

EOHHS Accountable Entity (AE) Stakeholder Meeting

February 21, 2023

**RHODE
ISLAND**

Agenda

1. Welcome
2. Program Updates
3. QPY4 AE Quality Performance
4. Medicaid Renewals
5. Cedar Family Centers
6. Public Comment & Adjourn

Welcome



**RHODE
ISLAND**

Program Updates



AE Program Updates

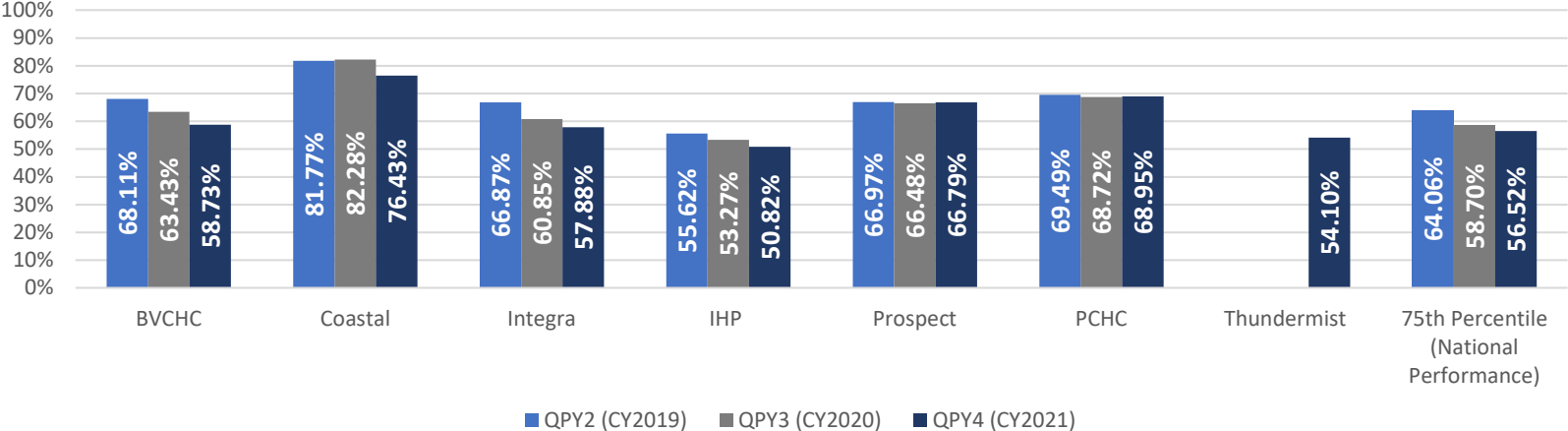
We are currently in Q3 of Program Year (PY) 5 of the AE program. While still focused on PY5 implementation, AEs/MCOs are preparing for a new contract year (PY6).

- OPY6 & QPY6 Targets have been finalized and an updated QIM will be distributed later this week
- PY5 Q2 Incentive Payments have been processed and will be distributed at the end of the month.
- PY5 Q1 TCOC reports are underway
- Final PY4 TCOC performance will be available by May
- Recertification applications are due to EOHHS by 3/15 (new applications are due by 3/31). HSTP Project Plans are due by 5/1 and FQHC ROI project proposals are due by 8/1
- An updated EOHHS/HSTP contact list was distributed; please consult the contact list when reaching out on HSTP related matters

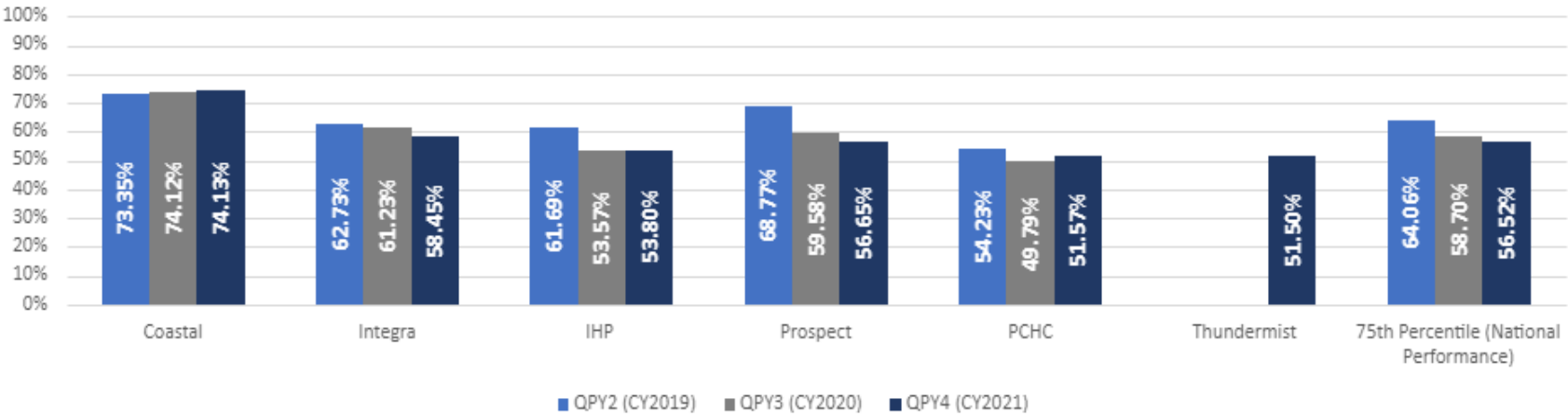
QPY4 (2021) AE Quality Performance

Breast Cancer Screening

Breast Cancer Screening (NHP)



Breast Cancer Screening (UHC)

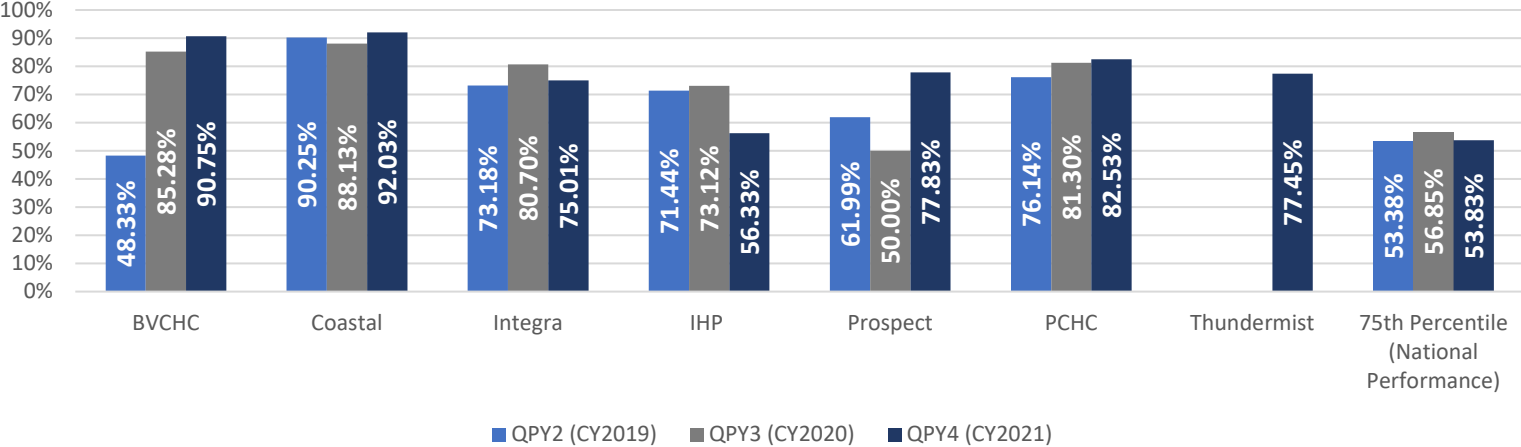


- QPY4 Threshold Target was 55.8% and the High-Performance Target was 63.2%
- For NHP, 5 AEs met the threshold target, and 3 AEs met the high-performance target
- For UHC, 3 AEs met the threshold target, and 1 AE met the high-performance target
- Decreases in overall rates of breast cancer screening were in line with national performance trends.
- Challenges with scheduling mammography’s due to limited capacity within radiology clinics, may be cause for decreased rates across the AE’s.

