

# State of Rhode Island

## Executive Office of Health and Human Services

### Accountable Entity (AE) Total Cost of Care (TCOC) Program Year 3

### Performance Year Data Request

This workbook is intended to capture costs incurred by the MCO and AEs participating in the State of Rhode Island's Accountable Entity (AE) program. The values in this workbook will be utilized to evaluate AE performance compared to the AE-specific Total Cost of Care (TCOC) targets for program year 3.

#### Definitions

**Baseline Year 1:** July 1, 2017 through June 30, 2018

**Baseline Year 2:** July 1, 2018 through June 30, 2019.

**Performance Year:** July 1, 2020 through June 30, 2021.

This section describes the tabs contained in the *TCOC Data Request*. Note that this data request only covers the Performance Year.

**Please note that prior to completing this data request, MCOs should follow detailed attribution instructions in separate document titled "Attribution Instructions for Accountable Entity Program - PY3". In addition to this data request template, MCOs should submit the final attribution listing for each member in the Performance Year. For purposes of TCOC performance year reporting, AE provider rosters used in attribution should be consistent with the provider rosters used in the AE Historical Base Data Request applicable to this Program Year.**

#### [Attestation]

The health plan CFO, CEO, or other executive shall complete the attestation indicating they believe the information provided is a complete and accurate representation of the members and services provided by the MCO and the AE in the State of Rhode Island's Accountable Entity (AE) program.

#### [Performance Year Experience]

##### Attributed Members

For purposes of the TCOC calculations, each member should be assigned to a single AE in the performance year (PY). If a member was Medicaid eligible and enrolled with the MCO, but not attributed to an AE in the final month of the PY, the member should be attributed to "No AE". Member months should include all months during the year for attributed members in which a capitation payment was made to the MCO. For the RIte Care and Children with Special Healthcare Needs populations, count partial payments as a fractional amount for the given month. All enrollment for the member during the PY should be assigned to the final attributed AE and reported in the *Attributed Members* column. For members who were in multiple rate cells during the PY, the member months should be allocated to each rate cell based on the number of months enrolled in each rate cell during the PY. The member months should not be assigned exclusively to the member's final rate cell.

##### Paid - Before Application of Claims Threshold

The TCOC expenditures in the PY should include all costs associated with covered services that are included in EOHHS's contract with MCOs for the PY. Claims for associated members during the PY should be assigned to the final attributed AE. For members who were in multiple rate cells during the PY, the paid claims should be allocated to each rate cell based on their rate cell at the date of services. The paid claims should not be assigned exclusively to the member's final rate cell. Summarized claims should be reported in the *Paid - Before Application of Claims Threshold* column, with the following items explicitly excluded from the covered services definition:

1. Expenditures for services paid outside the MCO fee-for-service payment system or sub-capitated vendor claims payment system (e.g. offline payments or other services invoiced).
2. Payment for non-claims based case management programs.
3. Services covered under stop-loss provisions between EOHHS and the MCO in the PY, as specified in the EOHHS/MCO Contract for Medicaid Managed Care Services.
4. Health System Transformation Project (HSTP) performance incentive payments and Care Transformation Collaborative (CTC) payments.
5. Value-added services provided by the MCO.
6. Recoveries made outside the MCO or sub-capitated vendor claims payment system, such as reinsurance, pharmacy rebates, or pay-and-chase third party liability recoveries.

7. Pharmacy benefit manager (PBM) spread should be treated consistent with encounter submission unless otherwise discussed with EOHHS. For example, if PBM spread is included in the paid amount included with the encounter data submission, then PBM spread should be included in the values in this template.

8. Services included in the managed care program in the PY that are not covered under the MCO contract in the PY. **Note that for program year 3, we are not aware of any such services.**

9. Claims paid more than three months after the end of the incurred period in this submission, with the exception of the final PY data submission. For the final program year 3 data submission, claims paid more than 6 months after the end of the PY in which they were incurred should be excluded.

In addition, note that all claims associated with delivery kick payments should be reported under the rate cell of member at the date of service.

#### Paid - After Application of Claims Threshold

Expenditures should be adjusted to exclude costs in excess of the threshold for the PY, as indicated on the 'Claims Threshold' tab, for an individual member in a single year. The threshold is applicable to a member within a given AE and rate cell. To the extent a member moves between AE / rate cell cohort, a separate threshold should be applied to the member in each cohort. These adjusted amounts should be reported in the *Paid - After Application of Claims Threshold*. This threshold should be applied after the non-covered services exclusions outlined above. This threshold should not be pro-rated for members with less than 12 months of enrollment in a given year. This threshold should be applied on a year-to-date basis and not pro-rated.

