EOHHS Response to Public Comments on HSTP PY7 Roadmap and Sustainability Plan

Topic	Focus Area	Comment	Response
Roadmap	Certification Standards	In the absence of Health System Transformation Project (HSTP) funding, the AE requirements are overly burdensome for straightforward shared risk arrangements. We appreciate the change from annual to biennial recertification and request that EOHHS examine what other requirements may be eliminated for the purpose of administrative simplification.	EOHHS thanks you for your feedback. We will take into consideration what other requirements may be removed in the future for the purpose of administrative simplification.
Roadmap	Certification Standards	We support the change from annual recertification to biennial recertification. We ask that EOHHS implement this change retroactively, using the AE's certification from PY6 for the PY7 year. This modification will ensure reduced administrative burden; we know that AE PY7 will take place, while it is uncertain what PY8 will look like in the post-procurement environment. We also ask EOHHS to remove all certification requirements that are no longer necessary in the absence of HSTP funding.	EOHHS thanks you for your feedback. EOHHS will not be implementing the biennial recertification retroactively. We will take into consideration what other requirements may be removed in the future for the purpose of administrative simplification.
Roadmap	AE Activities and Costs	This AE recommends EOHHS take steps to investigate the necessity and harm/benefit ratio of restricted diagnoses being withheld from the AE claims feed. While IHP does not need the restricted diagnoses, a version of these claims with unrestricted diagnoses and no facility attribution can be sent to the AEs so they have a full financial picture of their attributed patients.	EOHHS thanks you for your feedback and is open to evaluating the feasibility of providing this level of detail in the future.
Roadmap	AE Activities and Costs	We request that EOHHS convene an AE/MCO workgroup to evaluate the current attribution/ assignment processes. Based on our experience, IHP along with other AEs believe there are fundamental flaws with the models used and opportunity for improvement. FQHCs use the UDS model of reporting in which the denominator is based on seen. This AE recommends allowing for a fairer model like UDS reporting as there are thousands of individuals wrongly attributed	EOHHS thanks you for your feedback. Although, we do not have any current plans to change the attribution methodology, we are open to discussions around potential improvements.

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		and unable to be contacted regardless of countless outreach efforts via multiple modes of communication.	
Roadmap	AE Activities and Cost	While we support the elimination of the HSTP Plan requirements in the absence of HSTP funding, we do not support the elimination of incentive funding under the AE program. Like the rest of our AE peers, this AE has invested significant effort into the AE program with the goal of improving care and outcomes for our Medicaid populations at a lower cost. We are committed to continuing to further that work; however, we need to have confidence that we will continue to have access to sufficient funding to support these successful programs. As we have noted in the past, we do not believe that EOHHS has articulated a strategy that will ensure that AEs have access to sufficient revenue to be sustainable without HSTP funding. We urge EOHHS to encourage alternate partnership structures between AEs and MCOs.	From the beginning of this program, EOHHS has had a fixed amount of money to spend on provider incentives, and as we near the end of this phase of the program, those funds will continue to taper off and will ultimately cease. AEs will be responsible for identifying which of their programs they wish to prioritize funding with shared savings payments and other resources.
Roadmap	AE Activities and Cost	Where it speaks of our partnership with Data Spark. This project is now closed and completed.	EOHHS appreciates the updated information regarding AE activities and has revised the Roadmap to reflect this change, accordingly.
Roadmap	AE Activities and Cost	Under Community-Clinical Partnerships: This AE has received statewide recognition for its Emergency Housing Program. It has significantly reduced TCOC, inpatient admissions, and ED Visits/1000 for over 120 individuals. This AE's findings have been vetted by URI as well.	EOHHS appreciates the updated information regarding AE activities and has revised the Roadmap to reflect this change, accordingly.
Roadmap	Behavioral Health	This AE requests AEs participate in CCBHC planning and future meetings. To date, AEs have been left out of these discussions and must be included on a go forward basis.	EOHHS intends to involve the AEs in future CCBHC related Public Meetings and discussions.

