



Medicaid Accountable Entity Program

Certification Application for Comprehensive Accountable Entities

Rhode Island Executive Office of Health and Human Services

Date Released: January 5, 2024

Date Due: April 1, 2024, 5:00 P.M. EST



SECTION 1: INTRODUCTION

The Rhode Island Executive Office of Health & Human Services (EOHHS) is soliciting applications from parties seeking certification to participate as a Medicaid Accountable Entity (AE) in EOHHS' Health System Transformation Project (HSTP).

A certified Medicaid AE will provide and coordinate health care services for Medicaid beneficiaries within a shared saving/risk total cost of care (TCOC) Alternative Payment Methodology and will be eligible to earn incentive payments for defined performance. EOHHS has established AE Certification Standards, which can be found on the EOHHS website, <http://www.eohhs.ri.gov/Initiatives/AccountableEntities/ResourceDocuments.aspx>. Through the certification process, EOHHS will identify AEs to participate in the Health System Transformation Project as approved by CMS in Rhode Island's 1115 waiver and as set forth in this application and associated EOHHS requirements documents that can all be found at the website above.

EOHHS will review applications from prospective AEs to determine whether such entities are qualified to be certified. This section provides an overview of this application document to orient interested parties to the structure of the Medicaid AE program and the process for applying for certification. AEs and MCOs will establish contracts through which they will collaborate as equal partners to manage the total cost of care and quality outcomes for an attributed population. In addressing each of the capabilities in the certification standards, it is important to bear in mind that EOHHS is seeking a bona fide partnership between an AE and an MCO. **EOHHS is seeking complementary functionality not duplication of work.** It is not necessary that an applicant build all aspects of the capabilities required themselves. EOHHS is looking for description of how the AE is leveraging its partnership with an MCO to support its overall payment and delivery transformation efforts.

The certification period for approved AEs will begin on July 1, 2024, and continue through June 30, 2025. Certification is contingent on continued compliance with certification requirements and annual re-certification as required by CMS.

Certification and an executed contract with a Medicaid managed care organization is a core requirement of participating in the HSTP incentive program.



1.1 Notifications

Potential Applicants are advised to review all sections of the application carefully and to follow instructions completely, as failure to make a complete submission may result in disqualification of the application.

EOHHS invites creative approaches and/or methodologies to meet core objectives of the certification requirements and their respective domains. However, EOHHS will reject applications that depart from or fail to address the core requirements of the certification standards. The applicant shall bear all costs associated with developing a proposal and submitting the application. The State assumes no responsibility for these costs.

EOHHS intends to certify a partnership that will assume responsibility for all aspects of the work. Subcontracts and partnership arrangements are permitted, provided that the proposal clearly identifies the prime applicant(s) and clearly indicates the use of subcontracts and/or partnerships.

Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.

In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful Applicant.

Under HIPAA, a “business associate” is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A “business associate” also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, certified AEs that qualify as a business associate will be required to sign a HIPAA business associate agreement.

EOHHS has set forth procedures specific to certified AEs to notify EOHHS of any potential changes that may impact performance or represent material modifications to the AE in relation to the entity’s certification and/or contract with a MCO (e.g. change in ownership; change in contracted status with a MCO; changes in the composition of participating providers, change in the AE’s legal or financial status such as but not limited to changes due to a merger, acquisition, or any other change in legal status; withdrawal or change in legal status of key partners; requests to add additional partners, or other material change). Upon notice and with reasonable opportunity for the AE to address identified deficiencies, EOHHS reserves the right to suspend or terminate certification.

The AE shall not assign or transfer any right, interest, or obligation under this certification to any



successor entity or other entity without the prior written consent of EOHHS.

EOHHS reserves the right to decide at any time not to move forward with the Accountable Entity program or modify or terminate the program if it is determined that it is not achieving the established principles and goals.

1.2 Submission of Application Materials

Applicants shall provide an electronic copy of their application. The application should be emailed to Nadine.Otrando.CTR@ohhs.ri.gov no later than 5:00 p.m. EST on April 1, 2024.

Applicants are required to submit **Attachment A** (Comprehensive Accountable Entity Application Submission Summary Checklist), **Attachment B** (Assurances and Attestations), **Attachment C** (Proposal Narrative Template), and **Attachment D** (Application Template Tool) to submit a completed application to EOHHS. These attachments are provided as Word and Excel attachments in this application.

