EOHHS Medicaid Initiatives			
Initiative	**Descriptive Summary**	**Current status**	**Upcoming Milestones**
Federal Sequestration	As of March 1, 2013, the Budget Control Act of 2011 (BCA) instituted across-the-board spending cuts of: *5.0% to nondefense discretionary programs *5.1% to nondefense mandatory programs subject to sequester *7.9% to defense spending <u>Implications for RI:</u> *Education: -$2.496 million reduction in to federal grants to LEAs. -$2.1 million cut to services for children with disabilities -Reduction in number of students eligible for work study grants and financial aid to finance college *Health and human services: -$1.282 million reduction in RI Head Start program -$107 million cut in Medicare payments to hospitals over 10 year sequestration period *Defense: -$800,000 reduction in funding to Army bases -Est. $82 million revenue loss to businesses with defense contracts -5,000 furloughed civilian defense	On March 6, 2013, the House passed a continuing resolution (CR) to extend funding through the end of FY 2013, past the March 27, 2013 deadline. The House version funds most programs at FY 2012 levels and creates some small across-the-board cuts to meet BCA discretionary spending caps: *.098% cut in nonsecurity spending * .109% cut in security spending **<u>Impact on Medicaid/Health</u>** – EXEMPT – Medicaid Program benefits and payments, State Innovations Grants; NON-EXEMPT includes Money Follows the Person (Rhode to Home), Affordable Insurance Exchange Grants, Maternal, Infant, Early Childhood Visiting Grants	On March 27, 2013 the current continuing resolution (CR) is set to expire. The Senate is expected to amend the House CR next week. If the current CR is extended, spending would still exceed BCA established caps, creating a second sequester which includes: *-.85% security funding *-.26% non security funding

EOHHS Medicaid Initiatives			
Initiative	**Descriptive Summary**	**Current status**	**Upcoming Milestones**
	employees *Workforce: -Reduction of $1.8 million in job training programs over 10 year period.		
SFY 2013 Budget	The Governor's budget includes an array of Medicaid initiatives designed to take advantage of opportunities under the ACA, promote beneficiary independence and choice and contain cost growth in certain sectors. Major initiatives include: *Medicaid expansion to people 19-64 *Increase in payments to primary care providers *Managed care plan payment reductions *Elimination of increase in payments for Nursing homes *Reduction in hospital payment rates Summary of the initiatives follows matrix.	In February, the Senate Finance Committees held hearings on the EOHHS budget initiatives. BHDDH hearings in House and Senate Finance, which covered the Medicaid employment and housing first initiatives, were completed last week. Major Concerns:	Hearing before the House Finance Committee
Medicaid 1115 Demonstration Extension	In June 2008, Rhode Island submitted to the Centers for Medicare and Medicaid Services (CMS) a proposal for an 1115 Waiver Demonstration entitled the "Global Consumer Choice Compact." The Demonstration is scheduled to end	Three public meetings have been held on the extension of the of the State's extension of it Section 1115 demonstration including the January 28, 2013 meeting of the Global Waiver Task Force Meeting.	The State's waiver request will posted on the CMS website at: The federal process of review includes:

EOHHS Medicaid Initiatives			
Initiative	**Descriptive Summary**	**Current status**	**Upcoming Milestones**
	on December 31, 2013. A request to extend to extend the current Demonstration under Section 1115(e) of the Social Security Act (the Act) is required to continue the authorities under the original waiver as well as for costs not otherwise matchable. (CNOM). Rhode Island is requesting a five-year extension period, beginning January 1, 2014 and ending December 31, 2018. The extension request excludes the original waiver's aggregate "global" cap. A broad array of benefit and delivery system changes are also being requested.	The public comment period ended on March 1, 2013. The draft of the extension was revised to incorporate public comments and responses and was submitted to the Centers for Medicare and Medicaid on March 12, 2013. The waiver extension request is posted on the EOHHS website at: http://www.eohhs.ri.gov/ri1115waiver/updates/	• Within 15 days of receipt, CMS will notify the State if the Waiver is complete. • Once a determination of completeness is made, CMS will post the application on the Medicaid.gov website for 30 days. • CMS will not render a decision until 45 days, at a minimum, after the State's application is complete.
Integrated Care Initiative (ICI)	This initiative aims to improve the integration and coordination of primary, specialty, acute/hospital, behavioral and long term services and supports. The ICI also seeks to address the fragmentations in coverage between Medicaid and Medicare programs. It is the goal of the ICI to ensure alignment of incentives for the development of a more person-centered system of care with quality outcomes.	There were a series of workgroup meetings held in the summer of 2012. The workgroups focused on Services and Supports, Oversight, Evaluation and Continuous Improvement as well as Outreach and Information. Information and relevant documentation located on EOHHS website at: http://www.eohhs.ri.gov/integratedcare/newsandupdates/ The RFP for the Initiative was posted on: http://www.purchasing.ri.gov/bidding/ViewBidDescription.aspx?BidNumber=7461245	Implementation Plan -- (1) Phase I in 2013: For Adults with Medicaid only MME populations Medicaid funded services, excluding intensive Behavioral Health services for individuals with SPMI and for individuals Developmental Disabilities. Phase I enrollment beginning September 1, 2013 - December 1, 2013 for Rhody Health Options and Connect Care Choice Community Partners

