Report to the Centers for Medicare and Medicaid Services

Quarterly Operations Report

Rhode Island Comprehensive

1115 Waiver Demonstration

DY14 Annual

January 1, 2022 – December 31, 2022

Submitted by the Rhode Island Executive Office of Health and Human Services (EOHHS)

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I. Narrative Report Format

Rhode Island Comprehensive Section 1115 Demonstration

Section 1115 Quarterly Report Demonstration Reporting

Period: DY 14 January 1, 2022 – December 31, 2022

II. Introduction

The Rhode Island Medicaid Reform Act of 2008 (R.I.G.L §42-12.4) directed the state to apply for a global demonstration project under the authority of section 1115(a) of Title XI of the Social Security Act (the Act) to restructure the state's Medicaid program to establish a "sustainable cost-effective, person-centered and opportunity driven program utilizing competitive and value-based purchasing to maximize available service options" and "a results-oriented system of coordinated care."

Toward this end, Rhode Island's Comprehensive demonstration establishes a new State-Federal compact that provides the State with substantially greater flexibility than is available under existing program guidelines. Rhode Island will use the additional flexibility afforded by the waiver to redesign the State's Medicaid program to provide cost-effective services that will ensure that beneficiaries receive the appropriate services in the least restrictive and most appropriate setting.

Under this demonstration, Rhode Island operates its entire Medicaid program subject to the financial limitations of this section 1115 demonstration project, with the exception of:
1) Disproportionate Share Hospital (DSH) payments; 2) administrative expenses; 3) phased-Part D Contributions; and 4) payments to local education agencies (LEA) for services that are furnished only in a school-based setting, and for which there is no third-party payer.

All Medicaid funded services on the continuum of care, with the exception of those four aforementioned expenses, whether furnished under the approved state plan, or in accordance with waivers or expenditure authorities granted under this demonstration or otherwise, are subject to the requirements of the demonstration. Rhode Island's previous section 1115 demonstration programs, RIte Care and RIte Share, the state's previous section 1915(b) Dental Waiver and the state's previous section 1915(c) home and community-based services (HCBS) waivers were subsumed under this demonstration. The state's title XIX state plan as approved; its title XXI state plan, as approved; and this Medicaid section 1115 demonstration entitled "Rhode Island Comprehensive Demonstration," will continue to operate concurrently for the demonstration period.

The Rhode Island Comprehensive demonstration includes the following distinct components:

a. The Managed Care component provides Medicaid state plan benefits as well as supplemental benefits as identified in Attachment A of the Standard Terms and Conditions (STCs) to most recipients eligible under the Medicaid State Plan, including the new adult group effective January 1, 2014. Benefits are provided through comprehensive mandatory managed care delivery systems. The amount, duration and scope of these services may vary and limitations must be set out in the state plan, the STCs, or in demonstration changes implemented using the processes described in section IV of the STCs.

b. The Extended Family Planning component provides access to family planning and referrals to primary care services for women whose family income is at or below 200 percent of the federal poverty level (FPL), and who lose Medicaid eligibility under RIte Care at the conclusion of their 60-day postpartum period. Effective January 1, 2014, eligibility will be raised to 250 percent of the FPL. Section X of the STCs details the requirements.

c. The RIte Share premium assistance component enrolls individuals who are eligible for Medicaid/CHIP, and who are employees or dependents of an employee of an employer that offers a "qualified" plan into the Employer Sponsored Insurance (ESI) coverage.

d. Effective through December 31, 2013, the Rhody Health Partners component provides Medicaid State Plan and demonstration benefits through a managed care delivery system to aged, blind, and disabled beneficiaries who have no other health insurance. Effective November 1, 2013, the Rhody Health Options component expanded to all qualified aged, blind, and disabled beneficiaries whether they have other health insurance or not. Effective January 1, 2014, the New Adult Group began enrollment in Rhody Health Partners. The amount, duration, and scope of these services may vary and limitations must be set out in the state plan, the STCs, or in demonstration changes implemented using the processes described in section IV of the STCs.

e. The Home and Community-Based Service component provides services similar to those authorized under sections 1915(c) and 1915(i) of the Act to individuals who need home and community-based services either as an alternative to institutionalization or otherwise based on medical need.

f. The RIte Smiles Program is a managed dental benefit program for Medicaid eligible children born after May 1, 2000.

On December 2, 2018, CMS renewed the Comprehensive demonstration through December 31, 2023. This renewal includes changes to support a continuum of services to treat addictions to opioids any other substances, including services provided to Medicaid enrollees with a substance use disorder (SUD) who are short-term residents in residential and inpatient treatment facilities that meet the definition of an Institution for Mental Disease (IMD). The Comprehensive demonstration renewal commenced with an effective date of January 1, 2019.

During CY 2022, Rhode Island made significant progress in several important areas, with some highlights here and full detail within the report:

- Home and Community-Based Services Quality Improvement:
    - In January 2022, timely submitted the State's Quality Assurance System and Strategy (STC 22c and 22g); The State's methodology for identifying the HCBS population (STC 22h); and a list of HCBS functions that are delegated from EOHHS to other State agencies through Memorandums of Understanding or other

written documentation (STC 22f).
    - In June 2022, timely re-submitted the critical incident report for CY 2019, CY 2020, and CY 2021.
    - In September 2022, timely submitted its response to the CMS Draft Quality Review.
    - The QIS team completed the critical incident education memo and sought and received leadership approval to revise education materials.
    - In December, submitted a new proposal for a restrictive intervention performance measure which was submitted to CMS for approval on December 2.
- Workforce Retention and Recruitment:
    - Made significant progress in distributing more that $57 million in funding to the HCBS direct care workforce
    - Finalized an advanced certification program plan for direct care workers to increase workforce skills, credentials, and advancement opportunities
- LTSS System Modernization
    - Made progress towards implementing a true No Wrong Door System to improve the consumer experience with LTSS, reduce historic agency silos, and ensure compliance with the HCBS Final Rule.
    - Agreed to a framework for No Wrong Door software development over a period of three years, finalized the scope of work for phase 1 to implement a single standard functional assessment for LTSS HCBS, and secured a contract amendment with Wellsky to implement it.
    - Selected a software vendor to establish a cloud-based IT LTSS beneficiary relationship management (BRM) system to establish one unified electronic LTSS record which travels with the beneficiary as they move through the State's LTSS system.
    - During Q3, continued to make progress in operationalizing the Wellsky cloud-based client information management system and drafting a strategic plan to inform person-centered planning and conflict-free case management implementation.
- Rates for Waiver Services: Implemented rate increases authorized by the RI General Assembly for the following services:
    - Meals on Wheels
    - Independent Provider
    - Personal Choice
    - Children's Therapeutic and Respite Services
- State Plan Amendments: In 2022, Rhode Island submitted 25 State Plan Amendments, of which 18 have been approved and 7 are still pending.

III. Enrollment Information

Complete the following table that outlines all enrollment activity under the demonstration. Indicate "N/A" where appropriate. If there was no activity under a particular enrollment category, the state should indicate that by placing "0" in the appropriate cell.

Note:

Enrollment counts should be participant counts, not participant months.

Summary:

Number of current enrollees as of the last day of the month in the reported quarter (March 31, 2022) with eligibility for full benefits is **358,763**. This does not include another 2,907 members eligible under Rhode Island's separate CHIP program (and not reflected in **Table III.1**). Nor does it include an additional **13,138** members with partial Medicaid coverage.

The 1.1% increase in Medicaid enrollment (full Benefits) over the year is due to the continued moratorium on terminations consistent with CMS guidance related to Public Health Emergency. EOHHS only terminated members due to death, a request for termination by the member and a member moving out-of-state.

Table III.1 Medicaid-Eligible Enrollment Snapshot as of Quarter-End (in Current DY) and Year-End

	DY12	DY13	DY14					
	Dec-20	Dec-21	Mar-21	Jun-21	Sep-21	Dec-21	Quarter Δ	YTD Δ
01: ABD no TPL	16,019	15,681	15,685	15,683	15,430	15,365	-65	-316
02: ABD TPL	32,554	33,779	34,242	34,783	35,045	35,269	224	1,490
03: Rite Care	135,676	138,839	139,472	141,748	143,582	143,918	336	5,079
04: CSHCN	12,468	12,238	12,170	12,359	12,402	12,301	-101	63
05: Family Planning	1,688	1,369	1,245	1,173	1,139	1,103	-36	-266
06: Pregnant Expansion	43	56	58	65	88	96	8	40
07: CHIP Children	30,670	33,617	34,413	33,310	33,032	33,886	854	269
10: Elders 65+	1,581	1,592	1,607	1,218	1,217	1,218	1	-374
14: BCCPT	79	87	88	90	93	93	0	6
15: ORS CNOM	72	74	90	102	126	100	-26	26
17: Early Intervention	1,801	1,781	1,711	1,645	1,490	1,409	-81	-372
18: HIV	811	814	821	796	775	789	14	-25
21: 217-like	4,501	4,691	4,773	4,879	5,018	5,032	14	341
22: New Adult Group	92,357	103,806	106,017	107,893	110,337	112,803	2,466	8,997
27: Undocumented	146	58	50	53	67	43	-24	-15
Grand Total	**330,466**	**348,482**	**352,442**	**355,797**	**359,841**	**363,425**	**3,584**	**14,943**
Subtotal – Full Benefits	324,367	342,794	346,918	350,810	355,027	358,763	3,736	15,969
Subtotal – Partial Medicaid	6,099	5,688	5,524	4,987	4,814	4,662	-152	-1,026

Notes to Table III.1:

1. "Snapshot" reporting includes members enrolled as of December 31 for each of the four prior Demonstration Years (DY) and last day of reported quarter(s) within the current DY.
2. “03: Children with Special Healthcare Needs (CHSCN)” includes Budget Populations, “08: Substitute Care” and “09: CSHCN Alt.”
3. “07: CHIP Children” includes members eligible under CMS 64.21U and CMS 21. The former reflects the state’s CHIP Expansion program for low-income children, whereas the later includes pregnant women and unborn children who are eligible under the Separate CHIP program. Only the CMS 64.21U eligible members are eligible under the Rhode Island’s 1115 financial reporting and so included above. Details on the members excluded from this Budget Population for purposes of calculating Rhode Island’s Budget Neutrality PMPM are shown in Table III.1b.
4. "10: Elders 65+" includes members eligible under the (a) Office of Health Aging (OHA) CNOM program to assist elders paying for medically-necessary Adult Day and Home Care services, and (b) Medicare Premium Payment (MPP) Only (i.e., QMB Only, SLMB, and Qualifying Individuals). The MPP Only subgroup, however, are excluded for purposes of calculating PMPM b/c these costs are invoiced in aggregate and only reported under "02: ABD TPL.” Details on this Budget Population are shown in Table III.2.
5. "Hypothetical 03: IMD SUD" are reported here for informational purposes. The expenditures (for Budget Services 11 per the Rhode Island’s 1115 Waiver) for such members are reported under the member’s underlying eligibility group. Where these members appear for purposes of calculating Rhode Island’s Budget Neutrality PMPM are shown in Table III.3.
6. “22: New Adult Group” and “Low-Income Adults” are used interchangeably.

Table III.2. Medicaid-Eligible members excluded for 1115 Budget Neutrality Calculations

	DY12	DY13	DY14					
			Mar-22	Jun-22	Sep-22	Dec-22	Quarter Δ	YTD Δ
07: CHIP Pregnant & Unborn	1,487	2,275	2,397	2,566	2,729	2,907	178	632
10: Elders 65+ - MPP Only	7,514	8,120	8,119	8,179	8,351	8,476	125	356
99: Base	3	3	4	3	4	9	5	6

Notes to Table III.2:

1. "Snapshot" reporting includes members enrolled as of December 31 for each of the four prior Demonstration Years (DY) and last day of reported quarter(s) within the current DY.
2. "07: CHIP Pregnant & Unborn" are members eligible under Rhode Island's Separate CHIP program. Their expenditures are reported under form CMS 21 and not included in the 1115 waiver reporting. These members are not included in **Table III.1**.
3. "10: Elders 65+ MPP Only" includes members eligible exclusively for support with their Medicare premium payments (i.e., QMB Only, SLMB, and Qualifying Individuals). The MPP Only subgroup is included in **Table III.1** but are excluded for purposes of calculating PMPM b/c these costs are invoiced in aggregate and only reported under "02: ABD TPL."

Table III.3. Medicaid-Eligible members receiving IMD SUD Services (Budget Services No. 11)

	DY12	DY13	DY14					
			Mar-22	Jun-22	Sep-22	Dec-22	Quarter Δ	YTD Δ
01: ABD no TPL	110	106	90	97	113	89	-24	-17
02: ABD TPL	25	19	17	11	4	5	1	-14
03: Rite Care	59	59	55	51	62	54	-8	-5
04: CSHCN	1	2	3	5	10	6	-4	4
21: 217-like	1	1	0	0	0	0	0	-1
22: New Adult Group	487	488	454	480	511	367	-144	-121
Grand Total	683	675	619	644	700	521	-179	-154

Notes to Table III.3:

1. "Snapshot" reporting includes members enrolled as of December 31 for each of the four prior Demonstration Years (DY) and last day of reported quarter(s) within the current DY.
2. Members using IMD SUD Budget Services meet the following criteria within the quarter:
   - Full Medicaid benefits
   - Aged between 21 and 64 years old inclusive
   - Have at least one residential stay for SUD purposes at an state-designated IMD within the fiscal quarter. Current list of IMDs providing with 16+ beds for SUD-related services include: The Providence Center, Phoenix House, MAP, Bridgemark, Adcare, and Butler Hospital
3. These counts will be updated (and increase) as more claims are paid and submitted to EOHHS thereby identifying more individuals with an IMD SUD related claim.

Number of Enrollees that Lost Eligibility

The number of enrollees eligible in the prior quarter who had lost eligibility for full Medicaid benefits as of the last day in the current quarter is **3,617**.

The cumulative count of terminations among those with full Medicaid benefits in the current demonstration year is **12,966**.

Table III.4 Medicaid-eligible members that lost eligibility by Quarter (in Current DY) and in Demonstration Year

	DY12	DY13	DY14				
			Mar-22	Jun-22	Sep-22	Dec-22	YTD
01: ABD no TPL	613	633	215	171	312	154	769
02: ABD TPL	3,426	2,542	454	363	398	255	1,384
03: Rite Care	5,447	4,795	1,404	1,509	1,177	1,436	4,670
04: CSHCN	282	419	323	94	173	145	702
05: Family Planning	195	86	60	13	4	5	77
06: Pregnant Expansion	2	2	1	0	0	0	0
07: CHIP Children	1,562	1,086	302	309	220	314	1,012
10: Elders 65+ - OHA Copay	182	113	19	449	55	59	510
14: BCCPT	8	3	1	0	1	0	2
15: ORS CNOM	64	62	43	60	62	82	62
17: Early Intervention	1,179	1,019	261	277	306	307	1,039
18: HIV	72	82	14	41	41	1	88
21: 217-like	386	370	94	62	56	56	257
22: New Adult Group	5,624	4,293	1,247	1,475	903	1,232	4,101
27: Undocumented Immigrants	32	125	36	30	34	48	38
Grand Total	**19,074**	**15,630**	4,474	4,853	3,742	4,094	14,711
Subtotal - Full Medicaid	**17,453**	**14,190**	4,079	3,999	3,253	3,617	12,966

Notes to Table III.4:

1. Loss of Eligibility reflects complete the loss of Medicaid eligibility between subsequent reporting periods (i.e., member was eligible on March 31 but no longer eligible on June 30). Members who move from one eligibility group to another are not reported herein; nor are members who gained and lost eligibility within the same quarter.
2. Annual counts of members losing eligibility compares subsequent December 31 snapshots. Only those that lost all eligibility are counted. Members who lost eligibility and regained eligibility prior to end of DY would not be included; nor are members who gained and lost eligibility within the same DY.
3. Within current DY, YTD refers to number who have lost eligibility between December 31 of prior fiscal year and end of the most recent quarter. Members who regained eligibility in a quarter would not be counted.

IV. "New"-to-"Continuing" Ratio

The Rhode Island 1115 Comprehensive Demonstration Waiver includes a self-direction component. As of September 30, 2022, a total of **1, 926** Medicaid-eligible members were in a self-directed HCBS program, including 855 in a program administered by EOHHS and 1,071 in a program for I/DD members and administered by Rhode Island's Department of Behavioral Health Developmental Disabilities & Hospitals (BHDDH).

The ratio of new-to-continuing Medicaid personal care service participants at the close of DY 14:

Table IV.1. Self-Directed/Personal Choice New-to-Continuing Ratio

	DY12	DY13	DY14				
			Mar-22	Jun-22	Sep-22	Dec-22	YTD Avg.
New	98	262	52	73	58	56	223
Continuing	437	464	692	721	767	799	632
Subtotal - EOHHS	**535**	**726**	**744**	**794**	**825**	**855**	**855**
Subtotal - BHDDH			**971**	**1,012**	**1,035**	**1,071**	**1,071**
Grand Total			**1,715**	**1,806**	**1,860**	**1,926**	**1,926**

Notes to Table IV.1:

1. "New" is defined as a member eligible for services on the last day of the quarter and not previously eligible for services on the last day of the prior quarter. "Continuing" means that the member-maintained eligibility for services across subsequent quarters.
2. For prior demonstration data, the counts reflect the average of the quarter-ending results within the year.
3. For figure for the BHDDH Self-Directed program for I/DD members represent total quarter-end snapshot only.

V. Special Purchases

The Rhode Island 1115 Comprehensive Demonstration Waiver includes a self-direction component. Below are the special purchases approved during DY14 January 1, 2022 – December 31, 2022 (by category or by type) with a total of **$15,955.72** for special purchases expenditures.

Q1 2022	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	5	Over the counter medications		$ 793.59
	1	Acupuncture		$ 360.00
	7	Service Dog Training		$ 875.00
	6	Massage Therapy		$ 790.00
	3	A Bourbonniere		$ 235.74
	2	Massage float therapy		$ 665.00
	1	Van retro fitting		$ 1,568.77
	CUMULATIVE TOTAL			**$ 5,288.10**

Q2 2022	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	2	Over the counter medications		$ 567.76
	6	Acupuncture		$ 450.00
	6	Service Dog Training		$ 875.00
	2	Massage Therapy		$ 150.00
	2	A Bourbonniere		$ 102.58
	CUMULATIVE TOTAL			**$2,145.34**

Q3 2022	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	4	Over the counter medications		$ 718.94
	7	Acupuncture		$1,853.00
	13	Service Dog Training		$1,625.00
	1	Massage Therapy		$ 95.00
	1	Protein Powder		$ 51.29
	1	Medic Alert		$ 59.99
	CUMULATIVE TOTAL			**$ 4,403.22**

Q4 2022	# of Units/ Items	Item or Service	Description of Item/Service (if not self-explanatory)	Total Cost
	2	Over the counter medications		$ 492.78
	3	Acupuncture		$1,170.00
	11	Service Dog Training		$1,375.00
	6	Massage Therapy		$ 510.00
	1	Health Supplements		$ 51.29
	1	Specialized Commode/wc		$ 139.99
	CUMULATIVE TOTAL			**$ 4,119.06**

VI. Outreach/Innovative Activities

Summarize outreach activities and/or promising practices for January 1, 2022 – December 31, 2022.

Innovative Activities

Health System Transformation Project

On October 20, 2016, CMS approved the state's 1115 Waiver request to implement the Rhode Island Health System Transformation Project (HSTP) to support and sustain delivery system reform efforts. The RI HSTP proposes to foster and encourage this critical transformation of RI's system of care by supporting an incentive program for hospitals and nursing homes, a health workforce development program, and Accountable Entities. During Q1, the following activities occurred.

Health Workforce Development Program

1. Continued collaborative efforts between Medicaid, RI Department of Labor and Training, Institutions of Higher Education (IHEs), RI Department of Health, and Commission on the Deaf and Hard-of-Hearing to advise, develop, review, and monitor HSTP-funded healthcare workforce transformation projects to support the establishment of Accountable Entities and other related system transformation objectives. Provided guidance and support regarding program and policy changes related to the COVID-19 pandemic

2. Assisted in the development of workforce objectives and metrics related to the development of an LTSS APM.

3. Explored opportunities to align and leverage enhanced HCBS FMAP workforce investments with HSTP workforce investments.

3. Provided guidance and support to other healthcare workforce transformation initiatives throughout RI to maximize alignment, collaboration, and impact of efforts related to primary care, long-term care, behavioral health, developmental disabilities, oral health, and other areas with critical workforce needs.

Accountable Entities (AEs)

Q1 2022

- EOHHS focused on implementation of Program Year 5 (PY5) including certifying Accountable Entities to bear downside risk and reviewing and approving certification applications.