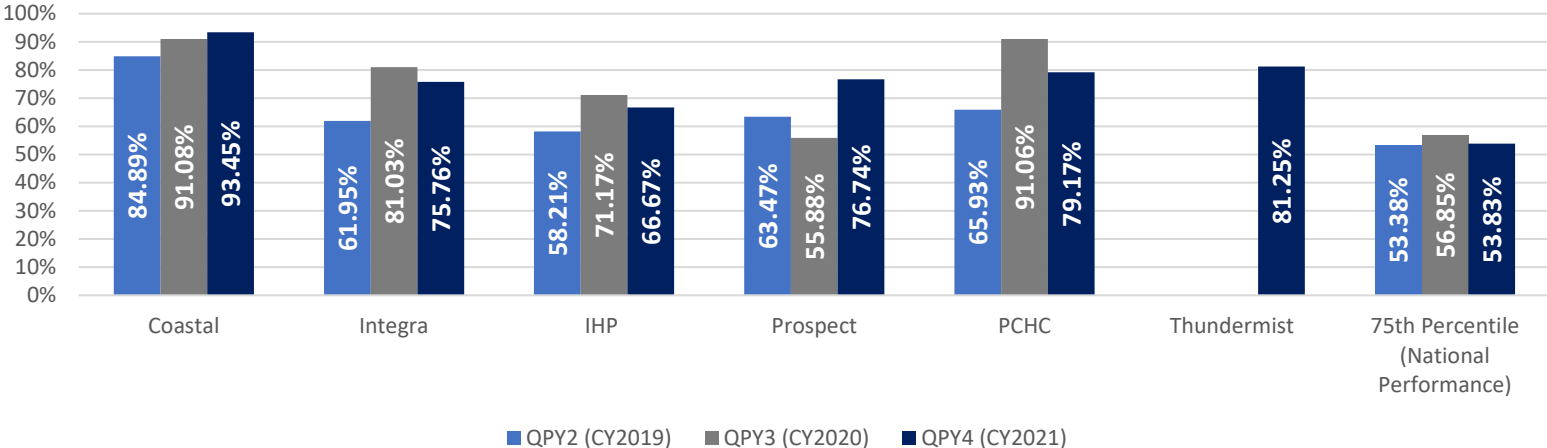
National Medicaid (HMO) Data from Quality Compass 2022

Developmental Screening in the First Three Years of Life

Developmental Screening in the First Three Years of Life (NHP)



Developmental Screening in the First Three Years of Life (UHC)

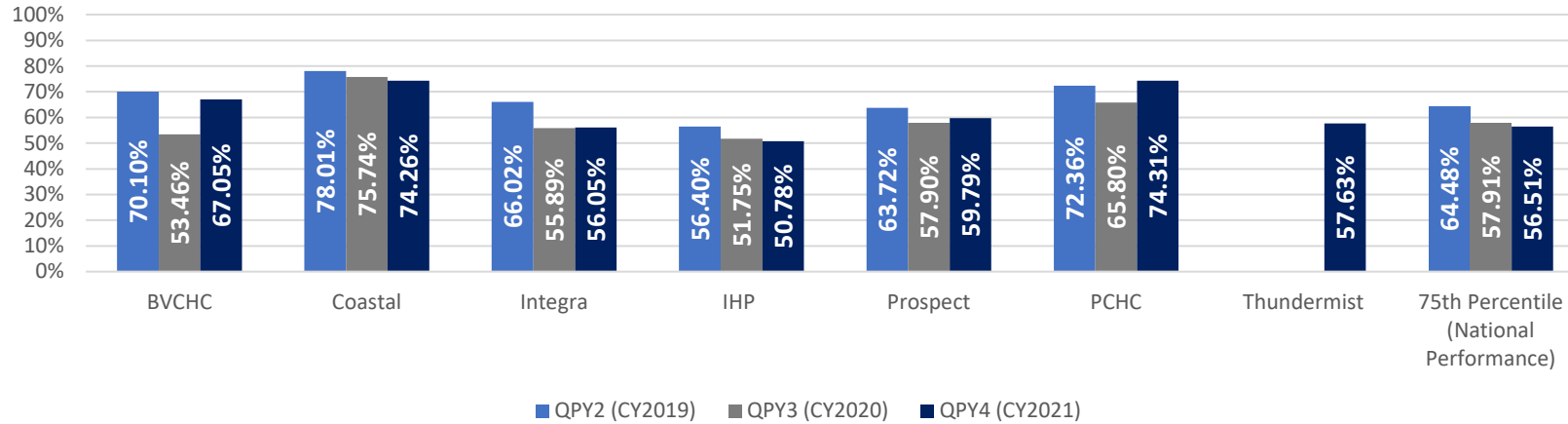


- QPY4 Threshold Target was 53.2% and the High-Performance Target was 65.0%
- For NHP, All AEs met the threshold target, and 6 AEs met the high-performance target
- For UHC, all AEs met the threshold target, and all AEs met the high-performance target
- Increases in rates of screening indicate further progress in developing effective screening practices.

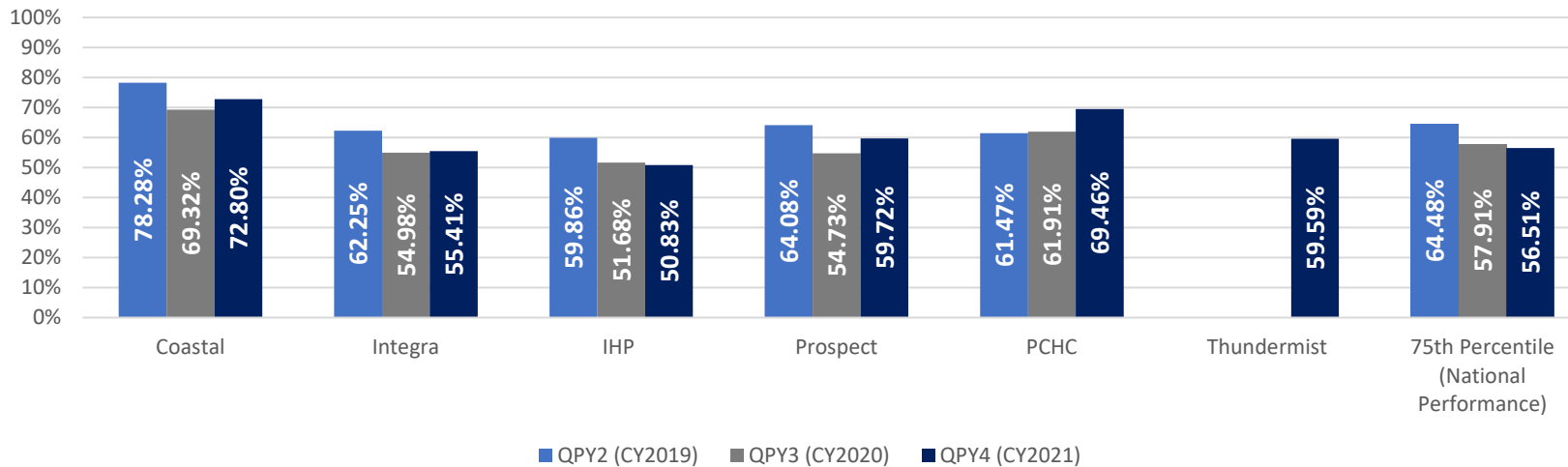
National Medicaid Data from CMS Child Core Set
Data for FFY 2020

Comprehensive Diabetes Care: Eye Exam

Comprehensive Diabetes Care: Eye Exam (NHP)



Comprehensive Diabetes Care: Eye Exam (UHC)