EOHHS Medicaid Initiatives			
Initiative	**Descriptive Summary**	**Current status**	**Upcoming Milestones**
		Deadline for bids is 3/27/2013	(2) Phase II in 2014: Planned full integration of Medicare and Medicaid funded services under the Rhody Health Options health plan model (3-way contract with CMS, EOHHS and Health Plan), including intensive Behavioral Health services for individuals with SPMI and for individuals Developmental Disabilities . For Connect Care Choice Community Partners , Medicaid only funded services.
Rhode to Home	The Rhode to Home (RTH) is a federal rebalancing demonstration grant which was extended under the Affordable Care Act. The primary goal of this grant is to rebalance Long Term Services and Supports (LTSS) by increasing the use of Home and Community Based Services (HCBS) and reducing the use of institutionally based services. Eligible participants have resided in a nursing home for at least 90 consecutive days (that are not related to short term rehabilitation stays); Medicaid eligible prior to discharge; consent to participate in the program; and transition to a qualified community based residence. The federal government provides the state an enhanced federal match on all	The Rhode to Home demonstration grant was awarded April 1, 2011 and ends March 31, 2016. Total grant awarded through 2016 is $24,570,450. As of March 15, 2013: • 59 participants have enrolled in the program; • $3,617,749 in federal reimbursement has been approved	RTH staff are working closely with the integrated care initiative to ensure that reporting requirements required from the MCO support those reporting requirements set forth by CMS for the RTH program.

EOHHS Medicaid Initiatives			
Initiative	**Descriptive Summary**	**Current status**	**Upcoming Milestones**
	administrative costs and qualified HCBS expenditures for RTH participants for 365 days of active participation once they transition to the community. This enhanced federal match is used to further rebalance long term cares service options by allowing the state to reinvest the enhanced federal match into community based long terms services and supports that are not currently available. In addition to receiving HCBS, MFP participants may receive additional services which include: intensive care management for 365 days the individual is in the program and a 24 hour/7 day per week emergency backup plan. The target population for this demonstration includes the elderly and adults with physical disabilities. RTH works in conjunction with the state's Nursing Home Transition Program (NHTP) by formalizing transition procedures, developing mechanisms to track data and service utilization, critical incident review to explore possible service improvements.		
UHIP	The Unified Health Infrastructure Project (UHIP) is an integrated technology solution to support the State's Health Insurance Exchange established under	Subsequent to issuing an RFP, Deloitte Consulting LLP was awarded the contract by the State to build the UHIP in February, 2013.	October 1, 2013.Web portal for exchange and Medicaid will go live for people seeking coverage on the basis of income. Consumer

EOHHS Medicaid Initiatives			
Initiative	**Descriptive Summary**	**Current status**	**Upcoming Milestones**
	federal health care reform, Medicaid and other human services programs implemented through the Department of Human Services. Once fully implemented, the UHIP will establish a new set of technology and business processes that will streamline access and make the State's health and human services system easier to navigate and understand. As the UHIP is an integrated system with significant capacity, it will be used by many State programs and, as a result, enable beneficiaries/customers to have a more positive "person-centered" experience and less.	The process for developing the system is now underway centering on the development of a web portal that will be used to determine eligibility for Medicaid and the Exchange as well as most publicly funded health and human services programs – e.g., RIWorks, LTSS, SNAP, etc.	will be able to view coverage options and apply for coverage. Existing eligibility system for Medicaid – "InRhodes" --will remain available until 1/1/14 to access coverage. *Does not affect Medicaid aged, blind and disabled coverage groups*. January 1, 2014. Web Portal goes live for all income based determinations for health coverage --Medicaid and exchange. *Does not affect Medicaid aged, blind and disabled coverage groups*. April 2014. Web Portal will include a screener for other EOHHS programs including SNAP, RIWorks, etc. April 2015 Fully integrated UHIP goes live including screener, eligibility determination and access to coverage for all health and human services programs including Medicaid, exchange, SNAP, RIWorks, etc. InRhodes is history!
SFY 2013 Budget	The Governor's budget includes an array of Medicaid initiatives designed to take	In February, the Senate Finance Committees held hearings on the EOHHS budget	