- AEs continued working on remaining project milestones for PY3 as they began working on Q2 PY4 HSTP Project Plan Milestones.
- EOHHS continued to work with Bailit Health on the AE/MCO Quality Work Group to adopt updated measure specifications and review measures and/or the incentive methodology for the current performance year (i.e., OPY4/QPY4) and next performance year (i.e., OPY5/QPY5).
- Under the contact with the Center for Health Care Strategies (CHCS) individualized technical assistance was provided to Medicaid AEs and MCOs. In addition to bi-weekly meetings with EOHHS, CHCS s facilitated meetings in January on "Best Practices in Transitions of Care" and a final technical assistance meeting in March on "Program Achievements and Lessons Learned".
- EOHHS held a stakeholder meeting for the Accountable Entities and Managed Care Organizations in February presenting on the Community Referral Platform "UniteUs"; a presentation by the Commission for the Deaf and Hard of Hearing on Workforce Training and a presentation by the 1115 Waiver Evaluator that detailed an overview of the evaluation.

Q2 2022

- All seven Accountable Entities (AEs) applied and were approved by EOHHS for recertification for Program Year (PY) 5.

- AEs completed work on remaining HSTP Project Plan targets for PY3 as they continued working on PY4 HSTP Project Plan targets.
- EOHHS continued to work with Bailit Health on the AE/MCO Quality Work Group to adopt updated measure specifications and review measures and/or the incentive methodology for the current performance year (i.e., OPY5/QPY5) and next performance year (i.e., OPY6/QPY6).

- EOHHS and RIDOH announced two $450,000 grants to two of Rhode Island's Health Equity Zones (HEZs) – Pawtucket/Central Falls and Central Providence – to partner with AEs in a Participatory Budgeting initiative.

- EOHHS began the process of planning for PY6 (July 1, 2023 – June 31, 2024) by reviewing/updating certification standards and other relevant program documents.

Q3 2022

- All seven Accountable Entities (AEs) have executed contracts with at least one of the two Medicaid MCOs.

- AEs continued to work on PY4 HSTP Project Plans and begun working on PY5 HSTP Project Plans.
- EOHHS continued to work with Bailit Health on the AE/MCO Quality Work Group to adopt updated measure specifications and review measures and/or the incentive methodology for the upcoming performance year (i.e., OPY6/QPY6).

- The two Health Equity Zones (HEZs) that were given Participatory Budgeting grants have begun collecting proposals from the community for projects to fund.

- EOHHS released the Roadmap and Sustainability plan for PY6 (July 1, 2023 – June 31, 2024), and subsequently received and public comments.

- EOHHS release the PY6 (July 1, 2023 – June 31, 2024) AE program requirement documents for public comments. Proposed program updates include the implementation of a global shared savings cap starting in PY6.

Q4 2022

- EOHHS finalized the PY6 (July 1, 2023 – June 31, 2024) AE program requirement documents.

- The AEs completed work on remaining HSTP Project Plan targets for PY4 as they continued working on PY5 HSTP Project Plan targets.

- The MCOs completed and shared final QPY4 (2021) AE quality performance with EOHHS.

- EOHHS continued to work with Bailit Health on the AE/MCO Quality Work Group and based on the group's feedback, have finalized the methodology used to set targets and measure specification for the upcoming performance year (i.e., OPY6/QPY6)

- The two Health Equity Zones (HEZs) that were given Participatory Budgeting grants have created committees and budget delegates of community members to further develop ideas collected from the community into project proposals

- The Rhode to Equity (R2E) learning and action collaborative held their first year two Bi-Annual Conference for the cross-sector teams to reflect on year one's learning collaborations and discuss and explore new ways to further create community linkages and expand the impact to their respective communities, as they continue to improve upon health and social outcomes.

DSHP State Spending Analysis

The amount of federal matching funds for support of DSHPs in SFY 2022 ($26,525,602) decreased by approximately $350 thousand from SFY 2021 ($26,875,734).

VII. Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in DY 14 January 1, 2022 – December 31, 2022.

Modernizing Health and Human Services Eligibility Systems

DY14 Q1
Between January 1, 2022 and March 31, 2022, the Deloitte and State teams implemented three (3) software releases to address 97 data incidents and 22 software enhancements for the RI Bridges eligibility system. These releases improved services for RIte Share, Medicaid Eligibility & Enrollment, Medicaid Medicare Premium Program as well as functionality improvements to customer and worker interfaces. No significant program development or issues were identified.

DY14 Q2
Between April 1, 2022 and June 30, 2022, the Deloitte and State teams implemented three (3) software releases to address 89 problem tickets, 19 software enhancements, and two (2) technical service upgrades for the RI Bridges Integrated System. These releases improved services for Medicaid Eligibility & Enrollment, Medicaid Medicare Premium Program, and RIte Share, as well as functionality improvements to customer and worker interfaces. No significant program development or issues were identified.

DY14 Q3
Between July 1, 2022 and September 30, 2022, the Deloitte and State teams implemented three (3) software releases to address 60 system problem tickets, 20 software enhancements, and three (3) technical service upgrades for the RI Bridges Integrated System. These releases improved services for Medicaid Eligibility & Enrollment, Medicaid Medicare Premium Program, Long Term Services and Supports, as well as functionality improvements to our mobile app, HealthyRhode, and our customer/worker interfaces. No significant program development or issues were identified.

DY14 Q4
Between October 1, 2022 and December 31, 2022, the Medicaid Systems team and Deloitte implemented four (4) software releases to address 77 data fixes and 28 software enhancements for the RI Bridges eligibility system. These releases improved services for Medicaid Eligibility & Enrollment, Long Term Services and Supports, as well as functionality improvements to our mobile app, HealthyRhode, and our customer/worker interfaces. No significant program development or issues were identified.

HCBS Quality Improvement

DY 14 Q1

In January 2022, the quality improvement team continued its biweekly technical assistance meetings with New Editions and monthly meetings with CMS. The team was particularly focused on timely compiling and submitting the data and deliverables due to CMS on January 31. According to the technical assistance plan, the State was required to submit:

- The State's Quality Assurance System and Strategy (STC 22c and 22g);
- The State's methodology for identifying the HCBS population (STC 22h); and
- A list of HCBS functions that are delegated from EOHHS to other State agencies through Memorandums of Understanding or other written documentation (STC 22f).

The State submitted these deliverables on time on January 31, 2022. In this submission, EOHHS also noted that its written agreements with other agencies (Interagency Service Agreements, or ISAs) would be revisited and revised to further clarify EOHHS' ongoing oversight and monitoring of these delegated functions, including performance metrics, definitions, data collection, reporting, and frequency. Drafts of updated ISAs with DCYF, DHS, BHDDH, and RIDOH will be provided by June 1, 2022.

In February and March, the quality team shifted focus to the remaining deliverables due in quarter 1. The State was required to submit the number of unduplicated participants served in CY 2019, CY 2020, and CY 2021 and estimated number of participants for CY 2022 (STC 22h) by February 28. The State was also required to submit an outline detailing its process and structure for reporting and remediating deficiencies in HCBS programs by March 1. These deliverables were submitted together, ahead of the deadline, on February 25, 2022. The quality team also updated the Quality Strategy based on feedback provided by CMS at the monthly meeting in February.

The focal point of quarter 1 work was the evidentiary report due to CMS on March 31. This report provides data and other evidence of the State's ability to meet its established HCBS quality performance measures during CY 2019, CY 2020, and CY 2021. The quality team held individual meetings with each operating agency to highlight and address concerns with data submissions to ensure accuracy. EOHHS timely submitted the evidentiary report on March 31. The State and New Editions also developed a go-forward work plan to inform the goals and milestones of the quality monitoring project in the future.

Challenges and Steps to Address Challenges

Because of the wide array of HCBS programs and different procedures in place for the State agencies responsible for oversight, the State faced several challenges in quarter 1:

- **Identifying data sources and addressing gaps in data.** To address this challenge, the cross-agency team met frequently with New Editions to understand the expectation and identify how each agency can capitalize on their existing processes. Ongoing

conversations with the cross-agency team will ensure that all stakeholders understand and develop a standardized methodology to report data and demonstrate ongoing compliance. The quality team has also established a subgroup focused specifically on data analytics.

- **Applying consistent definitions, especially for critical incident reporting.** To address this challenge, the State's goal is to establish a policy to provide a standardized definition of critical incidents and develop a process for centralized reporting, investigation, and remediation. The quality team has also established a subgroup focused on critical incidents, with representation from each operating agency involved in the project.
- **Education.** Rhode Island recognizes the importance of regularly educating HCBS participants and their families/guardians of their rights as well as how to report allegations of abuse, neglect, and exploitation to the State. Aligning practices for information and education is a focal point for the critical incident subgroup.
- **Provider training.** EOHHS offers provider training ranging from new provider orientation sessions and billing to training to targeted HCBS providers regarding specific policies and practices. A formal policy and practice for provider training does not currently exist. Therefore, this information and data is not captured. One of the priorities for the remainder of DY 14 is to standardize provider training requirements.

DY 14 Q2

In April 2022, following submission of the evidentiary report, the State and New Editions shifted focus to the go-forward work plan that was developed in quarter 1. The State established a standing quality improvement team, along with two focused subgroups—Critical Incidents and Data Analytics—which convene on a biweekly basis. All three groups are composed of representatives from each operating agency involved in the delivery of HCBS in Rhode Island.

During these meetings throughout April, May, and June, the quality improvement team created a master calendar and identified its priority areas. The first priority is to develop methods to ensure that all HCBS participants are educated about what critical incidents are and how to report them. The critical incident team focused on mapping existing processes for incident reporting and identifying potential changes to facilitate quality improvement work, while the data analytics team focused on rectifying concerns with discrepancies in the collection and communication of data across the several operating agencies. Both subgroups are building on existing processes to ensure that they can support our quality work in an efficient manner.

In June, the State provided CMS with a draft of the updated interagency service agreement (ISA), at CMS' request. The State was also required to resubmit its critical incident report for CY 2019, CY 2020, and CY 2021 by the end of the month. This report was compiled and submitted to CMS on time on June 29. At the end of quarter 2, on June 30, CMS provided its response to the State's

evidentiary report. The State will develop responses to each comment during quarter 3 and provide them to CMS by the September 30 deadline.

Challenges and Steps to Address Challenges
Because of the wide array of HCBS programs and different procedures in place for the State agencies responsible for oversight, the State faced some challenges in quarter 2:

- **Identifying data sources and addressing gaps in data.** To address this challenge, the quality improvement team established the data analytics subgroup to identify and understand needed improvements. The data analytics subgroup regularly communicates its activities to the larger quality improvement team to ensure that all stakeholders are aware of the data processes and support needed to ensure ongoing compliance.
- **Applying consistent definitions, especially for critical incident reporting.** To address this challenge, the quality improvement team established the critical incident subgroup. The critical incident subgroup evaluated each reporting system's approach and created process maps and used the results from this process mapping to identify areas for future improvement and inform the larger quality improvement team.
- **Education.** Rhode Island recognizes the importance of regularly educating HCBS participants and their families/guardians of their rights as well as how to report allegations of abuse, neglect, and exploitation to the State. The quality improvement team identified this as a top priority and held focused conversations on ways to effectively communicate information to consumers across all programs which will continue into quarter 3.

DY14 Q3
In July, August, and September 2022, the standing project governance team, quality improvement team, and two focused subgroups—Critical Incidents and Data Analytics—continued to each meet on a biweekly cadence.

- **Project Governance Team:** In addition to overall project planning and leadership, the project governance team primarily focused on submitting the State's response to CMS' Draft Quality Review during Q3. The State received the Draft Quality Review from CMS on June 30 and was given 90 days to respond (due by September 28, 2022). The project governance team utilized some QIS team meetings to discuss certain responses affecting all programs—such as the annual wellness exam measure—as well as some additional meetings outside of standing meetings to have more focused conversations—such as those measures specific to self-directed programs. In the first week of September, CMS approved an additional year of Technical Assistance from the New Editions team to continue providing expertise in support of the State's transition to a fully-functional and self-sustaining quality improvement strategy. In the first week of September, the project

governance team also finalized a scope of work for the State's External Quality Review Organization (EQRO) to support the validation of HCBS quality data. Finally, on September 28, the State timely submitted its response to the CMS Draft Quality Review. The State anticipates a final report from CMS during Q4.

- **Quality Improvement Team:** The main project for the full QIS team in Q3 was the critical incident education memo. The full team worked together to develop this memo to propose changes in the process for educating participants about abuse, neglect, and exploitation. The team previously identified this as a priority. The team identified the need for uniform educational materials and clear processes for providing these materials to participants. The team agreed that materials should be provided to consumers as often as possible. The goal of this project is threefold—to ensure that all participants know how to identify and report concerns, to ensure that all participants receive the same information, and to support the state's ability to track and report the necessary data for the performance measure on critical incident education. Having communications materials centralized within EOHHS will ensure that this information is accurate, consistent, and can be readily updated as necessary. The memo was nearing completion by the end of Q3 but not yet completed. Once complete, it will be escalated to the director level to be approved for implementation. Further, towards the end of Q3, the QIS team began developing a list of desired core HCBS provider training requirements to be explored in Q4. As noted above, the QIS team was an important resource in finalizing the State's response to CMS' Draft Quality Review. Finally, as noted below, the QIS team also served as a forum for the Q1 data presentation and to offer strategic advice for resolving any programmatic issues identified in the data.

- **Critical Incidents Subgroup:** In July, the Critical Incident subgroup completed its process mapping work that began in Q2 and discussed the results. The team identified the programmatic differences between the various incident management systems—OHA Adult Protective Services, BHDDH Quality Assurance, DCYF Child Protective Services, and RIDOH Facilities Regulation. The team began to focus on harmonizing follow-up actions. While investigative procedures differ by agency, processes are similar. Rather than changing the investigative process at the agency level, however, the team agreed that the best way to support QIS work is to alter the way the data is characterized to ensure that the annual critical incident report is as succinct and useful as possible. The critical incident subgroup continued discussing this issue throughout Q3. Given the Department of Health's role in investigating and resolving incidents in facility-based settings, such as Assisted Living, the QIS team agreed that it was important to bring a representative to the table. A RIDOH representative began joining the Critical Incident subgroup and the full QIS team during Q3 to incorporate RIDOH's perspective on critical incidents and other QIS team needs. Finally, as noted in the State's response to the Draft Quality Review, the

Critical Incident team discussed a potential change in the restrictive intervention performance measure to support better data collection. These conversations continued into Q4.

- **Data Analytics Subgroup:** The Q1 data call, which was sent to program offices in June, was due by July 15. Data was received for most measures in a timely manner, and the results were aggregated by the EOHHS data team. The Data Analytics subgroup began development of a data dashboard which aggregates data from all of the operating agencies and provides a quarter-by-quarter status check for each measure. Going forward, each quarterly dashboard will be presented to the full QIS team for a group discussion; the Q1 data dashboard was presented and discussed at the July 26 meeting. This dashboard will be used by the full QIS team and at each program level to (1) demonstrate and celebrate where improvements have been made and (2) highlight where individual programs—or perhaps the entire system—can make improvements to support quality. The Q1 data was already used to identify program-level improvements, and the state team expects similar outcomes going forward. On September 15, the Q2 data template was sent to the program offices, to be returned in October.

DY14 Q4

In October, November, and December 2022, the standing project governance team, quality improvement team, and two focused subgroups—Critical Incidents and Data Analytics—continued to each meet on a biweekly cadence.

- **Project Governance Team:** In addition to overall project planning and leadership, the project governance team primarily focused on developing statewide HCBS training requirements based on input from the full QIS team and materials from other states. This work will continue into CY2023 as the State determines the processes required to implement (delivery model, funding, data tracking, etc.) and will involve further input from the full QIS team, leadership, and the provider network. The project governance team also continued to hold focused conversations as necessary to address concerns that arise during data collection and review. For example, the project governance team met with the self-directed programs to develop an improved quality data collection process by leveraging information from the State's fiscal intermediaries. Finally, on December 8, the State received CMS' Final Quality Review. Although the State did not meet all assurances, much progress has been made. The project governance team began reviewing the results, which will inform the direction of HCBS Quality work in CY2023.

- **Quality Improvement Team:** The full QIS team continued to convene biweekly to discuss highlights, areas for improvement, and to serve as a resource to work through concerns that arise in the Critical Incident and Data Analytics subgroups. The QIS team completed

the critical incident education memo and sought and received leadership approval to revise education materials. The fine details of this project were moved to the Critical Incident subgroup. The QIS team provided thoughtful input on curriculum topics for HCBS provider training. The team also worked to review and revise the workplan setting out overall project goals and deliverables. The team began discussing the need to develop a project charter for the HCBS Quality work to ensure that the work is memorialized for future team members. To that end, program offices were asked to submit a statement of process describing their methodology by January 31, 2023.

- **Critical Incidents Subgroup:** The Critical Incident subgroup continued to meet biweekly. First, the team focused on the development of a new restrictive intervention performance measure. The New Editions team provided the team with examples of approved measures from other states. After discussing the pros and cons of each measure, the team settled on a new proposal which was submitted to CMS for approval on December 2. The team also worked towards streamlining the process for educating participants and families about recognizing and reporting critical incidents. Members of the Critical Incident subgroup shared their existing materials, identified commonalities, and consolidated the information into an FAQ document which explains all of the reporting options in the State. In CY2023, this FAQ will be shared with the full QIS team, revised with the communications team, and distribution will begin to ensure that information is well communicated and comprehensive data can be collected.

- **Data Analytics Subgroup:** The Q2 data call, which was sent to program offices in September, was received in a timely manner by October 15. The results were aggregated by the EOHHS data team and presented at the November meeting using the data dashboard developed in Q3. The data team was invited to present the dashboard at a NASDDS conference in mid-December, highlighted as a promising practice in HCBS quality measurement efforts. The data team will continue to present the quarterly dashboard to the full QIS team for a group discussion to (1) demonstrate and celebrate where improvements have been made and (2) highlight where individual programs—or perhaps the entire system—can make improvements to support quality. The data team continues to identify program-level improvements and recommend changes based on information that is received each quarter. A member of the data team continued to participate in WellSky development meetings to ensure that quality is considered and can be automated as much as possible. The data team worked to develop a new data collection template to incorporate lessons learned in the collection process over the last year. The QIS team will begin using the new template with CY2023 data in June. On December 15, the Q3 data template was sent to the program offices, to be returned in January.

Workforce Recruitment and Retention

DY14 Q1

Supporting and building the HCBS direct care workforce is a cornerstone of Rhode Island's COVID-19 recovery strategy as well as our LTSS system rebalancing initiative. Many stakeholders have cited wages and training as priorities and highlighted that many direct care workers (DCWs) are tempted to leave the HCBS workforce due to better paying positions in retail or food service. As such, Rhode Island is investing nearly half of its funding available through the HCBS enhanced FMAP to support direct care workforce recruitment, retention, and training. In quarter 1, we made significant progress in distributing more that $57 million in funding to the HCBS direct care workforce. Specifically, we:

- Finalized fee schedules and distributed rate increases through EOHHS' vendor, Gainwell, for adjustments to approved claims to HBTS/PASS providers.
- Developed a funding mechanism and pre-print for the Enhanced Outpatient Service providers.
- Distributed $3.9 million to support workforce recruitment and retention for personal care attendants working in self-directed settings.
- Finalized workplans for a direct care worker outreach campaign.
- Defined our two primary audiences for workforce outreach campaign-existing HCBS workforce who may be interested in continuing their education or obtaining advanced certification and new prospective members of the HCBS workforce.
- Began audience research to develop demographic and psychographic profiles of these two audiences, with the goal of understanding drivers of and barriers to behavior change that will ultimately influence how we message these opportunities to the audiences.

DY14 Q2

Supporting and building the HCBS direct care workforce is a cornerstone of Rhode Island's COVID-19 recovery strategy as well as our LTSS system rebalancing initiative. Many stakeholders have cited wages and training as priorities and highlighted that many direct care workers (DCWs) are tempted to leave the HCBS workforce due to better paying positions in retail or food service. As such, Rhode Island is investing nearly half of its funding available through the HCBS enhanced FMAP to support direct care workforce recruitment, retention, and training. The State has made significant progress distributing nearly $64 million in HCBS E-FMAP funding as recruitment and retention incentives for HCBS DCWs.

We are in the process of finalizing a DCW outreach campaign strategy to promote this career pathway, develop a strong in-state pipeline of DCWs, and promote workforce diversity. In quarter 2, EOHHS worked with Day Health to hold focus groups with certified nursing assistants and employers. These focus groups informed content that was created in anticipation of a website

build and a media buy in late summer 2022. The campaign theme is “Rhode Island is Where You Can Make Caring a Career” and the ads will direct people to a website with information about the training programs available to current direct care workers and those hoping to join the field.

In quarter 2, the State also finalized an advanced certification program plan for DCWs to increase workforce skills, credentials, and advancement opportunities. We have executed contracts with local higher education partners to operationalize this plan in the near future. We are also in the final stages of contracting with the RI Certification Board to pay costs associated with certain professional certifications required or available to HCBS direct care workers.