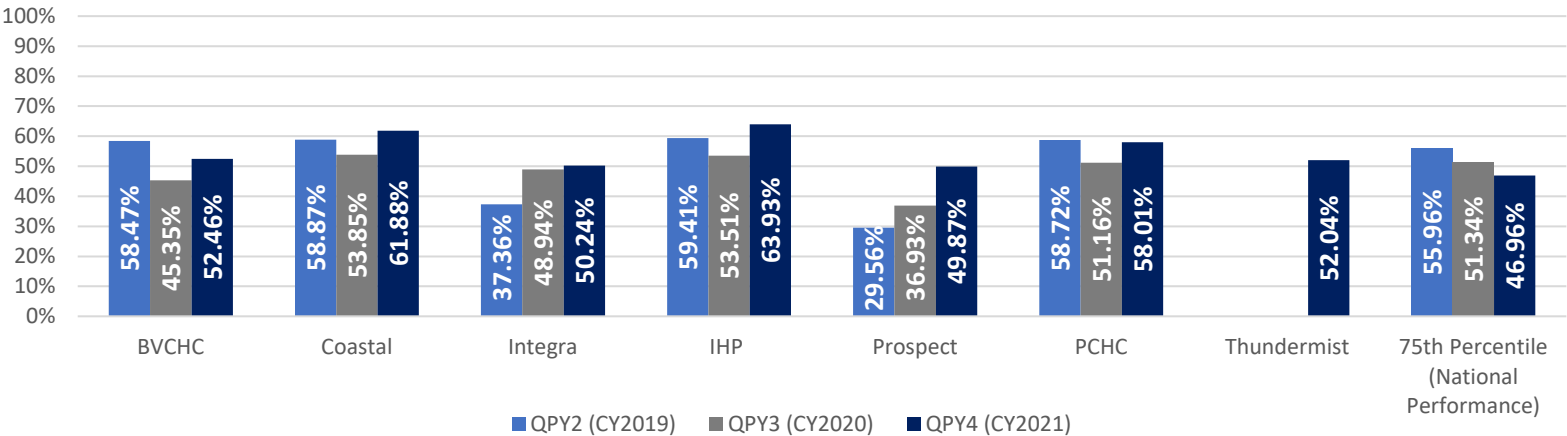


- QPY4 Threshold Target was 51.8% and the High-Performance Target was 60.8%
- For NHP, 6 AEs met the threshold target, and 3 AEs met the high-performance target
- For UHC, 5 AEs met the threshold target, and 2 AEs met the high-performance target

National Medicaid Data (HMO) Data from Quality Compass 2022

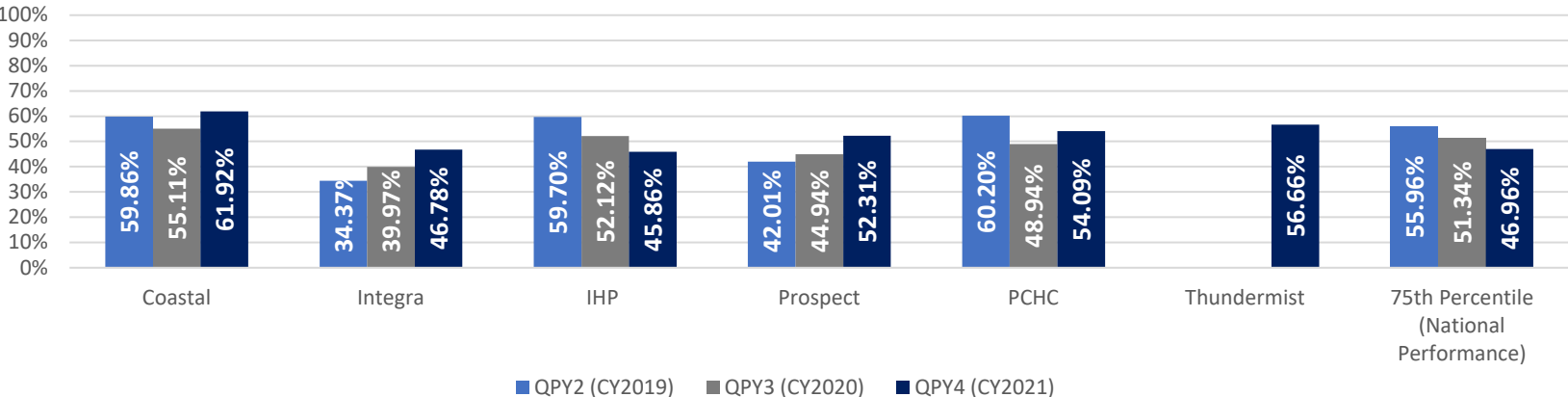
Hemoglobin A1c Control

Hemoglobin A1c Control for Patients with Diabetes: HbA1c Good Control (<8.0) (NHP)



- QPY4 Threshold Target was 49.3% and the High-Performance Target was 58.7%
- For NHP, all AEs met the threshold target, and 2 AEs met the high-performance target
- For UHC, 4 AEs met the threshold target, and 1 AE met the high-performance target

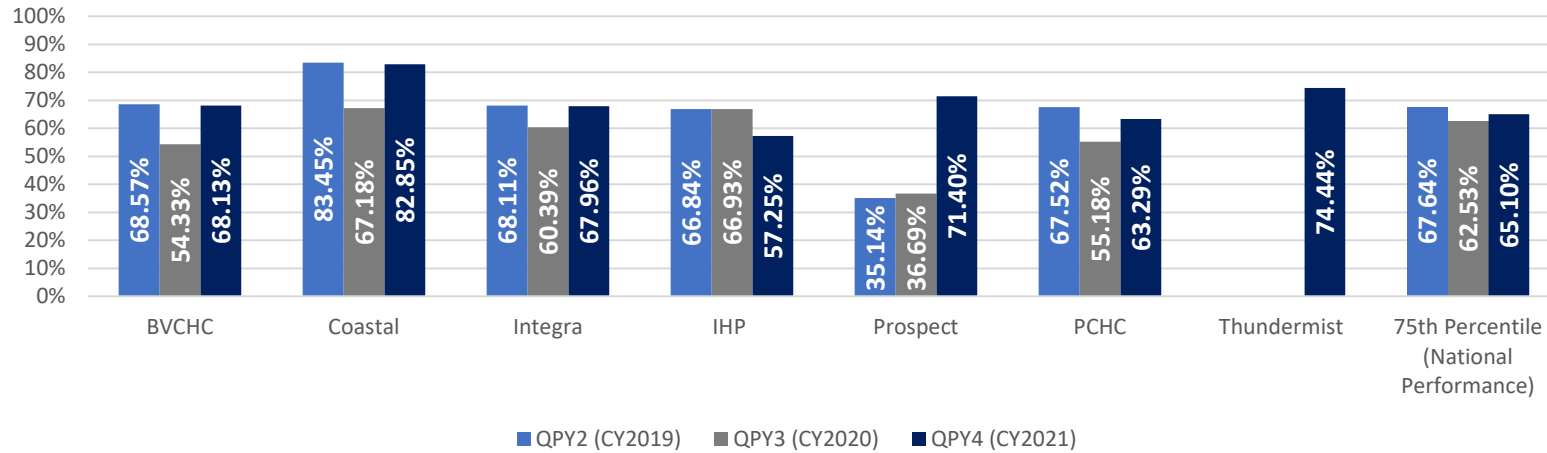
Hemoglobin A1c Control for Patients with Diabetes: HbA1c Good Control (<8.0) (UHC)



National Medicaid Data (HMO) Data from Quality Compass 2022

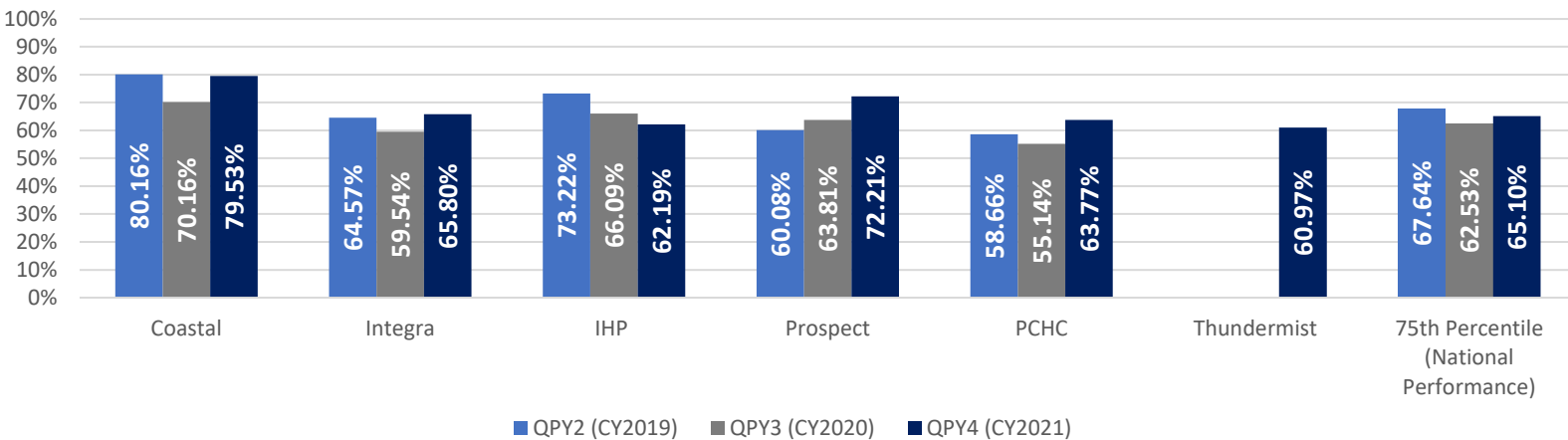
Controlling High Blood Pressure

Controlling High Blood Pressure (NHP)



