



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 that all children are up to date with the full array of essential, preventive healthcare services, including immunizations, lead screening, and 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 and lead screenings, and pediatric medical homes serve as the hub from which follow-up care 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.

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.

Conditions of Participation

Participating practices give permission for:

- KIDS NET to provide Care Transformation Collaborative of Rhode Island with immunization and lead screening performance information and
- Unblinded public reporting on immunization and lead screening performance amongst the participating Medicaid Pediatric Healthcare Recovery practices.



Medicaid Pediatric Healthcare Recovery Program payments will be contingent upon providers:

- Submitting a Performance Improvement Plan for meeting immunization and lead screening targets;
- Meeting performance and/or improvement targets on immunization and lead screening metrics; and
- Participating in technical assistance activities to enhance their efforts to conduct developmental, psychosocial, and behavioral health screenings.

In addition, practices will receive practice-specific information on their COVID-19 immunization performance. However, payment will not be contingent on performance on COVID-19 immunization performance.

Distribution Methodology

The total payout amount under the Medicaid Pediatric Healthcare Recovery Program will be calculated proportionally based on the number of patients insured by Medicaid, including those with Medicaid as secondary insurance, under 18 years of age in the practice's pediatric panel.

As part of the application to participate in the Medicaid Pediatric Healthcare Recovery Program, providers will report the number of "active patients" insured by Medicaid under 18 years of age in each clinician's pediatric panel. For the purposes of this program, active patients are those that have received care from the applicant practice between August 1, 2020 and July 31, 2022.

The **first** Pediatric Healthcare Recovery payment will be based on submission of the program application, inclusive of a Performance Improvement Plan and commitment to participate in the program's Behavioral Health Learning Initiative.

Four quarterly payments will be contingent upon practices' performance, per KIDS NET practice performance reports, on several vaccine and screening measures, including: the vaccines required to enter kindergarten; the vaccines required to enter 7th grade; and lead screening (1 lead screening by 24 months of age and 2 lead screenings by 36 months of age). Participating practices will receive a quarterly payment if they meet the defined quarterly performance or improvement targets on at least 3 out of 4 of the measures. EOHHS will also track and inform practices about the rates of COVID vaccination among their patients, to support their improvement work.

One payment will be based on participation in the program's robust learning component, a six-session Behavioral Health Learning Initiative, implemented using the ECHO® Model. The Behavioral Health Learning Initiative, inclusive of practice case presentations, will launch in January 2023, with sessions continuing through June. To receive payment, practices will be required to attend 4 out of the 6 offered sessions.

Performance Targets:

Performance targets have been calculated to put practices on a trajectory to achieve targets



consistent with the 75th percentile of Rhode Island practice performance on these measures by October 2023. The performance targets for each measure for each quarter are listed below.

Improvement targets require a practice to improve at least five percentage points relative to baseline each quarter, cumulatively, as shown below. Following KIDS NET calculation of practice baseline performance, CTC-RI will inform each practice of their quarterly improvement targets. Practice baseline performance will be calculated based on the October 15, 2022 KIDS NET report.

KIDS NET Report Run Date	Performance Targets	Improvement Targets
January 15, 2022	Kindergarten Vaccine Readiness: 79.1% 7 th Grade Vaccine Readiness: 64.6% 1 Lead Screen by 24 Months: 76.5% 2 Lead Screens by 36 Months: 55%	Kindergarten Vaccine Readiness: 5 percentage points over practice baseline 7 th Grade Vaccine Readiness: 5 percentage points over practice baseline 1 Lead Screen by 24 Months: 5 percentage points over practice baseline 2 Lead Screens by 36 Months: 5 percentage points over practice baseline
April 15, 2023	Kindergarten Vaccine Readiness: 83.7% 7 th Grade Vaccine Readiness: 68.4% 1 Lead Screen by 24 Months: 81.0% 2 Lead Screens by 36 Months: 58%	Kindergarten Vaccine Readiness: 10 percentage points over practice baseline 7 th Grade Vaccine Readiness: 10 percentage points over practice baseline 1 Lead Screen by 24 Months: 10 percentage points over practice baseline 2 Lead Screens by 36 Months: 10 percentage points over practice baseline
July 15, 2023	Kindergarten Vaccine Readiness: 88.4% 7 th Grade Vaccine Readiness: 72.2% 1 Lead Screen by 24 Months: 85.5%	Kindergarten Vaccine Readiness: 15 percentage points over practice baseline 7 th Grade Vaccine Readiness: 15 percentage points over practice baseline 1 Lead Screen by 24 Months: 15 percentage points over practice baseline



