

November 24, 2021

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: LTSS APM Program Requirements

Dear Miss Marsocci,

Neighborhood Health Plan of Rhode Island appreciates the opportunity to offered by the Executive Office of Health and Human Services (EOHHS) to provide feedback on the proposed Long-Term Services and Supports Alternative Payment Methodology (LTSS APM) Program. Neighborhood support EOHHS in achieving the goal of a rebalanced LTSS system and is eager to explore value-based payment models with a diverse network of high-quality providers.

Neighborhood understands the challenges associated with developing a program for this population and we encourage consideration of the following modifications to strengthen the model as proposed.

Enhancements to start-up funding and readiness phase. Neighborhood respectfully requests a realignment of funding distribution as well as increasing the duration of the readiness phase. Implementation of this program will require a substantial up-front investment in foundational infrastructure including staff time and resources. While EOHHS wisely acknowledged the need for a flat amount in the funding allocations, Neighborhood recommends that initial phases be focused on guaranteed funding contingent only on MCO and agency participation. We recommend shifting the trajectory of the funding as well, providing higher early investments of \$500,000 and \$750,000 to managed care during the readiness period and PY 1 and then reducing resources as the program moves towards PY 5. This change would acknowledge the up-front investment required and the need to transition to sustainable independent financing in the long-term.

Additionally, Neighborhood recommends the readiness period start as soon as possible and last for at least one full year. Home care providers, in Rhode Island and nationally, are not versed in all of the competencies necessary for success in an alternative payment model and greater time preparing may be necessary.

Place responsibility for implementation on the managed care organization. Neighborhood feels strongly that the responsibility for implementation of the model needs to rest with the managed care organization. While communication and collaboration with EOHHS are essential to provide effective guardrails for the program, entrusting the MCO to administer the program, define metrics, perform readiness assessments and other key functions will make the program efficient and adaptable. Neighborhood suggests maximum flexibility be extended to the plan and our provider partners during the readiness phase to support as much experimentation and adjustment as possible.



One of the most crucial areas for experimentation is in the area of metrics due to the readiness of the provider community, the lack of established baselines of LTSS measures and the uncertainty regarding the ability to report certain measures. Flexibility in this area will allow the organizations to define, in consultation with EOHHS measures that are both meaningful and not overly burdensome. A particular concern is the expectation that the provision of non-clinical home health services will have a significant on high-level patient outcomes such as total costs of care and utilization of hospital inpatient and emergency room services.

Neighborhood is in strong support of pursuing the LTSS for APM Program and is committed to working with EOHHS and LTSS provider partners to deliver better performance and outcomes for our members and the Rhode Island taxpayer.

Thank you for your consideration and should you have any questions or seek further information about the feedback provided, please do not hesitate to contact me by phone at 401-889-3145 or email at mcooper@nhpri.org.

Sincerely,

Albertoper NS,BSH, PN PART

Mark J. Cooper MS, BSN, RN, RRT Vice President of Medicare Medicaid (MMP) Product