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Roadmap	Behavioral Health	This AE recommends EOHHS works with inpatient facilities to have a standard method of allowing free visitation by designated staff from the AE engaged in advocating for patients. At least two individuals should be allowed in and have access to the inpatient facility's EMR for the purposes of patient advocacy and successful re-connection to primary care. This is critical given the $3.5M BH grant is being reallocated away from this effort.	EOHHS thanks you for your feedback. To clarify, EOHHS still intends to spend the previously allocated $3.5 million in HSTP funds on Behavioral Health related projects and has already spent a portion of those funds on enhancing care coordination between AEs and inpatient BH providers. As EOHHS further develops the BH Investment Plan, we are open to receiving feedback and considering opportunities to support them in the context of the limited remaining HSTP funds.
Roadmap	AE-MCO Relationship	This MCO recommends after Program Year 7, EOHHS provide greater flexibility for MCOs and AEs to negotiate new AE arrangements including shared savings approaches. Given EOHHS policy direction to move to full-risk MCO contracts, MCO and AE flexibility will be important to develop shared savings arrangements that embrace the goals of the AE Program. The revised TCOC models will be built on the knowledge and experience gained through the AE program. This MCO recommends EOHHS establish guardrails for TCOC rather than requirements, which will guide the development of the next generation of value-based arrangements.	EOHHS understands that some stakeholders seek greater flexibility and our goal is to allow for such flexibility, where appropriate. EOHHS will continue to identify areas and opportunities where greater flexibility might be useful in the AE/MCO contracting process.
Roadmap	Evaluation Plan	P.19 Evaluation Plan - The state is submitting a Final Interim Evaluation Report of the Accountable Entities program to CMS. This MCO requests that the Final Interim Evaluation Report of the Accountable Entities be shared with all AE Stakeholders.	EOHHS shared the Interim Evaluation Report with all Stakeholders on 11/30/2023.

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Sustainability Plan	Vision/Goals/Approach	The cost/earnings analyses that support the plan are incomplete and overly optimistic: ○ They do not fully account for the impact of the COVID Public Health Emergency (PHE) on utilization and TCOC. ○ They do not account for the impact of the Global Cap on Shared Savings. ○ They do not account for distribution of shared savings to primary care providers – an essential component of ACO-style arrangements. EOHHS has taken steps which undermine key components of its own five-part strategy. Ultimately, we continue to believe this strategy is insufficient and that EOHHS needs to adopt the direct and proven strategy of fundamental delivery and payment reform.	As described in the Sustainability Plan, EOHHS has identified several strategies to support AEs after the conclusion of incentive funding and will continue to have open discussions with stakeholders and strategize ongoing sustainability planning.
Sustainability Plan	Vision/Goals/Approach	The AE Roadmap is short on new details regarding the future of the program. The sustainability and program design ideas offered in previous years remain largely unchanged. Where AEs, MCOs, and others would expect more developed proposals, this document gives on general – directional – rather than detailed guidance. The forthcoming Medicaid reprocurement provides EOHHS the opportunity to design a new contract and new MCO relationship that accounts for the existence of the AE model. Initial AE program design had to accommodate a pre-existing contract that never envisioned the AE model. That situation has now changed. The roadmap should acknowledge this and speak to the opportunities this offers and how EOHHS will leverage reprocurement to advance and drive further innovation. The documents should be modified to account for the forthcoming	EOHHS thanks you for your recommendation. At this time HSTP PY7 program documents cannot account for the Managed Care procurement. Additional information will be provided upon the awarding of new Managed Care contracts.

