



Medicaid Pediatric Healthcare Recovery Program Guidance

Program Overview

EOHHS is implementing the Medicaid Pediatric Healthcare Recovery Program to provide financial incentives to pediatric primary care practices. The financial incentives are designed to ensure all children are up to date with the full array of essential, preventive healthcare services, including developmental, psychosocial, and behavioral screenings, by overcoming COVID-19 related barriers to access.

The Medicaid program offers a comprehensive children's health benefit, called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), which covers an array of preventive, dental, mental health, developmental, and specialty services. Pediatric primary care is the clinical setting where children receive critical preventive services like immunizations and developmental screenings, and pediatric medical homes serve as the hub from which follow-up or specialty services are often coordinated. Rhode Island has a history of innovation and investment in high quality, transformed pediatric primary care, and it is critical that we support this system to ensure continued access to preventive care to avoid potential second-order public health impacts that may be caused by lapses in primary care.

Pediatric primary care has been deferred for many families because of the COVID-19 Public Health Emergency. It is critical that the state supports Pediatric Primary Care Providers to encourage patient participation for care that was deferred during the virus surges and continue to facilitate recovery to ensure all Medicaid-covered children have access to these critical preventive services. For this reason, Medicaid Pediatric Healthcare Recovery Program payments will be contingent upon providers timely submission of pay for reporting information, achievement of benchmark targets and/or demonstrating measurable improvement in well care visits, and participating in technical assistance activities to enhance their efforts to conduct developmental, psychosocial, and behavioral health screenings.

In addition, practices give permission for KIDS NET to provide Care Transformation Collaborative of Rhode Island with immunization and lead screening performance information. Practices will receive practice-specific immunization (including COVID-19) and lead screening performance information and technical assistance to assist practices with improving performance on these activities. However, payment will not be contingent on performance on lead screening or immunizations.

Qualifying Providers

Payments through the Medicaid Pediatric Healthcare Recovery Program will be made available to non-FQHC pediatric practices, family medicine practices, or any other primary care practice that provides primary care to Rhode Island Medicaid-covered children by an MD, DO, PA, or NP with a subspecialty in pediatrics or family medicine. Non-FQHC practices located in Rhode Island are eligible to apply. Out-of-state practices are not eligible.



Distribution Methodology

The total payout amount under the Medicaid Pediatric Healthcare Recovery Program will be calculated proportionally based on the number of Medicaid covered patients under 18 years of age in the practice's pediatric panel.

Providers will apply to participate in the Medicaid Pediatric Healthcare Recovery Program and report the number of active Medicaid covered patients under 18 years of age in each clinician's pediatric panel. For the purposes of this program, active patients will be defined as those that have received care from the applicant practice between January 1, 2020 and December 31, 2021.

Providers will report baseline and performance data on the timeline below using the HEDIS "Child and Adolescent Well Care Visits" measure to earn three out of four payments. The first payment will be made on a pay-for-reporting basis, and the second and fourth payments will be earned through achieving targets or demonstrating improvement on this measure.

The third payment will be contingent on participation in 1 or more psychosocial and behavioral health technical assistance sessions.

Performance calculation:

Providers will be asked to use the [NCQA HEDIS measure](#) for "Child and Adolescent Well Care Visits," reporting numerators and denominators for the two age group categories according to the table below. CTC-RI, on behalf of EOHHS, will calculate a weighted percentage based on each practice's age distribution.

Targets have been calculated to put practices on a trajectory to achieve the HEDIS 75th percentile target on this measure by July 2022. The benchmark for each practice will either be the specified performance target or a 2.5% or 5% increase from the baseline reporting period, as shown below.

Individual practice targets will be calculated after baseline data submission because the targets will be weighted by the proportion of each practice's panel that falls into each of the two age groups.

Reporting schedule and targets:

Reporting Deadline	Reporting Period	Target/Action Item	Payment Basis
3/15/2022	1/1/2021-12/31/2021	Submission of baseline data	Pay for Reporting
4/15/2022	4/1/2021-3/31/2022	Achievement of 75% of annual target OR \geq 2.5% improvement over baseline performance	Pay for Performance or Improvement
7/15/2022	7/1/2021-6/30/2022	Achievement of annual target OR \geq 5% improvement over baseline performance	Pay for Performance or Improvement
NA	By May 31, 2022	Attendance at 1 or more Psychosocial & Behavioral Health TA session.	Pay for TA participation



Eligible Uses

Funds received through the Pediatric Healthcare Recovery Program must be applied toward the following eligible uses:

- Payroll expenses, including: employee wages, including overtime, payroll support;
- New costs which are necessary and related to COVID-19, including but not limited to: PPE, cleaning supplies, screening of patients and visitors;
- Costs otherwise associated with business interruptions caused by required closures as a result of the pandemic;
- Expenses necessary to achieve the Child and Adolescent Well Care Visits measure benchmark and participate in Program technical assistance; and
- Other necessary COVID-19 related expenditures.

Once funds are disbursed, providers are instructed to keep financial records demonstrating that funds received through the Pediatric Healthcare Recovery Program are spent in accordance with these requirements, as recipients of these funds will be subject to audit. Ideally, the program expenses and reimbursements will be recorded separately in the practice financial records from normal business operations expenses and receipts.

Administration

Qualifying providers must submit an application to the Executive Office of Health and Human Services (EOHHS). Applications will consist of: contact information, provider billing information, electronic funds transfer information, physician FTE count, and Medicaid covered pediatric panel size. Providers must also provide baseline data on the “Child and Adolescent Well Care Visits” measure.

As part of the application process, providers will be asked to sign and return a financial agreement. A signed agreement by the provider will state that grant funds will be disbursed appropriately, and that the provider will participate in audit functions following receipt of the payment. Failure to comply with the terms of the agreement will result in recoupment of all funds. A blank financial agreement can be found online for reference here: <http://www.eohhs.ri.gov/Initiatives/PediRelief.aspx>

A PDF version of the program application, application instructions, and a blank financial agreement are available here: <http://www.eohhs.ri.gov/Initiatives/PediRelief.aspx>

Applications will be made available by Wednesday, February 23, 2022. Applications are due by 5:00 pm Wednesday, March 9, 2022. Incomplete applications will not be considered. Applicants must include a signed financial agreement upon submission of the application.

Baseline data for the Child and Adolescent Well Care Visits measure must be submitted to CTC-RI using [an online tool](#) by Tuesday, March 15, 2022.

Following the application and baseline data submission deadlines, EOHHS will identify the eligible providers, calculate the payment amount each is eligible to receive as described above, and make every



effort to disburse the first payment to providers by March 31, 2022. A fully executed financial agreement and notice of award will be sent to each provider after first payment is processed.

Participating practices must submit subsequent reports on the Child and Adolescent Well Care Visits measure to earn the second and third payments under this program. Reporting will follow the timeline indicated in the table above. Providers will use [the online tool](#) to submit this data to CTC-RI.

The Care Transformation Collaborative of RI will provide technical assistance and learning opportunities for psychosocial/behavioral health screening and response and will provide EOHHS with practice attendance information.

Approved providers will receive the approved amounts in a lump sum payment from EOHHS via the State's Medicaid payment system.

For any further questions regarding this program, please email: OHHS.PediRelief@ohhs.ri.gov

To submit your application, please apply using the online application accessible at <http://www.eohhs.ri.gov/Initiatives/PediRelief.aspx>.