

To: Melody Lawrence, Director of Policy and Delivery System Reform, Rhode Island Executive Office of Health and Human Services

From: Beth Marootian, Director, Strategy and Business Development

Cc: Nancy R. Hermiz, VP Medicaid; David Burnett, Chief Growth Officer

Re: Response to Public Comment Request: Medicaid Accountable Entity Program Road Map

Date: October 13, 2020

Neighborhood Health Plan of Rhode Island is pleased to respond to the Executive Office of Health and Human Services (EOHHS) Proposed Medicaid Accountable Entity Program Road Map Document.

We look forward to discussing our comments with EOHHS to answer any questions and clarify our comments and and/or recommendations.

**General Observations:**

The PY4 Road Map appears to be taking a direction counter to the recommendation from EOHHS's Strategic Planning work carried out by Day Health. The recommendation:

Establish clear roles and lines of accountability (EOHHS, MCOs, AEs, community providers)... the State needs to strike the right balance between prescription/standardization, flexibility/innovation and micromanagement/oversight.

Instead, as written The Roadmap and Sustainability Plan leans greatly towards "prescription and standardization" Neighborhood encourages EOHHS to put more emphasis on flexibility and innovation and to clearly recognize the role of the MCOs to carry-out a program that is tailored to the needs and attributes of each AE. Neighborhood offers this input to ensure ongoing full AE participation and to guide the program to sustainability. Neighborhood is an experienced and highly successful partner in EOHHS managed care program and beginning in PY4 should be allowed, along with the AEs, more (rather than less) autonomy to manage the AE program.

Neighborhood also cautions EOHHS carefully set new priorities. Initiatives such as SDOH and ongoing changes to quality measures, require significant undertaking by the AEs and MOCs and distract from the projects needed to realize the quality, access and savings goals of the program.

## **The feedback that follows is organized by objectives within the Sustainability Plan**

### **A. Centralizing Key Infrastructure**

Behavioral Health Admissions Alerts: The system of alerts covering discharges from hospital inpatient settings and emergency rooms does not cover discharges from behavioral health facilities. Neighborhood strongly encourages EOHHS to facilitate discussions with RI Quality Institute to overcome the deficit of program-critical BH data sharing. EOHHS leadership is needed to help define and mitigate the overly cautious restrictions surrounding the sharing of behavioral health data carried out across the state.

Quality Reporting System: The Quality Reporting System established by the State addresses only one data source needed for the production of accurate quality measures, notably the Accountable Entity Core Quality Measures. Data from the MCOs' claims systems and care management systems, in addition to other supplemental data such as the KIDSNET immunization registry, will be needed for the foreseeable future.

Neighborhood recommends the Roadmap identify the MCOs as central to the quality reporting process, as this is a core function of the MCOs, which have effective and accurate processes in place for quality measurement, reporting, and improvement. EOHHS should also recognize that provider organizations currently submit quality data to payers and oversight agencies for multiple purposes, so the impact on administrative efficiency at the provider level is likely to be less than EOHHS is contemplating. EOHHS should consider focusing on other areas for streamlining efforts, where they are likely to have greater impact.

### **B. Total Cost of Care Arrangements**

Shared Savings from TCOC: In order for EOHHS to reasonably anticipate that shared savings will provide support to the AEs in the future, there needs to be an evaluation and demonstration of data that supports this key assumption. Neighborhood recommends EOHHS conduct a more detailed analysis of AE TCOC performance. The analysis will provide transparency to program performance, to date little has been shared on state-wide overall program performance and will clearly determine the additional levels of alternative support needed for sustainability.

TCOC Model Developments: Neighborhood supports the concept of measuring efficiency, as well as the need for considering efficiency when creating targets each year. However, negative adjustments to targets for past inefficiency could have unintended consequences year over year. As the only primary care safety net in the state, EOHHS should consider the development of unique TCOC adjustments for the FQHCs.

In PY4, Neighborhood is seeking the flexibility to negotiate down-side risk arrangements with willing FQHC AE partners. Neighborhood recommends the authority to engage in these arrangements be left to the AE and MCO to ensure compliance with the appropriate federal (HRSA) and state (OHIC) regulations and requirements. It is well known, that FQHCs in other states have engaged in risk-based contracting.

### **C. MCO Support of Care Management and Social Determinants of Health**

Care Management: Neighborhood endorses a path to Care Management shared responsibility. Full delegation for all AEs will be difficult in PY4 based on the readiness of each AE and the need for the MCOs to meet certain EOHHS contractual requirements and NCQA accreditation requirements. Neighborhood has already started working with each AE on aspects of a shared responsibility care management arrangement and looks forward to furthering this work in the future. Neighborhood strongly recommends we be given flexibility and autonomy to develop a strong and shared care management program with each AE.

SDOH: Neighborhood continues to recommend to EOHHS to be flexible and open to opportunities to identify SDOH in ways other than the labor-intensive screens. Neighborhood has an innovative data-driven approach to identifying and targeting micro-populations with high risk factors for SDOH and poor health outcomes. Neighborhood requests that EOHHS allow use of this information to target populations in need of a comprehensive risk assessment.

Neighborhood would like to collaborate more closely with EOHHS to shape the strategy. Neighborhood has provided input regarding the EOHHS SDOH Strategic Plan and requests that MCOs are included as EOHHS' strategic partners in any future planning. Neighborhood applauds EOHHS and HEALTH for recognizing the role of SDOH in health care. However, the proposal would be stronger if the impact of racial biases and inequality in health care were more prominent in the state's vision and approach. To break systemic racism in health care EOHHS will need a determined and focused effort that could benefit from the HSTP resources earmarked under this initiative.

### **D. Multi Payer Statewide Policies to Support AEs**

Phase 1: Comprehensive AE Program: Minor Correction is needed: Six AEs contracted with MCOs and entered into TCOC and AE Incentive Program arrangements for Program Year 2. EOHHS lists 5.

Phase 2: Specialized AE Program: The Specialized AE Program has been evaluated previously and needs to again be vetted as to the likelihood of success. EOHHS has documented Neighborhood's concerns about the limitations and potential possibilities associated with the LTSS AE concepts. As EOHHS' MMP partner, Neighborhood looks forward to planning and developing these concepts together. Neighborhood supports the initial proposal to implement a quality pay for performance model and incentives for appropriate hospital transitions of care to home with support.

Incentive Program: Neighborhood requests a clarification of when AE and MCO incentive funding will be eliminated. Please add more specificity to the timeline on pages, 7 and 8 to understand the key steps and decisions associated with the various deadlines: 1115 waiver, DSHP and HSTP.

Project Merits Incentive Funding: Please clarify, the requirement where an AE can reclaim the payment for a missed performance metric at a later point in time (not to exceed one year after the original

performance deadline) by fully achieving the original metric in combination with timely performance on a subsequent related metric. Neighborhood recommends removing the requirement that there is a combination of achieving the metric with a subsequent related metric since that subsequent metric may also have an extended deadline.

Evaluation Plan: The Roadmap document identifies that the state has contracted a qualified independent entity to conduct an evaluation of the entire delivery system reform demonstration. Please include the evaluation timeline and the name of the contracted vendor.

We would be happy to discuss any of the above comments/recommendations/questions with you and look forward to continued engagement in the progression of the AE program.

Thank you for your review and consideration.

Beth

Beth Ann Marootian, M.P.H  
Director, Strategy and Business Development