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		inclusion of duals in all managed Medicaid contracts. EOHHS should discuss how this policy/program change will affect the future of the AE program. Reprocurement may provide greater detail on the future of the AEs and the expected future role of MCOs supporting and sustaining the AEs. EOHHS is likely constrained by the realities of the state procurement process which could prevent EOHHS from disclosing information that will be part of the reprocurement. If this is the case, we urge EOHHS to provide whatever detail was held back at this time as soon as possible.	
Sustainability Plan	Vision/Goals/Approach	The Roadmap, and other guidance documents, fail to fully account for the expiration of HSTP funding or the forthcoming opportunity created by the reprocurement of managed Medicaid. Without serious reconsideration of what is proposed in these documents, the AE program will cease to advance healthcare improvement and reform in Rhode Island. We urge EOHHS to prioritize the following: **AEs should be at the center of policy and program decisions**. The success of the AE program rests upon the ability of AEs to deliver the goals of the program. Given this, all policy and program decisions should be based on supporting the work of the AEs, the strategies of the AEs, and advancing the performance of the AEs. **Adopting an accountable, population-based payment system is essential.** Reforming healthcare delivery, and achieving long-term sustainability, requires an accountable, population-based payment system	AEs will continue to be an important part of future planning around Value Based Payment in Rhode Island Medicaid. At this time HSTP PY7 program documents cannot account for the Managed Care procurement. Additional information will be provided upon the awarding of new Managed Care contracts.

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		(capitation) at the AE/system of care level, with a robust risk-adjustment model to account for population differences between AEs.	
Sustainability Plan	Vision/Goals/Approach	EOHHS has long identified in this document that they need to identify mechanisms to make this work sustainable: "As information is gathered to better understand the costs associated with the activities that must continue in order to reach the efficient care threshold, EOHHS must identify a set of strategies to sustain them." We have reached the point in the AE program where incentive dollars have been expended, and it is not clear in the document or to participating AEs what strategies will be employed to sustain this work. Funding for case management services remains unclear. Community health worker billing is struggling under onerous documentation and filing requirements. Incentive programs have focused on managing specific areas of utilization such as unnecessary readmissions and emergency department use but have not developed effective strategies for overall total cost of care management. This AE would expect to see more concrete plans for sustainability in this document at the time that funding is being removed. The clear implication is that this work may not be sustained.	As described in the Sustainability Plan, EOHHS has identified several strategies to support AEs after the conclusion of incentive funding. Additional information will be provided upon the awarding of new Managed Care contracts.
Sustainability Plan	Vision/Goals/Approach	We suspect EOHHS is unable to disclose more now due to reprocurement. If that is the case, we urge EOHHS to provide greater detail as soon as possible. *Leverage Its Contractual Relationships with MCOs.*	EOHHS thanks you for your recommendation. At this time HSTP PY7 program documents cannot account for the Managed Care procurement. Additional information

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		EOHHS cuts most of the language that outlined changes it was seeking. Many of these may be addressed in the forthcoming reprocurement of Medicaid. If the reprocurement advances these proposals, EOHHS should share that information as soon as the reprocurement documents are released. *Leverage Multi-Payer Statewide Policies.* The language that is retained here is either vague – promises of collaboration with OHIC, etc. – or advocates a proposal – PCP Capitation – that is insufficient to the task at hand. PCP capitation is not true population-based payment and will not produce the required fundamental accountability and cost structure transformation, as it does not allow AEs to appropriately manage the entire system of care, only a segment. PCP capitation places reform and outcome expectations on primary care providers they are not necessarily best positioned to deliver. For this reason, PCP capitation has not been proven to have a significant impact on total cost of care. That can only be achieved with full, Global Capitation. Ultimately, we do not believe what remains of this strategy will sustain the AE program. Fundamental reform, with population-based capitation and CM and UM delegation is the only way to achieve EOHHS's goals. The PHSRI-AE has long argued for delegating Utilization Management and Care Management. Both are essential under a population-based payment model. If a system of care (SOC) is going to take downside risk, the SOC should have all the tools available to manage that risk and to positively impact utilization, costs, and outcomes. Related, future AE	will be provided upon the awarding of new Managed Care contracts. EOHHS appreciates your comments on Value Based Payment and looks forward to your continued partnership in future work in payment reform once the Managed Care procurement has concluded.