This application's attachments can only be opened via a computer, not a mobile device. Applicants can email Nadine Otrando (Nadine.Otrando.CTR@ohhs.ri.gov) to request the excel and word document versions of the attachments and to ask any other questions related to completing the application.

Submission Deadline: April 1, 2024, 5:00pm (Eastern Time)

To be considered for certification applications must be submitted no later than 5:00 p.m. on April 1, 2024.

SECTION 2: SUBMISSION GUIDANCE FOR AE APPLICATIONS

The submission shall consist of the following:

- Letter of Transmittal
- Experience and References
- Attachment A - AE Application Attachment Summary Checklist
- Attachment B - Assurances and Attestations
- Attachment C - Proposal Narrative and associated attachments
- Attachment D - Application Tool Template and associated attachments

2.1 Letter of Transmittal

Applicants must include a letter of transmittal signed by an owner, officer, or authorized agent of the Medicaid Accountable Entity. The letter shall certify that by submitting the application, the AE agrees to comply with the program requirements and Certification Standards as issued or amended. Applicants further understand that they are obligated to comply with all State and federal rules and regulations that apply to Medicaid.

The Letter of Transmittal shall also:

- a. Provide the legal name and brief description of the Accountable Entity, and how the entity is organized (proprietorship, partnership, corporation).
- b. Identify whether the application is submitted as a single entity or a multiple entity (see [Certification Standards](#), Sections 2.1 for additional detail on classifications)



- i. If a single corporation, describe arrangements with partner entities (e.g., subcontracts, other).
 - ii. If a multiple Applicant entity, describe the multiple entity legal partnership arrangements
 - iii. Provide the legal names and brief description for at minimum 1 Behavioral Health (BH) partner provider organization and 1 social service partner organization (SSO).
- c. Specify the populations the Applicant is intending to be certified for: Children, Adults, or both Children and Adults.
 - d. Provide the mailing address for the Applicant AE entity.
 - e. Provide the name, title, mailing address, fax, telephone and email information for the primary contacts concerning this application, including the identified partner BH and SSO. Primary contracts should be employed by the AE and MMCO or other individual retained by one or more of the parties who is designated by the Applicant to have primary responsibility and authority for responding to EOHHS inquiries concerning the application.
 - f. Optional Information - Applicants may provide any other information that the Applicant may want to convey to the State.

2.2 Experience and References

Briefly identify any current or prior contracts held by the applicant which include risk on total cost of care, shared savings, or other risk-based contracts. Please describe the partnering entities, populations and services included, and the financial incentives involved (shared savings, shared risk, global capitation, incentive payments, etc.).

Provide at least three (3) references of partners or affiliates experienced in working with the Applicant. Applicants with prior total cost of care, shared savings or risk-based contracts should include references from those specific contracts. Include at least one Rhode Island health plan partner, serving commercial, Medicare, or Medicaid members. Include at least one Rhode Island based provider organization that is not specifically included in the Accountable Entity's proposed governance. Please provide the name of the organization, a specific contact person, their phone number and email address.

2.3 Attachment A: AE Application Submission Summary Checklist

Attachment A, the AE Application Submission Summary Checklist ("the checklist") aligns with all application requirements and identifies the scoring points that are assigned to each section. The checklist suggests the number of pages for the applicant's proposal narrative response, excluding attachments. Please complete the last two columns of the checklist by providing the page number(s) on which the applicant's response to the requirements can be found. The third column from the right pertains to pages in the proposal. The furthest column on the right pertains to attachments.

Each element is a required component of the application. Failure to submit all components of the application may result in disqualification.

2.5 Attachment B: Assurances/Attestations

Please complete and sign the Assurances and Attestations included as Attachment B-Assurances and Attestations to this application:

- Commitment to AE Program Requirements
- Declaration of Health Care-related Convictions or Offenses, Disbarments or Suspensions



Include these files in the application immediately following the Letter of Transmittal.

2.4 Attachment C: Proposal Narrative and Associated Attachments

In the Proposal Narrative Template below, EOHHS has prepared questions designed to elicit information on the applicant's organizational readiness to meet the AE Certification Standards and on the applicant's understanding of the Standards and proposed approach to meeting them. Please respond as completely as possible to each in the space following each question. In any instance where the applicant does not yet conduct the referenced activity or have the referenced capacity, please describe the applicant's plan, including a timeline, to implement the activity or develop the capacity.