- QPY4 Threshold Target was 53.8% and the High-Performance Target was 64.2%
- For NHP, all AEs met the threshold target, and 5 AEs met the high-performance target
- For UHC, all AEs met the threshold target, and 3 AEs met the high-performance target

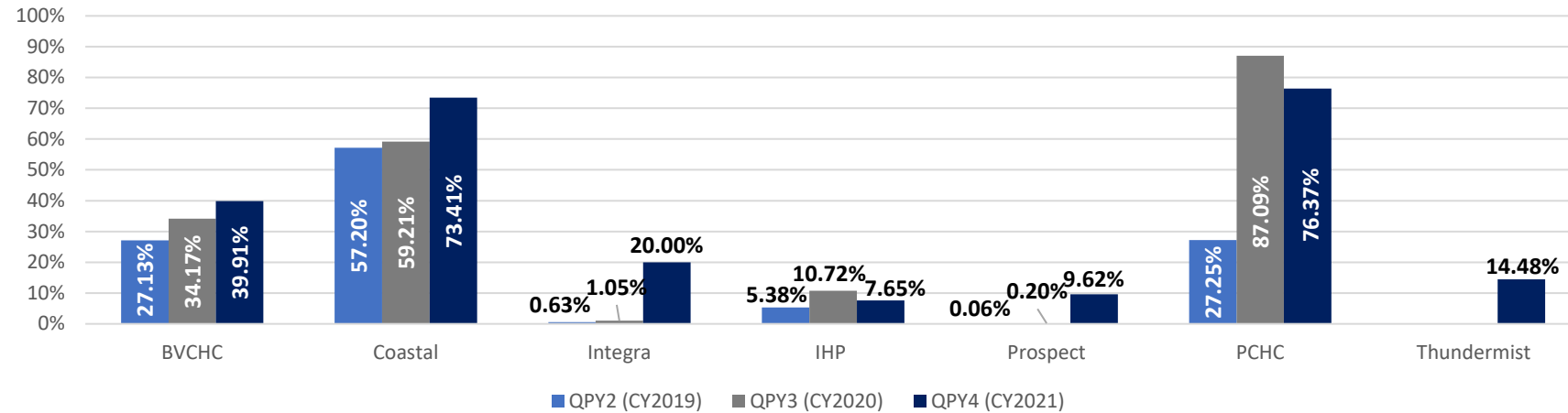
Controlling High Blood Pressure (UHC)



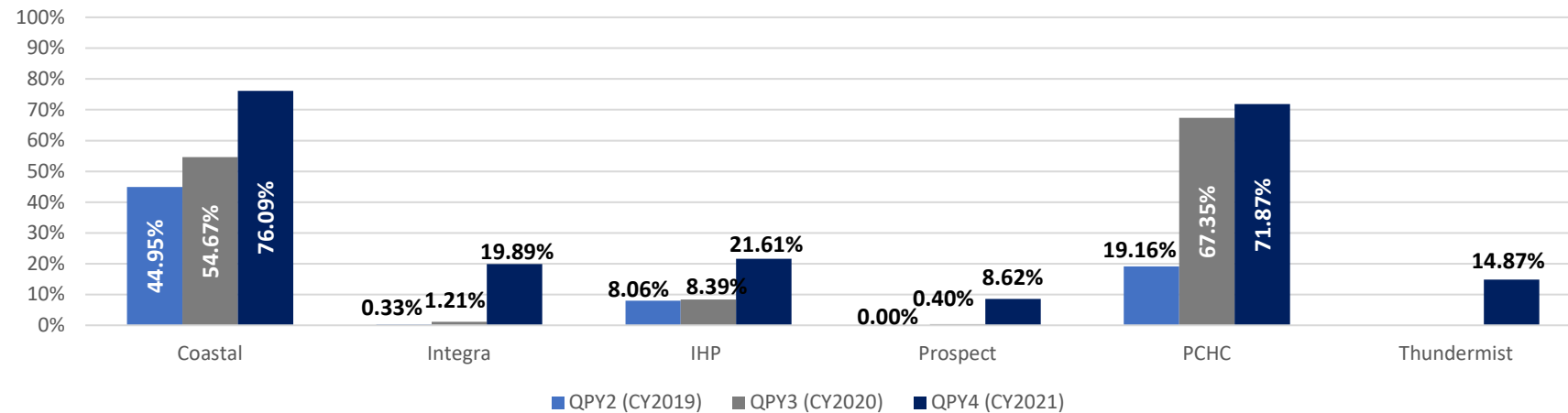
National Medicaid Data (HMO) Data from Quality Compass 2022

Social Determinants of Health (SDOH) Screen

Social Determinants of Health (SDOH) Screen (NHP)



Social Determinants of Health (SDOH) Screen (UHC)

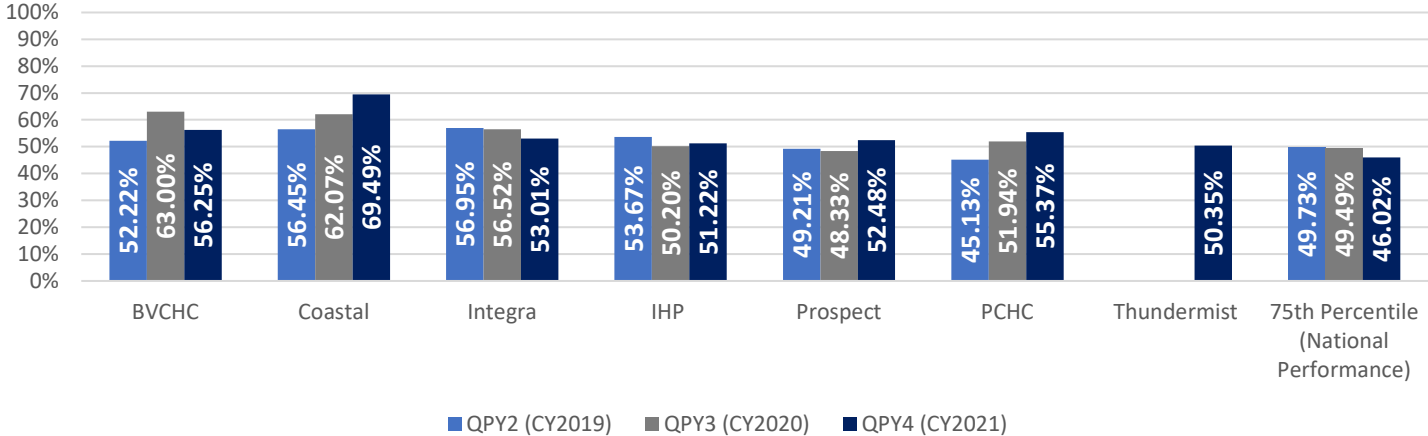


- QPY4 Threshold Target was 25.0% and the High-Performance Target was 50.0%
- For NHP, 3 AEs met the threshold target, and 2 AEs met the high-performance target
- For UHC, 2 AEs met the threshold target, and 2 AEs met the high-performance target
- Staffing retention, workflow barriers, and SDOH demands exceeding practice resources were noted challenges across some of the AEs

No national data available.

