



Coastal Medical

Lifespan. Delivering health with care.®

October 1, 2021

Libby Bunzli
Executive Office of Health and Human Services
3 West Road
Cranston, RI 02920

Dear Libby,

I am writing to offer public comments on behalf of Coastal Medical Physicians, Inc. regarding the proposed and updated documents posted for the Medicaid Accountable Entity Program in Program Year Five (PY5) offered by EOHHS. We appreciate the opportunity to provide written comments on this and remain committed to transforming the care delivery system and improving the quality of care for the Medicaid population.

Total Cost of Care

For PY5, there were several topics presented at the September 3rd stakeholder meeting with which Coastal Medical agrees. We agree with the decision to set the PY5 quality targets higher than those for PY3 performance and the decision by EOHHS to align the measures with the OHIC aligned measure set for that calendar year. We may have more feedback once targets are set later this fall.

We also agree with the decision to collect race, ethnicity, and language (REL) for all patients as a current practice. For disability (RELD), we would need to rely on the MCO's to provide this information. Additionally, we agree with including four Quality Measures (DM A1c, DM eye exam, BP control, developmental screening in the first three years of life) with a breakdown by RELD.

Coastal also agrees with the reweighting of outcome measures for payment of incentive dollars as listed below:

- All-cause readmission= 20%
- ER utilization for patients with Mental Illness = 12.5%
- Avoidable ER visits = 12.5%

Qualification of Accountable Entities Bearing Financial Risk - Financial Solvency

Coastal Medical agrees with the proposal for recertification of the AE's fully certified in PY4 for downside risk. AE's may not know their financial performance for PY4 agreements when it is time to begin negotiation for PY5. Final financial performance reports for the conclusion of a

performance year may come up to ten months after the performance year has ended, leaving the AE at a disadvantage. Receiving final financial performance sooner than ten months after the end of a performance period would allow AEs to make changes in program plans more effectively and to the mutual benefit of the Accountable Entities and the MCO's.

Accountable Entity Incentive Pool (AEIP)

Coastal has invested significantly to develop and enhance our population health management programs. These costs are predominately in staffing for positions such as pharmacists, nurse care managers, nurses, and behavioral health navigators who are essential members of our care teams. These costs carry a significant level of investment risk, and the infrastructure and quality incentives provided under risk contracts alone do not cover these costs. We must generate shared savings across our contracts to fund our investment risk. Any change in funding from infrastructure shared savings or quality incentives requires us to re-evaluate our investments.

Based on the provided technical guidance, the AEIP PMPM will decrease 19% from the previous year's rate and approximately 38% from PY3 (\$6.84 vs. \$5.54). This decrease in funding will start when EOHHS has also proposed increasing the responsibility of the Accountable Entities around care management and care coordination. Reducing the AEIP PMPM will require Coastal to re-evaluate our investments and make changes in our population health management programs to allocate our resources appropriately. The reduction in the AEIP PMPM may limit the development or expansion of clinical initiatives in the AE population. While it is reasonable to assume that the investments in value-based care will lower the cost of care and in turn pay for the sustainability of clinical initiatives, the time frame for the expected return on those investments is unrealistic.

Care Management and Care Coordination Proposal

EOHHS proposed updates at the September 10th Stakeholder meeting around the AE Certification Standards relating to care management activities. We appreciate that EOHHS is working to clarify the minimum standards for AE-led program activities. Coastal Medical agrees with the system of care framework displayed and the foundation of a patient-centered holistic approach.

We also understand the need for a better delineation of roles between AEs and MCOs. However, we are still in the early phases of improving collaboration between AE and MCO care management teams, such as holding care management meetings centered around the high-risk population. Shifting responsibilities from MCO's to Accountable Entities for many of the functions outlined is inappropriate. AE staff lack the knowledge and experience required to administer many of the insurance assessments or current complex care management programs conducted by the MCO's. Transferring this responsibility to the Accountable Entities will task them with administrative burdens that will not improve patient care and may result in the MCO's failing to meet Medicaid requirements.

Enforcing requirements that relate to staffing, licensure, and transferring coordination of MCO activities will limit the extent of our ability to continue our current processes, which have demonstrated efficacy. Coastal Medical has developed an infrastructure to support the care management of our patient population through participation in alternative payment models that

reduce the total cost of care and generate shared savings. Historically, care management models focusing on longitudinal follow-up or process measures have limited our ability to deliver a population-health-driven strategy for engaging our patients. The core focus of our care management model is to provide care to the right patient at the right time. We have been successful in these programs by creating centrally managed clinical programs, providing timely intervention to activated patients, and focusing on alternative mechanisms for engagement, including remote patient monitoring. The stipulation of processes or the addition of administrative responsibilities will reduce the effectiveness of our population health management initiatives.

In conclusion, we are grateful for the work of EOHHS and the RI Department of Health in the continued development of the Accountable Entity Program and the many thoughtful discussions around the sustainability of programs to improve health outcomes for the Medicaid population.

We appreciate the opportunity to participate in collaboration and to provide our written feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "McGookin", written in a cursive style.

Edward McGookin, MD, FAAP
Chief Medical Officer