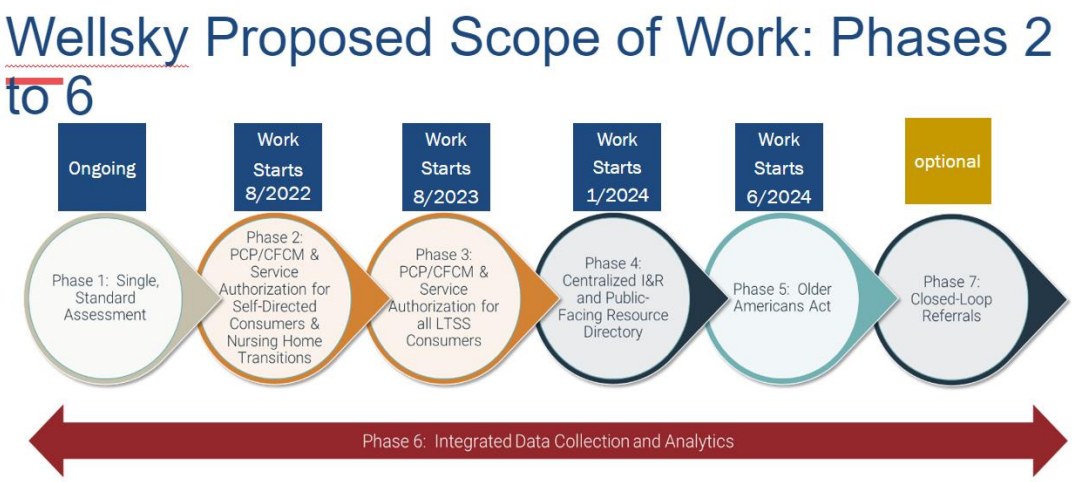
Last, in partnership with the Office of the Postsecondary Commissioner, we did extensive outreach for our new Health Professional Equity Initiative, which resulted in expressions of interest from more than 250 HCBS direct care workers. After conducting individual interviews to determine eligibility and suitability, over 160 employees of HCBS provider agencies have been provisionally accepted into the program, which will support paraprofessionals of color and others to pursue higher education leading to health professional credentials, degrees, and/or licensure.

LTSS System Modernization

DY14 Q1

Rhode Island continues to make progress towards implementing a true No Wrong Door System to improve the consumer experience with LTSS, reduce historic agency silos, and ensure compliance with the HCBS Final Rule.

This work includes an IT cloud-based solution for all ancillary functions that establishes an LTSS e-record at the point of entry and provides information that follows the person as they move across agencies, providers, and the service continuum. Wellsky has been chosen as the software vendor for this work. In quarter 1, the LTSS interagency team agreed to the following framework for software development over a period of three years:



In quarter 1, we finalized the scope of work for phase 1 to implement a single standard functional assessment for LTSS HCBS. Finalizing the scope and contract for phases 2-7 is a priority for quarter 2.

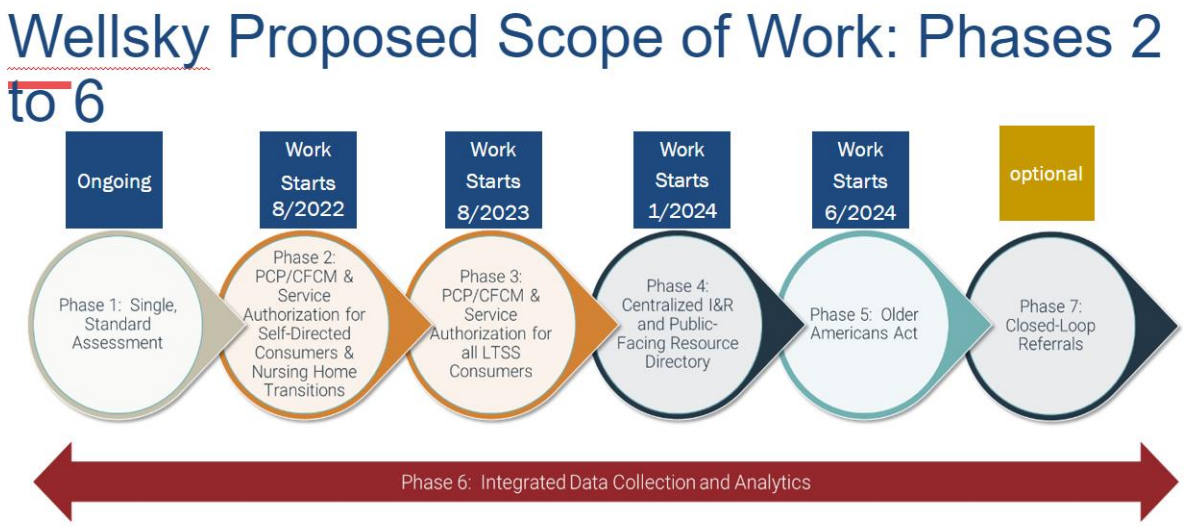
Significant business process and policy work needs be done alongside the IT solution development in order to effectively implement a robust No Wrong Door system. The following steps were taken in quarter 1 to meet this goal:

- Partnered with New Editions to provide technical assistance through CMS and help the State meet CMS' HCBS Final Rule requirements for conflict-free case management.
- Partnered with Guidehouse to provide project management and implementation support for conflict-free case management.
- Conducted other state research to support the State's CFCM/PCP design and implementation.
- Analyzed the state's current approach to CFCM/PCP delivery to support its future state design.
- Issued a cost survey to DD providers, including service coordination/case management activities.
- Developed and refined a draft stakeholder developed strategic plan to support CFCM/PCP implementation.

DY14 Q2

Rhode Island continues to make progress towards implementing a true No Wrong Door System to improve the consumer experience with LTSS, reduce historic agency silos, and ensure compliance with the HCBS Final Rule.

Over the past two quarters, progress was made towards refining and operationalizing the State's full LTSS IT system modernization plan. We have selected a software vendor to establish a cloud-based IT LTSS beneficiary relationship management (BRM) system to establish one unified electronic LTSS record which travels with the beneficiary as they move through the State's LTSS system—across agencies, providers, and the service continuum. This will consolidate the number of IT systems currently in use across the system and increase data interoperability and portability, enabling the State to deliver services more quickly and to better leverage data to inform future quality improvement initiatives. The software development and implementation work will be carried out over the next three years via a phased approach.



To date, RI has secured a contract amendment with Wellsky to implement Phase 1 of the above work plan. The Wellsky system currently supports the State's LTSS person-centered options counseling work. This $209,645 amendment enables the State to add the InterRAI HCBS assessment tool to the Wellsky platform, thereby standardizing clinical eligibility functions via the adoption of a universal assessment. The amendment also covers the implementation of a resource directory for person-centered options counselors and provides "super user" trainings for our analytics team and day-to-day Wellsky users. A total of $144,385 was spent on this contract in quarter 2; the Phase 1 activities are expected to wrap up in quarter 3.

In quarter 2, the state also worked to prepare an Implementation Advance Planning Document (IAPD) application to request supplemental funds to support this vital work in the near-term and beyond March 31, 2025. If approved, the IAPD would enable the State to secure a 90/10 match for LTSS IT system modernization design, development, and implementation (DDI) activities not covered by HCBS E-FMAP.

Lastly, the State worked to competitively procure a change management vendor through the State's RFP process. The vendor will assist with the realignment of State business practices; the design and implementation of new staff workflows within the system; the development and implementation of a comprehensive strategy for coordinating the attendant changes to existing

State IT systems and databases to ensure data interoperability, portability, and access, and minimize disruptions to service delivery; and design and execution of an effective communications and stakeholder engagement strategy to ensure all technological and process changes are successfully adopted and sustained.

DY14 Q3

Rhode Island continues to make progress towards implementing a true No Wrong Door system to improve the consumer experience with LTSS, reduce historic agency silos, and ensure compliance with the HCBS Final Rule. During Q3, the State continued to make progress in operationalizing the Wellsky cloud-based client information management system and drafting a strategic plan to inform person-centered planning and conflict-free case management implementation over the next few years. During Q3, EOHHS held a series of three community meetings to brief stakeholders and invite feedback on the State's overall design and approach.

Conflict-Free Case Management

EOHHS is leading an interagency initiative to establish a statewide conflict-free case management (CFCM) program to serve Medicaid long-term services and supports (LTSS) beneficiaries who participate in the State's home and community-based services (HCBS) programs. A core component of this initiative is the establishment of a contractual network of qualified CFCM entities with the capacity to serve approximately 11,000 Rhode Island HCBS participants who have a varying and changing array of LTSS needs.

The CFCM initiative serves the broader goals of making the LTSS system more person-centered, quality-driven, and resilient, while bringing Rhode Island into compliance with federal requirements governing the Medicaid HCBS programs authorized by the State's Section 1115 Demonstration Waiver.

Implementation of CFCM is scheduled to begin on January 1, 2024. RI EOHHS will transition HCBS participants into CFCM throughout CY2024 based on a HCBS Participant Transition Plan. RI EOHHS anticipates that all HCBS participants under this initiative will be enrolled in the CFCM services system by December 31, 2024.

DY14 Q3

- The state team held a series of community forums in early and mid-July to begin stakeholder engagement and discuss the project and the impact it will have on the State's LTSS system.
- The steering committee determined an overall implementation timeline and vendor procurement strategy.

- EOHHS submitted a FY2024 budget proposal with statutory language and funding to get legislative approval of this statewide initiative for the fiscal year beginning June 30, 2023.

DY14 Q4

- The steering committee primarily focused on drafting the Strategic Plan, which summarizes the state's design and approach to implementing CFCM. A draft Strategic Plan was posted for stakeholder review on November 30.
- After the draft Strategic Plan was posted, the state held another series of stakeholder meetings to review and discuss in mid-December.
- In addition, the state began engagement with CMS on this topic in Q4. In response to CMS questions, the state provided an assessment of the current landscape and plan for CFCM in late November. Following discussion with CMS in December, the state will work to submit a Corrective Action Plan for approval and monitoring in CY 2023 and beyond.

FY2023 Budget Initiatives

DY14 Q2

On June 30, 2022, EOHHS notified CMS of the following rate increases that were included in the State's FY2023 Budget as Enacted:

Meals on Wheels

- Increase rates for existing billing codes
    - Standard meals: increase rate from $6.50 to $12.00
    - Frozen meals: increase rate from either $4.01 or $6.50 to $12.00
    - Shelf stable: increase rate from $3.93 to $6.50
    - Cultural meals: establish new rate of $14.05
    - Therapeutic meals: establish new rate of $12.17
- In addition, these rates will be increased annually going forward, based on the CPI-U for New England: Food at Home, March release (containing February data).

Independent Provider

- Invest $265,574 (all funds) to increase the wage that self-direct consumers in the Independent Provider program must pay their direct care staff to $15 per hour.

Personal Choice

- Invest $12.5 million (all funds) to increase the wage range that self-directed consumers in the Personal Choice program may pay their direct care staff to support a $15 minimum wage for direct care staff.

Children's Therapeutic and Respite Services

- Invest $20.2 million (all funds) to increase rates for home-based therapeutic services (HBTS), applied behavioral analysis (ABA), personal assistance services and supports

(PASS), respite, and Kids Connect services to support a $15 minimum wage for direct care staff supporting children with special health care needs.

These rate increases are effective July 1, 2022. EOHHS will provide status updates on the implementation of these initiatives in the next quarterly report, covering July through September 2022 activities.

DY14 Q3

As noted in the Q2 report, on June 30, 2022, EOHHS notified CMS of the following rate increases that were included in the State's FY2023 Budget as Enacted.

Meals on Wheels

- Increase rates for existing billing codes
    - Standard meals: increase rate from $6.50 to $12.00
    - Frozen meals: increase rate from either $4.01 or $6.50 to $12.00
    - Shelf stable: increase rate from $3.93 to $6.50
    - Cultural meals: establish new rate of $14.05
    - Therapeutic meals: establish new rate of $12.17
- In addition, these rates will be increased going forward, on July 1 annually, based on the CPI-U for New England: Food at Home, March release (containing February data).

Independent Provider

- Invest $265,574 (all funds) to increase the wage that self-directed consumers in the Independent Provider program must pay their direct care staff to $15 per hour.

Personal Choice

- Invest $12.5 million (all funds) to increase the wage range that self-directed consumers in the Personal Choice program may pay their direct care staff to support a $15 minimum wage for direct care staff.

Children's Therapeutic and Respite Services

- Invest $20.2 million (all funds) to increase rates for home-based therapeutic services (HBTS), applied behavioral analysis (ABA), personal assistance services and supports (PASS), respite, and Kids Connect services to support a $15 minimum wage for direct care staff supporting children with special health care needs.

These rate increases became effective July 1, 2022. During Q3, the State worked to implement these initiatives by making policy, systems, and billing changes where required, as well as retroactive adjustments as necessary for each initiative. Towards the end of Q3, the Medicaid team began preparing for the State's biannual caseload estimating conference. This process requires the Medicaid team to provide a status update on all budget initiatives, including updated budget forecasts if necessary. While this work begins in Q3, it is not completed until mid-October. Therefore, if there are any changes in the budget forecasts for the Meals on Wheels, Independent Provider, Personal Choice, or Children's Therapeutic and Respite Services rate increases, these changes will be presented in the Q4 report.

DY14 Q4

During the caseload estimating process that occurred during October and November 2022, the estimated fiscal impacts for the following initiatives were adjusted to account for updated enrollment projections:

Meals on Wheels

- Estimate reduced from $12.5 million (all funds) to $11.0 million (all funds)

Independent Provider

- Estimate reduced from $265,574 (all funds) to $132,354 (all funds)

Waiver Category Change Requests

The following Waiver Category request changes and or State Plan Amendments have been submitted or are awaiting CMS action during the period of January 1, 2022 – December 31, 2022.

Request Type	Description	Date Submitted	CMS Action	Date
SPA	21-0006 COVID 19 Vaccines and Vaccine Administration	5/17/21	RAI	8/10/21
SPA	21-0007 Psychiatric Residential Treatment Centers (PRTF)	6/29/21	RAI	9/21/21
SPA	21-0025-ARPA ACT IHH Pages Revision	12/23/21	Approved	7/29/22
SPA	21-0025-A ARPA Rehab pages and Rate Increase	6/22/22	Approved	7/29/22
SPA	22-0001 Clinical Trial Coverage	3/8/22	Approved	4/11/22
SPA	22-0002 BHDDH Staffing Disaster SPA	3/8/22	Withdrawn	4/26/22
SPA	22-0003 SSP/MNIL Annual Update	3/14/22	Approved	5/24/22
SPA	22-0004 COVID Vaccine, Testing, Treatment	6/1/22	Approved	8/19/22
SPA	22-0005 Prenatal First Connections	6/13/22	Approved	8/31/22
CHIP SPA	22-0006 COVID vaccine admin, testing, treatment	6/1/22	Approved	10/3/22

Request Type	Description	Date Submitted	CMS Action	Date
SPA	22-0007 Prior Auth Rescission	6/27/22	Approved	8/19/22
SPA	22-0008 ARPA PACE	8/2/22	Withdrawn	10/4/22
SPA	22-0009 Inpatient UPL	9/8/22	Approved	12/6/22
SPA	22-0010 Outpatient Hospital Rate Increase	9/8/22	Approved	11/18/22
SPA	22-0011 Outpatient UPL	9/8/22	Approved	12/7/22
SPA	22-0012 Inpatient Hospital Rate Increase	9/8/22	Withdrawn	12/6/22
SPA	22-0013 Adult Dental Rate Increase	9/8/22	Approved	11/21/22
SPA	22-0015 Home Health Agency Rate Increase	9/22/22	Approved	12/7/22
SPA	22-0014 MHPRR	9/30/22	Approved	12/20/22
SPA	22-0016 RAC	9/30/22	Approved	10/31/22
SPA	22-0017 Parents as Teachers	10/20/22	Approved	12/12/22
SPA	22-0018 Nursing Facility Rate Increase	11/18/22	Pending	N/A
SPA	22-0019 Nursing Facility Add-on Rate	11/18/22	Pending	N/A
SPA	22-0020 Children's Group Home Rate Increase	11/18/22	Pending	N/A
SPA	22-0021 Disaster Relief SPA Waiver of Signature	12/1/22	Pending	N/A
SPA	22-0024 Postpartum Coverage for 12 months	12/28/22	Pending	N/A
CHIP SPA	22-0025 Postpartum Coverage for 12 months	12/29/22	Pending	N/A
CHIP SPA (HSI)	22-0026 Postpartum Coverage for 12 months (conception to birth)	12/29/22	Pending	N/A

Other Programmatic Changes Related to the 1115 Waiver

Rate Increases

ARPA Related Temporary Rate Increases

EOHHS Submitted an Appendix K template to CMS to effectuate the following temporary rate increases pursuant to Pursuant to RI's spending plan for the implementation of the American Rescue Plan Act of 2021, Section 9817. RI received approval for our Attachment K submission on 9/15/22.

Effective 5/1/21-7/31/21:

1. HBTS/PASS rate to increase by 261.1%

Effective 11/1/21-3/31/22

1. Day Habilitation rate to increase by 74%
2. Self-Directed Community Services Personal Choice Program Financial Management Service rate to increase by 10%
3. Self-Directed Community Services Independent Provider Financial Management Service rate to increase by 10%
4. Budget Population 10 Adult Day (DEA Co-Pay) 120%
5. Rehabilitation Program rate to increase by 116%

Effective 12/1/21-3/31/22

1. Peer Recovery and Family/Youth Support Services (Budget Service 6) rate to increase by 78.8%

Effective 1/1/22-3/31/22

1. Case Management rate to increase by 132%

Supporting and building the HCBS workforce is a cornerstone of Rhode Island's Covid-19 pandemic recovery strategy as well as a fundamental approach in the State's long-term services and supports (LTSS) re-balancing initiative. The support that direct care workers and licensed health professionals provide to Medicaid enrollees who have physical or behavioral support needs helps to promote individual wellness and self-determination, allowing enrollees the choice to remain in their homes and communities and avoid unnecessary acute care or facility-based care. The pandemic has exacerbated challenges in meeting consumer demand for HCBS services due to workforce shortages.

Based on policy analysis and substantial stakeholder survey feedback highlighting a critical need to strengthen the HCBS workforce via improved compensation, EOHHS is dedicating an estimated $30 million of its HCBS ARPA funds to a HCBS Workforce Recruitment and Retention plan for LTSS providers, some of which are in our State Plan, with the goal of increasing

compensation to frontline HCBS workers specifically by improving HCBS workforce recruitment and retention. Providers will have until March 31, 2023 to expend the funds.

Meals on Wheels Rates
Pursuant to the Enacted SFY23 RI State Budget, effective July 1, 2022, EOHHS increased the following billing codes related to the Meals on Wheels program:

	Rate prior to July 1, 2022	**New Rate**
Standard Meals	$6.50	$12.00
Frozen Meals	$4.01/$6.50	$12.00
Shelf Stable	$3.93	$6.50
Cultural Meals	N/A	$14.05
Therapeutic Meals	N/A	$12.17

The rates above will be increased annually going forward, based on the CPI-U for New England: Food at Home, March release (containing February data).

Independent Provider/Personal Choice Rates
Pursuant to the Enacted SFY23 RI State Budget, effective July 1, 2022, EOHHS invested $265,574 (all funds) to increase rates for the Independent Provider program and $12.5 million (all funds) to increase the minimum wage that self-directed consumers are required to pay their direct care staff from $11.50 to $15.00 per hour, and the maximum allowable wage from $15.00 to $21.00 per hour.

Children's Therapeutic and Respite Service Rates
Pursuant to the Enacted SFY23 RI State Budget, effective July 1, 2022, EOHHS invested $20.2 million (all funds) to increase rates for services for children with special health care needs.

Annual Public Forum

On October 18, 2022 at 8:30am, EOHHS hosted a Public Forum in order to afford the public an opportunity to provide comment on the progress of the Demonstration. The Forum took place at 3 West Road in Cranston, RI. EOHHS posted the Annual Demonstration Monitoring Report for CY2021 on the EOHHS website in advance of the Forum.

EOHHS received two public comments during the Forum. One commenter requested that EOHHS ensure more transparency with the metrics on the success of the workforce funding that has been spent. He noted that there is a great deal of transparency on AE performance and recommends the same be available for workforce programs. The second recommended that EOHHS expand home stabilization provider qualification criteria to include those with less than a bachelor's degree and that EOHHS expand the eligibility criteria for Medicaid members able to receive the services beyond those with mental health or chronic disease conditions. For example, the service would be very helpful for the recently incarcerated.

VIII. Financial/Budget Neutrality Developments/Allotment Neutrality Developments/Issues

There were no significant developments/issues/problems with financial accounting, budget neutrality, CMS-64 reporting for DY 14 January 1, 2022 – December 31, 2022 or allotment neutrality and CMS-21 reporting for the quarter. The Budget Neutrality Report can be found in Attachment E-XII., Enclosures –Attachments, Attachment 1: Rhode Island Budget Neutrality Report

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IX. Consumer Issues

January 1, 2022 – December 31, 2022

The Rhode Island Executive Office of Health and Human Services (RI EOHHS) employs procedures to monitor consumer issues across the managed care delivery system. These procedures include tracking, investigating and remediating Medicaid managed care consumer issues. Quarterly, the Managed Care Organizations (MCO) submit Prior Authorization (PA) requests, PA request denials, Appeals and Grievance reports to EOHHS. The State reviews reports to identify emerging consumer issues, trends and recommend actions to mitigate and/or improve member satisfaction. The Appeals and Grievances charts can be found in Section XII. Enclosures – Attachments - Attachment 2 – Appeals, Grievances and Complaints.

