



Accountable Entity Program

Program Description and Certification Application for Comprehensive Accountable Entities

Rhode Island Executive Office of Health and Human Services

Date Released: November 15, 2017

Date Due: February 15, 2018, 3:00 P.M. EST



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- D. Excel Application Template Tool (Excel Spreadsheet)**



SECTION 1: INTRODUCTION

The Rhode Island Executive Office of Health & Human Services (EOHHS) is soliciting applications from parties seeking EOHHS certification to participate as an Accountable Entity (AE) in EOHHS' Health System Transformation Project (HSTP). The EOHHS HSTP program is initiated in collaboration with the Centers for Medicaid and Medicare Services (CMS) and Rhode Island's contracted Medicaid Managed Care organizations (MMCO). A participating certified AE will provide and coordinate health care services for Medicaid beneficiaries within a total cost of care (TCOC) Alternative Payment Methodology and will be eligible to earn incentive payments for defined performance.

The Accountable Entity program is a core component of Governor Raimondo's Reinventing Medicaid initiative. On October 30, 2015 EOHHS issued certification standards for the Accountable Entity pilot program and invited applications to participate in the program. Pursuant to this work six entities were certified as pilot Comprehensive Accountable Entities during 2016.

EOHHS is now moving to the next phase of this initiative and inviting proposals for certification as a Comprehensive Accountable Entity (Full Certification).

Through the certification process EOHHS will identify entities qualified to operate as service providers to Medicaid eligible beneficiaries to participate in the Health System Transformation Project as approved by CMS in Rhode Island's 1115 waiver and as set forth in this application and associated EOHHS requirements documents. To this end, EOHHS has established standards setting forth the requirements for certification. These standards are included herein as Attachment A. EOHHS is inviting interested parties to apply and present their qualifications to meet EOHHS' certification standards requirements. EOHHS will review such applications to determine whether the Applicants' qualifications warrant certification.

This application is for certification as a Comprehensive Accountable entity (AE). EOHHS will certify qualified applicants as Comprehensive AEs.

EOHHS is now moving beyond the pilot phase to establish the AE program as an ongoing core component of the Medicaid program. Applicants that responded to the October 30, 2015 pilot program certification standards were advised that the state would be issuing revised certification standards as EOHHS moved forward. The current certification process is independent of certification as a comprehensive AE for the pilot program. Certification during the pilot phase does not assure that an Applicant will be certified in this full certification process. It is not necessary for an entity to have participated in the pilot phase to be fully certified as a Comprehensive Accountable Entity. EOHHS is issuing a separate Certification Application for the Specialized LTSS Accountable Entity pilot program. That application will serve to initiate the Specialized LTSS Accountable Entity pilot program as no entities have previously been certified.

The certification period for approved applicants is targeted to begin approximately April 1, 2018 and not later than June 30, 2018. The certification period is intended to continue through December 31, 2021, based on continued compliance with certification requirements and annual re-certification as required by CMS.

Certification and executed contracts with Medicaid managed care organizations are core requirements for the ability to participate in the HSTP incentive program.

1.1 Eligibility for Health System Transformation Project (HSTP) Incentive Funds

Beginning in late 2015, the Executive Office of Health and Human Services (EOHHS) began pursuing Medicaid waiver financing to provide support for Accountable Entities (AEs) by creating a pool of funds



primarily focused on assisting in the design, development and implementation of the infrastructure needed to support Accountable Entities.

Rhode Island's request was approved and EOHHS projects it will allocate an estimated **\$95 million in incentive funds**¹ to the AE program from the start of the program and through the end of State Fiscal Year 2022. **Certification as an AE is required** to be eligible to receive HSTP incentive funds. Further detail is provided in Section 2.7.5 of this application and in [EOHHS Medicaid Infrastructure Incentive Program: Requirements for Medicaid Managed Care Organizations and Certified Accountable Entities](#) as posted on the EOHHS website.

1.2 Notifications

Potential Applicants are advised to review all sections of the Certification Application carefully and to follow instructions completely, as failure to make a complete submission may result in disqualification of the application.

EOHHS invites creative approaches and/or methodologies to meet core objectives of the certification requirements and their respective domains. However, EOHHS will reject as non-qualifying application submissions that depart from or fail to address the core requirements of the certification standards.

The Applicant shall bear all costs associated with developing or submitting an application proposal. The State assumes no responsibility for these costs.

EOHHS intends to certify a prime Applicant that will assume responsibility for all aspects of the work. Subcontracts and partnership arrangements are permitted, provided that the proposal clearly identifies the prime Applicant and clearly indicates the use of subcontracts and/or partnerships.

Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.

In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful Applicant.

Under HIPAA, a "business associate" is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, certified AEs that qualify as a business associate will be required to sign a HIPAA business associate agreement.

¹ Subject to approval by CMS as specified in the Incentive Program Requirements document.