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		funding must follow function. Funding will need to account for the different roles and responsibilities each AE takes on. For example, funding currently provided to MCOs should flow to AEs that take on delegated Utilization Management and Care Management.	
Sustainability Plan	AE-MCO Relationship	We ask that EOHHS continue to offer concrete next steps for value-based care in RI. As a part of Strategy D (p. 33), we ask that EOHHS: ○ Outline specific ways to ensure AE sustainability via the MCO relationship. ○ We recommend a framework through which MCOs commit to pay an administrative fee to AEs to fund AE operations on a prospective basis. ○ Explicitly state that AEs and MCOs are encouraged to develop alternate value-based arrangements so long as they are approved by EOHHS. ○ Require MCOs to outline how they will support AEs financially as part of the PY7 planning process.	As described in the Sustainability Plan, EOHHS has identified several strategies to support AEs after the conclusion of incentive funding. At this time, there is not an intent for MCOs to provide a general "administrative fee." Additional information will be provided upon the awarding of new Managed Care contracts.
Sustainability Plan	AE-MCO Relationship	We encourage EOHHS to require MCOs to produce supplemental reports that provide insight into the institutional, professional, and pharmaceutical utilization patterns driving TCOC forecasts and then a retrospective report providing insight regarding final/actual AE TCOC performance vs. predicted TCOC. We strongly encourage EOHHS to require MCOs to provide weekly/monthly institutional, professional, and pharmaceutical utilization reporting to AEs, since MCOs have not delegated utilization management functions to AEs. This is critical for AEs to know and	Thank you for your feedback. EOHHS is open to researching other opportunities to provide data to the AEs on TCOC Performance.

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		understand how the MCO is performing on key utilization management metrics for the AE's attributed populations.	
Sustainability Plan	Global Savings Cap	Under the global cap section: This AE respectfully disagrees with implementing a global cap and asks that the cap be removed in future years.	The Global Shared Savings/Loss Cap will not be removed.
Sustainability Plan	Multi-payer Approach	Medicaid AE covered lives represent approximately 1/3 of our overall covered lives. Therefore, we agree that cross-payer value-based approaches have the potential to align goals and achieve greater success than payer-specific programs. To strengthen strategy E (p. 33), we would recommend that EOHHS, in partnership with key stakeholders, develop a tactical menu of multi-payer approaches that allow AEs to participate in the programs that work best for them.	EOHHS appreciates the support for cross-payer value-based payment and the recommendation to develop a menu of such approaches. EOHHS looks forward to your continued partnership in future work in payment reform once the Managed Care procurement has concluded.
Sustainability Plan	Multi-payer Approach	The most promising sustainability plan is an accountable, population-based payment system (Global Capitation) at the AE/system of care level, with a robust risk-adjustment model to account for population differences between AEs. Additionally, funding should follow function. When AEs take on delegated care management and utilization management, the funding required to support those activities should be directed to the AEs. Realizing these reforms will require active leadership and clear expectations-setting from EOHHS.	EOHHS appreciates your comments on Value Based Payment and looks forward to your continued partnership in future work in payment reform once the Managed Care procurement has concluded. As described in the Sustainability Plan, EOHHS has identified several strategies to support AEs after the conclusion of incentive funding. Of these, care management delegation and the associated funding from