#### **[PMPM Validation]**

This tab summarizes the exposure and expenditure information as reported on the 'Performance Year Experience' tab. The exhibit illustrates the expenditures and associated PMPM amounts for each AE during the Performance Year, stratified by rate cell. MCOs should review the resulting values for reasonability and accuracy.

#### **[Checks]**

A limited number of checks have been created to highlight potential data issues prior to MCO attestation and submission. If a check calculates as 'False', a warning will show up. The MCO should review the warnings on the 'Checks' tab and make every effort to correct the issues noted before initial submission of the template to EOHHS. If the issue cannot be corrected or is assumed to be a false-positive, please provide a note on the corresponding line explaining why it cannot be corrected.

#### **[Claims Threshold]**

This tab illustrates the claims threshold for high cost claims to be used in each state fiscal year.

#### **Limitations**

The information contained in this correspondence, including any enclosures, has been prepared for the State of Rhode Island, Executive Office of Health & Human Services (EOHHS) and their advisors. It is our understanding that this information will be shared with managed care organizations (MCOs) and Accountable Entities (AEs) participating in Rhode Island's AE program. Milliman's work may not be provided to other third parties without Milliman's prior written consent. To the extent that the information contained in this correspondence is provided to any approved third parties, the correspondence should be distributed in its entirety. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

In performing this analysis, we relied on data and other information provided by EOHHS. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

The services provided for this project were performed under the contract between Milliman and EOHHS dated December 6, 2019.

#### **Qualifications**

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this correspondence are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this correspondence.

State of Rhode Island  
Executive Office of Health and Human Services  
Accountable Entity (AE) Total Cost of Care (TCOC) Program Year 3  
Managed Care Organization Attestation

CERTIFICATION STATEMENT OF

< Please select MCO Name from dropdown >  
\_\_\_\_\_  
<Please select reporting quarter from dropdown>  
\_\_\_\_\_

to

**State of Rhode Island**

FOR THE SERVICE PERIOD COVERING DATES OF SERVICE

July 1, 2020 through N/A  
\_\_\_\_\_

CLAIMS PAID THROUGH

N/A  
\_\_\_\_\_

Name of Preparer \_\_\_\_\_  
Title \_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

I hereby attest the information submitted in the report herein is current, complete, and accurate to the best of my knowledge. Failure to attest (as indicated by the completed section below) will result in non-acceptance of the report.

THE DATA REQUEST TEMPLATE IS PROVIDED "AS-IS" AND, TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, MILLIMAN DISCLAIMS ALL GUARANTEES AND WARRANTIES, WHETHER EXPRESS, IMPLIED OR STATUTORY, REGARDING THE DATA REQUEST TEMPLATE, INCLUDING ANY WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE, TITLE, MERCHANTABILITY, AND NON-INFRINGEMENT. MILLIMAN DOES NOT WARRANT THAT THE DATA REQUEST TEMPLATE IS SECURE, FREE FROM BUGS, VIRUSES, INTERRUPTION, ERRORS, OR OTHER SERVICE OR WEBSITE LIMITATIONS. SOME STATES DO NOT ALLOW THE EXCLUSION OF IMPLIED WARRANTIES, SO THE ABOVE EXCLUSIONS MAY NOT APPLY TO ME. IN THAT EVENT, ANY IMPLIED WARRANTIES ARE LIMITED IN DURATION TO 60 DAYS FROM THE DATE OF THIS ACKNOWLEDGMENT, AS APPLICABLE. HOWEVER, SOME STATES DO NOT ALLOW LIMITATIONS ON HOW LONG AN IMPLIED WARRANTY LASTS, SO THE ABOVE LIMITATION MAY NOT APPLY TO MY ENTITY. THIS WARRANTY GIVES MY ENTITY SPECIFIC LEGAL RIGHTS, AND I MAY HAVE OTHER RIGHTS THAT VARY FROM STATE TO STATE.

Signature \_\_\_\_\_  
Date Signed \_\_\_\_\_

State of Rhode Island  
 Executive Office of Health and Human Services  
 Accountable Entity (AE) Total Cost of Care (TCOC) Program Year 3  
 MCO: < Please select MCO Name from dropdown >  
 Performance Year Experience  
 Incurred from July 1, 2020 through N/A  
 Paid through N/A