EOHHS anticipates that high performing AEs will work in partnership with MCOs. Wherever applicable, please include information on how the applicant currently works with an MCO to meet the Standards references in the application questions, and/or how the AE expects to work with one or more MCOs in the future to meet the Standards.

Applicants are welcome to attach documentation to demonstrate achievement of any referenced Standard. There are also several questions that specifically request such attachments. Wherever an attachment is part of a response to a question, please reference the attachment in the written response and indicate the file name and page number or otherwise identify how EOHHS can locate the relevant file(s).

Limit written responses to one half (1/2) page per each question subpart.

2.6 Attachment D: Application Tool Template and associated attachments

Please complete all tabs in the Application Tool Template and attach all documents referenced in that Template as needing to be attached.



SECTION 3: APPLICATION SCORING & EVALUATION

4.1.1. Overview

This section describes the scoring and evaluation procedures for review of certification applications. The Evaluation Committee's objective is to review and score proposals to determine whether submitting entities meet the certification standards set forth by EOHHS and make recommendations to the Medicaid Director as to certification. Each Evaluation Committee member's task is to conduct a comprehensive and impartial evaluation of all proposals that qualify for review.

Applicants will be scored based on completion of attestations, proposal narrative responses, completed templates, and pertinent attachments.

Proposals will be evaluated on two dimensions:

- Technical Merits– Understanding and Proposed Approach
- Organizational Readiness

Committee recommendations on certification can result in the following outcomes:

- Full Certification
- Certified, with Conditions
- Not Certified

Based on its evaluation, EOHHS will send formal correspondence informing Applicants whether they are Fully Certified, Certified with Conditions, or Not Certified. Certified with Conditions means that the application is sufficiently strong to warrant certification but that certain Standards are in development or planning stages. If an applicant is Certified with Conditions, EOHHS will identify the conditions and the timeframe for meeting the conditions (e.g., final execution of proposed agreements, meeting milestones in a proposed work plan). For example, the AE Certification Standards require the AE to have a Community Advisory Committee (CAC). If the CAC has not met or been established at the time of application submission, certification would be conditional upon the newly formed AE establishing a CAC and submitting minutes from a meeting of the CAC within a certain timeframe. EOHHS anticipates that most, if not all, Applicants will have areas within Domains that are in process and proposed for further development.

Continued certification and eligibility for the full amount of potential incentive funds will depend on progress in meeting the certification conditions. Certified AEs must demonstrate clear progress on agreed upon timelines in meeting certification conditions to be eligible for continued receipt of HSTP incentive funds.

Certification will be on a biennial basis, in compliance with CMS requirements. Biennial re-certification will be a streamlined process. AEs will be required to be comply with all standards and conditions throughout the certification period.

4.1.2 Evaluation Committee and Certification

The State shall conduct a comprehensive and impartial evaluation of all applications. Final scores for each proposal will be totaled for the Committee as a whole. Certain elements of the proposals



are to be scored on a pass/fail basis. The Applicant must be scored a “Pass” on these sections to qualify. Pass/Fail areas apply to the Letter of Transmittal and Assurances.

Except for the areas that will be scored pass/fail, a scoring instrument using a rating system of 1 – 5 points will be used to evaluate the entity’s responses to the specific elements of the Certification Standards. The proposal will be scored both on technical merits (Understanding and Strength of Proposed Approach) and on Organizational Readiness (current capacity and degree to which conditions are currently met).

- The maximum number of points is 100.
- Organizational Readiness will be scored on a weighted average of 1 to 5.

The table below sets forth the overall scoring requirements for certification. To be certified the applicant must meet the minimum scoring thresholds.

Scoring Outcomes	Technical Proposal Score	Weighted Average Readiness Score
Fully Certified	75pts+	4.5+
Provisionally Certified with Conditions to be met within 9 months	70 pts+	3.0+
Provisionally Certified with Conditions to be met within 4 months	65pts+	2.5+
Not Certified	<65 pts	<2.5

Note that the minimum score for Organizational Readiness is a weighted average of 3.0. Additionally, the applicant must minimally score 3.0 in Organizational Readiness in Domains 1-3.

The summary table below provides a summary of the Domains that proposals must address along with the maximum number of points that can be awarded for each section.

Proposal Elements	Points Per Section
Letter of Transmittal	Pass/Fail
Domain 1: Breadth and Characteristics of Participating Providers	15
Domain 2: Corporate Structure and Governance	12
Domain 3: Leadership and Management	12
Domain 4: IT Infrastructure	12
Domain 5: Commitment to Population Health and System Transformation	12
Domain 6: Integrated Care Management	15
Domain 7: Member Engagement	12
Domain 8: Quality Management	10
Overall Score	100

The State reserves the right to disqualify or not consider any proposal that is determined not to achieve the State goals or be in the best interest of the State.