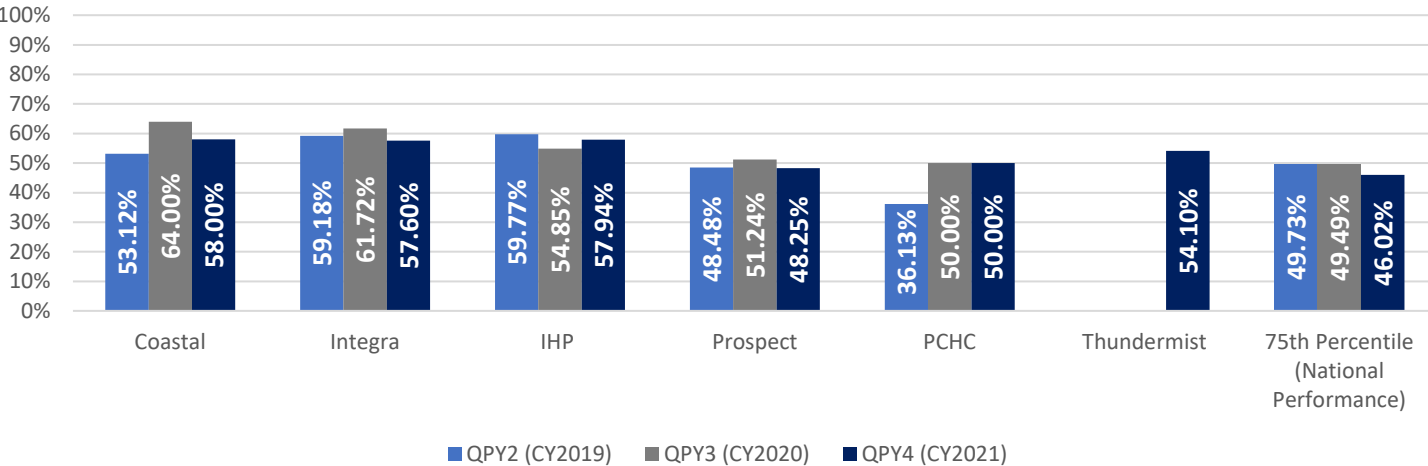
Follow-up After Hospitalization for Mental Illness

Follow-up After Hospitalization for Mental Illness (7-day) (NHP)



- QPY4 Threshold Target was 42.5% and the High-Performance Target was 62.2%
- For NHP, all AEs met the threshold target, and 1 AE met the high-performance target
- For UHC, all AEs met the threshold target

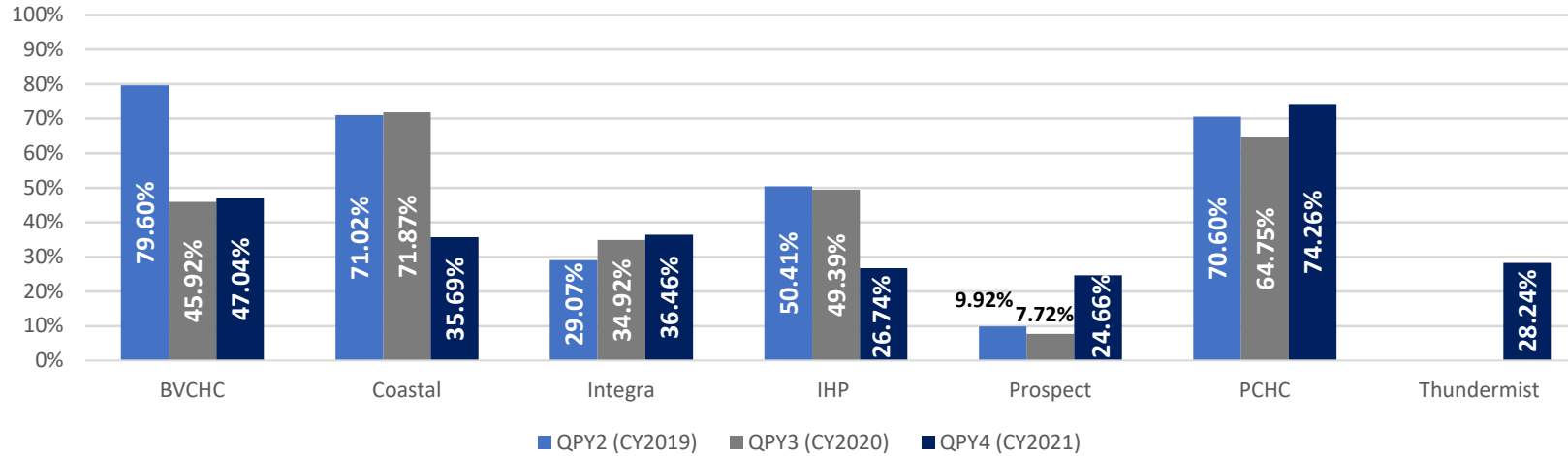
Follow-up After Hospitalization for Mental Illness (7-day) (UHC)



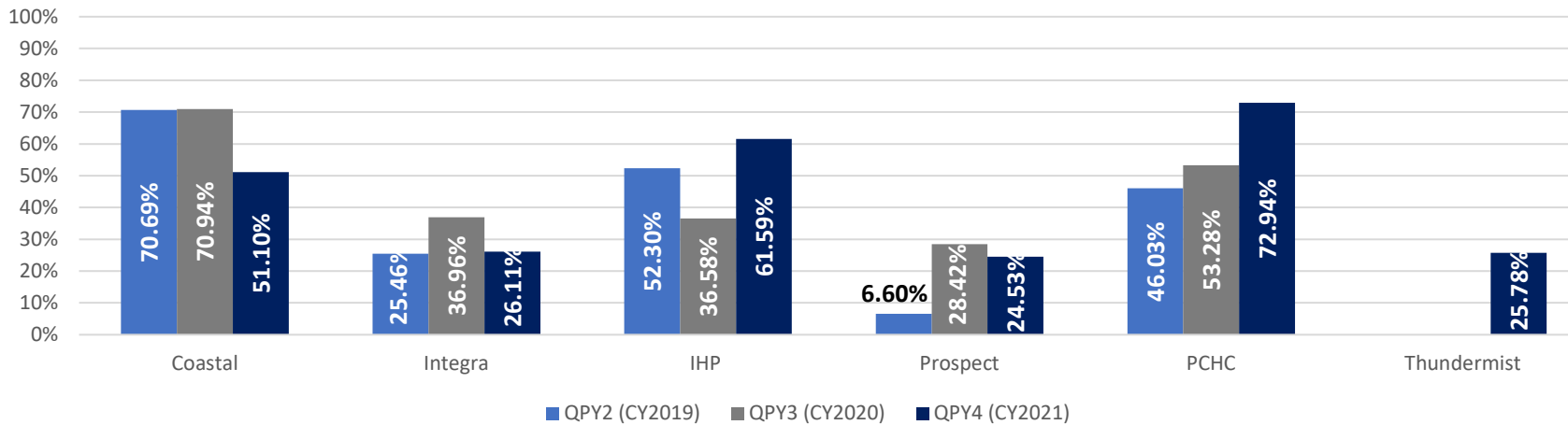
National Medicaid (HMO) Data from Quality Compass 2022

Screening for Depression and Follow-up Plan

Screening for Depression and Follow-up Plan (NHP)



Screening for Depression and Follow-up Plan (UHC)



- QPY4 Threshold Target was 6.6% and the High-Performance Target was 24.8%
- For NHP, all AEs met the threshold target, and 6 AEs met the high-performance target
- For UHC, all AEs met the threshold target, and 5 AEs met the high-performance target

No national data available.

Medicaid Renewals



What Is a Medicaid Renewal or Redetermination?

- Before the COVID-19 pandemic, people who were enrolled in Medicaid had their eligibility reviewed once a year.
 - **This process is called a “renewal” or “redetermination.”**
- During the pandemic, to make sure that people did not lose health coverage, yearly renewal of Medicaid benefits was not required.
 - **Starting in April, Medicaid renewals will begin again in Rhode Island and happen over a period of 12 months so that everyone is not renewed at the same time.**
- People who received Medicaid before the pandemic and who were familiar with the yearly renewal process may need a reminder about how that process worked given it has been a while since that was done.
- People who enrolled in Medicaid for the first time after March 2020 will experience the renewal process for the first time and may need support.



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Which Enrollees and Programs are Included?