EOHHS will set forth procedures for a certified AE to notify EOHHS of any potential changes that may impact performance or represent material modifications to the AE in relation to the entity's Certification Application and associated approval for participation in the AE program (e.g. change in ownership; change in contracted status with a MCO; changes in the composition of participating providers, change in the AE's legal or financial status such as but not limited to changes due to a merger, acquisition, or any other change in legal status; withdrawal or change in legal status of key partners; requests to add additional partners, or other material change). Upon notice and with reasonable opportunity for the AE to address identified deficiencies, EOHHS reserves the right to suspend or terminate certification.

The AE shall not assign or transfer any right, interest, or obligation under this certification to any successor entity or other entity without the prior written consent of EOHHS.

EOHHS reserves the right to decide at any time not to move forward with the Certified Accountable Entity program, or modify or terminate the program if it is determined that it is not achieving the established principles and goals.

1.3 Submission of Application Materials

Applicants shall provide (a) one original, (b) five hard copies, and (c) an electronic copy of their application. Submissions should be single spaced on 8.5" by 11" paper. Applicants should not use smaller than 11 pt. font and margins of 1" for their proposal summary, Attachment B, technical proposal and attachments, and Attachment C. Attachment D tab responses can be printed on 11" by 17" paper. The electronic copy of the application should be emailed to January Angeles (January.Angeles@ohhs.ri.gov) no later than 3:00 p.m. EST on February 15, 2018.

Please note that attachments for this application can be found attached to this PDF. Applicants are required to submit Attachment B (Comprehensive Accountable Entity Application Submission Summary Checklist) and Attachment D (Excel Application Template Tool) to submit a completed application to EOHHS. These attachments are provided as Word and Excel attachments in this application. This application's attachments can only be opened via a computer, not a mobile device. If an Applicant has trouble opening the attachments, they may email Deborah Morales (Deborah.Morales@ohhs.ri.gov) or Mark Kraics (Mark.Kraics@ohhs.ri.gov) to request these attachments. **EOHHS will not be able to answer questions from Applicants related to this application.**

Submission Deadline: February 15, 2018 3:00pm (Eastern Time) to January Angeles, Deputy Medicaid Program Director, Managed Care and Oversight.

To be considered for certification applications must be submitted no later than 3:00 p.m. February 15, 2018.

Submission Location: Applications shall be hand-delivered to*:

**January Angeles
Deputy Medicaid Program Director, Managed Care and Oversight
Rhode Island Executive Office of Health and Human Services,
Virks Building
3 West Road
Cranston, Rhode Island 02920**

*For any questions pertaining to the location for the submission, Applicant's should contact January Angeles at 401.462.0168 or January.Angeles@ohhs.ri.gov

We kindly request that Applicants not contact individual EOHHS employees, contractor or subcontractor



parties to EOHHS for inquiries about the application during the application review process. Applicants should follow procedures and protocols stated within this application.

The applicant will submit the following documents to EOHHS in the following order:

1. **Letter of Transmittal**
2. **Attachment B- AE Application Attachment Summary Checklist-Word Document attachment**
3. **Proposal Summary, References, Technical Proposal and associated attachments**
4. **Attachment C-Assurances and Attestations-PDF attachment**
5. **Attachment D-Excel Application Template Tool-Excel Spreadsheet attachment**

1.4 Overview of the Certification Application

This section provides an overview of this application document to orient potentially interested parties to the structure of the Medicaid Accountable Entity (AE) program and the process for applying for certification. This Application is structured as follows:

[Section 2: Background and Description of AE Program](#)

Application for certification as an AE also represents intent to participate in the EOHHS Health System Transformation Project as a certified Comprehensive Accountable Entity or as a Specialized LTSS Pilot AE. Certified AE's are a core component of the broader HSTP program that will operate within the structure and requirements of the [1115 Waiver Special Terms and Conditions](#). Submission of an application for certification should include a statement of understanding of the Accountable Entity initiative's objectives as a core component of the HSTP program, and a commitment to comply with its requirements.

To facilitate potential Applicants' understanding of the HSTP program and the role of the certified AE this section of the application provides background on the development of this initiative as well as description of core program goals and priorities. Core programmatic elements of the program described include the basis for members' attribution to the AE, alternative payment/total cost of care methodology, contracting with Medicaid managed care organizations, provisions for incentive payments through the Health System Transformation Project, types of certification an Applicant may pursue, and others.

[Section 3: Certification Standards and Guidance for Development of a Certification Application](#)

EOHHS has established standards for certification as a Comprehensive Accountable Entity. These certification standards are included here as Attachment A. Certification applications describe how the Applicant either currently meets or proposes to meet those standards to merit certification. Section 3 provides the submission guidance Applicants must follow in preparing their submissions. The Submission Guidance provides directions as to how a successful Applicant shall organize its application, inclusive of descriptions of proposed approach and evidence of readiness in relation to technical requirements. Applicants are expected to demonstrate how their proposal meets the Certification Standards, and must follow the submission guidance. Section 3.1 provides an overview. Section 3.2 provides the submission guidance for Comprehensive AEs.