	2 Lead Screens by 36 Months: 62%	2 Lead Screens by 36 Months: 15 percentage points over practice baseline
October 15, 2023	Kindergarten Vaccine Readiness: 93.0% 7 th Grade Vaccine Readiness: 76.0% 1 Lead Screen by 24 Months: 90.0% 2 Lead Screens by 36 Months: 65%	Kindergarten Vaccine Readiness: 20 percentage points over practice baseline 7 th Grade Vaccine Readiness: 20 percentage points over practice baseline 1 Lead Screen by 24 Months: 20 percentage points over practice baseline 2 Lead Screens by 36 Months: 20 percentage points over practice baseline

Improvement Target Examples:

1. Practice baseline for Kindergarten Vaccine Readiness is 70%. The practice's improvement targets for this measure would be 75% as of January 15, 2023, 80% as of April 15, 2023, 85% as of July 15, 2023, and 90% as of October 15, 2023.
2. Practice baseline for Kindergarten Vaccine Readiness is 75%. The practice's improvement targets for this measure would be 80% as of January 15, 85% as of April 15, 2023, 90% as of July 15, 2023, and 95% as of October 15, 2023. These improvement targets are *higher* than the performance targets for this measure, as listed in the chart above, so the practice would be evaluated based on whether it achieved the performance targets, not the improvement targets.

Payment Schedule:

The first payment will be made following receipt of the Performance Improvement Plans, on or about October 31, 2022.

The payments based on KIDS NET reports will be made within three (3) weeks of the KIDS NET report date, generally on or about the end of the month in which the report is run. For example, the payment based on the January 15, 2023 KIDS NET report will be made by February 6, 2023 and EOHHS will make its best efforts to make the payment by January 31, 2023.

The payment based on participation in the Behavioral Health Learning Initiative will be made within three weeks of the conclusion of the Initiative, by approximately July 14, 2023.

Behavioral Health Learning Initiative Schedule

The Care Transformation Collaborative of Rhode Island will offer six Behavioral Health ECHO® sessions focused on enhancing provision of behavioral healthcare and inclusive of practice case presentations.

These will occur on the following dates, in all cases from 7:30-8:30am:



- January 26, 2023
- February 22, 2023
- March 23, 2023
- April 26, 2023
- May 24, 2023
- June 22, 2023

Other Available Technical Assistance

On a monthly basis, KIDS NET will provide the Care Transformation Collaborative of Rhode Island with practice specific immunization and lead screening performance reports, which will be shared with the participating practices. Practices are expected to meet with Quality Improvement Practice Facilitators on a monthly basis to review performance and develop and implement plans to ensure all children are up to date on preventive health services. Practices will be offered additional practice facilitation support based on performance.

Practices will be encouraged to participate in Best Practice Sharing Meetings designed to provide practices with peer learning opportunities.

Practices may additionally request customized behavioral health practice facilitation guidance to support practice efforts to respond to child/family behavioral health needs.

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 immunization and lead screening metrics and to participate in the Behavioral Health Learning Initiative and other 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 and email), provider billing information, electronic funds transfer information, physician FTE count, and Medicaid covered pediatric panel size. Providers must also provide their Performance Improvement Plan (inclusive of practice site “lead” and contact information), using the template available here:

<http://www.eohhs.ri.gov/Initiatives/PediRelief.aspx>.

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, the Performance Improvement Plan template, and a blank financial agreement are available here:

<http://www.eohhs.ri.gov/Initiatives/PediRelief.aspx>

Applications will be made available by Tuesday, September 20, 2022. Applications are due by 5:00 pm Tuesday, October 11, 2022. Incomplete applications will not be considered. Applicants must include a signed financial agreement upon submission of the application. If an organization has multiple practices or sites that operate under a single TIN, please submit one application for all practices.

Following the application submission deadline, EOHHS will identify the eligible organizations, calculate the payment amount each is eligible to receive as described above, and make every effort to disburse the first payment to providers by October 31, 2022. A fully executed financial agreement and notice of award will be sent to each organization after first payment is processed.

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>.