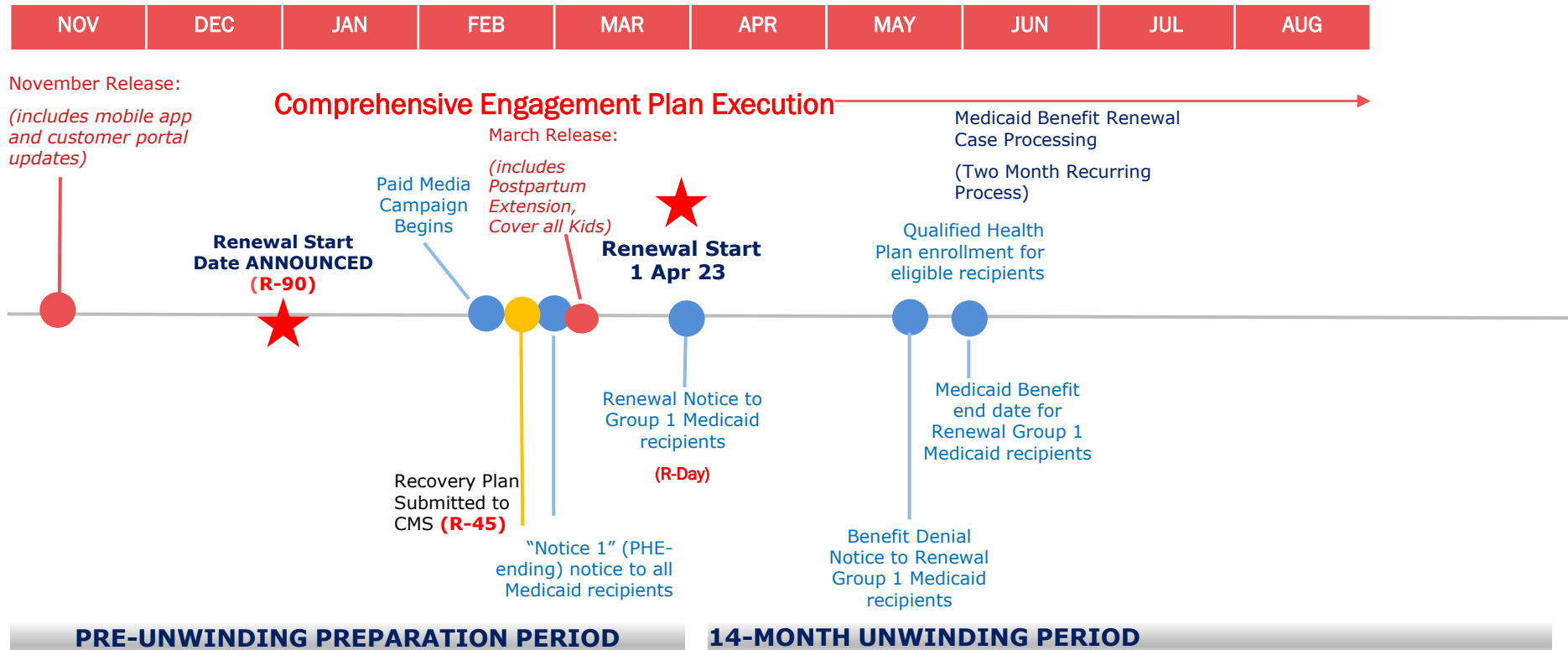
- All Medicaid enrollees, except those involved with DCYF and those on SSI, will be renewed or redetermined through this process.
 - **SSI enrollees are renewed through Medicare.**
 - **Children will not be renewed until January 2024.**
 - **Elderly and disabled are likely to be auto-enrolled.**
- Medicaid renewals and eligibility redetermination will only affect health insurance coverage, not other benefits like SNAP.
 - **While other programs are changing, such as COVID-related SNAP supplements, this is due to changes in other policies, not Medicaid renewals.**
 - **In the event the Public Health Emergency declaration ends, other program changes may occur—again, this is separate to the Medicaid renewal process.**



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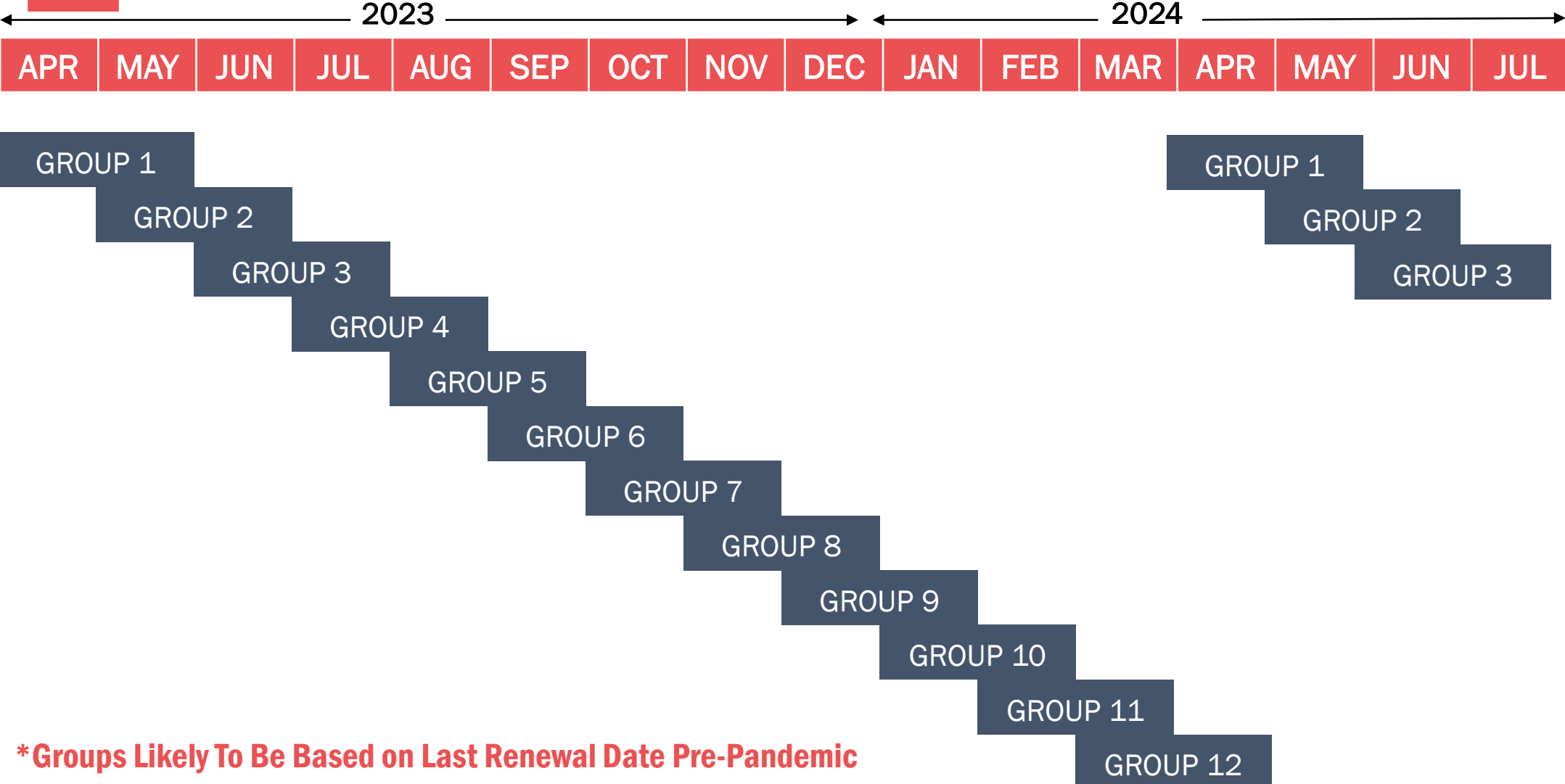
Proposed Operations Timeline*

Timeline assumes (R-Day) of 04/1/2023. Renewal notices mailed for May 1, 2023



**Subject to change*

Proposed Renewal Distribution Groupings*



*Groups Likely To Be Based on Last Renewal Date Pre-Pandemic

Integrated Communications and Community Engagement

KEY GOAL AND STRATEGIC APPROACH

- *Educating and empowering community partners and trusted messengers to share critical information and key actions that must be taken in a timely and linguistically-appropriate manner to reach those most at-risk of being left behind in benefits redetermination.*

Integrated Communications

Proposed:

Social Media
Press Briefings
Media Releases
Online Videos
Websites
All-Staff Messages
Applications

Phase I: Broad Engagements

Proposed:

Community Advocate Forum
Municipal and Legislative Outreach
Call Center Messages
Direct Mailings
Provider Notices
Existing Forums and Commissions

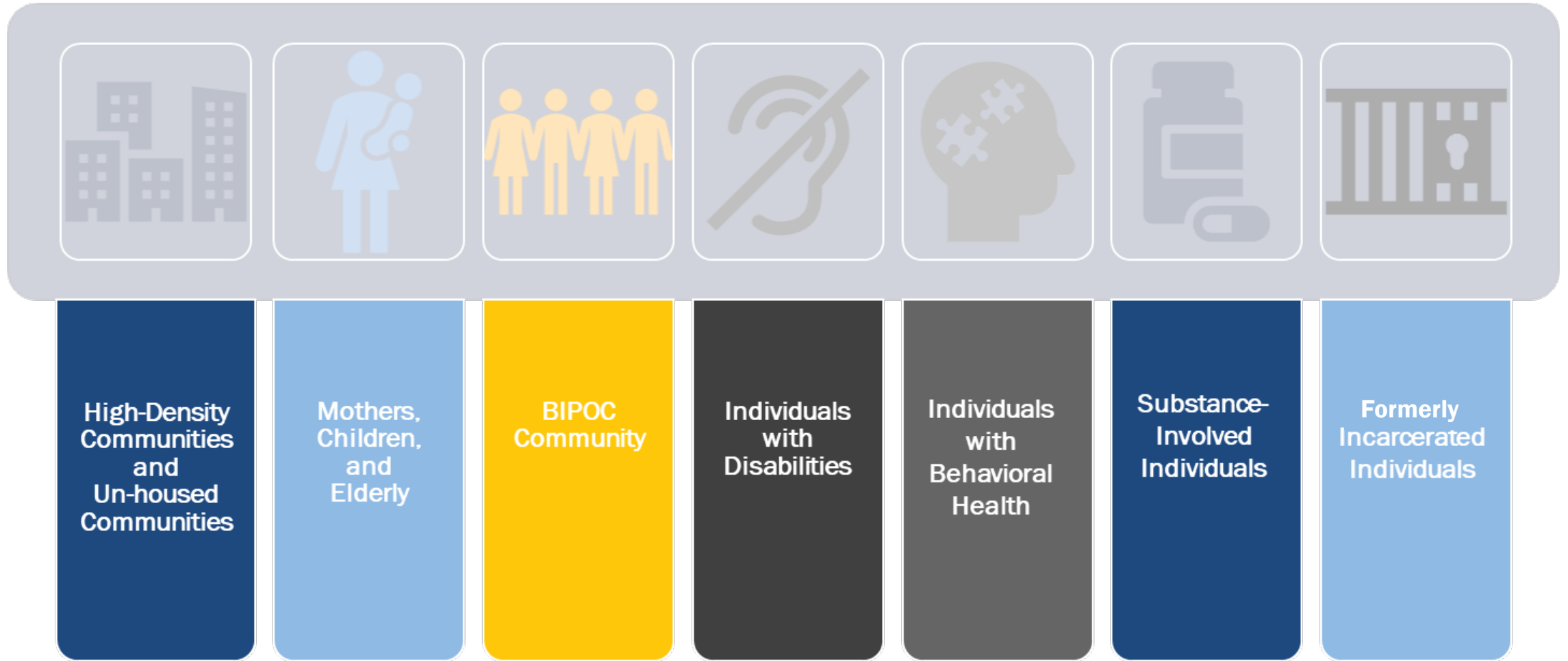
Phase II: Targeted Outreach Plans

Proposed:

Population-Specific Targeted Outreaches
Health Equity Zones
Canvassing/CHWs
New Partnerships
Community Trusted Messengers

MULTILINGUAL & MULTIMODAL MATERIALS

Examples of Priority Populations for Targeted Outreach



Confidential Draft

Please Invite Other Community Partners!



Health and Human Services Medicaid Renewals

Monthly Community Advocate Forum

[Register Here](#) & [Post Questions Here](#)

Community Advocate Forums provide a point-in-time update for Community Advocates.

Key Message: Be Ready, Stay Covered

Key Messages

1. Renewal Are Happening
2. Update Your Contact Information Now
3. Please Open Your Mail and Read Our Texts
4. Protect Yourself Against and Report Fraud
5. Current Changes Affect Health Insurance Only
6. Guide to the Renewal Process
7. How to Get Assistance
8. What To Do With Your Benefits Decision Notice
9. Continuous Coverage Options
10. Reminder–This Will Happen Again Annually



Message on Fraud Reporting for Review

Important Alert About Reporting Suspected Fraud Alert

- We are committed to protecting your personal health information. In the event we need to contact you by telephone, you should only respond to calls from the Rhode Island Department of Human Services and HealthSource Rhode Island for renewals.
 - **Please write these agencies down and keep them handy in case you need to reference them in the future.**
- Where do I report any suspicious activity or suspected fraudulent activities?
 - **Online: Office of Internal Audit Fraud Complaint Form [Will Include Link]**
 - **By phone: Call the Fraud Unit at (401) 574-8175. Please leave a message, and we will process your call promptly.**
 - **By mail: You may send a report to: Fraud Detection and Prevention Unit, One Capitol Hill, Providence, RI 02908** For additional tips on preventing fraud please visit <https://www.usa.gov/common-scams-frauds>

Reminder: Please Follow and Share Social Media Posts

Please follow and share messaging from EOHHS, DHS and HSRI:

Facebook:

RIEOHHS, RhodeIslandDHS or HealthSourceRI

Twitter:

@RIEOHHS, @RIHumanServices, or @ HealthSourceRI

Cedar Family Centers



RIPIN

**RIPIN: Supporting Families who
have Children with Special
Needs**



PERSONAL SUPPORT BUILT ON PERSONAL EXPERIENCE

Who are we?

- RIPIN is a 501(c)(3), charitable, nonprofit organization established in 1991 by a passionate group of parents of children with special needs. These parents recognized that together they could provide support through sharing essential information and helping to find the resources they needed for their loved ones. This peer model continues to be at the heart of our work and has led RIPIN's network to expand statewide. Today we have over 110 employees, most of whom have personal experience caring for a loved one with special health care or educational needs.

RIPIN Programs



www.ripin.org

What is Cedar?



State of Rhode Island

Cedar Family Centers provide intensive care coordination for families with children, ages 3 – 21, who have special healthcare needs.

*Ages 0-3 should be enrolled in Early Intervention!

- Locating clinical services (medical and behavioral)
- Referrals to community and social supports
- Health education and prevention
- Screenings for physical and mental health
- Assistance with changes between levels of service
- Supporting families
- <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/CSHCN/Cedar%20Fact%20Sheet%208.19.pdf>

Eligibility for Cedar Support

Who is Eligible for Intensive Care Coordination?

- Families of children ages 3 - 21 with two or more chronic conditions or have one chronic condition and are at risk of developing a second
- Children having a severe mental illness or severe emotional disturbance
- Children must be Medicaid-eligible



State of Rhode Island

Cedar Triage Tool



Please FAX to RIPIN Cedar Family Center: 401-270-7049
Cedar Referral and Triage Tool

Date of referral:	Is parent/guardian aware of and in full agreement with this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Referral Source:	Phone:	Email:	
Child's First Name:	MI:	Last Name:	
DOB:	Current Age:	Gender:	
Address:			
City:	State:	Zip:	
Parent/Guardian Name:	Email Address:		
Home phone number:	Cell phone number:		
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language:		
Parent/Guardian Name:	Email Address:		
Home phone number:	Cell phone number:		
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language:		
Primary Health Insurance:	Member ID #:		
Secondary Health Insurance:	Member ID #:		
Primary Care Physician:	Phone:		
Child's Social Security #:			
Medicaid ID# (10-digit number found on child's "Anchor" card):			

*** CHILD'S SSN and/or Medicaid ID information MUST be included to submit this form ***

Chronic Conditions requiring Intensive Care Coordination: (Please check all that apply)

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Speech Problems
<input type="checkbox"/> Autism, Asperger's, ASD	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Tourette Syndrome
<input type="checkbox"/> Behavioral Problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Vision Problems
<input type="checkbox"/> Bone, joint, or muscle problems	<input type="checkbox"/> Other (please specify):		