EOHHS Medicaid Initiatives			
Initiative	**Descriptive Summary**	**Current status**	**Upcoming Milestones**
	advantage of opportunities under the ACA, promote beneficiary independence and choice and contain cost growth in certain sectors. Summary of the initiatives follows matrix.	initiatives. BHDDH hearings in House and Senate Finance, which covered the Medicaid employment and housing first initiatives, were completed last week. Major Concerns:	
Quality Grant	EOHHS awarded $2.0 million federal grant "Measuring and Improving the Quality of Care in Medicaid". Funds will be used to enhance and sustain the measurement, analysis, reporting and improvement of health care quality for RI Medicaid beneficiaries. Grant runs through 12/14 The goals of the grant are to: • Develop State capacity in the measurement, reporting and analysis of health care quality; • Establish a core set of regularly reported Adult Quality Measures across Medicaid populations • Enhance the communication of these measures within and among state agencies and stakeholders; • Improve the quality of care delivered to Medicaid members.	Building Medicaid Quality and Evaluation Unit within the Office of Innovations within EOHHS. Will be part of larger data and analytics unit.	Establish Medicaid Quality and Evaluation Unit Develop Medicaid Measures Dashboard Begin two projects – one focusing on transitions of care with hospitals, CMHOs, LTC providers and primary care practices; and second focusing on improving performance on select behavioral health indicators
Pediatric Medical Home Initiative	EOHHS has convened a multi-stakeholder initiative to develop and implement a pediatric patient centered medical home initiative, with emphasis	Working with providers from the American Academy of Pediatricians, our Medicaid and commercial health plans, other state agencies (including RIDE, OHIC, and	EOHHS plans to have this initiative active and in place in pediatric practices early in 2014.

EOHHS Medicaid Initiatives			
Initiative	**Descriptive Summary**	**Current status**	**Upcoming Milestones**
	on the needs of children who receive Medicaid or CHIP benefits.	HEALTH), we will be extending the lessons of the adult medical home program to pediatricians and the children and families they serve.	
Mulit-payer Patient Centered Homes	EOHHS has worked with our managed care organizations, commercial payers, employers and providers to implement innovative payment and delivery system reforms to improve the primary care system Medicaid beneficiaries.	EOHHS is continuing to build a system of patient centered medical homes. As a co-convener of the RI Multi-payer patient centered medical home initiative (CSI Rhode Island): These innovations include: • Enhanced payments to primary care providers who provide the full array of medical home services • "Embedded" care managers in primary care offices to improve care coordination and consumer engagement • An emphasis on enhanced access to care to reduce emergency department utilization • Measurement and reporting of quality metrics from electronic health records • Improved screening, referral and treatment of depression in the primary care office	
Prisoner Re-Entry	There are two Initiatives: 1) Change in termination of Medicaid Benefits to Suspension of benefits. Currently, Medicaid benefits are terminated upon being incarcerated. When prisoners are released they need to go through re-application and determination process for Medicaid. Suspension will allow for Medicaid benefits to be reinstated upon prison release without having to go through re-application cycle. To	First initiative is under development through the UHIP design and data exchanges. Continuity of coverage while awaiting adjudication is part of Section 1115 waiver extension request.	EOHHS is working with DOC to develop data exchange processes between InRhodes/MMIS to determine where change in processes for suspension or /termination should occur and to build fix into UHIP. Awaiting CMS re: waiver