Index	AE	Population	Rate Cell	Member Months	Paid - Before Application of Claims Threshold	Paid - After Application of Claims Threshold	PMPM - After Application of Claims Threshold
1	BVCHC	Rlte Care	RC - MF<1				-
2	BVCHC	Rlte Care	RC - MF 1-5				-
3	BVCHC	Rlte Care	RC - MF 6-14				-
4	BVCHC	Rlte Care	RC - M 15-44				-
5	BVCHC	Rlte Care	RC - F 15-44				-
6	BVCHC	Rlte Care	RC - MF 45+				-
7	BVCHC	Children with Special Healthcare Needs	CSHCN - Adoption Subsidy				-
8	BVCHC	Children with Special Healthcare Needs	CSHCN - Katie Beckett				-
9	BVCHC	Children with Special Healthcare Needs	CSHCN - SSI < 15				-
10	BVCHC	Children with Special Healthcare Needs	CSHCN - SSI >= 15				-
11	BVCHC	Children with Special Healthcare Needs	CSHCN - Substitute Care				-
12	BVCHC	Medicaid Expansion	ME - F 19-24				-
13	BVCHC	Medicaid Expansion	ME - F 25-29				-
14	BVCHC	Medicaid Expansion	ME - F 30-39				-
15	BVCHC	Medicaid Expansion	ME - F 40-49				-
16	BVCHC	Medicaid Expansion	ME - F 50-64				-
17	BVCHC	Medicaid Expansion	ME - M 19-24				-
18	BVCHC	Medicaid Expansion	ME - M 25-29				-
19	BVCHC	Medicaid Expansion	ME - M 30-39				-
20	BVCHC	Medicaid Expansion	ME - M 40-49				-
21	BVCHC	Medicaid Expansion	ME - M 50-64				-
22	BVCHC	Rhody Health Partners	RHP - ID				-
23	BVCHC	Rhody Health Partners	RHP - SPMI				-
24	BVCHC	Rhody Health Partners	RHP - Other Disabled 21-44				-
25	BVCHC	Rhody Health Partners	RHP - Other Disabled 45+				-
26	IHP	Rlte Care	RC - MF<1				-
27	IHP	Rlte Care	RC - MF 1-5				-
28	IHP	Rlte Care	RC - MF 6-14				-
29	IHP	Rlte Care	RC - M 15-44				-
30	IHP	Rlte Care	RC - F 15-44				-
31	IHP	Rlte Care	RC - MF 45+				-
32	IHP	Children with Special Healthcare Needs	CSHCN - Adoption Subsidy				-
33	IHP	Children with Special Healthcare Needs	CSHCN - Katie Beckett				-
34	IHP	Children with Special Healthcare Needs	CSHCN - SSI < 15				-
35	IHP	Children with Special Healthcare Needs	CSHCN - SSI >= 15				-
36	IHP	Children with Special Healthcare Needs	CSHCN - Substitute Care				-
37	IHP	Medicaid Expansion	ME - F 19-24				-
38	IHP	Medicaid Expansion	ME - F 25-29				-
39	IHP	Medicaid Expansion	ME - F 30-39				-
40	IHP	Medicaid Expansion	ME - F 40-49				-
41	IHP	Medicaid Expansion	ME - F 50-64				-
42	IHP	Medicaid Expansion	ME - M 19-24				-
43	IHP	Medicaid Expansion	ME - M 25-29				-
44	IHP	Medicaid Expansion	ME - M 30-39				-
45	IHP	Medicaid Expansion	ME - M 40-49				-
46	IHP	Medicaid Expansion	ME - M 50-64				-
47	IHP	Rhody Health Partners	RHP - ID				-
48	IHP	Rhody Health Partners	RHP - SPMI				-
49	IHP	Rhody Health Partners	RHP - Other Disabled 21-44				-
50	IHP	Rhody Health Partners	RHP - Other Disabled 45+				-
51	Integra	Rlte Care	RC - MF<1				-
52	Integra	Rlte Care	RC - MF 1-5				-
53	Integra	Rlte Care	RC - MF 6-14				-
54	Integra	Rlte Care	RC - M 15-44				-
55	Integra	Rlte Care	RC - F 15-44				-
56	Integra	Rlte Care	RC - MF 45+				-
57	Integra	Children with Special Healthcare Needs	CSHCN - Adoption Subsidy				-
58	Integra	Children with Special Healthcare Needs	CSHCN - Katie Beckett				-
59	Integra	Children with Special Healthcare Needs	CSHCN - SSI < 15				-
60	Integra	Children with Special Healthcare Needs	CSHCN - SSI >= 15				-
61	Integra	Children with Special Healthcare Needs	CSHCN - Substitute Care				-
62	Integra	Medicaid Expansion	ME - F 19-24				-
63	Integra	Medicaid Expansion	ME - F 25-29				-
64	Integra	Medicaid Expansion	ME - F 30-39				-
65	Integra	Medicaid Expansion	ME - F 40-49				-
66	Integra	Medicaid Expansion	ME - F 50-64				-
67	Integra	Medicaid Expansion	ME - M 19-24				-
68	Integra	Medicaid Expansion	ME - M 25-29				-
69	Integra	Medicaid Expansion	ME - M 30-39				-
70	Integra	Medicaid Expansion	ME - M 40-49				-
71	Integra	Medicaid Expansion	ME - M 50-64				-
72	Integra	Rhody Health Partners	RHP - ID				-
73	Integra	Rhody Health Partners	RHP - SPMI				-
74	Integra	Rhody Health Partners	RHP - Other Disabled 21-44				-

