



Office of Health Care System Planning Bi-Monthly Report July 2025

The Office of Health Care System Planning is providing this regular written update on selected, key health planning activities accomplished between Health Care System Planning Cabinet and EOHHS Independent Advisory Council meetings (held every other month), along with the updates that will be presented at the meetings. If you have questions, please contact Sandra Powell (sandra.m.powell@ohhs.ri.gov).

Primary Care

EOHHS/Medicaid Mini Grants for Primary Care Crisis Response

In April 2025, the Medicaid program in the Executive Office of Health and Human Services (EOHHS) announced Primary Care Mini Grant applications to support the recruitment and retention of primary care providers in Rhode Island. On June 18, 2025, EOHHS announced the award of \$6.7 million in grants to support 85 primary care practices in one or more of three tier categories:

- **Tier 1:** Primary care practices agree to and demonstrate that they have accepted new patients onto their patient panel.
- **Tier 2:** The primary care practices will recruit new primary care physicians or mid-level providers, such as Nurse Practitioners or Physician's Assistants, to the Rhode Island primary care workforce.
- **Tier 3:** Primary care provider and/or practice that enrolls as a new Medicaid Provider in the Rhode Island Medicaid program

Tier 1 and Tier 2 awards are listed in the [Primary Care Grants Recipients Chart](#). Providers who applied for a grant through Tier 3—enrolling as a new Medicaid partner—will only be notified if they are awarded funding upon their successful enrollment in Medicaid on or before September 1, 2025.

OHIC Primary Care Rate Review

The legislature passed a bill moving forward the timeline for OHIC's primary care rate review. The review will take place over the next year. OHIC is in the early stages of planning for this review and have had preliminary conversations with its consultants.

Prior Authorization Policy Change

The legislature passed a bill implementing a three year “pilot program” where insurers are prohibited from imposing prior authorizations for admissions, items, treatments, or procedures ordered by primary care providers. Prior authorizations for prescription drugs are carved out of this pilot program. As a part of this legislation OHIC will conduct a review of the impact of the PA pause.

The legislation also directs OHIC to convene a workgroup comprised of both payers and providers to make recommendations regarding the improvement and simplification of the prior authorization process. This will be the same work group recommended by the HCSP Foundational Report.

Health Professional Loan Repayment Program

The Rhode Island Health Professional Loan Repayment Program (HPLRP) is a federally funded initiative, matched by philanthropic support, that provides educational loan repayment to eligible primary care, dental, and behavioral health professionals. In exchange, participants commit to a minimum two-year service term at approved practice sites located in federally designated Health Professional Shortage Areas (HPSAs). Governor McKee’s SFY26 budget included \$200,000 for the RI HPLRP, and it was approved by the General Assembly for SFY 2026.

To date, with the support of the RI Health Center Association, the program has received donations for the 2025 program cycle from the following entities:

- Delta Dental \$50,000
- United HealthCare \$20,000
- RI Foundation \$180,000

Additionally, Encompass Health provided \$50,000 for the program. The HPLRP plans to make 44 awards by August 31, 2025, with the \$1.18 million available (federal grant and donations combined) for the 2025 cohort.

RIDOH reports that there has been a delay in the release of the federal Notice of Funding Opportunity ([HRSA-25-072](#)) which would fund next year’s program. RIDOH has received several updates from HRSA program officers stating that the application is still awaiting final approvals. Given the program’s reliance on federal resources, the continued delay introduces some uncertainty for ongoing planning and sustainability.

Primary Care Training Sites Program

The Primary Care Training Sites Program (PCTSP) is a state-funded program authorized by [R.I. Gen. Laws § 23-17.30](#) and administered by RIDOH. It is designed to expand Rhode Island’s capacity to train the next generation of healthcare professionals, including physicians, nurse practitioners (NPs), and physician assistants (PAs), through high-quality, community-based clinical training. The program includes:

- **Grants:** PCTSP is providing grants of up to \$90,000 per trainee per year to primary care practices. These funds incentivize clinical teaching, support innovative preceptor compensation models, and strengthen the infrastructure necessary for training future providers. Priority is given to sites

recognized by the National Committee for Quality Assurance (NCQA) as Patient-Centered Medical Homes (PCMHs) and those integrating behavioral health services, in alignment with Rhode Island’s healthcare transformation goals.