EOHHS Medicaid Initiatives			
Initiative	**Descriptive Summary**	**Current status**	**Upcoming Milestones**
	do this a rule needs to be changed and then a change needs to be made on the eligibility system side. 2) Section 1115 waiver demonstration request that would allow those who have not been sentenced, but cannot make bail to keep Medicaid benefits. People with group insurance or health insurance purchased through the exchange are allowed to maintain coverage. This initiative seeks to treat Medicaid beneficiaries similarly. Without the waiver, the state will be responsible for the full cost of health coverage.		extension response on second initiative.
Housing Stabilization	Set of proposals designed to assist Medicaid beneficiaries at risk for or receiving LTSS in the home and community based setting in obtaining and maintaining housing. Targets homeless as well as aged and people with disabilities and provides array of services associated with housing first models as well as principals of MFP – Rhode to Home.	Proposal developed by EOHHS agencies in conjunction with housing advisory groups/task force was incorporated into the Section 1115 waiver extension	Awaiting CMS review of the waiver extension initiative. Implementation planning with members of the community to begin in April
Program Integrity	EOHHS established the Office of Program Monitoring to detect and correct fraud, waste, and abuse. The Office will increase accountability and transparency by putting more information online, specifically detailing the number of beneficiaries of certain services and associated costs.	The Office is beginning work focusing on both the major publicly funded health and human services programs – e.g., Medicaid and SNAP – and smaller programs by using sophisticated data mining and modeling techniques to identify unusual patterns of purchasing and billing by third parties. Predictive analytics: State received 90/10 matching funds for this project. An RFI was	

EOHHS Medicaid Initiatives			
Initiative	**Descriptive Summary**	**Current status**	**Upcoming Milestones**
		issued in 2012; RFP was recently issued based on findings of the RFI.	
CurrentCare – Health Information Exchange	The EOHHS obtained Medicaid funding to assist in financing “CurrentCare” , the State’s health information exchange (HIE), as part of a voluntary multi-payor initiative. CurrentCare creates an integrated, longitudinal health care record across providers for enrolled individuals. which is important to the delivery of coordinated high quality care. The funding will be used to support beneficiary out reach and enrollment, and to expand the implementation and deployment of currentcare..	Approximately one third of individuals getting care in Rhode island are enrolled in currentcare. Data in currentcare includes laboratory data (from the largest hospital and commercial laboratories), dispensed medication data (from the majority of large retail pharmacies),clinical summary data from some EHRs and hospital registration data. Providers can look up patient data through the web based portal (clinical viewer) and also can be notified if their patients end up being admitted to and discharged from the hospital (including the emergency department).	The goal is to have half the population enrolled in current care by Jan 2014, with a specific effort to enroll Medicaid beneficiaries. Other milestones include increasing the volume and types of data in currentcare, and increasing the number of currentcare users.
Electronic Health Record (EHR) Incentive Program	In 2011 EOHHS implemented the federal HITECH EHR incentive program. This program provides funding to eligible providers and hospitals that have adopted EHRS and have achieved Meaningful use of the EHR.	To date, 415 eligible providers and 9 Eligible hospitals have received EHR incentive dollars totaling $16,484,819.11 (100% federal dollars). Out of the total 424 providers/hospitals, 26% have attested for Meaningful Use stage 1 which is the second phase of the program.	Review and process 6 more hospital applications (potentially payout another $5,375,753) Continue to work with providers that are adopting EHR Technology and/or serving a significant Medicaid population. Implement audit plan to assure providers self attestations are accurate

EOHHS SFY 13-14 Budget Initiatives

The major initiatives for SFY 13-14 further the goals and priorities the Secretary and Directors of have established for publicly funded health and human services in RI.

Priority 1: Strengthen the publicly-funded health care system

- **Non-medical interventions are recognized as critical determinants in the overall health of a person and are included in the health care delivery system when appropriate**.

1. Employment First (BHDDH) – Advances employment as a first option for rehabilitation services for persons with behavioral health needs and developmental disabilities. Savings are derived from payment rate reductions resulting from shifting rehabilitative services from center-based settings to community-based, integrated work settings that promote employment as an important tool for optimizing healthy outcomes and quality of life.

	FY 2013 Revised	FY 2014
General Revenue:	**$0**	**($485,300)**
All Funds:	**$0**	**$(1,00,000)**

2. Housing First – BHDDH—The initiative focuses on providing supportive housing opportunities and intensive care management for people with behavioral health care needs at risk for high cost services and/or homelessness. Evidence based studies show that stable, supportive housing significantly improves overall health and reduces utilization of costly services. Savings are derived from expanding the alternatives available for care in high costs care venues –i.e., inpatient psychiatric hospital stays, emergency room visits and substance abuse detoxification readmissions – for people newly eligible with implementation of the ACA.