[Section 4: Scoring and Evaluation](#)

This section describes the scoring and evaluation procedures for review of certification applications.



Applicants will be scored on the technical proposal and organizational readiness as determined by completion of attestations, narrative responses, completed templates, and pertinent attachments.

Proposals will be evaluated on two dimensions:

- Technical Merits– Understanding and Proposed Approach
- Organizational Readiness

Committee recommendations on certification can result in the following outcomes:

- Full Certification
- Certified, with Conditions
- Not Certified

Based on its evaluation, EOHHS will send formal correspondence informing Applicants of the outcome of the review, that is, the Applicant is Fully Certified, Certified with Conditions, or Not Certified. Certified with conditions means that the application is sufficiently strong to warrant certification but that certain aspects of the application pertain to things that are in partial development or in planning stages. Correspondence pertaining to certification with conditions will identify the conditions and timeframe for completion (e.g. final execution of proposed agreements, meeting milestones in a proposed work plan). Continued certification and eligibility for the full amount of potential incentive funds will depend on progress in meeting the certification conditions.

SECTION 2: DESCRIPTION OF THE ACCOUNTABLE ENTITY PROGRAM

2.1 Introduction and Background

The Rhode Island Executive Office of Health and Human Services (EOHHS) invites provider-based entities to apply to become Certified Accountable Entities (AEs) to enter into value-based contracts with Rhode Island Medicaid Managed Care Organizations (MCO's). The Certified AE program is part of a broader initiative by EOHHS to promote and support the development of integrated interdisciplinary Accountable Entities capable of providing superior health outcomes for Medicaid populations within value-based payment arrangements.

Rhode Island's Medicaid program is an essential part of the fabric of Rhode Island's health care system serving one out of four Rhode Islanders in a given year and closer to forty percent over a three-year period. The program has achieved national recognition for the quality of services provided, with Medicaid MCOs that are consistently ranked in the top ten in national NCQA rankings for Medicaid MCOs.

However, there are important limitations to our current system of care – recognized here in Rhode Island and nationally:

- It is generally fee-based rather than value-based,
- It does not generally focus on accountability for health outcomes,
- There is limited emphasis on a Population Health approach, and
- There is an opportunity to better meet the needs of those with complex health needs and exacerbating social determinants.

As such, the current system of care, both in Rhode Island and nationally, focuses predominantly on high quality medical care treatment of individual conditions – as is encouraged and reinforced by



our fee for service (FFS) payment model. As a result, there is often siloed or fragmented care, with high readmissions and missed opportunities for intervention. Specifically:

- *Within Medical Care:* There is limited focus on transitions, discharges, care-coordination, and medication-management across and between hospitals, specialists and primary care providers.
- *Between Medical Care and Behavioral Health care:* There is limited effective coordination between medical and behavioral providers, often acting as two distinct systems of care.
- *Complicated by growing needs of aging population:* This will challenge medical models of care and require broader definitions of care (Dementia, cognitive issues).
- *Between Medical Care and Social Determinants:* There is limited recognition and adaptation of a medical model that recognizes common factors impacting health of Medicaid populations – such as stressors as childhood trauma and its long-term impacts, mistrust of the health care system, and significant social needs, which often overshadow and exacerbate health problems – e.g., housing/housing security, food security, domestic violence/sexual violence.

As a result, although individual providers are often high performing, **no single entity “owns” service integration, and no single entity is accountable for overall outcomes - only specific services.** Effective interventions must “break through” the financing and delivery system disconnects, to build partnerships across payment systems, delivery systems and medical/social support systems that effectively align financial incentives and more effectively meet the real life needs of individuals and their families.

The vision, as expressed in the Reinventing Medicaid report is for “...a reinvented Medicaid in which our Medicaid managed care organizations (MCOs) contract with Accountable Entities (AEs), integrated provider organizations that will be responsible for the total cost of care and healthcare quality and outcomes of an attributed population.”

2.2 Program Vision & Goals

At the core of accomplishing the vision as stated in the Reinvent Medicaid Report is the development of new forms of organization, care integration, payment, and accountability. These new types of entities will be multi-disciplinary in composition, inter-disciplinary in practice, and focused on population health, with programs tailored to address varying levels and types of needs. Participants will be demonstrably engaged in a common enterprise with incentives to work together to do a better job meeting the needs of attributed populations, with a strong emphasis on integration of activities to address social determinants of health.

EOHHS intends that EOHHS Certified AEs be this new type of entity, providing the central platform for transforming the structure of the delivery system as envisioned in the [Final Report of the Reinventing Medicaid Working Group](#) that was convened by Governor Raimondo in March of 2015.

