



Rhode Island Executive Office of Health and Human Services

3 West Road | Virks Building | Cranston, RI 02920

Accountable Entity Advisory Committee Stakeholder Meeting

Meeting Minutes

October 31, 2023

8:30-10:00am

Facilitators: Charles Estabrook, EOHHS

Presenters: Amy Katzen, Director of Policy and Strategy (EOHHS); Charles Estabrook, Managed Care Administrator, (EOHHS); Breanna Lemieux, Accountable Entity Program Lead (EOHHS); Rebecca "Becki" Marcus (LISC RI), Dominique "Dom" Resendes (One Neighborhood Builders).

Attendance: Ailis Clyne, MD, NHPRI; Allegra Scharff, RIDOH; Amy Katzen, EOHHS; Angela Troland, UHC; Anh Kim Nguyen-Leite, BVCHC; Barry Leonard, IHP; Breanna Lemieux, EOHHS; Charles Estabrook, EOHHS; Christopher Dooley, Prospect; Christopher Ottiano, MD, NHP; Daniel McGuire, PCHC; Dominique "Dom" Resendes, One Neighborhood Builders; Donna Marshall, UHC; Doreen Maroney, CCRI; Elisabeth Adler, Integra; Elizabeth deLacy-Almeida, NHPRI; Garry Bliss, Prospect; Hannah Marston, RIHCA; Jerry Fingerut, MD, DOH; John Tobin, NHP; Kellie Johnson, PCHC; Leigh Nyah, Prospect; Linda Tavares, Family Services RI; Marie Palumbo-Hayes, Family Services RI; Mark Kraics, EOHHS; Matthew R Harvey, Integra; Matthew Roman, Thundermist; Michael Florczyk, UHC; Nadine Otrando, EOHHS; Rebecca "Becki" Marcus, LISC RI; Rebecca Plonsky Babigian, IHP; Sarah Coutu, UHC; Stacey Aguiar, UHC; Thomas Douglass, PCHC; Yajaira Almonte, Coastal



Agenda Item	Minutes
<p>Welcome/ Opening Remarks: Charles Estabrook, Managed Care Administrator (EOHHS)</p>	<p>Charles provided opening remarks and welcomed all attendees to the October Accountable Entity Stakeholder meeting.</p> <ul style="list-style-type: none"> • Before providing the meeting agenda, Charles reflected on the trails, tribulations, dedication, and mission of all Stakeholders involved in the AE Program and the goal to reduce costs and improve the quality of the healthcare of the citizens of the State of RI. Charles recognized that all Stakeholders who were present today to discuss the projected Program Year 7 activities is a success, in itself, of this program. He thanked all Stakeholders for their continued participation, collaboration, dedication, and support. As the program winds down, Charles encouraged the same partnership moving forward to overcome obstacles or challenges.
<p>Program Updates: Charles Estabrook, Managed Care Administrator, (EOHHS)</p>	<p>We are currently in Quarter 2 of Program Year 6 and in Quarter 4 of the Calendar Year</p> <ul style="list-style-type: none"> • All seven AEs have been fully re-certified for PY6, with six taking on downside risk • PY5 Q2 TCOC reports have been finalized and distributed • PY5 Q3 TCOC reports are currently in process • PY6 Q1 Milestone Performance Reports are due today • Risk Bearing Provider Organization (RBPO) application are due today <p>Community Resource Platform: EOHHS' contract with UniteUs ends in April 2024 and will not be renewed. AEs and MCOs are encouraged to continue to contract with UniteUs for the services that they provide but license fees will no longer be covered by EOHHS.</p> <p>Long-Term Services and Supports Alternative Payment Model (LTSS APM) will not be extended beyond the pilot phase. EOHHS initially planned to start the full pay-for performance phase of the LTSS APM in July, 2024. CMS informed EOHHS that the earmarked HSTP funding for this pilot project is no longer available to the state.</p> <ul style="list-style-type: none"> • Pilot phase was extended to June 30, 2024 • AE Incentive funds were unaffected • BH Investment Strategy was paused while EOHHS awaited a decision from CMS regarding funds. <ul style="list-style-type: none"> • Pivoted towards strategies around housing programs for members with BH needs • Care Management Dashboards have been implemented • In-person Discharge Coordinators on hold.
<p>Participatory Budgeting (PB) Update: Rebecca "Becki" Marcus,</p>	<p>Guests Becki Marcus, LISC RI and Dom Resendes, One Neighborhood Builders gave an update on Participatory Budgeting.</p>