State of Rhode Island  
 Executive Office of Health and Human Services  
 Accountable Entity (AE) Total Cost of Care (TCOC) Program Year 3  
 MCO: < Please select MCO Name from dropdown >  
 Performance Year Experience  
 Incurred from July 1, 2020 through N/A  
 Paid through N/A

Index	AE	Population	Rate Cell	Member Months	Paid - Before Application of Claims Threshold	Paid - After Application of Claims Threshold	PMPM - After Application of Claims Threshold
75	Integra	Rhody Health Partners	RHP - Other Disabled 45+				-
76	PCHC	Rlte Care	RC - MF<1				-
77	PCHC	Rlte Care	RC - MF 1-5				-
78	PCHC	Rlte Care	RC - MF 6-14				-
79	PCHC	Rlte Care	RC - M 15-44				-
80	PCHC	Rlte Care	RC - F 15-44				-
81	PCHC	Rlte Care	RC - MF 45+				-
82	PCHC	Children with Special Healthcare Needs	CSHCN - Adoption Subsidy				-
83	PCHC	Children with Special Healthcare Needs	CSHCN - Katie Beckett				-
84	PCHC	Children with Special Healthcare Needs	CSHCN - SSI < 15				-
85	PCHC	Children with Special Healthcare Needs	CSHCN - SSI >= 15				-
86	PCHC	Children with Special Healthcare Needs	CSHCN - Substitute Care				-
87	PCHC	Medicaid Expansion	ME - F 19-24				-
88	PCHC	Medicaid Expansion	ME - F 25-29				-
89	PCHC	Medicaid Expansion	ME - F 30-39				-
90	PCHC	Medicaid Expansion	ME - F 40-49				-
91	PCHC	Medicaid Expansion	ME - F 50-64				-
92	PCHC	Medicaid Expansion	ME - M 19-24				-
93	PCHC	Medicaid Expansion	ME - M 25-29				-
94	PCHC	Medicaid Expansion	ME - M 30-39				-
95	PCHC	Medicaid Expansion	ME - M 40-49				-
96	PCHC	Medicaid Expansion	ME - M 50-64				-
97	PCHC	Rhody Health Partners	RHP - ID				-
98	PCHC	Rhody Health Partners	RHP - SPMI				-
99	PCHC	Rhody Health Partners	RHP - Other Disabled 21-44				-
100	PCHC	Rhody Health Partners	RHP - Other Disabled 45+				-
101	Prospect	Rlte Care	RC - MF<1				-
102	Prospect	Rlte Care	RC - MF 1-5				-
103	Prospect	Rlte Care	RC - MF 6-14				-
104	Prospect	Rlte Care	RC - M 15-44				-
105	Prospect	Rlte Care	RC - F 15-44				-
106	Prospect	Rlte Care	RC - MF 45+				-
107	Prospect	Children with Special Healthcare Needs	CSHCN - Adoption Subsidy				-
108	Prospect	Children with Special Healthcare Needs	CSHCN - Katie Beckett				-
109	Prospect	Children with Special Healthcare Needs	CSHCN - SSI < 15				-
110	Prospect	Children with Special Healthcare Needs	CSHCN - SSI >= 15				-
111	Prospect	Children with Special Healthcare Needs	CSHCN - Substitute Care				-
112	Prospect	Medicaid Expansion	ME - F 19-24				-
113	Prospect	Medicaid Expansion	ME - F 25-29				-
114	Prospect	Medicaid Expansion	ME - F 30-39				-
115	Prospect	Medicaid Expansion	ME - F 40-49				-
116	Prospect	Medicaid Expansion	ME - F 50-64				-
117	Prospect	Medicaid Expansion	ME - M 19-24				-
118	Prospect	Medicaid Expansion	ME - M 25-29				-
119	Prospect	Medicaid Expansion	ME - M 30-39				-
120	Prospect	Medicaid Expansion	ME - M 40-49				-
121	Prospect	Medicaid Expansion	ME - M 50-64				-
122	Prospect	Rhody Health Partners	RHP - ID				-
123	Prospect	Rhody Health Partners	RHP - SPMI				-
124	Prospect	Rhody Health Partners	RHP - Other Disabled 21-44				-
125	Prospect	Rhody Health Partners	RHP - Other Disabled 45+				-
126	Coastal	Rlte Care	RC - MF<1				-
127	Coastal	Rlte Care	RC - MF 1-5				-
128	Coastal	Rlte Care	RC - MF 6-14				-
129	Coastal	Rlte Care	RC - M 15-44				-
130	Coastal	Rlte Care	RC - F 15-44				-
131	Coastal	Rlte Care	RC - MF 45+				-
132	Coastal	Children with Special Healthcare Needs	CSHCN - Adoption Subsidy				-
133	Coastal	Children with Special Healthcare Needs	CSHCN - Katie Beckett				-
134	Coastal	Children with Special Healthcare Needs	CSHCN - SSI < 15				-
135	Coastal	Children with Special Healthcare Needs	CSHCN - SSI >= 15				-
136	Coastal	Children with Special Healthcare Needs	CSHCN - Substitute Care				-
137	Coastal	Medicaid Expansion	ME - F 19-24				-
138	Coastal	Medicaid Expansion	ME - F 25-29				-
139	Coastal	Medicaid Expansion	ME - F 30-39				-
140	Coastal	Medicaid Expansion	ME - F 40-49				-
141	Coastal	Medicaid Expansion	ME - F 50-64				-
142	Coastal	Medicaid Expansion	ME - M 19-24				-
143	Coastal	Medicaid Expansion	ME - M 25-29				-
144	Coastal	Medicaid Expansion	ME - M 30-39				-
145	Coastal	Medicaid Expansion	ME - M 40-49				-
146	Coastal	Medicaid Expansion	ME - M 50-64				-
147	Coastal	Rhody Health Partners	RHP - ID				-
148	Coastal	Rhody Health Partners	RHP - SPMI				-

