adoption – While the AE program has captured a significant portion of the RI care delivery system, not all large care delivery systems are currently participating. Sustainable transformation with market-wide impact can only occur through market-wide adoption.

5. Financial Viability – For the State of RI, financial viability means demonstrated reduction in the Medicaid TCOC growth trend, without compromising overall quality outcomes. While there is likely to be performance variation across AE stakeholders, all constituents need to be set up for the opportunity to succeed. For MCOs, this means program capitation rates that cover the underlying cost of managing the population of members with necessary risk corridors to protect against unpredicted variation. For AEs, this means a TCOC methodology that accurately represents the risk profile of accurately-attributed patient populations.

We have several comments on the PY4 roadmap draft.

- We request consideration of a technical adjustment to a sentence on page 35 where the following language discusses primary care capitation:

  "Therefore, EOHHS plans to explore how primary care capitation and other alternative payment methods could be used to reimburse for services without requiring fee-for-service billing."

  We believe that capitation (partial or full) arrangements can result in administrative simplification for primary care providers, though careful consideration should be given to implementing in a way that avoids losing access to data necessary to track utilization activity and for risk score calculation.

- At the recent AE Advisory Committee meeting, slide 13 of the presentation shared, under attribution, EOHHS stated that MCOs would be required to allow PCPs to participate in multiple AEs if they were associated with two different TINs. On the surface, it appears that it would give rise to member confusion and possible misallocation of claims in a TCOC arrangement. We also thought that this was not allowed by CMS for Medicare even if multiple TINs were involved.

- Regarding section E under sustainability, it is unclear whether EOHHS is suggesting that certain measures to increase funding of ACOs/AEs be adopted by all relevant payers or whether OHIC should have expanded authority to require adoption of the affordability standards for Medicaid. It would be helpful to have clarification on this point.

Thank you again for the opportunity to comment on the updated Roadmap. We would be happy to answer any questions.

Sincerely,

Kristin Lewis

Senior Vice President, Chief Public Affairs Officer