LISC RI and Dominique "Dom" Resendes, One Neighborhood Builder

- **Participatory Budgeting** is a democratic process where community members decide how to spend part of a public budget.
- **The Impacts of Participatory Budgeting:**
 - Build more inclusive political participation– center the voices of people who are historically excluded from civic processes
 - Strengthen connections among residents, city leaders, agencies, and community organizations
 - Drive more equitable distribution of public resources
- **Health Equity Zones** are place-based collaboratives working to advance community-driven solutions to improve equity in health outcomes.
- **Pillars of a Health Equity Zone:** Equity-Centered, Placed-based, Address Social Determinants of Health and Community-Led
- In 2022, the RI Executive Office of Health and Human Services invested \$900,000 of the Health System Transformation Project funds to implement the **Participatory Budgeting Pilot Program**.
- EOHHS partnered with RIDOH to utilize and run the PB process through their Health Equity Zones, as the HEZ model has established community infrastructure and community relationships.
- **How did Participatory Budgeting Work in the HEZ?** Design the process → Brainstorm ideas → Develop proposals → Vote → Fund Winning Projects
- **Steering Committee:** Creates rulebook for process (and provides oversight throughout).
- **Idea Collection:** Ask residents: how would YOU invest funds to improve health in our community?
- **Proposal Development:** Multilingual, multigenerational committees of residents work together to develop project proposals.
- **Vote:** Residents decide which projects will receive funding.
 - **Pawtucket/Central Falls:** more than 800 people voted
 - **Central Providence:** more than 1200 people voted
- **Projects Voted for Implementation:**
 - **Pawtucket & Central Falls:** Sprinkler Water Park & Outdoor Gym Equipment & Mental Health: End the Stigma Campaign



- **Central Providence:** Expanding our Bathrooms, Lead-Free Water Project, Peer Mental Health Training, Improving our Bus Stops, Life Skills for Youth, Food-Bearing Tree Planting, Central Providence soccer for Youth, Bike distribution and repair.
- **Unfunded Shovel-Ready Projects:**
 - **Pawtucket Central Falls**
 - Financials for Families
 - Food with Friends: Live Better, Eat Better
 - Bike Our City
 - Youth Soccer & Academic Support
 - Outdoor Learning & Arts at River Island Park
 - Interpreter Services For All
 - Suds for Hope: Mobile Laundry Truck
 - Pass the Plate: Life Starts with Healthy Eating
 - High Schoolers Tutor 1st & 2nd Graders
 - **Central Providence**
 - Catching up on Landscaping Services
 - Air Filter Project
 - Laundry for Schools
 - Neighborhood History Sharing
 - Multi-lingual Cafe
 - One-stop-shop for Basic Needs
 - Pool Access, Lessons & Lifeguards
 - Mi Cocina, Tu Cocina
 - Water Fountains and Reading Gardens for Our Parks
 - Clean up our Neighborhoods
 - Ground Murals
 - Central Providence Murals
- **Medicaid Members and Accountable Entities:** The voices and choices of Medicaid patients were actively part of the PB process.
 - **Accountable Entity and HEZ partnership:**
 - Presenting PB process at statewide and individual AE meetings



- AE outreach and support of PB process: bus shelter advertising, newsletters write ups, social media posts and targeted emails
- AE staff participation at idea collection events, project fairs and voting parties,
- AE voter site support, hosting voter drop boxes at clinical sites
- AE staff participating as PB Steering Committee members
- At least **258 Medicaid members participated** in this PB initiative, including:
 - **41.9%** of Steering Committee Members
 - **40.6%** of the Budget Delegates,
 - **35.8%** of the Voters.