State of Rhode Island  
 Executive Office of Health and Human Services  
 Accountable Entity (AE) Total Cost of Care (TCOC) Program Year 3  
 MCO: < Please select MCO Name from dropdown >  
 Performance Year Experience  
 Incurred from July 1, 2020 through N/A  
 Paid through N/A

Index	AE	Population	Rate Cell	Member Months	Paid - Before Application of Claims Threshold	Paid - After Application of Claims Threshold	PMPM - After Application of Claims Threshold
149	Coastal	Rhody Health Partners	RHP - Other Disabled 21-44				-
150	Coastal	Rhody Health Partners	RHP - Other Disabled 45+				-
151	Lifespan	Rlte Care	RC - MF<1				-
152	Lifespan	Rlte Care	RC - MF 1-5				-
153	Lifespan	Rlte Care	RC - MF 6-14				-
154	Lifespan	Rlte Care	RC - M 15-44				-
155	Lifespan	Rlte Care	RC - F 15-44				-
156	Lifespan	Rlte Care	RC - MF 45+				-
157	Lifespan	Children with Special Healthcare Needs	CSHCN - Adoption Subsidy				-
158	Lifespan	Children with Special Healthcare Needs	CSHCN - Katie Beckett				-
159	Lifespan	Children with Special Healthcare Needs	CSHCN - SSI < 15				-
160	Lifespan	Children with Special Healthcare Needs	CSHCN - SSI >= 15				-
161	Lifespan	Children with Special Healthcare Needs	CSHCN - Substitute Care				-
162	Lifespan	Medicaid Expansion	ME - F 19-24				-
163	Lifespan	Medicaid Expansion	ME - F 25-29				-
164	Lifespan	Medicaid Expansion	ME - F 30-39				-
165	Lifespan	Medicaid Expansion	ME - F 40-49				-
166	Lifespan	Medicaid Expansion	ME - F 50-64				-
167	Lifespan	Medicaid Expansion	ME - M 19-24				-
168	Lifespan	Medicaid Expansion	ME - M 25-29				-
169	Lifespan	Medicaid Expansion	ME - M 30-39				-
170	Lifespan	Medicaid Expansion	ME - M 40-49				-
171	Lifespan	Medicaid Expansion	ME - M 50-64				-
172	Lifespan	Rhody Health Partners	RHP - ID				-
173	Lifespan	Rhody Health Partners	RHP - SPMI				-
174	Lifespan	Rhody Health Partners	RHP - Other Disabled 21-44				-
175	Lifespan	Rhody Health Partners	RHP - Other Disabled 45+				-
176	No AE	Rlte Care	RC - MF<1				-
177	No AE	Rlte Care	RC - MF 1-5				-
178	No AE	Rlte Care	RC - MF 6-14				-
179	No AE	Rlte Care	RC - M 15-44				-
180	No AE	Rlte Care	RC - F 15-44				-
181	No AE	Rlte Care	RC - MF 45+				-
182	No AE	Children with Special Healthcare Needs	CSHCN - Adoption Subsidy				-
183	No AE	Children with Special Healthcare Needs	CSHCN - Katie Beckett				-
184	No AE	Children with Special Healthcare Needs	CSHCN - SSI < 15				-
185	No AE	Children with Special Healthcare Needs	CSHCN - SSI >= 15				-
186	No AE	Children with Special Healthcare Needs	CSHCN - Substitute Care				-
187	No AE	Medicaid Expansion	ME - F 19-24				-
188	No AE	Medicaid Expansion	ME - F 25-29				-
189	No AE	Medicaid Expansion	ME - F 30-39				-
190	No AE	Medicaid Expansion	ME - F 40-49				-
191	No AE	Medicaid Expansion	ME - F 50-64				-
192	No AE	Medicaid Expansion	ME - M 19-24				-
193	No AE	Medicaid Expansion	ME - M 25-29				-
194	No AE	Medicaid Expansion	ME - M 30-39				-
195	No AE	Medicaid Expansion	ME - M 40-49				-
196	No AE	Medicaid Expansion	ME - M 50-64				-
197	No AE	Rhody Health Partners	RHP - ID				-
198	No AE	Rhody Health Partners	RHP - SPMI				-
199	No AE	Rhody Health Partners	RHP - Other Disabled 21-44				-
200	No AE	Rhody Health Partners	RHP - Other Disabled 45+				-