	FY 2013 Revised	FY 2014
General Revenue:	**$0**	**($500,000)**
All Funds:	**$0**	**$(1,036,914)**

- **Take full advantage of the opportunities presented under the ACA.**

1. Costs Not Otherwise Matchable Savings (EOHHS) -- On January 1, 2014, childless adults with income up to 138% of the FPL will become eligible for Medicaid coverage. Currently, certain Medicaid services for these Rhode Islanders covered as CNOM and are paid 48% in State general revenue and 52% federal matching Medicaid funds. With implementation of the ACA, childless adults will become fully Medicaid eligible and the federal government will pay 100% of the costs of coverage. General revenue savings for this initiative represent the difference between partial and full federal FFP for Medicaid coverage for these childless adults.

	FY 2013 Revised	FY 2014
General Revenue:	**$0**	**$(4,388,143)**
All Funds:	**$0**	**$(8,847,062)**

EOHHS ($486,096); BHDDH ($2,418,101); DHS ($1,483,946)

2. Reduce Rate of Uninsured Rhode Islanders: Medicaid Expansion for Adults without Dependent Children Under the ACA -- The ACA enables states to extend Medicaid coverage to all adults without dependent children up to 138% of FPL. This expansion is funded with 100% federal funds for SFY 2014. Full federal funding is available until the start of 2017. An estimated 80,983 persons (insured and uninsured) will be newly eligible under this expansion. Of the 37,112 expected to participate, an estimated 28,716 will be enrolled by June 2014.

	FY 2013 Revised	FY 2014
General Revenue:	**$0**	**$0**
All Funds:	**$0**	**$69,800,000**

3. Increase Primary Care Payment Rates (EOHHS) -- This initiative implements Section 1202 of the ACA, which promotes primary care physician participation in Medicaid by increasing payment rates. Enhancing access to primary care has long been a goal in Rhode Island and is now one of the principal focus areas of the State's Health Planning and Accountability Advisory Commission.. The rate increase is 100% federal funds.

	FY 2013 Revised	FY 2014
General Revenue:	**$0**	**$0**
All Funds:	**$8,500,000**	**$17,000,000**

Priority 2: Increase efficiency, transparency and accountability EOHHS wide

- ### Adjust payment rates to ensure quality and efficiency

1. Managed Care Savings – Capitation Payment Reduction (EOHHS) -- Savings for this initiative are derived from the ongoing effort to improve overall health outcomes through a sustained focus on care management and patient centered medical homes. These efforts are expected to result in lower growth in expenditures for Medicaid beneficiaries served through Rhody Health Partners and managed care.

	FY 2013 Revised	FY 2014
General Revenue:	**$0**	**$(4,412,717)**
All Funds:	**$0**	**$(8,896,607)**

2. Hospital Payments – Maintain Current Rates (EOHHS) – The purpose of this initiative is to maintain hospital inpatient and outpatient rates at current levels

	FY 2013 Revised	FY 2014
General Revenue:	**$0**	**$(5,227,786)**
All Funds:	**$0**	**$(10,539,892)**

Fee-for-service Hospital ($2,418,000); Managed Care ($5,775,301) Rhody Health Partners ($2,346,590)

3. Nursing Facility – Eliminate Prospective Rate Increase (EOHHS) -- This initiative eliminates the projected nursing home rate increase of $7,258,709 and associated hospice rate increase of $564,550 for SFY 2014, effective July 1, 2013. Estimated savings are based on nursing home program estimates as provided in EOHHS testimony at the November 2012 Caseload Estimating Conference.

	FY 2013 Revised	FY 2014
General Revenue:	**$0**	**$(3,880,336)**
All Funds:	**$0**	**$(7,823,259)**

Priority 4: Promote an analytical orientation EOHHS-wide (Smarter decisions, better results)

- Respect and utilize data – information is a strategic asset necessary to justify action
- Encourage pragmatic decision-making – use data but don't beat it to death
- Use measurement and analysis to innovate, promote excellence, foment change – i.e., if it's broke fix it
- Share data – eliminate silos preventing transparency and EOHHS-wide collaboration
- Encourage and reward use of analytics – develop procedures and protocols requiring analysis, reward training in data analysis, etc.)

Priority 5: Improve the customer experience

- To our Consumers:
  - Provide easy access to information about available services and how to apply for benefits
  - Provide an integrated, easy-to-use eligibility system
  - Deliver services in an efficient and cordial manner
- To our Providers/Partners:
  - Provide trainings to improve the delivery of service, payment for service, and quality of service
  - Provide support to fulfill the mission of serving our customers in the form of technical assistance, notices of new opportunities, and when possible investments innovative solutions
- To our Employees:
  - Provide the training necessary to excel
  - Provide the necessary tools to complete tasks as efficiently and expeditiously as possible
  - Staff opinions will be sought to help problem solve our ability to deliver services