Currently there are three (3) medical MCOs and one (1) dental Prepaid Ambulatory Health Plan (PAHP) that are contracted with RI EOHHS to provide care to RI Medicaid eligible people enrolled in Managed Care:

- Neighborhood Health Plan of RI (NHPRI)*****,
- Tufts Health Public Plan RITogether (THRIT),
- United Healthcare Community Plan (UHCP-RI),
- United Healthcare Dental RIte Smiles (RIte Smiles)******.

***NHPRI** continues to be the only managed care organization that services the RIte Care for Children in Substitute Care populations.

****United Healthcare RIte Smiles** *RIte Smiles* is the dental plan for children and young adults who are eligible for Rhode Island Medicaid who were born after May 1, 2000.

Each Managed Care Organization (MCO) monitors consumer appeals, complaints, and tracks trends and/or emerging consumer issues through a formal Appeals and Grievance process. Additionally, all Grievance, Complaint, and Appeal reports are submitted to RI EOHHS on a quarterly basis.

Data is disaggregated according to Medicaid cohort:

- RIte Care
- Rhody Health Partners (RHP),
- Rhody Health Expansion, (RHE)
- Children with Special Health Care Needs (CSN),
- Children in Substitute Care (Sub Care). NHPRI ONLY

Consumer reported grievances are grouped into six (6) categories:

- access to care,
- quality of care,

- environment of care,
- health plan enrollment,
- health plan customer service
- billing Issues.

Consumer appeals are disaggregated into nine (9) categories:

- medical services,
- prescription drug services,
- radiology services,
- durable medical equipment,
- substance use disorder residential services,
- partial hospitalization services,
- detoxification services,
- opioid treatment services
- behavioral health services (non-residential).

Where appropriate, appeals and grievances directly attributed to Accountable Entities (AE) are indicated as a subcategory for each cohort and included in the total data.

In addition to the above, RI EOHHS monitors consumer issues reported by RIte Smiles. Consumer reported issues are grouped into three (3) categories:

- general dental services,
- prescriptions drug services
- dental radiology
- orthodontic services

The quarterly reports are reviewed by the RI EOHHS Compliance Officer and/or designee. Upon review, any concerning trends or issues of non-compliance identified by EOHHS are forwarded to the respective MCO. The Plan is then required to investigate the issue(s) and submit a report to EOHHS Medicaid Managed Care Oversight team within thirty (30) days of notification and, if appropriate, monthly at the EOHHS/MCO Oversight meeting. EOHHS Compliance department reviews submitted A&G quarterly reports for trends in member service dissatisfaction, including but not limited to, access to services, balance billing and quality of care.

In Q4-2022 the appeals and grievance data reviews have not resulted in EOHHS implementing any corrective actions but continue to raise areas of concern related and access to care. Given the previous (Q3) performance in outpatient Behavioral Health (BH) care and neuropsychological testing across all three (3) managed care organizations, EOHHS will continue to monitor these issues during oversight meetings. EOHHS is also asking the Managed Care Organizations to provide updates on retroactive rate settlements as they relate to BH etc. As a result of this EOHHS required each MCO to submit their current Network Adequacy plan and provide in network contracting strategies to address current lack of in-network BH service access. EOHHS continued

to build on its work related to Network Adequacy and oversight. Specifically, EOHHS directed Tufts to provide a full report including their outreach efforts and planning activities related to network adequacy and appropriate access to behavioral health services. Additionally, EOHHS requested THPP to begin collect BH drug utilization data during January of Q1 2023 to monitor trends as they related to BH drugs and in the context of Tuft's pharmacy benefit manager transition from CVS to OptumRX.

In addition to the quarterly A&G data review, EOHHS Compliance reviews total number of PAs as well as the PA denial rate per MCO do not show any substantial increase in denial rates quarter over quarter.

Of note, EOHHS reviews for any increases in issues of dissatisfaction specifically attributed to Accountable Entities (AE).

NHPRI covers approximately 65% of Medicaid eligible members with UHCCP covering approximately 25% and RIT approximately 10% of Medicaid eligible members.

EOHHS Compliance is currently conducting an annual MCO/PAHP Appeals and Grievances audit. Anticipated to be completed at the end March 2023 due to a staffing transition.

DY14 Q1

I. Neighborhood Health Plan of Rhode Island (NHPRI)

QUARTERLY REPORT Q1-2022<> APPEALS, GRIEVANCES AND COMPLAINTS

Quarterly Report Q1-2022_Prior Authorization Requests

	RIte Care	RIte Care YTD	(AE)*	(AE)* YTD	CSN	CSN YTD	(AE)	(AE) YTD	RHP	RHP YTD
Prior Authorization Requests	6,312	6,312	0	0	1,044	1,044	0	0	3,525	3,525
Prior Authorization Denials	545	545	0	0	38	38	0	0	259	259

	(AE)	(AE) YTD	RHE	RHE YTD	(AE)	(AE) YTD	SubCare (NHP Only)	SubCare (NHP Only) YTD
Prior Authorization Requests	0	0	8,030	8,030	0	0	233	233
Prior Authorization Denials	0	0	729	729	0	0	8	8

*(AE) represents authorization requests submitted by cohort

2022 Quarterly Report Q1 _Appeals

Appeals Internal	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD
Standard	78	78	15	15	55	55	133	133	2	2
Overturned	46	46	5	5	16	16	80	80	2	2
Expedited	6	6	1	1	4	4	8	8	0	0
Overturned	4	4	1	1	4	4	4	4	0	0

State Fair Hearing – External	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD
Standard	11	11	3	3	20	20	26	26	233	233
Overturned	4	4	2	2	5	5	7	7	0	0
Expedited	0	0	0	0	0	0	1	1	0	0
Overturned	0	0	0	0	0	0	0	0	0	0

*Quarterly appeal rate = appeals per 1000/members

Summary

Internal Appeals

Q 1 2022: Prior Authorizations: NHPRI reported nineteen thousand and one hundred and thirty- four (19,134) PAs (across all cohorts) of which one thousand and five hundred and seventy-nine (1,579) PAs were denied representing a 8.25% denial rate.

- PA Denial Rates/Total # of PAs per cohort:
    - RIte Care: 9%
    - CSN 4%
    - RHP 7%
    - RHE 9%
    - SubCare 3%

Q1 2022 Internal Standard Appeals: NHPRI reported two hundred and eighty-three (283) standard internal appeals (across all cohorts) of which one hundred and forty-nine (149) were overturned

- Internal Standard Appeal denial rates/total denials
    - RIte Care 59%
    - CSN 35%
    - RHP 29%
    - RHE 60%
    - SubCare 100%

Q1 2022 Internal Expedited Appeals: NHPRI reported nineteen (19) expedited internal appeals (across all cohorts) of which thirteen (13) were overturned.

- Internal Expedited Appeal denial rates/total denials
    - RIte Care 67%

- CSN 100%
- RHP 100%
- RHE 50%
- Sub 0%

External Appeals

Q1 2022 External Standard Appeals (State Fair Hearings): NHPRI reported two hundred and ninety-three (293)* standard external appeals (across all cohorts) of which eighteen (18) were overturned

- External Standard Appeal denial rates/total denials
  - RIte Care 36%
  - CSN 67%
  - RHP 25%
  - RHE 26%
  - Sub 0%
- * NHPRI reported two-hundred and thirty-three (233) Appeals were forwarded to SFH (external), NHPRI is investigating this number as it is an anomaly and appears to be a data entry issue. The issue is currently under investigation by NHPRI and RI EOHHS.

Q1 2022 External Expedited Appeals (State fair Hearings): NHPRI reported one (1) expedited external appeals (across all cohorts) of which zero (0) were overturned.

- External Expedited Appeal denial rates/total denials
  - RIte Care 0%
  - CSN 0%
  - RHP 0%
  - RHE 0%
  - Sub 0%

**NHP Only NHPRI subcontracts to OPTUM for BH and eviCore for high end radiological diagnostics, both entities conduct internal appeals which are reflected in total numbers.

NHPRI Quarterly Report Q1-2022_Grievances and Complaints

	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD	AE	AE YTD
Number of Grievances	9	9	2	2	9	9	17	17	0	0	10	10
Number of Complaints	10	10	0	0	16	16	17	17	0	0	7	7
Total	19	19	2	2	25	25	34	34	0	0	17	17

Summary

Grievances/Complaints

Q 1 2022: Grievances and Complaints: NHPRI had a total of eighty (80) Grievances and Complaints; thirty-seven (37) Grievances and 43 Complaints; 10 were directly attributed to Accountable Entities (AE). Of the thirty-seven (37) total; ten (10) grievances and complaints were directly attributed to Accountable Entities (AE) (included in totals). Of the thirty-seven (37) Grievances, twenty-six (26) represented quality of care issues and eleven (11) access to care issues

II. United HealthCare Community Plan – Rhode Island (UHCCP-RI)

QUARTERLY REPORT Q1-2022 UHCCP_RI APPEALS, GRIEVANCES AND COMPLAINTS

Quarterly Report Q1-2022_Prior Authorization Requests

	RIte Care	RIte Care YTD	(AE)*	(AE)* YTD	CSN	CSN YTD	(AE)	(AE) YTD	RHP	RHP YTD
Prior Authorization Requests	4,755	4,755	208	208	392	392	23	23	2,760	2,760
Prior Authorization Denials	1,200	1,200	27	27	71	71	2	2	537	537

	(AE)	(AE) YTD	RHE	RHE YTD	(AE)	(AE) YTD	SubCare** (NHP Only)	SubCare (NHP Only) YTD
Prior Authorization Requests	87	87	6,798	6,798	225	225	N/A	N/A
Prior Authorizations Denials	21	21	1,599	1,599	26	26	N/A	N/A

2022 Quarterly Report Q1 _Appeals

Appeals Internal	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare** (NHP Only)	SubCare YTD (NHP Only)
Standard	49	49	1	1	33	33	77	77	N/A	N/A
Overturned	37	37	1	1	27	27	62	62	N/A	N/A
Expedited	2	2	0	0	9	9	41	41	N/A	N/A
Overturned	1	1	0	0	8	4	29	29	N/A	N/A

State Fair Hearing – External	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare (NHP Only)	SubCare YTD (NHP Only)
Standard	0	0	0	0	0	0	0	0	N/A	N/A
Overturned	0	0	0	0	0	0	0	0	N/A	N/A

Expedited	0	0	0	0	0	0	0	0	N/A	N/A
Overturned	0	0	0	0	0	0	0	0	N/A	N/A

*(AE) represents authorization requests submitted by cohort
**SubCare – NHPRI Only

Summary

Prior Authorizations
Q 1 2022: Prior Authorizations: UHCCP-RI reported fourteen thousand-seven hundred and five (14,705) PAs (across all cohorts) of which one three thousand four hundred and seven (3,407) PAs were denied representing a 23.16% total denial rate.

- PA denial rates/total # of PAs per cohort:
    - RIte Care: 25%
    - CSN 18%
    - RHP 19%
    - RHE 24%

Internal Appeals
Quarterly appeal rate = appeals per 1000/members

Q1 2022 Internal Standard Appeals: UHCCP-RI reported one-hundred and sixty (160) standard internal appeals (across all cohorts) of which one-hundred and twenty-seven (127) were overturned

- Internal standard appeal denial rates/total # denials per cohort
    - RIte Care 76%
    - CSN 100%
    - RHP 82%
    - RHE 81%

Q1 2022 Internal Expedited Appeals: UHCCP-RI reported fifty-two (52) expedited internal appeals (across all cohorts) of which thirty-eight (38) were overturned.

- Internal expedited appeal denial rates/total # denials per cohort
    - RIte Care 83%
    - CSN 0%
    - RHP 89%
    - RHE 71%

External Appeals

Q1 2022 External Standard Appeals (State Fair Hearings): UHCCP-RI reported zero (0) standard external appeals (across all cohorts)

- External standard appeal denial rates/total denials
    - RIte Care 0%

- CSN 0%
- RHP 0%
- RHE 0%

Q1 2022 External Expedited Appeals (State fair Hearings): UHCCP-RI reported zero (0) expedited external appeals (across all cohorts).

- External Expedited Appeal denial rates/total denials
  - RIte Care 0%
  - CSN 0%
  - RHP 0%
  - RHE 0%

UHCCP-RI Quarterly Report Q1-2022_Grievances and Complaints

	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD	AE	AE YTD
Number of Grievances	9	9	2	2	9	9	17	17	0	0	10	10
Number of Complaints	10	10	0	0	16	16	17	17	0	0	7	7
Total	19	19	2	2	25	25	34	34	0	0	17	17

Summary

Grievances/Complaints

Q 1 2022: Grievances and Complaints: UHCCP-RI had a total of twenty-six (26) Grievances and Complaints; seven (7) Grievances and nineteen (19) Complaints; eleven (11) were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the twenty-six (26) Grievances, five (5) represented quality of care issues, two (2) access to care issues and seven (7) balance billing issues.

III. Tufts Health Public Plan RITogether – (THRIT)

QUARTERLY REPORT Q1-2022 THRIT_ APPEALS, GRIEVANCES AND COMPLAINTS

Quarterly Report Q1-2022_Prior Authorization Requests

	RIte Care	RIte Care YTD	(AE)*	(AE)* YTD	CSN	CSN YTD	(AE)	(AE) YTD	RHP	RHP YTD
Prior Authorization Requests	362	362	36	36	0	0	0	0	706	706
Prior Authorization Denials	47	47	6	6	0	0	0	0	80	80

	(AE)	(AE) YTD	RHE	RHE YTD	(AE)	(AE) YTD	SubCare** (NHP Only)	SubCare (NHP Only) YTD
Prior Authorization Requests	137	137	0	0	0	0	N/A	N/A
Prior Authorizations Denials	13	13	0	0	0	0	N/A	N/A

2022 Quarterly Report Q1 _Appeals

Appeals Internal	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare** (NHP Only)	SubCare YTD (NHP Only)
Standard	2	2	0	0	1	1	0	0	N/A	N/A
Overturned	0	0	0	0	0	0	0	0	N/A	N/A
Expedited	0	0	0	0	11	11	0	0	N/A	N/A
Overturned	0	0	0	0	4	4	0	0	N/A	N/A

External -State Fair Hearing	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare (NHP Only)	SubCare YTD (NHP Only)
Standard	0	0	0	0	0	0	0	0	N/A	N/A
Overturned	0	0	0	0	0	0	0	0	N/A	N/A
Expedited	0	0	0	0	0	0	0	0	N/A	N/A
Overturned	0	0	0	0	0	0	0	0	N/A	N/A

*(AE) represents authorization attributed to AEs by cohort -included in totals
**SubCare – NHPRI Only

Summary

Prior Authorizations

Q 1 2022: Prior Authorizations: THRIT reported one-thousand and four (1,104) PAs (across all cohorts) of which one hundred and forty-six (146) PAs were denied representing 13.22% denial rate.

- PA denial rates/total # of PAs per cohort:
  - RIte Care 13%
  - CSN 0%
  - RHP 11%
  - RHE 0%

Internal Appeals

Quarterly appeal rate = appeals per 1000/members

Q1 2022 Internal Standard Appeals: THRIT reported one (1) standard internal appeals (across all cohorts) of which zero (0) were overturned, representing 0% overturn rate.

- Internal standard appeal denial rates/total # denials per cohort
    - RIte Care 0%
    - CSN 0%
    - RHP 0%
    - RHE 0%

Q1 2022 Internal Expedited Appeals: THRIT reported eleven (11) expedited internal appeals (across all cohorts) of which four (4) were overturned representing 36% denial rate.

- Internal expedited appeal denial rates/total # denials per cohort
    - RIte Care 0%
    - CSN 0%
    - RHP 36%
    - RHE 0%

External Appeals

Q1 2022 External Standard Appeals (State Fair Hearings): THRIT reported zero (0) standard external appeals (across all cohorts)

- External standard appeal denial rates/total denials
    - RIte Care 0%
    - CSN 0%
    - RHP 0%
    - RHE 0%

Q1 2022 External Expedited Appeals (State fair Hearings): THRIT reported zero (0) expedited external appeals (across all cohorts).

- External Expedited Appeal denial rates/total denials
    - RIte Care 0%
    - CSN 0%
    - RHP 0%
    - RHE 0%

THRIT Quarterly Report Q1-2022_Grievances and Complaints

	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD	AE	AE YTD
Number of Grievances	0	0	0	0	1	1	0	0	N/A	N/A	0	10
Number of Complaints	10	10	0	0	16	16	17	17	N/A	N/A	0	0
Total	19	19	2	2	25	25	34	34	N/A	N/A	0	0

Summary

Grievances/Complaints

Q 1 2022: Grievances and Complaints: THRIT reported a total of one (1) Grievances and Complaints.

IV. UnitedHealthcare RIte Smiles

Dental (RIte Smiles) QUARTERLY REPORT Q1 2022_ APPEALS, GRIEVANCES AND COMPLAINTS

Prior Authorization Requests

RIte Smiles Quarterly Report Q1 2022_Prior Authorization Requests

	Dental	Dental YTD	RX	RX YTD	RAD	RAD YTD	Ortho dontic	Ortho YTD
Prior Authorization Requests	2130	2130	0	0	0	0	961	961
Denial Authorization Requests	746	746	0	0	0	0	623	623

RIte Smiles Appeals

RIte Smiles QUARTERLY REPORT Q1 2022_APPEALS

Appeals Internal	Dental/Ortho	Dental/Ortho YTD	RX	RX YTD	RAD	RAD YTD
Standard	3/70	3/70	0	0	0	28
Overturned	1/8	1/8	0	0	0	0
Expedited	0/0	0/0	0	0	0	0
Overturned	0/0	0/0	0	0	0	0
Appeals External (State Fair Hearing)	**Dental/Ortho**	**Dental/Ortho YTD**	**RX**	**RX YTD**	**RAD**	**RAD YTD**
Standard	5/5	5/5	0	0	0	0
Overturned	0	0	0	0	0	0
Expedited	0	0	0	0	0	0
Overturned	0	0	0	0	0	0

Summary

Internal Appeals

Q 4 2022: Internal Appeals: RIte Smiles had a total of seventy-three (73) internal appeals, general dentistry had three (3) appeals of which one (1) appeal was overturned, representing 33.3% overturn rate. Seventy (70) orthodontic services were appealed of which eight (8) were overturned, representing a 11.43% overturn rate.

External Appeals (SFH)

Q1 2022: RIte Smiles had a total of ten (10) external appeals, general dentistry had five (5) external appeals of which zero (0) were overturned 2

RIte Smiles Quarterly Report Q4 2021 Grievances and Complaints

	RIte Smiles	RIte Smiles YTD
Number of Grievances	0	0
Number of Complaints	0	0
Total	0	0

Summary

RIte Smiles reported zero (0) consumer grievances and complaints in Q1 2022

The Public Health Emergency (PHE) had a significant impact on dental services, directly impacting staffing, service requests and, subsequently, submitted appeals and grievances and is reflected in the data.

*Quarterly appeal rate = appeals per 1000/members

DY14 Q2

MCO Prior Authorization and Denials Summary

NHPRI Q2-2022: Prior Authorizations and Denials: NHPRI reported nineteen thousand and nine hundred and fourteen (19,914) PAs (across all cohorts) of which one thousand and six hundred and thirty-two (1,632) PAs were denied representing an 8.19% denial rate. There is no substantive change in PA requests or denials from Q1-2022 to Q2 2022 (8.25%). Representing less than 1% increase in denial rate.

UHCCP Q2-2022: Prior Authorizations and Denials: UHCCP-RI reported six thousand three hundred and seventy-two (6,372) PAs (across all cohorts) of which two thousand three hundred and seventy-two (2,372) PAs were denied representing a 37.22% total denial rate. Representing

an approximate increase of greater than 5% in denial rate. Radiology and pharmacy represent approximately 40% of all prior authorizations and 50% denials respectively. This is comparatively higher than other MCOs. EOHHS is currently conducting an annual Appeals and Grievance audit, causation for this anomaly will be reviewed and addressed during the audit process.

THRIT Q2-2022: Prior Authorizations and Denials: THRIT reported one-thousand and three hundred and fifty-one (1,351) PAs (across all cohorts) of which one hundred and seventy-seven (177) PAs were denied representing 13.10% denial rate. There is no substantive change in PA requests or denials from Q1 2022 (13.22%) to Q2 2022. Representing less than 1% decrease in denial rate.

Dental (Rite Smiles) Q2-2022: Prior Authorizations and Denials: Rite Smiles reported a total of two thousand eight hundred and four (2,804) PAs of which one thousand one hundred and eighty-eight (1,188) PAs were denied representing 42% total denial rate. Requests for orthodontic services represent 65% denial rate.

MCO Q2-2022: Appeals and Overturn Rate Summary

NHPRI Q2-2022: NHPRI reported a total of four hundred and fifteen (415) standard internal appeals, twenty-four (24) expedited internal appeals and fifty-six (56) state fair external hearings across all cohorts. Of the four hundred and thirty-nine (439) total appeals, two hundred and nineteen (219) appeals were overturned representing 49.8% overturn rate. Of the fifty-six (56) external appeals, eighteen (18), appeals, 32% were overturned.