DRAFT - Final Rates to be provided to awarded Contractors.

State of Rhode Island  
 Executive Office of Health and Human Services  
 Accountable Entity (AE) Total Cost of Care (TCOC) Program Year 3  
 MCO: < Please select MCO Name from dropdown >  
 PMPM Validation

Performance Year: N/A

Incurred through Dates: July 1, 2020 through N/A  
 AE: BVCHC

Rate Cell	Exposures	Paid	PMPM
RC - MF<1	-	\$ 0	\$ 0.00
RC - MF 1-5	-	-	-
RC - MF 6-14	-	-	-
RC - M 15-44	-	-	-
RC - F 15-44	-	-	-
RC - MF 45+	-	-	-
CSHCN - Adoption Subsidy	-	-	-
CSHCN - Katie Beckett	-	-	-
CSHCN - SSI < 15	-	-	-
CSHCN - SSI >= 15	-	-	-
CSHCN - Substitute Care	-	-	-
ME - F 19-24	-	-	-
ME - F 25-29	-	-	-
ME - F 30-39	-	-	-
ME - F 40-49	-	-	-
ME - F 50-64	-	-	-
ME - M 19-24	-	-	-
ME - M 25-29	-	-	-
ME - M 30-39	-	-	-
ME - M 40-49	-	-	-
ME - M 50-64	-	-	-
RHP - ID	-	-	-
RHP - SPMI	-	-	-
RHP - Other Disabled 21-44	-	-	-
RHP - Other Disabled 45+	-	-	-
<b>Composite</b>	-	<b>\$ 0</b>	<b>\$ 0.00</b>

Performance Year: N/A

Incurred through Dates: July 1, 2020 through N/A  
 AE: JHP

Rate Cell	Exposures	Paid	PMPM
RC - MF<1	-	\$ 0	\$ 0.00
RC - MF 1-5	-	-	-
RC - MF 6-14	-	-	-
RC - M 15-44	-	-	-
RC - F 15-44	-	-	-
RC - MF 45+	-	-	-
CSHCN - Adoption Subsidy	-	-	-
CSHCN - Katie Beckett	-	-	-
CSHCN - SSI < 15	-	-	-
CSHCN - SSI >= 15	-	-	-
CSHCN - Substitute Care	-	-	-
ME - F 19-24	-	-	-
ME - F 25-29	-	-	-
ME - F 30-39	-	-	-
ME - F 40-49	-	-	-
ME - F 50-64	-	-	-
ME - M 19-24	-	-	-
ME - M 25-29	-	-	-
ME - M 30-39	-	-	-
ME - M 40-49	-	-	-
ME - M 50-64	-	-	-
RHP - ID	-	-	-
RHP - SPMI	-	-	-
RHP - Other Disabled 21-44	-	-	-
RHP - Other Disabled 45+	-	-	-
<b>Composite</b>	-	<b>\$ 0</b>	<b>\$ 0.00</b>

DRAFT - Final templates to be provided to awarded Contractors.