Child/Family Risk Factors:	Current Need	Current Services (please specify)	Past services (please specify)	Current Barrier
Current hospitalization/inpatient admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2+ ED visits related to chronic condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to follow through (appts/med regimen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School issues (low performance, absenteeism, behavior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties with daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to socially interact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Caregiver MH concern or cognitive delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use <input type="checkbox"/> Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food uncertainty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the family require Intensive Care Coordination through Cedar? Yes No

Suggested Alternatives

Cedar Staff/Date

CDR-0027 2021.04.01



Envíe un fax al Centro Familiar RIPIN Cedar: 401-270-7049
Herramienta de triaje y derivación de Cedar

Fecha de referido:	¿Los padres o tutores legal están consciente y totalmente de acuerdo con este referido? <input type="checkbox"/> Sí <input type="checkbox"/> No	
Origen del referido:	Teléfono:	Correo electrónico:
El primer nombre del niño:	Inicial del segundo nombre:	Apellido:
Fecha de nacimiento:	Edad actual:	Género:
Dirección (la calle y el número):		
Ciudad:	Estado:	Código postal:
Nombre del Padre/Guardián:	Teléfono electrónico:	
Teléfono de casa:	Celular:	
¿Necesita intérprete? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿Necesita intérprete, ¿cuál idioma?:	
Nombre del Padre/Guardián:	Teléfono electrónico:	
Teléfono de casa:	Celular:	
¿Necesita intérprete? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿Necesita intérprete, ¿cuál idioma?:	
Seguro médico primario:	ID#:	
Seguro médico secundario:	ID#:	
Nombre del médico de atención primaria:		
Número de seguro social del niño:		
Número de identificación de Medicaid (Número de 10 dígitos, localizado en la tarjeta ancla del niño):		

*** Se DEBE incluir el SSN del NIÑO y / o la información de identificación de Medicaid para enviar este formulario

Condiciones crónicas que requieren coordinación de cuidados intensivos: (marque todos los que apliquen)

<input type="checkbox"/> trastorno por déficit de atención e hiperactividad	<input type="checkbox"/> Lesión cerebral	<input type="checkbox"/> Síndrome de Down	<input type="checkbox"/> Crisis epiléptica
<input type="checkbox"/> Ansiedad	<input type="checkbox"/> Parálisis cerebral	<input type="checkbox"/> Epilepsia	<input type="checkbox"/> Anemia falciforme
<input type="checkbox"/> Asma	<input type="checkbox"/> Depresión	<input type="checkbox"/> problemas auditivos	<input type="checkbox"/> Problemas del habla
<input type="checkbox"/> Trastorno del espectro autista	<input type="checkbox"/> Retraso en el desarrollo	<input type="checkbox"/> Discapacidad intelectual	<input type="checkbox"/> Síndrome de Tourette
<input type="checkbox"/> Problemas de comportamiento	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Discapacidad de aprendizaje	<input type="checkbox"/> Problemas de la vista
<input type="checkbox"/> Problemas de huesos, articulaciones o músculos	<input type="checkbox"/> Otro (por favor especifique):		

Factores de riesgo del niño o de la familia:	Necesidades presentes	Servicios actuales	Servicios pasados	Barrera presentes
Hospitalización/hospitalizado por admisión actualmente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dos o más visitas a la sala de emergencia por condiciones crónica en los últimos 12 meses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incapacidad de seguimiento con las citas médicas o régimen de medicamentos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problemas escolares (bajo rendimiento, ausentismo, comportamiento)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dificultades con la vida diaria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incapaz de interactuar socialmente con los demás	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preocupación por la salud mental o retraso cognitivo del padre o cuidador	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violencia doméstica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uso de sustancias <input type="checkbox"/> Padre <input type="checkbox"/> Cuidador <input type="checkbox"/> Niño	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incertidumbre alimentaria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problemas en el hogar (mantenimiento de la vivienda)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otra (especificar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

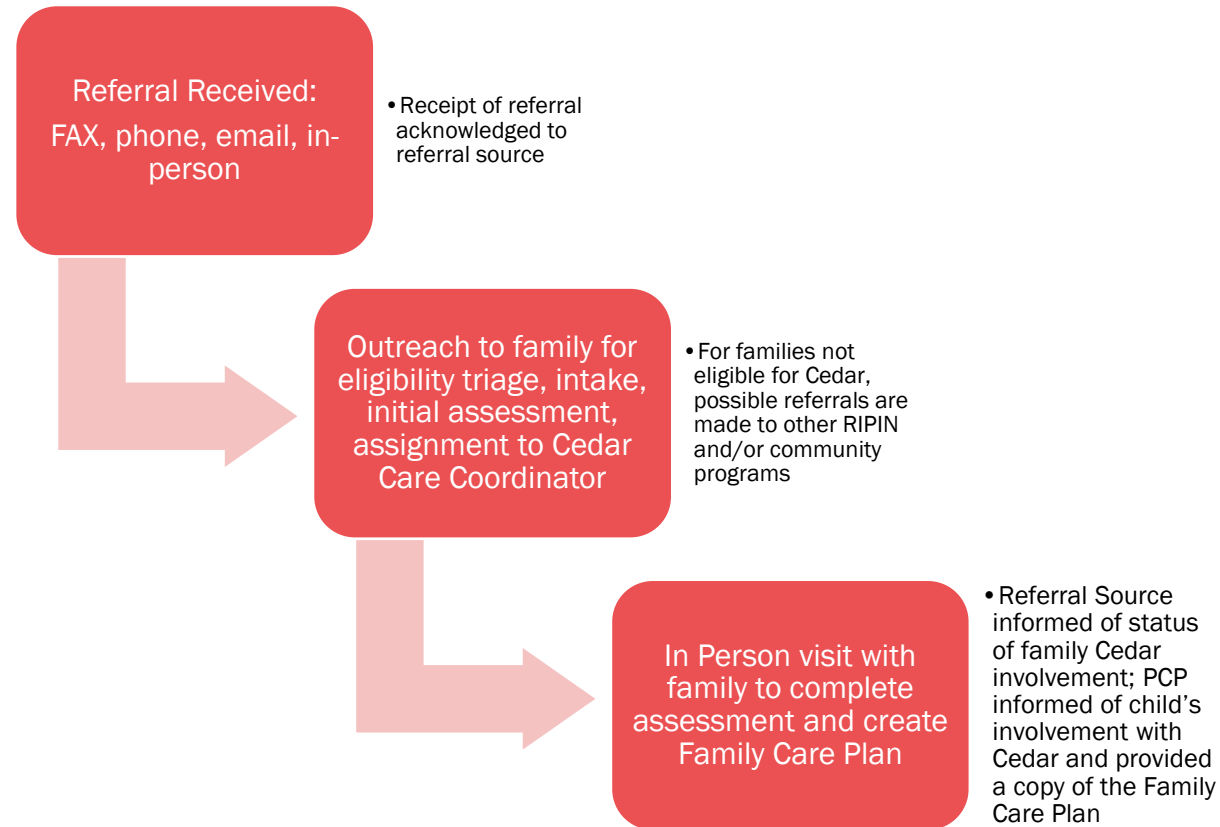
¿La familia requiere coordinación de cuidados intensivos a través de Cedar? Sí No

Alternativas sugeridas

Trabajador de Cedar y la fecha (Cedar Staff/Date)

CDR-0027 2021.04.01

RIPIN Cedar Referral Process



RIPIN Cedar Family Center

Care Coordination Services provided by a team of Community Health Workers who are culturally and linguistically representative of the families served

- Referrals to home based therapeutic services
- Connections to Developmental Screening
- Support for transition from EI
- Special Education information and support
- Access to health insurance, SSI, Child Care
- Connections to specialty providers, DME
- Social determinants of health
- Transition to adult services

Partnering with Accountable Entities

Coastal AE Care Coordination Liaison

Fully embedded
into Central Office
Team

Providing Peer-to-
Peer support for
all referred
families and
individual
regardless of
insurance type

Referral source for
RIPIN Cedar and
other RIPIN
programs

Questions???



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Final Questions and Comments

Upcoming Important Dates

2023 AE Advisory Committee/Stakeholder Meeting Schedule

- 21-Feb – 8:30-10:00
- 16-May – 8:30-10:00
- 15-Aug – 8:30-10:00
- 31-Oct – 8:30-10:00