UHCCP Q2-2022: UHCCP reported a total of two hundred and thirty-seven (237) appeals, one hundred and fifty-nine (159) standard internal appeals, seventy-eight (78) expedited internal and zero state fair- external hearings across all cohorts. Of the two hundred and thirty-seven (237) appeals, one hundred and ninety-three (193) were overturned representing 81.43% overturn rate. There were no external appeals this quarter.

THRIT Q2-2022: THRIT reported a total of nine (9) appeals, three (3) standard internal appeals, six (6) expedited internal appeals and zero state fair – external hearings across all cohorts. Of the nine (9) appeals two (2) were overturned representing 22.2% overturn rate. There were no external appeals in Q2.

Dental (Rite Smiles) Q2-2022: Rite Smiles reported a total of fifty-eight (58) appeals, fifty-two (52) standard internal appeals and six (6) standard state fair -external hearings. Of the fifty-eight (58) appeals fourteen (14) appeals were overturned representing 24.13% overturn rate. Denials for orthodontic services represented 100% of appeal requests.

MCO Q2-2022 Grievances and Complaints Summary

NHPRI Q2-2022:_Grievances and Complaints: NHPRI reported a total of ninety-five (95) Grievances and Complaints; thirty-eight (38) Grievances and fifty-seven (57) Complaints; twelve (12) were directly attributed to Accountable Entities (AE). Of the thirty-seven (37) total; ten (10) grievances and complaints were directly attributed to Accountable Entities (AE) (included in

totals). Of the thirty-eight (38) Grievances, thirty (30) represented quality of care issues and eight (8) access to care issues. Access to care issues were related to in-network BH provider availability. There is no significant increase (less than 1%) in grievances /complaints from Q2 over Q1.

UHCCP Q2-2022: Grievances/Complaints: UHCCP-RI reported a total of twenty-two (22) Grievances and Complaints; nine (9) Grievances and thirteen (13) Complaints; twelve (12) were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the twenty-two (22) Grievances, six (6) represented quality of care issues, three (3) access to care issues and ten (10) balance billing issues. UHCCP comparatively receives more complaints regarding balance billing than the other two (2) MCOs. After meeting with UHCCP and reviewing the complaints, it appears provider offices confuse the Medicaid product with their commercial product. UHCCP educates those providers identified and ensures members are reimbursed where appropriate. There has been a significant decrease in balance billing complaints in both Q1 and Q2 of 2022.

THRIT Q2-2022: Grievances and Complaints: THRIT reported a total of two (2) Grievances and zero Complaints. Both grievances were related to in-network neuropsychology testing availability.

RIte Smiles (Dental) Q2-2022: Grievances and Complaints: RIte Smiles reported a total zero consumer Grievance and one (1) Complaints in Q2-2022. The complaint was related to access to care at a pediatric dentist near members residence.

The Public Health Emergency (PHE) had a significant impact on dental services, directly impacting staffing, service requests and, subsequently, submitted appeals and grievances and is reflected in the data.

DY14 Q3

MCO Prior Authorization and Denials Summary

NHPRI Q3-2022: Prior Authorizations and Denials: NHPRI reported nineteen thousand and thirty-one (19,031) PAs (across all cohorts) of which one thousand and five hundred twenty-six (1,526) PAs were denied representing an 8.02% denial rate. There is no substantive change in PA requests or denials from Q2-2022 to Q3 2022 (8.19%). Representing less than 1% increase in denial rate.

UHCCP Q3-2022: Prior Authorizations and Denials: UHCCP-RI reported thirteen thousand six hundred and fifty-eight (13,658) PAs (across all cohorts) of which two thousand seven hundred and three (2,703) PAs were denied representing a 36.62% total denial rate. Representing an approximate decrease of 16.83% in denial rate. Representing an approximate decrease of lesser than 1% in denial rate. Radiology and pharmacy represent approximately 41% of all prior authorizations and 49% denials respectively. EOHHS is currently conducting an annual Appeals

and Grievance audit, causation for this anomaly will be reviewed and addressed during the audit process.

THRIT Q3-2022: Prior Authorizations and Denials: THRIT reported one-thousand and two hundred and ten (1,210) PAs (across all cohorts) of which one hundred and fifty-seven (157) PAs were denied representing 12.97% denial rate. There is no substantive change in PA requests or denials from Q2 2022 (13.10%) to Q3 2022. Representing less than 1% decrease in denial rate.

Dental (RIte Smiles) Q3-2022: Prior Authorizations and Denials: Rite Smiles reported a total of two thousand seven hundred and sixty-four (2,764) PAs of which one thousand and seventeen (1,017) PAs were denied representing 36.79% total denial rate. Requests for orthodontic services represent 59.27% denial rate which represents a decrease of more than 5% from Q2.

MCO Q3-2022: Appeals and Overturn Rate Summary

NHPRI Q3-2022: NHPRI reported a total of three hundred and eighty-eight (388) standard internal appeals, eighteen (18) expedited internal appeals and eighty-six (86) state fair external hearings across all cohorts. Of the four hundred and ninety-two (492) total appeals, two hundred and forty-six (246) appeals were overturned representing 50% overturn rate. Of the eighty-six (86) external appeals, thirty-four (34), appeals, 39.5% were overturned.

UHCCP Q3-2022: UHCCP reported a total of one hundred and twenty-six (126) standard internal appeals, sixty-eight (68) expedited internal and zero state fair- external hearings across all cohorts. Of the one hundred and ninety-four (194) appeals, one hundred and forty-six (146) were overturned representing 75.26% overturn rate. There were no external appeals this quarter.

THRIT Q3-2022: THRIT reported a total of six (6) standard internal appeals, thirteen (13) expedited internal appeals and zero state fair – external hearings across all cohorts. Of the nineteen (19) appeals four (4) were overturned representing 21.05% overturn rate. There were no external appeals in Q3.

Dental (RIte Smiles) Q3-2022: Rite Smiles reported a total of fifty-eight (58) appeals, fifty-two (52) standard internal appeals and six (6) standard state fair -external hearings. Of the fifty-eight (58) appeals fourteen (14) appeals were overturned representing 24.13% overturn rate. Denials for orthodontic services represented 100% of appeal requests. EOHHS is currently reviewing trends to ensure that members are fully aware to initiate an appeal given this trend.

MCO Q3-2022 Grievances and Complaints Summary

NHPRI Q3-2022: Grievances and Complaints: NHPRI reported a total of eighty (80) Grievances and Complaints; forty (40) Grievances and forty (40) Complaints; seven (7) were directly attributed to Accountable Entities (AEs included in totals). Of the forty (40) Grievances, twenty-eight (28) represented quality of care issues and seven (7) access to care issues. Access to care issues were

related to in-network BH provider availability. There is no significant increase (less than 1%) in grievances /complaints from Q3 over Q2.

UHCCP Q3-2022: Grievances/Complaints: UHCCP-RI reported a total of four (4) Grievances and Complaints; four (4) Grievances and zero Complaints; zero were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the four (4) Grievances, one (1) represented quality of care issues, and three (3) were other issues. UHCCP comparatively receives more complaints regarding balance billing than the other two (2) MCOs. After meeting with UHCCP and reviewing the complaints, it appears provider offices confuse the Medicaid product with their commercial product. UHCCP educates those providers identified and ensures members are reimbursed where appropriate. There has been a significant decrease in balance billing complaints in both Q1, Q2, but a more significant drop in Q3 of 2022.

THRIT Q3-2022: Grievances and Complaints: THRIT reported zero Grievances and zero Complaints in Q3-2022.

RIte Smiles (Dental) Q3-2022: Grievances and Complaints: RIte Smiles reported a total of 1 consumer Grievance and zero Complaints in Q3-2022. The grievance was related to access to care at a pediatric dentist due to three missed appointments.

The Public Health Emergency (PHE) had a significant impact on dental services, directly impacting staffing, service requests and, subsequently, submitted appeals and grievances and is reflected in the data.

DY14 Q4

MCO Prior Authorization and Denials Summary

NHPRI Q4-2022: Prior Authorizations and Denials: NHPRI reported nineteen thousand five hundred and ninety-two (19,592) PAs (across all cohorts) of which one thousand four hundred and fourteen (1,414) PAs were denied representing an 7.22% denial rate. There is no substantive change in PA requests or denials from Q3-2022 to Q4 2022 (8.02%). Representing less than 1% increase in denial rate.

UHCCP Q4-2022: Prior Authorizations and Denials: UHCCP-RI reported fifteen thousand seven hundred and eighty-four (15,784) PAs (across all cohorts) of which two thousand eight hundred and forty-seven (2,847) PAs were denied representing a 18% total denial rate. Representing an approximate decrease of 18.62% in denial rate. Radiology and pharmacy represent approximately 41% of all prior authorizations and 49% denials respectively. EOHHS is currently conducting an annual Appeals and Grievance audit, causation for this anomaly will be reviewed and addressed during the audit process.

THRIT Q4-2022: Prior Authorizations and Denials: THRIT reported one thousand two hundred and ten (1,210) PAs (across all cohorts) of which one hundred and forty-nine (149) PAs were denied representing 12.31% denial rate. There is no substantive change in PA requests or denials from Q3 2022 (12.13%) to Q4 2022. Representing less than 1% decrease in denial rate.

Dental (RIte Smiles) Q4-2022: Prior Authorizations and Denials: RIte Smiles reported a total of three thousand two hundred and fourteen (3,214) PAs of which one thousand three hundred and sixty-nine (1,369) PAs were denied representing 27.70% total denial rate. Requests for orthodontic services represent 46.38% denial rate which represents a decrease of more than 12% from Q3.

MCO Q4-2022: Appeals and Overturn Rate Summary

NHPRI Q4-2022: NHPRI reported a total of two hundred and eighty-nine (289) standard internal appeals, fourteen (14) expedited internal appeals and one hundred and five (105) state fair external hearings across all cohorts. Of the four hundred and eight (408) total appeals, one hundred and seventy-four (174) appeals were overturned representing 42.65% overturn rate. Of the one hundred and five (105) external appeals, twenty-eight (28), appeals, 26.67% were overturned.

UHCCP Q4-2022: UHCCP reported a total of one hundred (100) standard internal appeals, eighty-six (86) expedited internal and zero state fair- external hearings across all cohorts. Of the one hundred and eighty-six (186) total appeals, one hundred and thirty-six (136) were overturned representing 73.11% overturn rate. There were no external appeals this quarter.

THRIT Q4-2022: THRIT reported a total of zero (0) standard internal appeals, eight (8) expedited internal appeals and zero state fair – external hearings across all cohorts. Of the eight (8) total appeals three (3) were overturned representing 37.5% overturn rate. There were no external appeals in Q4.

Dental (RIte Smiles) Q4-2022: RIte Smiles reported a total of seventy-three (73) standard internal appeals and ten (10) expedited state fair -external hearings. Of the eighty-three (83) total appeals six (6) appeals were overturned representing 7.23% overturn rate. Denials for orthodontic services represented 100% of appeal requests. EOHHS is currently reviewing trends to ensure that members are fully aware to initiate an appeal given this trend.

MCO Q4-2022 Grievances and Complaints Summary

NHPRI Q4-2022: Grievances and Complaints: NHPRI reported a total of one hundred and thirteen (113) Grievances and Complaints; fifty (50) Grievances and fifty-seven (57) Complaints; seventeen (17) were directly attributed to Accountable Entities (AEs included in totals). Of the fifty (50) Grievances, twenty-seven (27) represented quality of care issues and twelve (12) access to care issues. Access to care issues were related to in-network BH provider availability. There was a significant increase (29.2%) in grievances /complaints from Q4 over Q3. This is being

monitored during oversight and flagged as a part of the provider enrollment screening process related to the 21st Century CURES ACT.

UHCCP Q4-2022: Grievances/Complaints: UHCCP-RI reported a total of twenty-four (24) Grievances and Complaints; eight (8) Grievances and sixteen (16) Complaints; eight (8) were directly attributed to Accountable Entities (AE). (AEs included in totals). Of the eight (8) Grievances, four (4) represented quality of care issues, two (2) access to care and one (1) customer service issue. UHCCP comparatively receives more complaints regarding balance billing than the other two (2) MCOs. After meeting with UHCCP and reviewing the complaints, it appears provider offices confuse the Medicaid product with their commercial product. UHCCP educates those providers identified and ensures members are reimbursed where appropriate. There was a significant decrease in balance billing complaints in both Q1 and Q2, and no balance billing issue complaints in Q3 and Q4. EOHHS is monitoring this issue closely and will monitor/track and resolve any additional unforeseen risks/issues that may result due to this oversight.

THRIT Q4-2022: Grievances and Complaints: THRIT reported zero Grievances and zero Complaints in Q4-2022.

RIte Smiles (Dental) Q4-2022: Grievances and Complaints: RIte Smiles reported a total of zero consumer Grievance and zero Complaints in Q4-2022.

The Public Health Emergency (PHE) had a significant impact on dental services, directly impacting staffing, service requests and, subsequently, submitted appeals and grievances and is reflected in the data.

OHHS also participates in two advisory groups, the long-standing Consumer Advisory Committee (CAC) and the Integrated Care Initiative's ICI Implementation Council. CAC stakeholders include individuals who are enrolled in RIte Care, and representatives of advocacy groups, health plans, the Department of Human Services (DHS), and EOHHS. The CMS Regional Officer participates in these meetings as her schedule permits. The CAC met five (5) times in DY 14 January 1, - December 31, 2022:

January meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- Medicaid Personnel Update
- HSRI Special Enrollment Period
- Governor's Budget
- COVID-19 Updates
    - Telehealth and Prior Authorizations
    - Redetermination Updates, i.e., Unwinding
- Data Reports – Enrollment & Auto Assignment

March meeting agenda

- Welcome and Introductions
- Review of January 13, 2022 Meeting Minutes
- Medicaid Personnel Update
- HSRI Special Enrollment Period
- Governor's Budget
- COVID-19 Updates
    - Telehealth and Prior Authorizations
    - Redetermination Updates
- Data Reports – Enrollment & Auto Assignment

May meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- Medicaid Personnel Update
- Unwinding of COVID-19 Provisions
- Data Reports – Enrollment & Auto Assignment

September meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- MAPCO Update
- Procurement Update
- Status of Budget Initiatives – Cover All Kids, Postpartum Coverage

- Public Health Emergency Extension
- Future Meetings – Remote or In-Person?
- Data Reports – Enrollment & Auto Assignment

November meeting agenda

- Welcome and Introductions
- Review of Minutes & Approval
- DHS Staffing Update
- MAPCO Update
- Address Update Process Review
- Cover All Kids
- Data Reports – Enrollment & Auto Assignment

The EOHHS Transportation Broker, Medical Transportation Management (MTM), reported on transportation related complaints. The following charts reflect the number of complaints compared to the transportation reservations and the top five complaint areas during DY 14 January 1, 2022 – December 2022.

NEMT Analysis	Q1 2022	Q2 2022	Q3 2022	Q4 2022	DY14 YTD	
All NEMT & Elderly Complaints	413	331	291	330	1,365	
All NEMT & Elderly Trip Reservations	515,648	576,722	589,774	573,757	2,255,901	
Complaint Performance	0.08%	0.06%	0.05%	0.06%	0.06%	
Top 5 Complaint Areas						
Transportation Provider No Show	108	90	75	103	376	1
Transportation Broker Processes	76	35	38	37	186	3
Transportation Provider Behavior	52		40	37	129	4
Transportation Provider Late	77	49	50	63	239	2
Transportation Broker Client	24		23		47	
Driver Service/Delivery		38		22	60	5
Transportation Broker Customer		23			23	

X. Marketplace Subsidy Program Participation

Effective January 1, 2014, parents/caretakers of Medicaid-eligible children in households with incomes between 142% and 179% of the Federal Poverty Level (FPL), who are not Medicaid eligible themselves, can apply for financial assistance paying for health insurance coverage accessed through HealthSource RI. To obtain assistance, applicants must submit a request to EOHHS. Applications are available at the HeathSource RI Contact Center, online at http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Application_for_State_Assistance_Program.pdf, or can be requested by calling RIte Share at (401) 462-0311. The application requires applicants to provide demographic information and information regarding enrollment in a Qualified Health Plan (QHP) through HealthSource RI.

For this quarter, the average monthly participation was 122 enrollees. The average subsidy was $40.94 per individual, with an average total of $5,008 per month.

Month	Marketplace Subsidy Program Participation	Change in Marketplace Participation	Average Subsidy per Enrollee	Total Subsidy Payments
January	172	(5)	$41.23	$7,092
February	152	(20)	$41.03	$6,237
March	146	(6)	$41.21	$6,017
April	134	(12)	$40.60	$5,441
May	108	(26)	$40.70	$4,396
June	143	37	$40.36	$5,772
July	141	(2)	$40.69	$5,737
August	118	(23)	$40.51	$4,780
September	136	18	$40.49	$5,507
October	119	(15)	$40.76	$4,850
November	117	(14)	$41.09	$4,807
December	131	12	$40.98	$5,368

XI. Evaluation/Quality Assurance/Monitoring Activity

Identify, describe, and report the outcome of all major evaluation/quality assurance/monitoring activities in DY 14, January 1, 2022 – December 31, 2022.

Quality Assurance and Monitoring of the State's Medicaid-participating Health Plans

Monthly Oversight Review

Monthly, the RI EOHHS leads oversight and administration meetings with the State's four (4) Medicaid-participating managed care organizations (MCOs): NHPRI, UHCCP-RI, Tufts Health Public Plans (THPP) and UHC Dental. These monthly meetings are conducted separately with each MCO during the EOHHS MCO Oversight meetings; agenda items focus upon both standing areas of focus as well as emerging items related to quality assurance and oversight activities.

Areas of focus addressed during Q1:

Specific to quality improvement and compliance, the following areas of focus were addressed during the cycle of oversight and administration meetings conducted during Quarter 1 (Q1) of 2022, the third quarter of State Fiscal Year (SFY) 2022:

Active Contract Management (ACM)
For Q1 2021 ACM, revamped its ACM efforts be setting strategic goals in the four main areas for a kick-off at the January 2022 meetings with the following:

- **Goal 1**: Members receive quality care within all managed care delivery systems
    - Integrate NEMT Member No-Show ACM Project to reduce member no-shows and increase coordination for at-risk members with handoff between vendors. Streamline work directly between MCOs and NEMT vendor.
    - Improve access to behavioral care services for both children and adults with BHDDH and DCYF.
    - Improve integration with medical MCOs and UHC Dental. Increase childhood P-DENT by 10% by end of CY22
- **Goal 2**: Enhance financial & data analytic oversight of MCOs
    - Ensure timely, complete, and correct encounter data within the 98% acceptance threshold. Review and provide feedback to FDCR to promote better financial oversight and accountability). Resubmit missing/incomplete encounter data by January 1, 2022.
    - Increase oversight of MCO interventions concerning utilization such as avoidable ED usage and reduced health care diagnostic screenings from 2021 benchmarks. Provide MCOs high-utilizers to provide direct care interventions.
    - Establish 6-month error free operations/financial reporting goal for

MCOs.
    - Support provider financial solvency efforts to critical services including MCO financial oversight, enhance APMs, CMS pre-prints as appropriate
- **Goal 3**: Implement and oversee COVID-19 testing, treatment and vaccination
    - Implement successful COVID-19 vaccination plan, with focus on addressing SDOH among all Medicaid populations to promote greater health equity. Establish 85% vaccination goal for Medicaid members by end of CY22.
    - Establish and streamline MCOs member outreach efforts to prevent duplications for members in coordination with RIDOH.
    - Identify and improve on gaps in care that should be reduced through MCO-AE intervention strategies, such as case management referrals to high utilizers.
    - Support youth vaccination efforts, with a goal of 90% vaccination by end of CY22 for youth aged 5-17.
- **Goal 4**: Integrate development of Accountable Entities in Managed Care Oversight
- Identify and improve on gaps in care that should be reduced through MCO-AE intervention strategies, such as case management referrals to high utilizers.
- MCOs to provide strategic plan to address SDOH, including organizational strategy and stakeholder strategy to improve care delivery model.
- Implementation of race, ethnicity, and language (REL) data collection process to identify gaps in care.
- Support oversight efforts of MCO implementation of AE program, with a focus on program sustainability.

MCOs focused on decreasing preventable ED utilization. MCOs also continued their quest to increase childhood immunization rates.

<u>COVID-19 Public Health Emergency (PHE) Response Effort</u>

During Q2, EOHHS and the three (3) medical MCOs, including NHPRI, UHCCP-RI, and THPP, continued to partner with EOHHS, RIDOH, school departments, faith-based organizations, provider offices, pediatrician and pediatric dentist offices, and accountable entities (AEs) to establish and align plans for disseminating the most important, updated vaccine-related information and the importance of parents and any other eligible household members to get vaccinated as soon as possible ahead of children returning to in-person learning. MCOs executed upon their continuously evolving member and provider outreach plans. Member-specific outreach (and follow-up, as necessary) included but was not limited to phone calls, text messages, emails, direct mailings, and website and social media posts.

MCOs and EOHHS discussed their plans for indefinitely covering telemedicine as a covered benefit in accordance with the new Telemedicine Coverage Act.