The overarching goals of the AE program include:

- Substantially transition away from fee-for-service models
- Define Medicaid-wide population health targets, and, where possible, tie them to payments.
- Maintain and expand on our record of excellence in delivering high quality care.
- Deliver coordinated, accountable care for high-cost/high-need populations



- Ensure access to high-quality primary care
- Shift Medicaid expenditures from high-cost institutional settings to community-based settings

2.3 Program Objectives

Because of this transformation of the Rhode Island Medicaid program (and in partnership with other efforts such as SIM), RI anticipates that by 2022, Rhode Island will have achieved the following objectives:

- Improvements in the balance of long term care utilization and expenditures, away from institutional and into community-based care;
- Decreases in readmission rates, preventable hospitalizations and preventable ED visits;
- Increase in the provision of coordinated primary care and behavioral health services in the same setting; and
- Increased numbers of Medicaid members who choose or are assigned to a primary care practice that functions as a patient centered medical home (as recognized by OHIC & EOHHS)

EOHHS is seeking Accountable Entities to develop the capacity to tackle these objectives within their Medicaid AE program. The ability to address these State priorities in the development of an Applicant's AE program is considered a key element of this application process. EOHHS will evaluate applicants on the integration of these priorities into their proposals.

2.4 Program Approach

The vehicle for implementing the AE initiative will be contractual relationships between the AE and Medicaid contracted managed care organizations (MCOs). Medicaid MCOs are contractually required to increasingly enter into EOHHS approved value-based APM contract arrangements. Certified AEs must enter into value-based APM/total cost of care contracts in compliance with EOHHS guidelines to participate in member attribution, shared savings arrangements, and to be eligible to receive incentive-based infrastructure payments through the Health System Transformation Project.

AE Certification by EOHHS is the foundation of this program. Certified Accountable Entities will have responsibility for coordinating a defined continuum of health care services for defined populations. Included in any such population will be people with complex and specialized needs, since these are the groups within the larger population who are most in need of an effectively coordinated system. An effective AE must be able to meet the needs of the full population but must also have distinct competencies to recognize and address the special needs of high-risk and "rising risk" sub groups.

Toward this end, Certified Accountable Entities will be required to demonstrate that they meet specified standards, including provider representation, governance requirements, required scope of services and capacity. Applicants that are certified will immediately be eligible to enter into a contractual arrangement with the Medicaid MCOs to manage a population of Medicaid members under a total cost of care arrangement. Note that EOHHS certification may be "Certified with Conditions". In this event certification will be conditional upon the AE meeting certain conditions within defined time frames.

Certified Accountable Entities that participate in EOHHS qualified total cost of care arrangements with Medicaid MCOs will be eligible to participate in the Medicaid Infrastructure Incentive Program



(MIIP), which is intended to support Accountable Entities in building the capacity – the people, processes and technology -- required for effective system transformation.

2.5 Program Structure

Structurally, the Accountable Entity program includes three core “pillars”:

1. **EOHHS Certified Accountable Entities and Population Health**
The foundation of the EOHHS program is the certification of Accountable Entities (AEs) responsible for the health of a population of members.
2. **Progressive Movement toward EOHHS approved Alternative Payment Methodologies**
Fundamental to EOHHS’ initiative is progressive movement from volume-based to value-based payment arrangements and movement from shared savings to increased risk and responsibility. Once an AE is certified, the AE must pursue value-based Alternative Payment Methodologies (APMs) with managed care partners in accordance with EOHHS defined requirements²
3. **Infrastructure Incentive Payments for EOHHS Certified AEs**
Incentive-based infrastructure funding will be available to state certified AEs that have entered into qualifying APM contractual agreements with managed care partners. As part of these agreements, AEs may earn incentive-based infrastructure funding under state-specified requirements.³

2.6 Program Priorities

EOHHS is seeking Accountable entities to develop the capacity to tackle program priorities.

| Program | Priorities |
|-----------------------------------|---|
| Comprehensive AEs | <ul style="list-style-type: none"> • Integration and innovation in behavioral health care • Integration and innovation in SUD treatment • Integration and intervention in social determinants, including cross system impacts |
| Specialized Pilot LTSS AEs | <ul style="list-style-type: none"> • Developing programs and care coordination processes to enable people to reside safely in a community setting and to promote timely care transitions and reduced institutional/ED utilization • Home- and Community-based Behavioral Health capacity development for specialized adult day care, home care, and alternative living arrangements with capacity to serve members with behavioral health and/or dementia/Alzheimer’s related service needs • Repurposing skilled nursing capacity for acute psychiatric transitions and/or adult day capacity |

These priorities will be continually refined and will be revisited on an annual basis.

² See [Total Cost of Care Requirements](#). This document describes EOHHS approved Alternative Payment Methodologies and, pertinent to AEs, includes (a) attribution methodology requirements, (b) methodology for calculating total cost of care (TCOC), and (c) quality scorecards for the quality multiplier applied to any shared savings,

³ See [Incentive Program Funding Requirements](#). This document describes EOHHS’s Medicaid Infrastructure Program requirements for Medicaid MCOs and Certified AEs.