- **Curriculum Development and Preceptor Support:** A unique feature of the program is its investment in curriculum development and preceptor support, in collaboration with the Care Transformation Collaborative of Rhode Island (CTC-RI). Participating sites will implement a standardized curriculum—designed for interprofessional learners—introduces trainees to the foundational principles of the PCMH model, including team-based care, care coordination, population health, and health equity. Trainees gain hands-on experience in community-based settings that model integrated, patient-centered service delivery. At the same time, through strategic partnerships, PCTSP also facilitate learning collaboratives to equip preceptors with tools and resources for mentoring students and advancing primary care education statewide.
- **Support for Primary Care Practices:** In the past several months, the program has made award offers to 34 primary care practices, completed contracting for 15 practices, provided ongoing technical assistance, and collaborated with the RIDOH Academic Institute to host the program curriculum on the TRAIN learning management site. The Care Transformation Collaborative of RI (CTC-RI) has finalized the PCTSP curriculum and accompanying manuals for both preceptors and students. In the coming months, the program will host preceptor training sessions on Tuesday, July 22 and Wednesday, July 30, both from 7:30–9:00 AM.

Developing a “Work in RI” Campaign

Planning activities are underway to establish a Work in Rhode Island campaign, as proposed in the 2024 Foundational Report. The first Step suggested by the Primary Care Workgroup was to create a Work in RI planning group:

- The Primary Care Physician Advisory Committee (PCPAC) at RIDOH has provided initial feedback regarding planning efforts, including key informational interviews, review of existing reports including from CTC-RI and other workforce planning efforts, and a brief literature review to identify common factors influencing primary care workforce retention and recruitment.

The updated goal is to produce a concise, action-oriented report titled "Barriers & Facilitators to Practicing Primary Care in Rhode Island – Initial Findings" projected for the fall. This report will synthesize stakeholder insights and evidence to inform future policy development, program design, and workforce marketing or retention strategies.

Behavioral Health

Children's Behavioral Health Crisis Team

The second meeting of the Children's Behavioral Health Crisis Team took place on Tuesday, July 1, focused on clarifying the community vision for the Children's Behavioral Health Safety Net. There are three additional meetings of the group scheduled through the summer and fall. The Crisis Team is focused on clarifying the children's behavioral health safety net and tracking federal changes to ensure protections for Rhode Island's children and youth.

Behavioral Health Prevention Efforts

There are a significant number of media efforts focused on behavioral health prevention either in process or in planning, targeted at wide, diverse audiences and developed with community engagement, described below. Several of the campaigns have received recent regional and national awards. They include:

- Men's Mental Health Month:
 - American Foundation for Suicide Prevention for Talk Saves Lives
 - 2025 Men's Mental Health Survey
 - Partnership with DMV for tabling outreach
- "You Good, Man?" campaign managed by RIDOH.
- RIDOH is preparing to launch and promote a website in July based on the Rhode Island Responsible campaign. The goal of the new site is to educate users on the health risks of cannabis through science-based, stigma-free communications.
- RIDOH is planning a couple of cannabis-themed episodes of its Public Health Out Loud podcast featuring Drs. Mara Coyle and Rachel Wightman. They will focus on cannabis use and pregnancy and emerging health issues of cannabis use.
- EOHHS staff will be on NBC 10 promoting Kids.RI.gov/behavioral health for back to school. The Our Kids Behavioral Health campaign with RDW Group also received a Bell Ringer Award for the integrated influencer campaign promoting Kids.RI.gov/behavioral-health.
- BHDDH has launched 988 Campaign running from June-September. It includes bus, billboard, radio, TV, digital/social media, as well as print collateral and events for national 988 Day on September 8, 2025.
- The "If It's Not Your Prescription, Assume Fentanyl. Every Pill. Every Time" campaign created with an interagency team and Reach Consulting earned two gold Lamplighter Awards from the New England Society for Healthcare Communications and a Communicator Award, which honors excellence in marketing and communications on an international level.
- International Overdose Awareness Day (IOAD) is observed globally on August 31st each year to remember those lost to overdose, acknowledge the grief of loved ones, and stimulate action and discussion about evidence-based overdose prevention. In RI, the community plans a statewide naloxone distribution providing free naloxone and education and holding remembrances across the state. This year these will be on September 4, 2025.

- September is Recovery Month. Rhode Island's 22nd annual Rally4Recovery that will be held this year on Saturday, September 13th at 195 District Park in Providence. It's a free, family-friendly event celebrating recovery from alcohol and drug addiction as part of National Recovery Month.