General Updates

- Due to a surge in hospitalizations in December-January, EOHHS required MCOs to provide weekly discharge data and updates on admissions and discharges and request to decrease administrative barriers for hospitals.
- EOHHS continued work with MCOs concerning outreach and care coordination efforts to enhance provision of Early Intervention Services for members.
- EOHHS has established Quarterly Financial Oversight Meetings with MCOs to enhance coordination and communication efforts concerning ongoing financial requirements.
- EOHHS began Wave 1 of 4 for Provider Screening – 21st Century Cures Act enrollment requirements. EOHHS is providing oversight over compliance with the enrollment requirements with external vendor (Gainwell Technologies) and the 3 MCOs. Meetings with both the vendor and MCOs are held on a weekly basis to ensure adherence with the project plan.
- MCOs continued to provide updates concerning CMS Interoperability and Patient Access Final Rule requirements at monthly oversight meetings.
- EOHHS reviewed results of Q4 QIP Reports with each MCO.

Specific to the unique details of Q2 oversight, pertaining to each MCO, see below:

Neighborhood Health Plan of Rhode Island (NHPRI)

- NHPRI continued to work with RIDOH to obtain vaccination data for NHPRI members.
- For durable medical equipment (DME) claims adjudication, NHPRI successfully completed the transition of claims processing from Integra Partner (a contracted DME vendor) to NHPRI (in-house). EOHHS continued to provide active monitoring and oversight of this transition.
- NHP introduced a Behavioral Health Emergency Department Diversion program to reduce unnecessary emergency room utilization for mental health, alcohol use and chronic pain disorders. EOHHS continues to monitor these efforts in monthly oversight meetings for its updated for to decrease preventable ED usage by beneficiaries.
- NHP also continues to work with Accountable Entities on intervention strategies to reduce avoidable Emergency Room usage.
- MCO completed reprocessing denied edited claims to correct issue and ensure compliance with 98% encounter data threshold to ensure timely FY23 rates.

UnitedHealthcare Community Plan (UHCCP-RI)

- UHCCP continued work related to early intervention efforts and included their rate increase to providers for relief that was retroactive to the start of the fiscal year.
- UHCCP case managers continued targeted outreach to members in areas with low COVID-19 vaccination rates. They innovatively collaborated with community organizations and sponsored community events to educate about and administer vaccines. UHCCP pivoted as needed to address newly eligible age groups, launching many different communications to reach these diverse audiences from all angles

- UHCCP's doula pilot resulted in an increasing number of high-risk members' successful, healthy delivery of newborns. UHCCP continued to expand the program throughout the Quarter. Many mothers suffered with SUD and SPMI, and doulas were able to coach mothers through labor and delivery without the use of medication. Mothers expressed that they felt supported and grateful for the support offered. Doulas participate in post-partum visits.

Tufts Health Public Plans (THPP)

- THPP reported on planned PBM transition from CVS Health to OptumRx, effective 1/1/2023. Tufts provided an overview of the project plan and timeline for the transition. EOHHS will be providing oversight of the transition. This topic has been included in weekly encounter data calls with EOHHS.
- THPP continued to work satisfactorily with EOHHS to address encounter claims submission.
- Tufts introduced the "Healthy Heroes Program", a wellness program to address obesity and weight related health conditions in youth.

UnitedHealthcare-Dental (UHC Dental)

- UHC Dental, RI EOHHS, and the RI Dental Director collaborated to develop a quality improvement projects to begin in 2022 that focus on a broader scope that will result not only in quality improvement for members, but in the collection of valuable data collected on an ongoing basis that will serve as benchmarks from which to improve the program in the future.
- UHC Dental continued to regularly meet with provider offices across Rhode Island to understand and monitor the current status of network capacity, access barriers due to staffing shortages and pent-up demand. UHC Dental made great strides in establishing relationships with provider offices such that providers feel more supported and heard. UHC Dental continued submitting monthly iterations of their strategic plan for increasing utilization of preventative dental services by RIte Smiles members in accordance with CMS' PDENT-CH measures.
- UHC Dental developed, tested and launched the UnitedHealthcare RIte Smiles mobile application for RIte Smiles program beneficiaries. The purpose of the app is to provide a user-friendly, technology-based solution that will enable members and their parent(s)/guardian(s) to access benefit information, locate a provider, obtain dental health awareness information, and support UHC Dental in maintaining strategies for increasing oral health awareness and closing gaps in EPSDT services.

<u>Areas of focus addressed during Q2:</u>

Specific to quality improvement and compliance, the following areas of focus were addressed during the cycle of oversight and administration meetings conducted during Quarter 2 (Q2) of 2022, the fourth quarter of State Fiscal Year (SFY) 2022:

Active Contract Management (ACM)

EOHHS continued its ACM review with MCOs of the following annual goals:

- **Goal 1**: Members receive quality care within all managed care delivery systems
  - Integrate NEMT Member No-Show ACM Project to reduce member no-shows and increase coordination for at-risk members with handoff between vendors. Streamline work directly between MCOs and NEMT vendor.
  - Improve access to behavioral care services for both children and adults with BHDDH and DCYF.
  - Improve integration with medical MCOs and UHC Dental. Increase childhood P-DENT by 10% by end of CY22
- **Goal 2**: Enhance financial & data analytic oversight of MCOs
  - Ensure timely, complete, and correct encounter data within the 98% acceptance threshold. Review and provide feedback to FDCR to promote better financial oversight and accountability). Resubmit missing/incomplete encounter data by January 1, 2022.
  - Increase oversight of MCO interventions concerning utilization such as avoidable ED usage and reduced health care diagnostic screenings from 2021 benchmarks. Provide MCOs high-utilizers to provide direct care interventions.
  - Establish 6-month error free operations/financial reporting goal for MCOs.
  - Support provider financial solvency efforts to critical services including MCO financial oversight, enhance APMs, CMS pre-prints as appropriate
- **Goal 3**: Implement and oversee COVID-19 testing, treatment and vaccination
  - Implement successful COVID-19 vaccination plan, with focus on addressing SDOH among all Medicaid populations to promote greater health equity. Establish 85% vaccination goal for Medicaid members by end of CY22.
  - Establish and streamline MCOs member outreach efforts to prevent duplications for members in coordination with RIDOH.
  - Identify and improve on gaps in care that should be reduced through MCO-AE intervention strategies, such as case management referrals to high utilizers.
  - Support youth vaccination efforts, with a goal of 90% vaccination by end of CY22 for youth aged 5-17.
- **Goal 4**: Integrate development of Accountable Entities in Managed Care Oversight
  - Identify and improve on gaps in care that should be reduced through MCO-AE intervention strategies, such as case management referrals to high utilizers.
  - MCOs to provide strategic plan to address SDOH, including organizational

strategy and stakeholder strategy to improve care delivery model.
    - Implementation of race, ethnicity, and language (REL) data collection process to identify gaps in care.
    - Support oversight efforts of MCO implementation of AE program, with a focus on program sustainability.

MCOs focused on decreasing preventable ED utilization and increase COVID-19 vaccination rates for both boosters and newly eligible populations.

COVID-19 Public Health Emergency (PHE) Response Effort

During Q2, EOHHS and the three (3) medical MCOs, including NHPRI, UHCCP-RI, and THPP, continued to partner with EOHHS, RIDOH, school departments, faith-based organizations, provider offices, pediatrician and pediatric dentist offices, and accountable entities (AEs) to establish and align plans for disseminating the most important, updated vaccine-related information and the importance of parents and any other eligible household members to get vaccinated as soon as possible ahead of children returning to in-person learning. MCOs executed upon their continuously evolving member and provider outreach plans. Member-specific outreach (and follow-up, as necessary) included but was not limited to phone calls, text messages, emails, direct mailings, and website and social media posts.

General Updates

- Due to the sunsetting of a hotel shelter program in the state, MCO case managers provided case management supports to members living in a hotel and needed to transition to new housing.
- EOHHS continued work with MCOs concerning outreach and care coordination efforts to enhance provision of Early Intervention Services for members.
- EOHHS began Wave 2 of 4 for Provider Screening – 21st Century Cures Act enrollment requirements. EOHHS is providing oversight over compliance with the enrollment requirements with external vendor (Gainwell Technologies) and the 3 MCOs. Meetings with both the vendor and MCOs are held on a weekly basis to ensure adherence with the project plan.
- EOHHS reviewed results of Q4 QIP Reports with each MCO.
- MCOs began implementation for billing for newly covered doula services.

Specific to the unique details of Q2 oversight, pertaining to each MCO, see below:

Neighborhood Health Plan of Rhode Island (NHPRI)

- The May meeting for NHPRI was cancelled due to a death of a team member during the oversight meeting.
- NHPRI continued to work with RIDOH to obtain vaccination data for NHPRI members.

- For durable medical equipment (DME) claims adjudication, NHPRI successfully completed the transition of claims processing from Integra Partner (a contracted DME vendor) to NHPRI (in-house). EOHHS continued to provide active monitoring and oversight of this transition.
- NHP introduced a Behavioral Health Emergency Department Diversion, called Pyx Health to support social isolation and loneliness. 279 members had signed-up for the application.

UnitedHealthcare Community Plan (UHCCP-RI)

- UHCCP annual EQR report was discussed, where they met at HEDIS measures, despite concerns regarding COVID-19.
- UHCCP case managers continued targeted outreach to members in areas with low COVID-19 vaccination rates.
- UHCCP's received approval for their Kidney Resource Service (KRS) developed for case management for members with chronic kidney disease.

Tufts Health Public Plans (THPP)

- THPP reported on planned PBM transition from CVS Health to OptumRx, effective 1/1/2023. Tufts provided an overview of the project plan and timeline for the transition. EOHHS will be providing oversight of the transition. This topic has been included in weekly encounter data calls with EOHHS.
- THPP continued to work satisfactorily with EOHHS to address encounter claims submission.
- EOHHS has been reviewing THPP's network adequacy given recent trends by member requests to change plans. From March 2022 to June 2022, of the 105 members who requested plan changes, 70 members were from Tufts.

UnitedHealthcare-Dental (UHC Dental)

- EOHHS continued to monitor UHC Dental's availability for providers to offer services given the pandemic. UHC Dental continued to regularly meet with provider offices across Rhode Island to understand and monitor the current status of network capacity, access barriers due to staffing shortages and pent-up demand. UHC Dental made great strides in establishing relationships with provider offices such that providers feel more supported and heard.
- UHC Dental continued submitting monthly iterations of their strategic plan for increasing utilization of preventative dental services by RIte Smiles members in accordance with CMS' PDENT-CH measures.
- UHC Dental developed, tested and launched the UnitedHealthcare RIte Smiles mobile application for RIte Smiles program beneficiaries. The purpose of the app is to provide a user-friendly, technology-based solution that will enable members and their parent(s)/guardian(s) to access benefit information, locate a provider, obtain dental health awareness information, and support UHC Dental in maintaining strategies for increasing oral health awareness and closing gaps in EPSDT services.

Areas of focus addressed during Q3:

Specific to quality improvement and compliance, the following areas of focus were addressed during the cycle of oversight and administration meetings conducted during Quarter 2 (Q2) of 2022, the fourth quarter of State Fiscal Year (SFY) 2022:

Active Contract Management (ACM)

EOHHS continued its ACM review with MCOs of the following annual goals:

- **Goal 1**: Members receive quality care within all managed care delivery systems
  - Integrate NEMT Member No-Show ACM Project to reduce member no-shows and increase coordination for at-risk members with handoff between vendors. Streamline work directly between MCOs and NEMT vendor.
  - Improve access to behavioral care services for both children and adults with BHDDH and DCYF.
  - Improve integration with medical MCOs and UHC Dental. Increase childhood P-DENT by 10% by end of CY22
- **Goal 2**: Enhance financial & data analytic oversight of MCOs
  - Ensure timely, complete, and correct encounter data within the 98% acceptance threshold. Review and provide feedback to FDCR to promote better financial oversight and accountability). Resubmit missing/incomplete encounter data by January 1, 2022.
  - Increase oversight of MCO interventions concerning utilization such as avoidable ED usage and reduced health care diagnostic screenings from 2021 benchmarks. Provide MCOs high-utilizers to provide direct care interventions.
  - Establish 6-month error free operations/financial reporting goal for MCOs.
  - Support provider financial solvency efforts to critical services including MCO financial oversight, enhance APMs, CMS pre-prints as appropriate
- **Goal 3**: Implement and oversee COVID-19 testing, treatment and vaccination
  - Implement successful COVID-19 vaccination plan, with focus on addressing SDOH among all Medicaid populations to promote greater health equity. Establish 85% vaccination goal for Medicaid members by end of CY22.
  - Establish and streamline MCOs member outreach efforts to prevent duplications for members in coordination with RIDOH.
  - Identify and improve on gaps in care that should be reduced through MCO-AE intervention strategies, such as case management referrals to high utilizers.
  - Support youth vaccination efforts, with a goal of 90% vaccination by end of CY22 for youth aged 5-17.

- **Goal 4**: Integrate development of Accountable Entities in Managed Care Oversight
    - Identify and improve on gaps in care that should be reduced through MCO-AE intervention strategies, such as case management referrals to high utilizers.
    - MCOs to provide strategic plan to address SDOH, including organizational strategy and stakeholder strategy to improve care delivery model.
    - Implementation of race, ethnicity, and language (REL) data collection process to identify gaps in care.
    - Support oversight efforts of MCO implementation of AE program, with a focus on program sustainability.

MCOs focused on decreasing preventable ED utilization and increase COVID-19 vaccination rates for both boosters and newly eligible populations.

<u>COVID-19 Public Health Emergency (PHE) Response Effort</u>

During Q3, EOHHS and the three (3) medical MCOs, including NHPRI, UHCCP-RI, and THPP, continued to partner with EOHHS, RIDOH, school departments, faith-based organizations, provider offices, pediatrician and pediatric dentist offices, and accountable entities (AEs) to establish and align plans for disseminating the most important, updated vaccine-related information and the importance of parents and any other eligible household members to get vaccinated as soon as possible ahead of children returning to in-person learning. MCOs executed upon their continuously evolving member and provider outreach plans. Member-specific outreach (and follow-up, as necessary) included but was not limited to phone calls, text messages, emails, direct mailings, and website and social media posts.

<u>General Updates</u>

- MCO case managers continue to provide case management supports to members living in a hotel and needed to transition to new housing.
- EOHHS continued work with MCOs concerning outreach and care coordination efforts to enhance provision of Early Intervention Services for members.
- EOHHS completed Wave 3 of 4, for Provider Screening – 21st Century Cures Act enrollment requirements. EOHHS is providing oversight with compliance with the enrollment requirements with external vendor (Gainwell Technologies) and the 3 MCOs and Dental plan. Meetings with both the vendor and MCOs are held on a weekly basis to ensure adherence with the project plan.
- EOHHS reviewed results of QIP Reports with each MCO.
- MCOs began implementation for billing for newly covered doula services.
- MCOs continue to work to ensure reimbursement rates for children services including Early Intervention, are increased retroactively to July 1, 2022. Work is scheduled to be completed by December 31, 2022.

Specific to the unique details of Q3 oversight, pertaining to each MCO, see below:

Neighborhood Health Plan of Rhode Island (NHPRI)

- NHPRI informed EOHHS that they are switching specialty pharmacy from CVS as the PBM, to NHPRI acting as lead PBM and contracting with 3 pharmacies. EOHHS dedicated two meetings in this Q to ensure NHPRI had adequately planned for the transition, and to ensure that no member would be negatively impacted. NHPRI provided EOHHS with sufficient documentation that evidenced appropriate planning. EOHHS will continue to monitor implementation.
- NHPRI continued to work with RIDOH to obtain vaccination data for NHPRI members.
- NHP introduced a Behavioral Health Emergency Department Diversion, called Pyx Health to support social isolation and loneliness. 279 members had signed-up for the application.

UnitedHealthcare Community Plan (UHCCP-RI)

- UHCCP approached EOHHS with two proposals regarding patient care and access. The proposals focused on:
    - A pilot program with to assist members with diabetes and hypertension by offering technology and remote monitoring. The program includes telephonic coaching in real time as well as nurse monitoring 24 hours a day, seven days a week with near immediate outreach to members for out-of-range readings. The program is evidenced based and EOHHS approved this proposal.
    - A program designed to assist with medication adherence by providing consolidated packets of medications for those with multiple medications. EOHHS has asked for more information before approving this proposal; however acknowledge the initial intent demonstrates a patient/member-centered approach that is intended to improve health outcomes.

- UHCCP case managers continued targeted outreach to members in areas with low COVID-19 vaccination rates.

Tufts Health Public Plans (THPP)

- In Q2 THPP reported their plan to transition their PBM from CVS Health to OptumRx, effective 1/1/2023. Tufts provided an overview of the project plan and timeline for the transition. EOHHS has monitored the project planning and milestones very closely to ensure a seamless transition. This topic has been included in weekly encounter data calls with EOHHS. This transition has continued to be the focus of oversight given the impact on member care.
- THPP continued to work satisfactorily with EOHHS to address encounter claims submission.
- EOHHS has been reviewing THPP's network adequacy given recent trends by member requests to change plans. THPP reported a gap in PCP access but believed the way the data was pulled did not accurately reflect access. EOHHS will continue to monitor THPP's Network Adequacy very closely and if necessary will impose a plan to address.

UnitedHealthcare-Dental (UHC Dental)

- EOHHS continued to monitor UHC Dental's availability for providers to offer services given the pandemic. UHC Dental continued to regularly meet with provider offices across Rhode Island to understand and monitor the current status of network capacity, access barriers due to staffing shortages and pent-up demand. UHC Dental made great strides in establishing relationships with provider offices such that providers feel more supported and heard.
- UHC proposed a plan to address member no-show rates. The proposal would include an integrative approach with a focus on addressing the barriers that impact compliance with appointments. EOHHS approved the plan and will continue to monitor the plan for actionable outcomes.

Areas of focus addressed during Q4:

Specific to quality improvement and compliance, the following areas of focus were addressed during the cycle of oversight and administration meetings conducted during Quarter 4 (Q3) of 2022, the first quarter of State Fiscal Year (SFY) 2023:

Active Contract Management (ACM)

EOHHS continued its ACM review with MCOs of the following annual goals:

- **Goal 1**: Members receive quality care within all managed care delivery systems
  - Integrate NEMT Member No-Show ACM Project to reduce member no-shows and increase coordination for at-risk members with handoff between vendors. Streamline work directly between MCOs and NEMT vendor.
  - Improve access to behavioral care services for both children and adults with BHDDH and DCYF.
  - Improve integration with medical MCOs and UHC Dental. Increase childhood P-DENT by 10% by end of CY22
- **Goal 2**: Enhance financial & data analytic oversight of MCOs
  - Ensure timely, complete, and correct encounter data within the 98% acceptance threshold. Review and provide feedback to FDCR to promote better financial oversight and accountability). Resubmit missing/incomplete encounter data by January 1, 2022.
  - Increase oversight of MCO interventions concerning utilization such as avoidable ED usage and reduced health care diagnostic screenings from 2021 benchmarks. Provide MCOs high-utilizers to provide direct care interventions.
  - Establish 6-month error free operations/financial reporting goal for MCOs.
  - Support provider financial solvency efforts to critical services including

MCO financial oversight, enhance APMs, CMS pre-prints as appropriate

- **Goal 3**: Implement and oversee COVID-19 testing, treatment and vaccination
    - Implement successful COVID-19 vaccination plan, with focus on addressing SDOH among all Medicaid populations to promote greater health equity. Establish 85% vaccination goal for Medicaid members by end of CY22.
    - Establish and streamline MCOs member outreach efforts to prevent duplications for members in coordination with RIDOH.
    - Identify and improve on gaps in care that should be reduced through MCO-AE intervention strategies, such as case management referrals to high utilizers.
    - Support youth vaccination efforts, with a goal of 90% vaccination by end of CY22 for youth aged 5-17.
- **Goal 4**: Integrate development of Accountable Entities in Managed Care Oversight
    - Identify and improve on gaps in care that should be reduced through MCO-AE intervention strategies, such as case management referrals to high utilizers.
    - MCOs to provide strategic plan to address SDOH, including organizational strategy and stakeholder strategy to improve care delivery model.
    - Implementation of race, ethnicity, and language (REL) data collection process to identify gaps in care.
    - Support oversight efforts of MCO implementation of AE program, with a focus on program sustainability.

MCOs focused on decreasing preventable ED utilization and increase COVID-19 vaccination rates for both boosters and newly eligible populations.

<u>COVID-19 Public Health Emergency (PHE) Response Effort</u>

During Q4, EOHHS and the three (3) medical MCOs, including NHPRI, UHCCP-RI, and THPP, continued to partner with EOHHS, RIDOH, school departments, faith-based organizations, provider offices, pediatrician and pediatric dentist offices, and accountable entities (AEs) to establish and align plans for disseminating the most important, updated vaccine-related information and the importance of parents and any other eligible household members to get vaccinated and boosters given the winter months and holidays which increase exposure and risk in Q4. MCOs executed upon their continuously evolving member and provider outreach plans. Member-specific outreach (and follow-up, as necessary) included but was not limited to phone calls, text messages, emails, direct mailings, and website and social media posts.

<u>General Updates</u>

- MCO case managers continue to provide case management supports to members living in a hotel and needed to transition to new housing, which became increasingly important during Q4 given the outdoor temperature shift.