2.7 Medicaid AE Program Requirements

By applying for Certification, AEs are committing to participation in the EOHHS Accountable Entity program in accordance with the EOHHS requirements documents posted on the RI EOHHS website (<http://www.eohhs.ri.gov/Initiatives/AccountableEntities.aspx>). These documents are:

- [Rhode Island Executive Office of Health and Human Services \(EOHHS\) Medicaid program Accountable Entity Program Accountable Entity Roadmap Document](#)
- [Rhode Island Medicaid Accountable Entity Program Certification Standards](#) (Also included as Attachment A to this application)
- [Rhode Island Medicaid Accountable Entity Program M: Accountable Entity Attribution Requirements](#)
- [Rhode Island Medicaid Accountable Entity Program Attachment L1: Accountable Entity Total Cost of Care Requirements](#)
- [EOHHS Medicaid Infrastructure Incentive Program: Attachment L2: Requirements for Medicaid Managed Care Organizations and Certified Accountable Entities](#)

These requirements documents provide detailed information on core program elements, which are outlined briefly below. Interested parties should consult the referenced documents for more specific information.

| Core Requirements of EOHHS Certified Accountable Entity Program | |
|---|--|
| ➤ | Certified Accountable Entities with an Emphasis on Population Health |
| ➤ | Attributed Populations |
| ➤ | Progressive Implementation of Alternative Payment/Total Cost of Care Methodology |
| ➤ | Implementation through Contractual Partnerships with Medicaid MCOs |
| ➤ | Infrastructure Incentive Payments |

Under this Program, Applicants that are Certified will immediately be eligible to enter into a contractual arrangement with the Medicaid MCOs to manage a population of Medicaid members under a risk adjusted cost of care arrangement. For this program overall, two types of certification for Accountable Entities are envisioned:

- **Comprehensive Certified AE: Total Population, All Services**
Authority to contract for all attributed populations within a TCOC methodology, for all Medicaid services included within the MCO contract.
- **Specialized Certified Pilot AE: Specialized Population, LTSS Services**
Authority to contract for a specialized population within a TCOC methodology, for a defined set of LTSS services.

This application is for the Comprehensive AE. EOHHS expects that the AE be structured and organized to assure its commitment to the objectives and requirements of an EOHHS certified Accountable Entity, and demonstrate its ability to provide care for each population it proposes to serve.

Potentially eligible populations for the comprehensive AEs include both children and adults. EOHHS certification will be specific to each population. EOHHS recognizes that the skills and capacities of a Comprehensive Accountable Entity will vary considerably across populations – for example, the certification for an AE seeking to serve children will require different capacities and skills than one



seeking certification to serve adults. As such, Comprehensive AE Certification will be specific to an approved population, and Applicants must specify the populations they are seeking certification to serve.

For the comprehensive AE the Applicant may seek certification for (a) children, (b) adults, or (c) children and adults. In an application for certification, an AE Applicant would then need to both identify the population(s) it seeks to serve and demonstrate its ability to meet the broad range of needs present in each identified population. Attribution would then be based on the populations included in the certification.

For a Comprehensive AE, the population eligible for attribution consists of all Medicaid-only beneficiaries enrolled in managed care.

- **Children** (to age 21) including children with special health care needs (CSHCN) and children with high, rising and low risk, and
- **Adults**, including adults with complex medical needs, Co-occurring BH/medical, Homeless, Substance Use Disorders, Adults with Disabilities, Developmentally Disabled adults.

Note that Rhody Health Options (RHO) members shall be included in AE attribution for the adult population if the RHO member is receiving Medicaid benefits only (not Medicare). RHO and Medicare-Medicaid Plan members who have both Medicare and Medicaid coverage are not eligible for attribution to a Comprehensive AE.

Certified AEs will need to meet the standards defined in **Attachment A, [Comprehensive Accountable Entity Certification Standards](#)**. These standards fall into eight (8) domains as follows:

1. Breadth and Characteristics of Participating Providers
2. Corporate Structure and Governance
3. Leadership and Management
4. Commitment to Population Health and System Transformation
5. IT Infrastructure – Data Analytic Capacity and Deployment
6. Integrated Care Management
7. Member Engagement and Access
8. Quality Management

2.7.1 Certified Accountable Entities with an Emphasis on Population Health

Certified AEs will be accountable for the coordination of care for an attributed population and will be required to adopt a defined population health approach. Any attributed population will be inclusive of people with a range of health needs. An effective system recognizes interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and develops a road map to address social determinants of health based on recognized best practices locally and nationally.

2.7.2 Attribution

Attribution is the foundation for linking the member to an AE. Attribution identifies the population for which the AE is accountable, as represented in access, quality and total cost of care metrics, in the overall AE program. The program intent is to recognize and strengthen an existing relationship of the member with the AE and its clinical programs. For Comprehensive AEs, it is also to establish the basis for such relationship for members who do not have an established relationship with a



primary care provider (PCP).

The foundations for attribution are:

- A population of Medicaid beneficiaries eligible for attribution.
- A defined provider roster of the certified AE to which members may be attributed.
- A clear methodology for attribution of eligible members to a certified AE.

The attribution requirements set forth the basis for:

- a) Identifying the specific AE provider roster eligible for attribution; and
- b) The basis for attribution of members to the AE.