4.1.3 Scoring Guidelines

The Evaluation Committee will review responses and score them based on the scoring guidelines in the tables below.

In scoring, the Committee may obtain and consider information from other sources concerning an applicant, such as applicant’s capability and performance under other contracts, the qualification of any subcontractor identified in the application, applicant’s financial stability, past or pending litigation, and other publicly available information

The Evaluation Committee may submit a list of detailed comments, questions, and concerns to an applicant after the initial evaluation. The Evaluation Committee will only use written responses for evaluation purposes.

Technical Merits – Understanding and Strength of Proposed Approach		
Excellent	5	<ul style="list-style-type: none"> • Applicant presents an excellent understanding of the requirements and purpose of the section. • Strong relevant experience and capability is shown. • Proposed approach is thoughtful, insightful, and comprehensive. • Strengths as well as gaps are described, including non-obvious dependencies, that need to be addressed to strengthen ability to perform at a high level. • Commitment to program and system transformation is evident. • Inspires a high level of confidence in applicant's capability in this area.
Good	4	<ul style="list-style-type: none"> • Applicant presents a good understanding of the requirements and purpose of the section. • Some relevant experience and capability are shown. • Proposed approach demonstrates good understanding of what is required to be effective. • Strengths are described and but there are only limited descriptions of gaps, including non-obvious dependencies, that need to be addressed to strengthen ability to perform at a high level are described. • Commitment to system transformation is indicated but not fully represented in proposal. • Inspires a good level of confidence in applicant's capability in this area.
Basic	3	<ul style="list-style-type: none"> • Applicant presents a basic understanding of the requirements and purpose of the section. • Limited relevant experience and capability is shown. • Proposed approach demonstrates basic understanding of what is required to be effective. • Strengths are described and but there are only limited descriptions of gaps, including non-obvious dependencies, that need to be addressed to strengthen ability to perform at a high level are described. • Commitment to system transformation is indicated but not fully represented in proposal. • Inspires a moderate level of confidence in applicant's capability in this area.



Preliminary	2	<ul style="list-style-type: none"> • Applicant presents a preliminary understanding of the requirements and purpose of the section. • Very little relevant experience and capability is shown. • Proposed approach demonstrates limited understanding of what is required to be effective. • Strengths are minimally described with very limited descriptions of gaps that need to be addressed to strengthen ability to perform at a high level are described. • Commitment to system transformation is not evident. • Does not inspire confidence in applicant's capability in this area.
Poor Marginal	1	<ul style="list-style-type: none"> • Applicant presents a limited understanding of the requirements and purpose of the section. • No relevant experience and capability are shown. • Proposed approach does not understand what is required to be effective. • Very limited description of strengths without descriptions of gaps that need to be addressed to strengthen ability to perform at a high level are described. Commitment to system transformation is not evident. • Does not inspire confidence in applicant's capability in this area.
Non-responsive	0	<ul style="list-style-type: none"> • Proposal is non-responsive
Organizational Readiness		
Excellent	5	<ul style="list-style-type: none"> • Demonstrated excellent understanding of the requirements. • Requirements of the Certification Standards are fully met. • Approach is fully defined. Structure, systems, agreements, and/or staffing in place and operational.
Good	4	<ul style="list-style-type: none"> • Demonstrated good understanding of the requirements. • Gaps in capabilities are clearly identified • Early to mid-stage development toward meeting the requirements: Structure, systems, agreements, and/or staffing are partially in place. • Detailed plan of action with clear milestones and projected timeline for further development.
Early to Mid-Stage	3	<ul style="list-style-type: none"> • Demonstrated fair understanding of the requirements • Gaps in capability are clearly identified • Preliminary development of actions toward meeting the requirements: Needed structure, systems, agreements, and/or staffing plans are designed and moving toward implementation- • High level but comprehensive work plan with targeted milestones and projected timelines
Preliminary	2	<ul style="list-style-type: none"> • Demonstrated partial understanding of the requirements • Gaps in capability clearly identified • Limited development to date toward meeting the requirements. • High level work plan.
Poor Marginal	1	<ul style="list-style-type: none"> • Demonstrated limited understanding of the requirements • Planning and implementation not yet begun.