- EOHHS continued work with MCOs concerning outreach and care coordination efforts to enhance provision of Early Intervention Services for members.
- EOHHS completed Wave 4 of 4, for Provider Screening – 21st Century Cures Act enrollment requirements. Letters were mailed to providers on December 16, 2023. EOHHS is providing oversight to external vendor (Gainwell Technologies) re: compliance with the enrollment requirements with the 3 MCOs, and Dental plan. Meetings with both the vendor and MCOs are held on a weekly basis to ensure adherence with the project plan. The status of the plan lingers around 18% compliance. EOHHS has hired a new compliance officer, who will start in Q1 2023. EOHHS is prioritizing and evaluating the effectiveness of this approach, given the lack of progress to date.
- EOHHS reviewed results of QIP Reports with each MCO and collected data to share with the EQRO
- MCOs began implementation for billing for newly covered doula services.
- MCOs continue to work to ensure reimbursement rates for children services including Early Intervention, are increased retroactively to July 1, 2022.This work was scheduled to be completed by December 31,2022 but is not completed. EOHHS has made this an agenda item for each respective plan until compliance is achieved.
- EOHHS received confirmation from CMS that PHE would end on May 11, 2023. EOHHS has worked internally and with its MCO's to begin planning activities relative to redeterminations and eligibility. EOHHS continues to explore creative ways to mitigate the risk for fraud and abuse, as well as treatment disruption for members.

Specific to the unique details of Q4 oversight, pertaining to each MCO, see below:

Neighborhood Health Plan of Rhode Island (NHPRI)

- NHPRI informed EOHHS that they are switching specialty pharmacy from CVS as the PBM, to NHPRI acting as lead PBM and contracting with 3 pharmacies. EOHHS dedicated two meetings in Q3 and two in Q4 to ensure NHPRI had adequately planned for the transition, and to ensure that no member would be negatively impacted. NHPRI provided EOHHS with sufficient documentation that evidenced appropriate planning. EOHHS will continue to monitor implementation.
- NHPRI continued to work with RIDOH to obtain vaccination data for NHPRI members.

UnitedHealthcare Community Plan (UHCCP-RI)

- In Q4, UHCCP oversight largely focused on subcontractor management related to their behavioral health vendor adjudicating claims. As noted in previous Q's, there were recent rate changes that required remediation and retroactive reimbursement. UHCCP/Optum reported that there was an issue with claims' denials that required a manual edit. Because the resolution process was manual, it required more time which equated to monies owed to providers. EOHHS continues to monitor their progress towards completion as well as UHCCP's ability to adequately oversee their subcontractor.

- UHCCP case managers continued targeted outreach to members in areas with low COVID-19 vaccination rates.

Tufts Health Public Plans (THPP)

- EOHHS continued to monitor THPP's transition to OptumRX from CVS as their pharmacy benefit manager. EOHHS has monitored the project planning and milestones very closely to adequately prepare for any unforeseen issues that may impact the implementation. This topic has been included in weekly check-ins during already scheduled encounter data calls with EOHHS. This transition continued to be the focus of oversight given the potential impact on member access and care. Particular attention focused on prior authorization, duplicate scripts, and data exchange concerns.
- THPP continued to make progress to address encounter claims submission and has worked with EOHHS' data team accordingly.
- THPP has also attended the provider enrollment meetings related to the 21st Century CURES Act.
- EOHHS continues to delve deeper into THPP's network adequacy given recent trends by member requests to change plans. THPP reported a gap in PCP access but believed the way the data was pulled did not accurately reflect access. EOHHS will continue to monitor THPP's Network Adequacy very closely and if necessary, will impose a plan to address.

UnitedHealthcare-Dental (UHC Dental)

- EOHHS continued to monitor UHC Dental's availability for providers to offer services given the pandemic. UHC Dental continued to regularly meet with provider offices across Rhode Island to understand and monitor the current status of network capacity, access barriers due to staffing shortages and pent-up demand. UHC Dental made great strides in establishing relationships with provider offices such that providers feel more supported and heard.
- UHC proposed a plan to address member no-show rates. The proposal would include an integrative approach with a focus on addressing the barriers that impact compliance with appointments. EOHHS approved the plan and will continue to monitor the plan for actionable outcomes.

XII. Enclosures/Attachments

Attachment 1: Rhode Island Budget Neutrality Report

Table A1.1 MEMBER MONTHS (ACTUALS)

	Historical:		Current:				
			DY 14				
Medicaid Eligibility Group (MEG)	DY 12 2020	DY 13 2021	31-Mar-22	30-Jun-22	30-Sep-22	31-Dec-22	YTD
ABD no TPL	187,407	186,735	47,265	47,304	46,643	46,395	187,607
ABD TPL	383,550	389,246	102,166	103,980	104,842	105,729	416,717
RIte Care	1,919,234	2,050,133	520,219	523,984	528,570	532,469	2,105,242
CSHCN	145,566	146,946	36,530	36,863	37,086	36,966	147,445
217-like Group	53,182	54,812	14,235	14,523	14,941	15,067	58,766
Family Planning Group	21,016	18,159	3,818	3,568	3,450	3,344	14,180
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Low-Income Adult	985,182	1,192,867	316,283	321,484	328,500	335,507	1,301,774
Additional Populations & CNOMS	57,336	56,713	12,867	11,919	11,148	10,651	46,585
Average Count of Members with Full Benefits	*306,177*	*335,062*	*345,566*	*349,379*	*353,527*	*357,378*	*351,463*

Notes to Member Months (Actuals)

1. RIte Care includes: 03: Rite Care, 06: Pregnant Expansion, 07: CHIP Children
2. SUD IMD member months reallocated to their underlying eligibility group. Approximately, 70% are reported within the Low-Income Adult Group.
3. Additional Populations & CNOMs include Early Intervention Only, ORS CNOM, Elders 65+.

Table A1.2 WITHOUT WAIVER PMPM

	Historical:		Current:				
	DY 12	DY 13	DY 14				
Medicaid Eligibility Group (MEG)	2020	2021	31-Mar-22	30-Jun-22	30-Sep-22	31-Dec-22	YTD
ABD no TPL	$ 3,429	$ 3,576	$ 3,730	$ 3,730	$ 3,730	$ 3,730	$ 3,730
ABD TPL	$ 3,876	$ 4,043	$ 4,217	$ 4,217	$ 4,217	$ 4,217	$ 4,217
RIte Care	$ 618	$ 650	$ 683	$ 683	$ 683	$ 683	$ 683
CSHCN	$ 3,608	$ 3,789	$ 3,978	$ 3,978	$ 3,978	$ 3,978	$ 3,978
217-like Group	$ 4,353	$ 4,488	$ 4,627	$ 4,627	$ 4,627	$ 4,627	$ 4,627
Family Planning Group	$ 26	$ 27	$ 28	$ 28	$ 28	$ 28	$ 28
SUD IMD	$ 4,185	$ 4,411	$ 4,649	$ 4,649	$ 4,649	$ 4,649	$ 4,649
Low-Income Adult	$ 1,044	$ 1,097	$ 1,153	$ 1,153	$ 1,153	$ 1,153	$ 1,153
Composite PMPM for Members with Full Benefits	*$ 1,388*	*$ 1,414*	*$ 1,484*	*$ 1,486*	*$ 1,483*	*$ 1,480*	*$ 1,483*

Table A1.3 WITHOUT WAIVER TOTAL EXPENDITURES

	Historical:		Current:				
	DY 12	DY 13	DY 14				
Medicaid Eligibility Group (MEG)	2020	2021	31-Mar-22	30-Jun-22	30-Sep-22	31-Dec-22	YTD
ABD no TPL	$ 642,599,871	$ 667,828,363	$ 176,304,381	$ 176,449,856	$ 173,984,243	$ 173,059,172	$ 699,797,652
ABD TPL	$ 1,486,642,096	$ 1,573,594,779	$ 430,783,883	$ 438,432,630	$ 442,067,261	$ 445,807,305	$ 1,757,091,080
RIte Care	$ 1,185,205,361	$ 1,331,874,962	$ 355,535,825	$ 358,108,957	$ 361,243,190	$ 363,907,903	$ 1,438,795,875
CSHCN	$ 525,272,364	$ 556,764,673	$ 145,329,197	$ 146,653,988	$ 147,541,161	$ 147,063,758	$ 586,588,104
Subtotal - Without Waiver	**$ 3,839,719,692**	**$ 4,130,062,777**	**$ 1,107,953,286**	**$ 1,119,645,432**	**$ 1,124,835,855**	**$ 1,129,838,138**	**$ 4,482,272,711**
217-like Group	$ 231,491,955	$ 245,983,259	$ 65,863,687	$ 67,196,229	$ 69,130,267	$ 69,713,254	$ 271,903,437
Family Planning Group	$ 535,963	$ 487,646	$ 107,964	$ 100,894	$ 97,557	$ 94,560	$ 400,975
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
New Adult Group	$ 1,028,380,206	$ 1,308,675,527	$ 364,685,522	$ 370,682,460	$ 378,772,156	$ 386,851,476	$ 1,500,991,614

Budget Neutrality Tables II

Table A1.4 HYPOTHETICALS ANALYSIS

	Historical:		Current:				
	DY 12	DY 13	DY 14				
Medicaid Eligibility Group (MEG)	2020	2021	31-Mar-22	30-Jun-22	30-Sep-22	31-Dec-22	YTD
Without Waiver Expenditure Baseline	$ 232,027,918	$ 246,470,905	$ 65,971,651	$ 67,297,124	$ 69,227,824	$ 69,807,814	$ 272,304,413
With Waiver Expenditures (Actuals):							
217-like Group	$ 198,952,989	$ 213,980,940	$ 55,315,278	$ 66,290,791	$ 65,355,121	$ 63,068,369	$ 250,029,559
Family Planning Group	$ 406,225	$ 245,689	$ 46,216	$ 38,379	$ 55,958	$ 27,143	$ 167,696
SUD IMD	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Subtotal - Actuals	**$ 199,359,214**	**$ 214,226,629**	**$ 55,361,494**	**$ 66,329,170**	**$ 65,411,079**	**$ 63,095,512**	**$ 250,197,255**
Excess Spending: Hypotheticals	$ (32,668,704)	$ (32,244,276)	$ (10,610,157)	$ (967,954)	$ (3,816,745)	$ (6,712,302)	$ (22,107,158)

Table A1.5 LOW INCOME ADULT ANALYSIS

	Historical:		Current:				
	DY 12	DY 13	DY 14				
Medicaid Eligibility Group (MEG)	2020	2021	31-Mar-22	30-Jun-22	30-Sep-22	31-Dec-22	YTD
Without Waiver Expenditure Baseline	$ 1,028,380,206	$ 1,308,675,527	$ 364,685,522	$ 370,682,460	$ 378,772,156	$ 386,851,476	$ 1,500,991,614
With Waiver Expenditures (Actuals)	**$ 545,106,889**	**$ 765,644,669**	**$ 202,177,369**	**$ 127,206,862**	**$ 287,053,196**	**$ 166,306,756**	**$ 782,744,183**
Excess Spending: New Adult Group	$ (483,273,317)	$ (543,030,858)	$ (162,508,153)	$ (243,475,598)	$ (91,718,960)	$ (220,544,720)	$ (718,247,431)

Table A1.6 WITH WAIVER TOTAL ANALYSIS

	Historical:		Current:				
	DY 12	DY 13	DY 14				
Medicaid Eligibility Group (MEG)	2020	2021	31-Mar-22	30-Jun-22	30-Sep-22	31-Dec-22	YTD
ABD no TPL	$ 436,139,772	$ 512,794,909	$ 113,255,814	$ 91,054,237	$ 136,324,594	$ 90,925,157	$ 431,559,802
ABD TPL	$ 688,530,434	$ 713,001,786	$ 160,606,277	$ 167,992,535	$ 196,876,193	$ 181,835,163	$ 707,310,168
RIte Care	$ 555,760,591	$ 727,580,301	$ 172,770,786	$ 112,843,012	$ 239,880,347	$ 123,061,787	$ 648,555,932
CSHCN	$ 169,941,120	$ 179,586,575	$ 48,746,831	$ 44,614,653	$ 57,382,703	$ 45,243,438	$ 195,987,625
Excess Spending: Hypotheticals	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Excess Spending: New Adult Group	$ -	$ -	$ -	$ -	$ -	$ -	$ -
DSHP - Health Workforce & AIE Payments	$ 68,749,417	$ 18,928,491	$ 1,997,352	$ 2,505,886	$ 10,128,121	$ 4,518,765	$ 19,150,124
CNOM Services	$ 8,397,342	$ 8,152,058	$ 2,582,423	$ 4,407,724	$ 1,978,088	$ 1,192,505	$ 10,160,740
TOTAL	**$ 1,927,518,675**	**$ 2,160,044,120**	**$ 499,959,483**	**$ 423,418,047**	**$ 642,570,046**	**$ 446,776,815**	**$ 2,012,724,390**
Favorable / (Unfavorable) Variance	$ 1,912,201,018	$ 1,970,018,657	$ 607,993,803	$ 696,227,385	$ 482,265,809	$ 683,061,323	$ 2,469,548,321
Cumulative Budget Neutrality Variance	$ 12.99 B	$ 14.96 B	$ 15.57 B	$ 16.26 B	$ 16.75 B	$ 17.43 B	$ 17.43 B

Notes to With Wavier Analysis

1. Excess Spending: Hypotheticals and New Adult Group reflects spending, if any, that exceeds the Without Waiver benchmark. Any savings against the Hypothetical populations (i.e., IMD SUD, 217-like and Family Planning groups) do not contribute to Budget Neutrality Variance.
2. Favorable/(Unfavorable) Variance compares actual spending on base MEGs and any excess spending on Hypotheticals or New Adult Group and any spending on CNOM services or DSHP investments to the Without Waiver expenditure limit (calculated in Table A1.3 as the product of the actual member months multiplied PMPM benchmark).
3. The Cumulative Budget Neutrality variance considers total “savings” relative to Without Waiver limit.

ATTACHMENT 2 – Appeals, Grievances and Complaints – Quarterly Report Q3-2022

Attachment A2.1: NHPRI Q3-2022 Prior Authorization Requests

NHPRI Q3-2022_Prior Authorization Requests

Prior Authorization Requests

RIte Care	RIte Care YTD	(AE)*	(AE)* YTD	CSN	CSN YTD	(AE)	(AE) YTD	RHP	RHP YTD	(AE)	(AE) YTD	RHE	RHE YTD	(AE)	(AE) YTD	SubCare	SubCare YTD
6,257	19,187	0	0	962	3,102	0	0	3,149	9,926	0	0	8,386	24,851	0	0	277	750

Prior Authorization Denials

RIte Care	RIte Care YTD	(AE)*	(AE)* YTD	CSN	CSN YTD	(AE)	(AE) YTD	RHP	RHP YTD	(AE)	(AE) YTD	RHE	RHE YTD	(AE)	(AE) YTD	SubCare	SubCare YTD
582	1,702	0	0	38	133	0	0	205	711	0	0	693	2,167	0	0	8	16

*(AE) represents authorization requests submitted by cohort

NHPRI Q3-2022 Denial Rates

Quarter over Quarter 2022 – Denial Rates PA Denial Rates/Total # of PAs per cohort:				
	Q1	Q2	Q3	Q4
RIte Care	9%	9%	9%	
CSN	4%	5%	4%	
RHP	7%	7%	7%	
RHE	9%	9%	8%	
Subcare	3%	3%	3%	

Attachment A2.2: UHCCP Q3-2022 Prior Authorization Requests

UHCCP Q3-2022_Prior Authorization Requests

Prior Authorization Requests

RIte Care	RIte Care YTD	(AE)*	(AE)* YTD	CSN	CSN YTD	(AE)	(AE) YTD	RHP	RHP YTD	(AE)	(AE) YTD	RHE	RHE YTD	(AE)	(AE) YTD	SubCare (NHP only)	SubCare YTD (NHP only)
4,197	11,252	230	459	420	986	35	96	2,760	6,500	90	397	6,281	15,997	226	706	N/A	N/A

Prior Authorization Denials

RIte Care	RIte Care YTD	(AE)*	(AE)* YTD	CSN	CSN YTD	(AE)	(AE) YTD	RHP	RHP YTD	(AE)	(AE) YTD	RHE	RHE YTD	(AE)	(AE) YTD	SubCare (NHP only)	SubCare YTD (NHP only)
992	1,841	15	60	48	171	1	6	426	1,325	12	44	1,237	3,945	18	58	N/A	N/A

UHCCP Q3-2022 Denial Rates

Quarter over Quarter 2022 – Denial Rates PA Denial Rates/Total # of PAs per cohort:				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	25%	37%	24%	
CSN	18%	30%	11%	
RHP	19%	37%	15%	
RHE	24%	38%	20%	
Subcare	N/A	N/A	N/A	

***Please note that the Q3 data has been modified to reflect changes made by the Managed Care Organization following a UHCCP system error.**

Attachment A2.3: THRIT Q3-2022 Prior Authorization Requests

THRIT Q3-2022_Prior Authorization Requests

Prior Authorization Requests

RIte Care	RIte Care YTD	(AE)*	(AE)* YTD	CSN	CSN YTD	(AE)	(AE) YTD	RHP	RHP YTD	(AE)	(AE) YTD	RHE	RHE YTD	(AE)	(AE) YTD	SubCare (NHP only)	SubCare YTD (NHP only)
445	1,259	30	104	0	0	0	0	825	2,430	143	423	0	0	0	0	N/A	N/A

Prior Authorization Denials

RIte Care	RIte Care YTD	(AE)*	(AE)* YTD	CSN	CSN YTD	(AE)	(AE) YTD	RHP	RHP YTD	(AE)	(AE) YTD	RHE	RHE YTD	(AE)	(AE) YTD	SubCare (NHP only)	SubCare YTD (NHP only)
50	168	4	26	0	0	0	0	107	293	14	27	0	0	0	0	N/A	N/A

THRIT Q3-2022 Denial Rates

Quarter over Quarter 2022 – Denial Rates PA Denial Rates/Total # of PAs per cohort:				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	13%	16%	11%	
CSN	0%	0%	0%	
RHP	11%	12%	13%	
RHE	0%	0%	0%	
Subcare	N/A	N/A	N/A	

Attachment A2.4: RIte Smiles Q3-2022 Prior Authorization Requests

RIte Smiles Q3-2022 Prior Authorization Requests

Dental	Dental YTD	RX	RX YTD	RAD	RAD YTD	Orthodontic	Ortho YTD
2,015	6,119	0	0	0	0	749	2,540

RIte Smiles Q3-2022 Denial Rates

Dental	Dental YTD	RX	RX YTD	RAD	RAD YTD	Orthodontic	Ortho YTD
573	1,962	0	0	0	0	444	1,612

Attachment A2.5 NHPRI Q3-2022 Appeals and Overturn Rates

NHPRI Q3-2022 Appeals and Overturn Rate

Appeals Internal	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD
Standard	121	311	7	38	76	317	174	497	10	20
Overturned	77	182	0	14	31	83	90	266	4	8
Expedited	4	20	1	2	7	11	5	26	1	1
Overturned	3	14	1	2	3	7	2	15	1	1
Appeals External (State Fair Hearing)	**RIte Care**	**RIte Care YTD**	**CSN**	**CSN YTD**	**RHP**	**RHP YTD**	**RHE**	**RHE YTD**	**SubCare**	**SubCare YTD**
Standard	20	45	1	10	34	70	31	77	0	233
Overturned	12	22	2	7	13	22	7	19	0	0
Expedited	0	0	0	0	0	0	0	1	0	0
Overturned	0	0	0	0	0	0	0	0	0	0

*Quarterly appeal rate = appeals per 1000/members

Quarter over Quarter 2022 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	Q2	Q3	Q4
RIte Care	59%	53%	64%	
CSN	35%	56%	0%	
RHP	29%	39%	41%	
RHE	60%	51%	52%	
Subcare	100%	50%	40%	

Internal Expedited Appeal overturn rates:				
	Q1	Q2	Q3	Q4
RIte Care	67%	70%	75%	
CSN	100%	50%	100%	
RHP	100%	0%	43%	
RHE	50%	69%	40%	
Subcare	0%	0%	100%	

Quarter over Quarter 2022 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
RIte Care	36%	53%	65%	
CSN	67%	56%	67%	
RHP	25%	39%	38%	
RHE	26%	51%	23%	
Subcare	0%	0%	0%	

* In Q1 NHPRI reported two-hundred and thirty-three (233) Appeals were forwarded to SFH (external), NHPRI investigated this number as it is an anomaly and verified the 283 forwarded appeals was a data entry issue. The issue has been resolved.

External Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
RIte Care	0%	0%	0%	
CSN	0%	0%	0%	
RHP	0%	0%	0%	
RHE	0%	0%	0%	
Subcare	0%	0%	0%	

**NHP Only NHPRI subcontracts to OPTUM for BH and eviCore for high end radiological diagnostics, both entities conduct internal appeals which are reflected in total numbers.