Policy Update

Here are some of the key behavioral health policies that passed in the 2025 legislative session:

- Mobile Response and Stabilization Services Commercial Coverage – Legislation passed requires every individual or group health insurance plan issued in state on or after January 1, 2026, to cover MRSS. The Mobile Response and Stabilization Services (MRSS) model is a youth-and-family specific crisis intervention model that provides immediate, on-site intervention and support to children and youth experiencing a behavioral health crisis.
- Stand-alone MRSS Structure - Currently, the MRSS program is funded and overseen by Certified Community Behavioral Health Clinics (CCBHC), as a required evidence-based service. The General Assembly passed legislation required RI Medicaid to apply for a State Plan Amendment to make MRSS a stand-alone service, with its own Medicaid rate – meaning that it can still be included within the CCBHC program but does not depend on CCBHC funding and oversight. This will be implemented to begin on October 1, 2026.
- Funding for the 988 Suicide and Crisis Lifeline were both included in the Governor's budget and passed by the General Assembly for Fiscal Year 2026.

Hospitals

Policy Update

- EOHHS submitted legislation through a Governor’s Budget Amendment for Fiscal Transparency, as proposed in the 2024 Foundational Report; however, it did not pass. The Office of Health Care System Planning will continue to work with our community partners on the legislative language and will submit transparency legislation again in 2026.

AHEAD Model

- EOHHS and OHIC are continuing to collaborate with CMS on Rhode Island’s participation in the AHEAD Model.
- The AHEAD Model aims to reduce health care costs, improve population health, and connect beneficiaries to community resources by increasing primary care investment and supporting hospitals.
- Due to recent federal administration changes impacting timing, RI is currently coordinating with CMS on next steps.

Workforce

Data Collection and Analysis

RIDOH is currently working to expand the voluntary data elements collected during licensure/renewal of healthcare professionals, based on the RI Healthcare Workforce Data Collection Act passed in June 2024, RIGL 23-100-3. The Healthcare Workforce Data Collection Act authorizes RIDOH to collect the following additional elements to licensure/renewal applications including:

- Principal specialty
- Education level
- Demographic data such as race, ethnicity, languages spoken
- Additional years planning to practice or anticipated retirement year
- Practice name(s), location(s), and contact information
- Total number of clinical/nonclinical hours
- Acceptance of Medicaid as a form of payment
- Current practice status e.g., engaged in clinical practice, medical administrative or legal services, clinical teaching or research, providing telemedicine only, etc.

RIDOH will add questions to the current licensure system as part of license renewal and will be incorporated in future updates for online licensure applications.

Value-Based Payments

Building a New Consensus on Value Based Payments

Commissioner King has convened the Payment and Care Delivery Advisory Committee (PaCDAC) to discuss the future of value-based contracting in the State. Several value-based payment systems have experienced consecutive years of shared losses and had expressed less willingness to participate in shared risk contracts going forward. This group has met twice, with one more meeting of the full group anticipated later in the summer as well as two meetings as a subgroup to discuss 1) how to handle pharmaceutical costs in value based contracting and 2) how to fund care management.

Despite concerns about the current system all stakeholders have expressed a sincere interest in continuing to participate in some form of value-based contracting.

Health Information Technology

Opt-Out Consent Implementation

CurrentCare, RI's Health Information Exchange (HIE), completed a transition to a new opt out consent model and new technology provider, Crisp Shared Services, on May 1, 2025. To continue to enhance services and assist clinical providers, patients and policy makers, the following activities are underway:

- EOHHS is pursuing a data quality report for the HIE that will indicate provider compliance with new OMB race and ethnicity standards. They are seeking to coordinate with RIDOH on to use the Implementation Center (IC) grant funding to support a campaign to encourage providers to update the National Plan and Provider Enumeration System (NPPES).
- HIT Fund is providing one time funding to pay for PointClickCare interface fees for Nursing Homes using the HIE.
- Opt-out consents are being processed. The volume of consents is consistent with expectations so far (very minimal, under 1,000 total). Prior users have all transitioned to new system and data feeds have been established, in progress, or are in planning. Consent language for behavioral health has just been finalized and has been sent for development of the consent tool in the HIE.

Patient/Consumer Engagement

Public Engagement Focus Group Update

The Health Equity Zones have been assisting the Office of Health Care System Planning by carrying out focus groups with health care patients/consumers on their vision for Rhode Island's health care consumers. The initial report on the focus groups should be ready by the end of the summer and will be presented to the HEZ groups and to the Health Care System Cabinet and EOHHS Independent Advisory Council in subsequent meetings.