Performance Year: N/A

Incurred through Dates: July 1, 2020 through N/A  
 AE: Integra

Rate Cell	Exposures	Paid	PMPM
RC - MF<1	-	\$ 0	\$ 0.00
RC - MF 1-5	-	-	-
RC - MF 6-14	-	-	-
RC - M 15-44	-	-	-
RC - F 15-44	-	-	-
RC - MF 45+	-	-	-
CSHCN - Adoption Subsidy	-	-	-
CSHCN - Katie Beckett	-	-	-
CSHCN - SSI < 15	-	-	-
CSHCN - SSI >= 15	-	-	-
CSHCN - Substitute Care	-	-	-
ME - F 19-24	-	-	-
ME - F 25-29	-	-	-
ME - F 30-39	-	-	-
ME - F 40-49	-	-	-
ME - F 50-64	-	-	-
ME - M 19-24	-	-	-
ME - M 25-29	-	-	-
ME - M 30-39	-	-	-
ME - M 40-49	-	-	-
ME - M 50-64	-	-	-
RHP - ID	-	-	-
RHP - SPMI	-	-	-
RHP - Other Disabled 21-44	-	-	-
RHP - Other Disabled 45+	-	-	-
<b>Composite</b>	-	<b>\$ 0</b>	<b>\$ 0.00</b>

Performance Year: N/A

Incurred through Dates: July 1, 2020 through N/A  
 AE: PGHC

Rate Cell	Exposures	Paid	PMPM
RC - MF<1	-	\$ 0	\$ 0.00
RC - MF 1-5	-	-	-
RC - MF 6-14	-	-	-
RC - M 15-44	-	-	-
RC - F 15-44	-	-	-
RC - MF 45+	-	-	-
CSHCN - Adoption Subsidy	-	-	-
CSHCN - Katie Beckett	-	-	-
CSHCN - SSI < 15	-	-	-
CSHCN - SSI >= 15	-	-	-
CSHCN - Substitute Care	-	-	-
ME - F 19-24	-	-	-
ME - F 25-29	-	-	-
ME - F 30-39	-	-	-
ME - F 40-49	-	-	-
ME - F 50-64	-	-	-
ME - M 19-24	-	-	-
ME - M 25-29	-	-	-
ME - M 30-39	-	-	-
ME - M 40-49	-	-	-
ME - M 50-64	-	-	-
RHP - ID	-	-	-
RHP - SPMI	-	-	-
RHP - Other Disabled 21-44	-	-	-
RHP - Other Disabled 45+	-	-	-
<b>Composite</b>	-	<b>\$ 0</b>	<b>\$ 0.00</b>

DRAFT - Final templates to be provided to awarded Contractors.



Performance Year: N/A  
 Incurred through Dates: July 1, 2020 through N/A  
 AE: Prospect

Rate Cell	Exposures	Paid	PMPM
RC - MF<1	-	\$ 0	\$ 0.00
RC - MF 1-5	-	-	-
RC - MF 6-14	-	-	-
RC - M 15-44	-	-	-
RC - F 15-44	-	-	-
RC - MF 45+	-	-	-
CSHCN - Adoption Subsidy	-	-	-
CSHCN - Katie Beckett	-	-	-
CSHCN - SSI < 15	-	-	-
CSHCN - SSI >= 15	-	-	-
CSHCN - Substitute Care	-	-	-
ME - F 19-24	-	-	-
ME - F 25-29	-	-	-
ME - F 30-39	-	-	-
ME - F 40-49	-	-	-
ME - F 50-64	-	-	-
ME - M 19-24	-	-	-
ME - M 25-29	-	-	-
ME - M 30-39	-	-	-
ME - M 40-49	-	-	-
ME - M 50-64	-	-	-
RHP - ID	-	-	-
RHP - SPMI	-	-	-
RHP - Other Disabled 21-44	-	-	-
RHP - Other Disabled 45+	-	-	-
<b>Composite</b>	-	<b>\$ 0</b>	<b>\$ 0.00</b>

Performance Year: N/A  
 Incurred through Dates: July 1, 2020 through N/A  
 AE: Coastal

Rate Cell	Exposures	Paid	PMPM
RC - MF<1	-	\$ 0	\$ 0.00
RC - MF 1-5	-	-	-
RC - MF 6-14	-	-	-
RC - M 15-44	-	-	-
RC - F 15-44	-	-	-
RC - MF 45+	-	-	-
CSHCN - Adoption Subsidy	-	-	-
CSHCN - Katie Beckett	-	-	-
CSHCN - SSI < 15	-	-	-
CSHCN - SSI >= 15	-	-	-
CSHCN - Substitute Care	-	-	-
ME - F 19-24	-	-	-
ME - F 25-29	-	-	-
ME - F 30-39	-	-	-
ME - F 40-49	-	-	-
ME - F 50-64	-	-	-
ME - M 19-24	-	-	-
ME - M 25-29	-	-	-
ME - M 30-39	-	-	-
ME - M 40-49	-	-	-
ME - M 50-64	-	-	-
RHP - ID	-	-	-
RHP - SPMI	-	-	-
RHP - Other Disabled 21-44	-	-	-
RHP - Other Disabled 45+	-	-	-
<b>Composite</b>	-	<b>\$ 0</b>	<b>\$ 0.00</b>

DRAFT - Final templates to be provided to awarded Contractors.