Attachment A2.6 UHCCP Q3-2022 Appeals and Overturn Rates

UHCCP Q3-2022_Appeals and Overturn Rate

Appeals Internal	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare (NHP only)	SubCare YTD (NHP only)
Standard	38	135	3	6	17	83	68	221	N/A	N/A
Overturned	31	108	1	3	11	56	47	169	N/A	N/A
Expedited	26	54	2	4	14	32	26	108	N/A	N/A
Overturned	21	44	2	4	12	27	21	78	N/A	N/A

Appeals External (State Fair Hearing)	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare (NHP only)	SubCare YTD (NHP only)
Standard	0	26	0	0	0	0	0	0	N/A	N/A
Overturned	0	0	0	0	0	0	0	0	N/A	N/A
Expedited	0	0	0	0	0	0	0	0	N/A	N/A
Overturned	0	0	0	0	0	0	0	0	N/A	N/A

*(AE) represents authorization requests submitted by cohort

Quarter over Quarter 2022 Internal Appeals

Internal Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
RIte Care	76%	83%	82%	
CSN	100%	50%	33%	
RHP	82%	70%	65%	
RHE	81%	79%	69%	
Subcare	N/A	N/A	N/A	

Internal Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
RIte Care	83%	85%	81%	
CSN	0%	100%	100%	
RHP	89%	78%	86%	
RHE	71%	93%	81%	
Subcare	N/A	N/A	N/A	

Quarter over Quarter 2022 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
RIte Care	0%	0%	0%	
CSN	0%	0%	0%	
RHP	0%	0%	0%	
RHE	0%	0%	0%	
Subcare	N/A	N/A	N/A	

External Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
RIte Care	0%	0%	0%	
CSN	0%	0%	0%	
RHP	0%	0%	0%	
RHE	0%	0%	0%	
Subcare	N/A	N/A	N/A	

Attachment A2.7 THRIT Q3-2022 Appeals and Overturn Rates

THRIT Q3-2022 Appeals and Overturn Rate

Appeals Internal	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare (NHP only)	SubCare YTD (NHP only)
Standard	3	6	0	0	3	6	0	0	N/A	N/A
Overturned	0	0	0	0	0	2	0	0	N/A	N/A
Expedited	2	4	0	0	11	26	0	0	N/A	N/A
Overturned	1	1	0	0	3	9	0	0	N/A	N/A

Appeals External (State Fair Hearing)	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare (NHP only)	SubCare YTD (NHP only)
Standard	0	0	0	0	0	0	0	0	N/A	N/A
Overturned	0	0	0	0	0	0	0	0	N/A	N/A
Expedited	0	0	0	0	0	0	0	0	N/A	N/A
Overturned	0	0	0	0	0	0	0	0	N/A	N/A

*(AE) represents authorization attributed to AEs by cohort -included in totals

Quarter over Quarter 2022 Internal Appeals

Internal Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
RIte Care	0%	0%	0%	
CSN	0%	0%	0%	
RHP	0%	100%	0%	
RHE	0%	0%	0%	
Subcare	N/A	N/A	N/A	

Internal Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
RIte Care	0%	0%	50%	
CSN	0%	0%	0%	
RHP	36%	0%	27%	
RHE	0%	0%	0%	
Subcare	N/A	N/A	N/A	

Quarter over Quarter 2022 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
RIte Care	0%	0%	0%	
CSN	0%	0%	0%	
RHP	0%	0%	0%	
RHE	0%	0%	0%	
Subcare	N/A	N/A	N/A	

External Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
RIte Care	0%	0%	0%	
CSN	0%	0%	0%	
RHP	0%	0%	0%	
RHE	0%	0%	0%	
Subcare	N/A	N/A	N/A	

Attachment A2.8 RIte Smiles Q3-2022 Appeals and Overturn Rates

RIte Smiles Q3-2022_ Appeals and Overturn Rate

Appeals Internal	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD
Standard	0/47	3/169	0	0	0	28
Overturned	0/7	1/26	0	0	0	0
Expedited	0/0	0/0	0	0	0	0
Overturned	0/0	0/0	0	0	0	0

Appeals External (State Fair Hearing)	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD
Standard	0/10	5/21	0	0	0	0
Overturned	0/2	0/5	0	0	0	0
Expedited	0/6	0/6	0	0	0	0
Overturned	0/3	0/3	0	0	0	0

Quarter over Quarter Internal Appeals and Overturn Rates

Internal Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
General Dental	33%	0%	0%	
Orthodontics	100%	21%	21%	

Internal Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
General Dental	0%	0%	0%	
Orthodontics	0%	0%	25%	

Quarter over Quarter External Appeals and Overturn Rates

External Standard Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
General Dental	0%	0%	0%	
Orthodontics	0%	50%	0%	

External Expedited Appeal Overturn Rates:				
	Q1	Q2	Q3	Q4
General Dental	0%	0%	0%	
Orthodontics	0%	0%	50%	

Attachment A2.9 NHPRI Q3-2022 Grievances and Complaints

NHPRI Quarterly Report Q3-2022_Grievances and Complaints

	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare	SubCare YTD	AE	AE YTD
Number of Grievances	14	36	0	3	12	36	9	41	0	0	5	20
Number of Complaints	10	38	3	9	12	48	13	43	0	0	2	16
Total	24	74	3	12	24	84	22	84	0	0	7	36

Attachment A2.10 UHCCP Q3-2022 Grievances and Complaints

UHCCP Quarterly Report Q3-2022_Grievances and Complaints

	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare (NHP Only)	SubCare YTD (NHP Only)	AE	AE YTD
Number of Grievances	4	16	0	2	1	13	1	21	N/A	N/A	0	16
Number of Complaints	0	13	0	0	9	17	0	24	N/A	N/A	0	14
Total	4	29	0	2	10	30	1	45	N/A	N/A	0	30

Attachment A2.11 THRIT Q3-2022 Grievances and Complaints

THRIT Quarterly Report Q3-2022_Grievances and Complaints

	RIte Care	RIte Care YTD	CSN	CSN YTD	RHP	RHP YTD	RHE	RHE YTD	SubCare (NHP Only)	SubCare YTD (NHP Only)	AE	AE YTD
Number of Grievances	0	1	0	0	0	0	0	0	N/A	N/A	0	0
Number of Complaints	0	0	0	0	0	0	0	0	N/A	N/A	0	0
Total	0	1	0	0	0	0	0	0	N/A	N/A	0	0

Attachment A2.12 RIte Smiles Q3-2022 Grievances and Complaints

RIte Smiles Quarterly Report Q3-2022_Grievances and Complaints

	Current	YTD
Number of Grievances	1	1
Number of Complaints	0	0
Total	1	1

ATTACHMENT 2 – Appeals, Grievances and Complaints – Quarterly Report Q4-2022

Attachment A2.1: NHPRI Q4-2022 Prior Authorization Requests

RIte Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	6,312	6,618	6,257	6,603	25,790
Prior Authorization Denials	545	575	582	498	2,200

RIte Care AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

CSN	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	1,044	1,096	962	1,069	4,171
Prior Authorization Denials	38	57	38	53	186

CSN AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

RHP	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	3,515	3,525	3,149	3,118	13,307
Prior Authorization Denials	259	247	205	189	900

RHP AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

RHE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	8,030	8,435	8,386	8,524	33,375
Prior Authorization Denials	729	745	693	659	2,826

RHE AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

SubCare** (NHP Only)	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	233	240	277	278	1,028
Prior Authorization Denials	8	8	8	15	39

NHPRI Prior Authorizations and Denial Rates

Quarter over Quarter 2022 – Denial Rates				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	9%	9%	9%	8%
CSN	4%	5%	4%	5%
RHP	7%	7%	7%	6%
RHE	9%	9%	8%	8%
Subcare	3%	3%	3%	5%

Attachment A2.2: UHCCP Q4-2022 Prior Authorization Requests

RIte Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	4,755	2,300	4,197	5,477	16,729
Prior Authorization Denials	1,200	849	992	980	4,021

RIte Care AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	208	229	230	287	954
Prior Authorization Denials	27	18	15	15	75

CSN	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	392	174	420	461	1,447
Prior Authorization Denials	71	52	48	48	219

CSN AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	23	38	35	30	126
Prior Authorization Denials	2	3	1	5	11

RHP	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	2,760	980	2,760	2,815	9,315
Prior Authorization Denials	537	362	426	491	1,816

RHP AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	87	110	90	95	382
Prior Authorization Denials	21	11	12	8	52

RHE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	6,798	2,918	6,281	7,031	23,028
Prior Authorization Denials	1,599	1,109	1,237	1,328	5,273

RHE AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	225	255	226	253	959
Prior Authorization Denials	26	14	18	21	79

SubCare** (NHP Only)	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	N/A	N/A	N/A	N/A	N/A
Prior Authorization Denials	N/A	N/A	N/A	N/A	N/A

UHCCP Prior Authorizations and Denial Rates

Quarter over Quarter 2022 – Denial Rates				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	25%	37%	24%	18%
CSN	18%	30%	11%	10%
RHP	19%	37%	15%	17%
RHE	24%	38%	20%	19%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.3: THRIT Q4-2022 Prior Authorization Requests

RIte Care	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	362	452	445	395	1,654
Prior Authorization Denials	47	71	50	49	217

RIte Care AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	36	38	30	47	151
Prior Authorization Denials	6	14	4	6	30

CSN	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

CSN AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

RHP	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	706	899	825	815	3,245
Prior Authorization Denials	80	106	107	100	393

RHP AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	137	143	143	197	620
Prior Authorization Denials	13	17	14	27	71

RHE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

RHE AE	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

SubCare** (NHP Only)	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	N/A	N/A	N/A	N/A	N/A
Prior Authorization Denials	N/A	N/A	N/A	N/A	N/A

THRIT Prior Authorizations and Denial Rates

Quarter over Quarter 2022 – Denial Rates				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	13%	16%	11%	12%
CSN	0%	0%	0%	0%
RHP	11%	12%	13%	12%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.4: RIte Smiles Q4-2022 Prior Authorization Requests

Dental	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	2,130	1,974	2,015	2,220	8,339
Prior Authorization Denials	746	643	573	734	2,696
RX	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0

RAD	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	0	0	0	0	0
Prior Authorization Denials	0	0	0	0	0
Orthodontic	Q1	Q2	Q3	Q4	YTD
Prior Authorization Requests	961	830	749	994	3,534
Prior Authorization Denials	623	545	444	635	2,247

RIte Smiles Prior Authorizations and Denial Rates

Quarter over Quarter 2022 – Denial Rates				
	Q1	**Q2**	**Q3**	**Q4**
Dental	35%	33%	28%	33%
Orthodontic	65%	66%	59%	64%

Attachment A2.5 NHPRI Q4-2022 Appeals and Overturn Rates

Appeals Internal - RIte Care	Q1	Q2	Q3	Q4	YTD
Standard	78	112	121	95	406
Overturned	46	59	77	54	236
Expedited	6	10	4	2	22
Overturned	4	7	3	1	15

Appeals External - RIte Care	Q1	Q2	Q3	Q4	YTD
Standard	11	14	20	27	72
Overturned	4	6	12	9	31
Expedited	0	1	0	0	1
Overturned	0	0	0	0	0

Appeals Internal - CSN	Q1	Q2	Q3	Q4	YTD
Standard	15	16	7	8	46
Overturned	5	9	0	5	19
Expedited	1	0	1	0	2
Overturned	1	0	1	0	2

Appeals External - CSN	Q1	Q2	Q3	Q4	YTD
Standard	3	6	3	2	14
Overturned	2	3	2	0	7
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - RHP	Q1	Q2	Q3	Q4	YTD
Standard	55	93	76	51	275
Overturned	16	36	31	22	105
Expedited	4	0	7	3	14
Overturned	4	0	3	1	8

Appeals External - RHP	Q1	Q2	Q3	Q4	YTD
Standard	20	16	34	43	113
Overturned	5	4	13	12	34
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - RHE	Q1	Q2	Q3	Q4	YTD
Standard	133	190	174	133	630
Overturned	80	96	90	57	323
Expedited	8	13	5	9	35
Overturned	4	9	2	6	21

Appeals External - RHE	Q1	Q2	Q3	Q4	YTD
Standard	26	20	31	37	114
Overturned	7	5	7	9	28
Expedited	0	0	0	1	1
Overturned	0	0	0	0	0

Appeals Internal - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	2	4	10	2	18
Overturned	2	2	4	0	8
Expedited	0	0	1	0	1
Overturned	0	0	1	0	1

Appeals External - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	2	2
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Quarter over Quarter 2022 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	59%	53%	64%	57%
CSN	33%	56%	0%	63%
RHP	29%	39%	41%	43%
RHE	60%	51%	52%	43%
Subcare	100%	50%	40%	0%

Internal Expedited Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	67%	70%	75%	50%
CSN	100%	0%	100%	0%
RHP	100%	0%	43%	33%
RHE	50%	69%	40%	67%
Subcare	0%	0%	100%	0%

Quarter over Quarter 2022 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	36%	43%	60%	33%
CSN	67%	50%	67%	0%
RHP	25%	25%	38%	28%
RHE	26%	25%	23%	24%
Subcare	0%	0%	0%	0%

External Expedited Appeal Overturn Rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	0%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	0%	0%	0%	0%

* In Q1 NHPRI reported two-hundred and thirty-three (233) Appeals were forwarded to SFH (external), NHPRI investigated this number as it is an anomaly and verified the 283 forwarded appeals was a data entry issue. The issue has been resolved.

**NHP Only NHPRI subcontracts to OPTUM for BH and eviCore for high end radiological diagnostics, both entities conduct internal appeals which are reflected in total numbers.

Attachment A2.6 UHCCP Q4-2022 Appeals and Overturn Rates

Appeals Internal - RIte Care	Q1	Q2	Q3	Q4	YTD
Standard	49	48	38	35	170
Overturned	37	40	31	25	133
Expedited	23	26	26	26	101
Overturned	19	22	21	19	81

Appeals External - RIte Care	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - CSN	Q1	Q2	Q3	Q4	YTD
Standard	1	2	3	2	8
Overturned	1	1	1	1	4
Expedited	0	2	2	0	4
Overturned	0	2	2	0	4

Appeals External - CSN	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - RHP	Q1	Q2	Q3	Q4	YTD
Standard	33	33	17	20	103
Overturned	27	23	11	16	77
Expedited	9	9	14	22	54
Overturned	8	7	12	15	42

Appeals External - RHP	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - RHE	Q1	Q2	Q3	Q4	YTD
Standard	77	76	68	43	264
Overturned	62	60	47	29	198
Expedited	41	41	26	38	146
Overturned	29	38	21	31	119

Appeals External - RHE	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A
Expedited	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A

Appeals External - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A
Expedited	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A

Quarter over Quarter 2022 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	76%	83%	82%	71%
CSN	100%	50%	33%	50%
RHP	82%	70%	65%	80%
RHE	81%	79%	69%	67%
Subcare	N/A	N/A	N/A	N/A

Internal Expedited Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	83%	85%	81%	73%
CSN	0%	100%	100%	0%
RHP	89%	78%	86%	68%
RHE	71%	93%	81%	82%
Subcare	N/A	N/A	N/A	N/A

Quarter over Quarter 2022 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	0%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

External Expedited Appeal Overturn Rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	0%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.7 THRIT Q4-2022 Appeals and Overturn Rates

Appeals Internal - RIte Care	Q1	Q2	Q3	Q4	YTD
Standard	2	1	3	0	6
Overturned	0	0	0	0	0
Expedited	0	2	2	3	7
Overturned	0	0	1	0	1

Appeals External - RIte Care	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - CSN	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - CSN	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - RHP	Q1	Q2	Q3	Q4	YTD
Standard	1	2	3	0	6
Overturned	0	2	0	0	2
Expedited	11	4	11	5	31
Overturned	4	2	3	3	12

Appeals External - RHP	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - RHE	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - RHE	Q1	Q2	Q3	Q4	YTD
Standard	0	0	0	0	0
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A
Expedited	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A

Appeals External - SubCare	Q1	Q2	Q3	Q4	YTD
Standard	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A
Expedited	N/A	N/A	N/A	N/A	N/A
Overturned	N/A	N/A	N/A	N/A	N/A

Quarter over Quarter 2022 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	0%	100%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Internal Expedited Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	0%	0%	50%	0%
CSN	0%	0%	0%	0%
RHP	36%	50%	27%	60%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Quarter over Quarter 2022 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	0%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

External Expedited Appeal Overturn Rates:				
	Q1	**Q2**	**Q3**	**Q4**
RIte Care	0%	0%	0%	0%
CSN	0%	0%	0%	0%
RHP	0%	0%	0%	0%
RHE	0%	0%	0%	0%
Subcare	N/A	N/A	N/A	N/A

Attachment A2.8 RIte Smiles Q4-2022 Appeals and Overturn Rates

Appeals Internal - Dental	Q1	Q2	Q3	Q4	YTD
Standard	3	0	0	0	3
Overturned	1	0	0	0	1
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals Internal - Orthodontics	Q1	Q2	Q3	Q4	YTD
Standard	70	52	47	73	242
Overturned	8	11	7	6	32
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - Dental (State Fair Hearing)	Q1	Q2	Q3	Q4	YTD
Standard	5	0	0	0	5
Overturned	0	0	0	0	0
Expedited	0	0	0	0	0
Overturned	0	0	0	0	0

Appeals External - Orthodontics (State Fair Hearing)	Q1	Q2	Q3	Q4	YTD
Standard	5	6	10	0	21
Overturned	0	3	2	0	5
Expedited	0	0	6	10	16
Overturned	0	0	3	0	3

Quarter over Quarter 2022 Internal Appeals

Internal Standard Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
General Dental	33%	0%	**0%**	**0%**
Orthodontic	11%	21%	**15%**	**8%**

Internal Expedited Appeal overturn rates:				
	Q1	**Q2**	**Q3**	**Q4**
General Dental	0%	0%	0%	0%
Orthodontic	0%	0%	0%	0%

Quarter over Quarter 2022 External Appeals

External Standard Appeal Overturn Rates:				
	Q1	**Q2**	**Q3**	**Q4**
General Dental	0%	0%	0%	0%
Orthodontic	0%	50%	16%	0%

External Expedited Appeal Overturn Rates:				
	Q1	**Q2**	**Q3**	**Q4**
General Dental	0%	0%	0%	0%
Orthodontic	0%	0%	50%	0%

Attachment A2.9 NHPRI Q4-2022 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
RIte Care	9	13	14	9	45
CSN	2	1	0	0	3
RHP	9	9	12	11	41
Rhe	17	15	9	19	60
SubCare (NHP only)	0	0	0	0	0
AE	10	5	5	11	31
Total Number of Grievances					180

Number of Complaints	Q1	Q2	Q3	Q4	YTD
RIte Care	10	18	10	18	56
CSN	0	6	3	3	12
RHP	16	20	12	17	65
RHE	17	13	13	19	62
SubCare (NHP only)	0	0	0	0	0
AE	7	7	2	0	16
Total Number of complaints					211

Attachment A2.10 UHCCP Q4-2022 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
RIte Care	9	3	4	0	16
CSN	2	0	0	0	2
RHP	9	3	1	1	14
RHE	17	3	1	5	26
SubCare (NHP only)	N/A	N/A	N/A	N/A	0
AE	10	6	0	2	18
Total Number of Grievances					76

Number of Complaints	Q1	Q2	Q3	Q4	YTD
RIte Care	10	3	0	4	17
CSN	0	0	0	0	0
RHP	16	1	0	0	17
RHE	17	7	0	6	30
SubCare (NHP only)	N/A	N/A	N/A	N/A	0
AE	7	7	0	6	20
Total Number of complaints					84

Attachment A2.11 THRIT Q4-2022 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
RIte Care	0	1	0	0	1
CSN	0	0	0	0	0
RHP	1	1	0	0	2
RHI	0	0	0	0	0
SubCare (NHP only)	N/A	N/A	N/A	N/A	0
AE	0	0	0	0	0
Total Number of Grievances					3

Number of Complaints	Q1	Q2	Q3	Q4	YTD
RIte Care	0	0	0	0	0
CSN	0	0	0	0	0
RHP	1	0	0	0	1
RHE	0	0	0	0	0
SubCare (NHP only)	N/A	N/A	N/A	N/A	0
AE	0	0	0	0	0
Total Number of complaints					1

Attachment A2.12 RIte Smiles Q4-2022 Grievances and Complaints

Number of Grievances	Q1	Q2	Q3	Q4	YTD
RIte Smiles	0	0	1	0	1
Total Number of Grievances					1

Number of Complaints	Q1	Q2	Q3	Q4	YTD
RIte Smiles	0	0	0	0	0
Total Number of complaints					0

Attachment 3: Statement of Certification of Accuracy of Reporting of Member Months

Statement of Certification of Accuracy of Reporting Member Months

As the Executive Office of Health and Human Services Deputy Medicaid Program Director, Finance and Budget, I certify the accuracy of reporting member months for demonstration population under the 1115 Comprehensive Demonstration Waiver for the purpose of monitoring the budget neutrality agreement.

Name: Kimberly Pelland

Title: Medicaid Chief Financial Officer

Signature: 

Date: _____3/28/2023_____

XIII. State Contact(s)

Kristin Pono Sousa
Medicaid Program Director
3 West Road
Cranston, RI 02920

401-462-2395

Kristin.Sousa@ohhs.ri.gov

XIV. Date Submitted to CMS

3/29/23