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			MCOs to AEs to support that work is one essential element.
Sustainability Plan	Reimbursable Services	Reimbursement of CHW services is a key element to sustaining the CHW workforce but is insufficient in itself to support the other aspects of our programming. We believe that there are other high-value services that warrant reimbursement under strategy C (p. 32) in a value-based payment model. For example, we recommend that EOHHS explore reimbursement opportunities for e-consults, hospital-at-home programs, and social services.	EOHHS is grateful for the suggestions regarding other high-value services that should be prioritized for reimbursement. EOHHS plans to consult with AEs and other providers to gather more detailed information on these services in order to identify the best path to add them as Medicaid benefits.
Sustainability Plan	Community Resource Platform	Regarding the AE Roadmap for PY7, this stakeholder appreciates EOHHS for acknowledging the role and value of the CRP in enabling efficient and accountable SDOH coordination at the community level. We also applaud EOHHS for identifying strategies for AE sustainability and efficiency including continued centralization of key resources. In consideration of these things, this stakeholder recommends extending the state's investment in a centralized CRP going forward. The Roadmap for PY7 currently proposes to cease centralized investments in a CRP as the HSTP program concludes, deferring instead to the MCOs and AEs to cover costs for SDOH care coordination. This element of the roadmap runs counter to the roadmap's sustainability principles and fails to build on foundational investments that have been made to establish the CRP and unite	EOHHS appreciates the support for the effort to implement the Unite Us platform and looks forward to discussing future SDOH care coordination activities with stakeholders.

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		Rhode Island social care network over the last several years. It also hampers cross-agency coordination on behalf of Medicaid members and Rhode Islanders at risk of Medicaid eligibility who are dependent on other state agencies for support. Rather than cease investment in the CRP now, we recommend that EOHHS continue to centralize this investment. Doing so would ensure that cross-agency and community-wide care coordination is not abruptly disrupted during a period of significant transition within the Medicaid program, including the redetermination period, CCBHC launch, 1115 waiver renewal and managed care procurement. Right now, the Medicaid program is enabled with a single source of truth to drive accountable social care coordination, assess community network capacity and anticipate members' social needs. The community resource platform has been built to incorporate the statewide community resource directory and is already permissioned to over 3,000 users enabled to coordinate quickly and securely on behalf of members. Without clear guidance, requirements or funding distributed to the Medicaid delivery system to sustain this care coordination infrastructure, the State runs the risk of immediately disrupting members' community care journeys and not ensuring access to a consistent tool able to rapidly implement or measure near-term SDOH care coordination programs including proposed 1115-funded HRSN benefits, anticipated population health managed care innovations, and the CCBHC launch. By sustaining a centralized CRP, the Medicaid program and EOHHS will be better positioned to keep member experience at the center of its work during these transitions. Specifically, they will be able to quickly measure connections to care made through new programs; to	

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		leverage existing workflows, comprehensive resource directories and member profiles to evaluate capacity and impact; and to benefit from Unite Us' unique ability to implement rapidly and at scale. Unite Us is the only closed loop referral vendor to implement similar initiatives with state governments at scale, and to have enabled rapid response deployments that accelerate connections to care via existing infrastructure. We recommend applying the PY7 sustainability principle associated with sustained centralized investments to the CRP so members' social needs continue to be addressed by an accountable community network, and the State can continue to rely on ready infrastructure during this transition period without needing to rebuild from scratch. States that have chosen to leverage a centralized community resource platform statewide care coordination purpose have done so expressly to achieve the following: - Prioritize member experience by leveraging a single, trauma-informed, consistent and accountable community care coordination tool across multiple agencies and programs establishing an any-door system of care. - Achieve efficiencies by avoiding duplicative or disjointed investments across plans, providers and sister agencies. - Build on prior state investments by maximizing enhanced federal match options through MES certification and waiver initiatives that maximize federal financial participation. Reduce administrative burden for plans, providers and community partners associated with navigating multiple technology systems and/or setting up disparate referral and reporting workflows across networks.	

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		- Make platform access available to sister agencies and local partners engaged in member services (especially for FFS members not otherwise connected to an accountable network). - Standardize a comprehensive social care data set that can be integrated into broader Medicaid data environments for program performance and evaluation purposes. - Note: States that defer to plans and providers to invest in discrete resource tools experience challenges without issuing standard guidance on financing and data/reporting. With a funded, centralized resource platform, states can gain confidence that data inputs will be consistent and comprehensive over time. For these reasons this stakeholder stands ready to support EOHHS should it decide to continue to centralize investments in a CRP, and looks forward to continued partnership on behalf of Rhode Islanders.	