Performance Year: N/A

Incurred through Dates: July 1, 2020 through N/A  
 AE: Lifespan

Rate Cell	Exposures	Paid	PMPM
RC - MF<1	-	\$ 0	\$ 0.00
RC - MF 1-5	-	-	-
RC - MF 6-14	-	-	-
RC - M 15-44	-	-	-
RC - F 15-44	-	-	-
RC - MF 45+	-	-	-
CSHCN - Adoption Subsidy	-	-	-
CSHCN - Katie Beckett	-	-	-
CSHCN - SSI < 15	-	-	-
CSHCN - SSI >= 15	-	-	-
CSHCN - Substitute Care	-	-	-
ME - F 19-24	-	-	-
ME - F 25-29	-	-	-
ME - F 30-39	-	-	-
ME - F 40-49	-	-	-
ME - F 50-64	-	-	-
ME - M 19-24	-	-	-
ME - M 25-29	-	-	-
ME - M 30-39	-	-	-
ME - M 40-49	-	-	-
ME - M 50-64	-	-	-
RHP - ID	-	-	-
RHP - SPMI	-	-	-
RHP - Other Disabled 21-44	-	-	-
RHP - Other Disabled 45+	-	-	-
<b>Composite</b>	-	<b>\$ 0</b>	<b>\$ 0.00</b>

Performance Year: N/A

Incurred through Dates: July 1, 2020 through N/A  
 AE: No AE

Rate Cell	Exposures	Paid	PMPM
RC - MF<1	-	\$ 0	\$ 0.00
RC - MF 1-5	-	-	-
RC - MF 6-14	-	-	-
RC - M 15-44	-	-	-
RC - F 15-44	-	-	-
RC - MF 45+	-	-	-
CSHCN - Adoption Subsidy	-	-	-
CSHCN - Katie Beckett	-	-	-
CSHCN - SSI < 15	-	-	-
CSHCN - SSI >= 15	-	-	-
CSHCN - Substitute Care	-	-	-
ME - F 19-24	-	-	-
ME - F 25-29	-	-	-
ME - F 30-39	-	-	-
ME - F 40-49	-	-	-
ME - F 50-64	-	-	-
ME - M 19-24	-	-	-
ME - M 25-29	-	-	-
ME - M 30-39	-	-	-
ME - M 40-49	-	-	-
ME - M 50-64	-	-	-
RHP - ID	-	-	-
RHP - SPMI	-	-	-
RHP - Other Disabled 21-44	-	-	-
RHP - Other Disabled 45+	-	-	-
<b>Composite</b>	-	<b>\$ 0</b>	<b>\$ 0.00</b>

DRAFT - Final templates to be provided to awarded Contractors.

State of Rhode Island  
Executive Office of Health and Human Services  
Accountable Entity (AE) Total Cost of Care (TCOC) Program Year 3  
MCO: < Please select MCO Name from dropdown >  
Checks

- 1. No negative exposures reported in Attributed Members column? True
- 2. No negative dollars reported in Paid - Before Application of Claims Threshold column? True
- 3. No negative dollars reported in Paid - After Application of Claims Threshold column? True
- 4. No dollars reported in Paid - Before Application of Claims Threshold column without corresponding exposures? True
- 5. No dollars reported in Paid - After Application of Claims Threshold column without corresponding exposures? True
- 6. Paid - After Application of Claims Threshold less than Paid - Before Application of Claims Threshold? True

Include any notes regarding checks below.


DRAFT - Final templates to be provided to awarded Contractors.

**State of Rhode Island**  
**Executive Office of Health and Human Services**  
**Accountable Entity (AE) Total Cost of Care (TCOC) Program Year 3**  
**MCO: < Please select MCO Name from dropdown >**  
**Claims Threshold**

Index	State Fiscal Year	Claims threshold for high cost claims
1	SFY 2018	\$ 100,000
2	SFY 2019	\$ 104,800
3	SFY 2020	\$ 109,800
4	SFY 2021	\$ 113,500

DRAFT - Final templates to be provided to awarded Contractors.