An attribution-eligible provider can only participate in one comprehensive AE at a time for the purposes of attribution. An attribution-eligible provider can only participate in one specialized LTSS AE at a time for the purposes of attribution. A member can only be attributed to a single Comprehensive AE at a time. A member can only be attributed to a single specialized LTSS AE at a time. However, a member who meets the requirements for attribution to both a comprehensive AE and a specialized LTSS AE at the same time will be attributed to both AEs.⁴

A Comprehensive AE shall have a minimal attributable population of at least 5,000 members.

2.7.3 Progressive Implementation of Alternative Payment/Total Cost of Care Methodology

Certified AEs must execute value-based contracts with Medicaid MCOs using Alternative Payment Methodologies (APMs). By providing a mechanism to participate in shared savings, effective total cost of care methodologies provide AEs an incentive to invest in care management and other appropriate activities and services to address the needs of their attributed populations, improve operational efficiency, attend to avoidable cost drivers, and reduce duplication of services. These contracts shall be in accordance with the [Total Cost of Care Requirements](#). For Comprehensive AEs TCOC methodologies shall include all costs associated with covered services that are included in EOHHS's contract with MCOs for the performance year, with certain exceptions.

Any savings observed must be in light of defined quality metrics to help ensure that any cost savings that are realized are due to improved care and outcomes rather than denial of care. The shared savings opportunity will be based upon a quality multiplier. This multiplier will determine the percentage of savings an AE has earned based upon its quality performance.⁵

2.7.4 Contractual Partnerships with Medicaid Managed Care Organizations

AEs must enter into contracts with MCOs to participate in member attribution, shared savings within TCOC arrangements, and to be eligible to receive infrastructure incentive payments from MCOs through the Health System Transformation Project. All related funds will be administered through the MCOs and not through direct payments from EOHHS.

More specifically, EOHHS seeks bona fide partnerships between AEs and MCOs that combine the

⁴ For additional detail on attribution see [Rhode Island Medicaid Accountable Entity Program Attachment M: Accountable Entity Attribution Requirements](#).

⁵ For additional detail please see [Rhode Island Accountable Entity Program Attachment L1: Accountable Entity Total Cost of Care Requirements](#).



strengths of each party, rather than a duplication of functions. Of particular interest is in the nature of the AE-MCO partnerships envisioned. Successful development of an AE should include a defined yet dynamic distribution of responsibilities between the MCO and the AE, and that these will be identified in the written agreement between the parties. The distribution of roles and responsibilities may vary among AEs and MCOs to achieve the most effective combination.

2.7.5 Infrastructure Incentive Opportunities for EOHHS Certified AEs

Incentive-based infrastructure funding will be available to state certified AEs that have entered into qualifying total cost of care contractual agreements with Medicaid MCOs. As part of these agreements, the MCOs will manage incentive-based infrastructure funding to AEs. The structure of these payments and requirements for receiving funds shall be in accordance with detailed [AE Incentive Program Funding Requirements](#).

Over the course of program years 1 through 4 EOHHS projects allocating an estimated \$95 million⁶ to the AE program through the Medicaid Infrastructure Incentive Program (MIIP), as shown below. For more information on the projected distribution of these funds between Comprehensive AEs and Specialized LTSS AEs see the incentive program requirements document referenced in the preceding paragraph. Note that the total MIIP pool is composed of two separate pools, the Accountable Entity Incentive Pool (AEIP) and a MCO Incentive Pool (MCO-IMP) (see [Incentive Program Requirements](#) for additional detail). This allocation is subject to available funds captured in accordance with CMS approved claiming protocols, and annual EOHHS review and approval. This program shall begin no earlier than February 2018 and shall be aligned with the state fiscal years as shown below. Note that Program Year 1 is an extended performance period to allow for differential start dates; as such it must begin no earlier than February 1, 2018 and no later than July 1, 2018 and must end on June 30, 2019.

| | Program Year 1 SFY 2018-19 <i>Jan 2018-Jun2019</i> | Program Year 2 SFY 2020 <i>Jul 2019- Jun 2020</i> | Program Year 3 SFY 2021 <i>Jul 2020-Jun 2021</i> | Program Year 4 SFY 2022 <i>Jul 2021-Jun 2022</i> | Total |
|---|--|---|--|--|---------------|
| Medicaid Infrastructure Incentive Program (MIIP) | \$30 M | \$30 M | \$20 M | \$15 M | \$95 M |

The MIIP shall consist of three core programs:

(1) Comprehensive AE Program; (2) Specialized LTSS AE Pilot Program; and (3) Specialized Pre-eligibles AE Pilot Program⁷.

Earned Medicaid Accountable Entity Infrastructure Incentive Pool (AEIIP) funds for Program Year 1⁸ shall be awarded by the MCOs to the AEs based upon the AE fully meeting the contractual milestones. This Program Year 1 Pool is intended to allow AEs to develop the foundational tools and human resources that will enable AEs to build the required core competencies and capacity. Please note that under the terms of Rhode Island’s agreement with CMS, this is not a grant program. AE must earn performance incentive payments by meeting specific performance milestone and metrics

⁶ Subject to approval by CMS as specified in the Incentive Program Requirements document.