- **Voter Takeaways**

- **Participatory Budgeting:**

- Reaches eligible voters who rarely or never vote
 - 35.1% of voters who participated in the HSTP funded PB process and who are eligible to vote noted that they never, rarely, or sometimes vote.
- Creates an opportunity to vote for people who are not eligible to vote in traditional elections
 - For many voters, PB was the first time voting in the U.S.
- May enhance youth civic behavior and encourage young people to vote once they are eligible.
 - 86.7% of PB voters who were ineligible to vote youth
- May show growth engagement over time:
 - Central Providence year 1: 77.74% hadn't been involved before
 - PCF year 3: 63.38% voters haven't been involved before

- Participating as a Budget Delegate **enhanced** residents' comfort with civic skills across both HEZs

- Public Speaking
- Understanding Government Documents
- Understanding Budgeting Spreadsheets

- Participatory Budgeting influenced how steering committee members and budget delegates understood health and their own roles in their communities.

- Analysis of responses to: How if at all, has this process changed the way you think about your health and the health of your community?
 - Understanding the importance of community involvement in decision-making



	<ul style="list-style-type: none"> ▪ Empowerment to take action and make a positive impact ▪ Expanded perspectives on health and community well-being ▪ A sense of accountability and responsibility for the community ▪ Gratitude for the opportunity to be part of positive change ▪ A shift towards collaboration and away from competition <ul style="list-style-type: none"> • Big Picture Takeaways: <ul style="list-style-type: none"> ○ Increased comfort with civic engagement skills may encourage residents to engage in their community more in the future. ○ More community engagement is health promoting. Direct community engagement can identify core issues with health problems, minimize the severity of problems, and improve residents’ feeling of connectedness. Research indicates that people who are socially connected live longer and have an increase in resistance to diseases such as cancer and heart disease in addition to lower rates of hypertension. • Reflections: <ul style="list-style-type: none"> ○ [The best part of the process was that] all of the perspectives were brilliant and valid regardless education level, economic status, income level, social aspects or gender.”<i>PCF Steering Committee Member</i> ○ “[El mejor parte del proceso fue que] todas las perspectivas eran brillantes y validas sin importa de nivel de educación, nivel de ingresos, ni de aspectos sociales, ni de sexo”-PCF Steering Committee Member ○ “Most of the projects that were able to make it on the ballot were legitimately driven by grassroots and community folks.” <i>Central Providence Steering Committee Member</i> ○ “I personally have learned a lot. And I think that that message to me is we need to do it again. We need you to do it again. Absolutely.” <i>Central Providence Steering Committee Member</i>
<p>PY 7 Program Document Updates: Charles Estabrook, Managed Care Administrator (EOHHS) Breanna Lemieux, AE Program Lead (EOHHS)</p>	<p>Attachment L: Roadmap & Sustainability Plan</p> <ul style="list-style-type: none"> • The PY7 Roadmap and Sustainability Plan was updated to reflect program changes related to the ending of the LTSS APM and availability of HSTP funds. <ul style="list-style-type: none"> ○ Language was added to note the closure of the LTSS APM ○ Language describing HSTP Project Plans was removed <ul style="list-style-type: none"> ▪ AEs will no longer receive incentive funds for work related to HSTP Project Plans ○ Care Management Alerts and Dashboard and CurrentCare language was revised to reflect expiration of RIQI contract



	<ul style="list-style-type: none"> ○ Community Resource Platform (CRP) language revised to update expiration of UniteUs contract in April 2024 <p>Attachment J: Total Cost of Care (TCOC)</p> <ul style="list-style-type: none"> • There are no major changes in TCOC methodology for Program Year 7 <ul style="list-style-type: none"> ○ Claims threshold for high-cost claims set at \$135,000 for SFY 2024/PY7 ○ Market weight adjustment was updated consistent with trend from prior year’s updates <ul style="list-style-type: none"> ▪ Below Market Weight: 40% ▪ Above Market Weight: 25% <p>Attachment H: AE Certification Requirements</p> <ul style="list-style-type: none"> • Accountable Entity Certification Standards were updated for clarity and to reflect the unwinding of HSTP funding. <ul style="list-style-type: none"> ○ Accountable Entity Re-certification will now occur bi-annually instead of annually ○ Language regarding leveraging the Community Resource Platform (CRP) to satisfy the requirement for tracking and follow-up of SDOH referrals was updated due to the upcoming expiration of the UniteUs contract ○ Section on HIT was updated for clarity and to reflect expiration of RIQI contract • Domain 5.3 <i>System Transformation and the Healthcare Workforce</i> was updated to reflect the current status of the Health System Transformation Project <ul style="list-style-type: none"> ○ HSTP is no longer funding projects through the Department of Labor and Training (DLT) ○ Language was softened around partnerships with Institutes of Higher Education <ul style="list-style-type: none"> ▪ AEs are still strongly encouraged to partner with education and training providers to address workforce needs 									
<p>Incentive Program Future: Program Year 7: Charles Estabrook, Managed Care Administrator (EOHHS)</p>	<p>PY 7 Program Document Updates: Attachment K: Incentive Program</p> <ul style="list-style-type: none"> • Program Year 7 Accountable Entity Incentive Program will be altered as HSTP funds have been mostly spent down. <ul style="list-style-type: none"> ○ In past years <i>Attachment K – Incentive Program Requirements</i> has contained a per-member per-month multiplier used to determine AE and MCO incentive pools. Due to methodology being used to determine PY7 incentive pools that multiplier is unknown at this point. <table border="1" data-bbox="831 1211 1927 1419"> <thead> <tr> <th colspan="3">Program Year 7:AE-Specific Incentive Pool (AEIP) Calculation</th> </tr> <tr> <th>PMPM Multiplier</th> <th>x Attributed Lives</th> <th>x 12</th> </tr> </thead> <tbody> <tr> <td>TBD</td> <td>At the start of each Program Year in accordance with EOHHS defined requirements</td> <td>Translate to Member Month</td> </tr> </tbody> </table>	Program Year 7:AE-Specific Incentive Pool (AEIP) Calculation			PMPM Multiplier	x Attributed Lives	x 12	TBD	At the start of each Program Year in accordance with EOHHS defined requirements	Translate to Member Month
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	<p>“For PY7 the PMPM Multiplier will be determined by the amount of unearned incentive funds from prior program years that can be rolled over to form a PY7 incentive pool. EOHHS will establish the PY7 incentive multiplier once the aggregate incentive pool is finalized.”</p> <ul style="list-style-type: none"> ○ HSTP Project Plans will no longer be associated with Incentive Funds ○ Incentive Funds will be distributed for: <ul style="list-style-type: none"> ▪ Execution of contracts including downside risk (non-FQHC based AEs) ▪ ROI Projects (FQHC-based AEs) ▪ Reporting of select AE quality measures stratified by Race, Ethnicity, Language, and Disability (RELD) ▪ Outcome Measures: <i>Plan All-Cause Readmission</i> and <i>Potentially Avoidable ED Visits</i>
<p>Public Comment: Incentive Program</p>	<p>The floor was opened for feedback, opinions, suggestions, public comment on PY7 Attachment K: Incentive Program</p>
<p>1115 Demonstration Waiver Updates: Amy Katzen, Director of Policy and Strategy (EOHHS)</p>	<p>The floor was opened for feedback, opinions, suggestions, public comment on the 1115 Demonstration Waiver.</p>
<p>Public Comment: 1115 Demonstration Waiver Updates</p>	<p>Public Comment:</p> <ul style="list-style-type: none"> ● Encouraged EOHHS to pursue opportunities to fund e-consults (professional consultations between, e.g., a primary care provider and a specialist). ● Encouraged EOHHS to fund “collaborative care codes,” including in the managed care context. ● Encouraged EOHHS to fund efforts to improve transitions of care when children “age out” of pediatric care and need to transition to an adult PCP. <p>Public Comment:</p> <ul style="list-style-type: none"> ● Expressed support for the Community Health Worker benefit and encouraged EOHHS to consider whether the rates are adequate. AEs have been using HSTP funds to supplement the rates but won’t be able to do so long-term due to the limited nature of that funding. ● Raised the point that Home Stabilization housing support specialists may be a more efficient route than CHWs for appropriate activities. <p>Public Comment:</p> <ul style="list-style-type: none"> ● Encouraged EOHHS to explore options to enhance maternal health equity using peer-to-peer services and to maximize use of Moms PRN. ● Encouraged EOHHS to maximize engagement in Perinatal Quality work.



	<ul style="list-style-type: none">• Encouraged EOHHS to explore use of the 1115 Demonstration Waiver for workforce support, such as through loan repayment.
Upcoming Important Dates	2024 AE Advisory Committee/Stakeholder Meeting Schedule TBD and will be communicated via email to Stakeholders.
Meeting Adjourned	Meeting was adjourned at approximately 9:45am