⁷ The Specialized Pre-Eligibles Pilot program is in the early stages of design and is included here as reference to anticipated future developments.

⁸ Program Year 1 shall commence with the execution of the AE – MCO contract addressing incentive funds and shall run through June 30, 2019.



defined by EOHHS and its managed care partners and approved by CMS to secure full funding.

AEs must develop AE Specific Health System Transformation Project Plans. These plans shall specify the performance that would qualify an AE to earn incentive payments. The submission of a proposed HSTP Project Plan shall be considered the first Performance Milestone of the HSTP Program.

Use of incentive Program funds are intended for AEs to prepare project plans and to build the capacity and tools required for effective system transformation. Allowable expenditures must align with EOHHS program priority areas and shall be awarded by the MCOs to the AEs in designated performance areas. These allowable areas of expenditures are linked to the eight Medicaid AE certification domains.

The early milestones are intended to allow AEs to develop the foundational tools and human resources that will enable AEs to build core competencies and capacity. In accordance with EOHHS' agreement with CMS, participating AEs must fully meet milestones established in the AE specific health system transformation plan prior to payment. EOHHS recognizes the financial constraints of many participating AEs, and that timely payment for the achievement of early milestones will be critical to program success.

SECTION 3: SUBMISSION GUIDANCE FOR AE APPLICATIONS

3.1 General Submission Guidance

This is an application for certification as an AE. The application should be organized and written to address the elements of certification as set forth in the certification standards. For reference the [Certification Standards for Comprehensive Accountable Entities](#) are included as Attachment A to this application guidance. Also included as Attachment B is the "Comprehensive Accountable Entity Application Submission Summary Checklist" herein referred to as the 'Checklist' in this application.

The Checklist aligns with all the application requirements and domains of the certification standards. It identifies the scoring points that are assigned to each of the respective sections. Similarly, the structure of this Submission Guidance aligns with the organization of the Certification Standards, asking Applicants to address each of the eight Domains in turn. The Applicant's proposal should address specifically each of the required elements in the sequence set forth in this section. In addressing each of the capabilities in the domains it is important to bear in mind that EOHHS is seeking a bona fide partnership between an AE and an MCO. EOHHS is seeking complementary functionality not duplication of work. It is not necessary that an Applicant build all aspects of the capabilities required themselves. Agreements with a MCO partner may be the basis for meeting certain requirements.

The Checklist additionally suggests a number of pages for the Applicant's technical proposal response, excluding attachments. To help guide both the organization and review of the applications, the Applicant is to complete the last two columns of the checklist by providing the page number(s) on which the Applicant's response to the requirements can be found. The third column from the right pertains to pages in the proposal. The furthest column on the right pertains to attachments.

The submission shall consist of the following:

- **Letter of Transmittal**



- **Attachment B- AE Application Attachment Summary Checklist**
- **Proposal Summary, References, Technical Proposal and associated attachments**
- **Attachment C-Assurances and Attestations**
- **Attachment D-Excel Application Tool Template.**

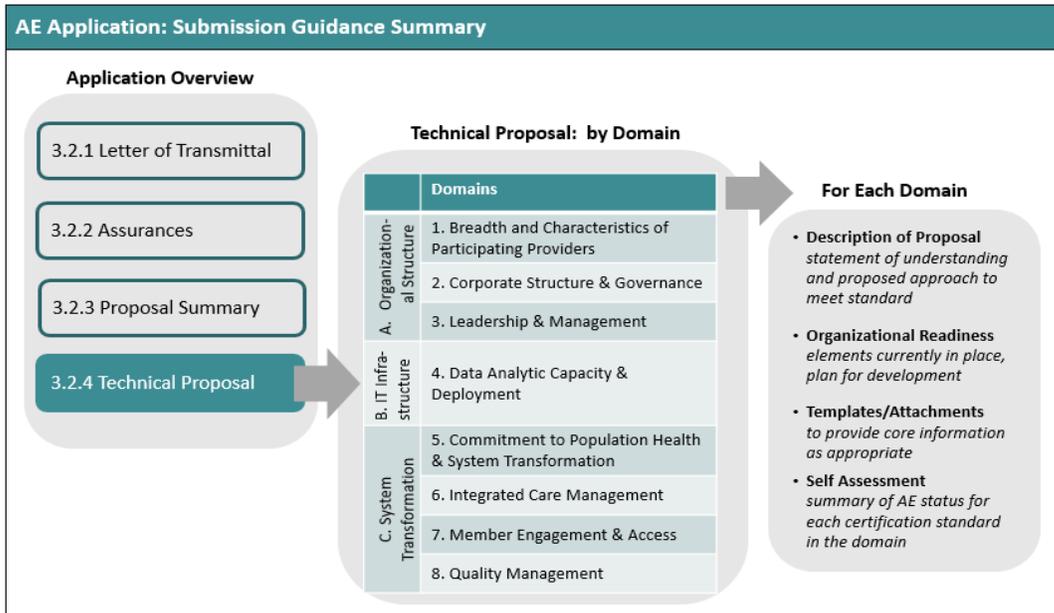
Each element is a required component of the application. Failure to submit all components of the application may result in disqualification. The Technical Proposal is the section that is used to most fully describe the Applicant’s proposal. Section 4 of this Application provides an overview of the process for EOHHS evaluation of proposals. Note that Technical Proposals will be evaluated on two dimensions:

- **Technical Merits**– Understanding and Strength of Proposed Approach
- **Organizational Readiness**

With respect to Organizational Readiness, EOHHS recognizes that developing the capacity to be an effective AE and agent of health system transformation is a progressive path. In some domain areas the Applicant may describe an existing strength or capacity. In other cases, the Applicant may identify a point of progress in readiness along with a thoughtful plan of approach to further develop capability in a domain. Organizational Readiness therefore may reflect organizational and program elements currently in place or it may reflect the presence of clearly identified path for next steps. This may become a basis for the ways that incentive funds would be directed in a future AE Specific Health System Transformation Project Plan in a contract with a MCO. Note also that, as described in Section 4, Application Scoring and Evaluation, the minimum required readiness score for certification is higher in Domains 1, 2, and 3 than in Domains 4-8.

3.2 Submission Guidance for Comprehensive Accountable Entity Certification

See below for a schematic of the submission guidance as a guide for the development and organization of an application.





3.2.1: Letter of Transmittal and Background Information

Letter of Transmittal

Applicants must include a letter of transmittal signed by an owner, officer, or authorized agent of the Applicant on company letterhead. The letter shall certify that by submitting the application the Applicant agrees to comply with the program requirements and Certification Standards as issued or amended. The Applicant further understands that it is obligated to comply with all State and federal rules and regulations that apply to Medicaid. The Letter of Transmittal shall also:

- a. Provide the legal name and brief description of the lead Applicant Accountable Entity, and how the entity is organized (proprietorship, partnership, corporation).
- b. Identify whether the application is submitted as a single entity or a multiple entity (see [Certification Standards](#), Section 1.22 for additional detail on classifications)
 - i. If a single corporation, describe arrangements with partner entities (e.g. subcontracts, other).
 - ii. If a multiple Applicant entity, describe the multiple entity legal partnership arrangements
 - iii. Provide the legal names and brief description for any partner provider organizations, including:
 1. Partner Providers
 2. Affiliate Providers
 3. Associate Providers
- c. Specify the populations the Applicant is intending to be certified for: Children, Adults, or Children and Adults.
- d. Provide the mailing address for the Applicant entity.
- e. Provide the name, title, mailing address, fax, telephone and email information for the primary contact person concerning this application. This individual will be the primary point of contact between EOHHS and the Applicant. The person should be an executive employed by the Applicant or other individual retained by one or more of the parties who is designated by the Applicant to have primary responsibility and authority for responding to EOHHS inquiries concerning the application.
- f. Optional Information - Applicants may provide any other information that the Applicant may want to convey to the State.

Background Information

Complete 'Applicant Background Information' tab on Attachment D: *Excel* Application Template Tool, tab 1.

3.2.2: Assurances/Attestations

Please complete and sign the Assurances and Attestations included as Attachment C-Assurances and Attestations to this application:

- Commitment to AE Program Requirements as described in Section 2.7 of this application guidance.
- Declaration of Health Care-related Convictions or Offenses, Disbarments or Suspensions

These completed forms shall be included and identified as Section 3.2.2 of the application, immediately following the Letter of Transmittal.



3.2.3 Proposal Summary (Maximum of 5 points in this section)

Executive Summary of the Proposal

Please provide an Executive Summary describing the Applicant AE organization and its approach to the HSTP and AE program.

This section should contain a summary description of the Applicant organization. As well, please describe any partner organizations (Partner Provider, Affiliate Partner, Associate Partner) and/or subcontractors and explain their roles in the AE. Describe the population the Applicant intends to serve as a Medicaid-certified AE. This section should also include a brief description of the Applicant's vision that demonstrates an understanding of the goals of the AE Program and requirements.

Describe how the organization plans to address the state's stated priorities for this program. Please describe how the Applicant's proposal will directly address and impact each of the priority areas identified by EOHHS in the above section: Program Priorities. For each priority area, please address the impact on each population to be served (Adults, Children, or Adults and Children).

EOHHS recognizes that development of high performing AEs is always a work in progress, that the certification standards may ask for evidence of capabilities that are still in the planning or early implementation stage. Different Applicants for certification will bring differing strengths, levels of organizational readiness, opportunities for enhancement, and associated plans for further development. EOHHS anticipates that high performing AEs will be working in partnership with MCOs and the Applicant may have developed specific arrangements with MCOs wherein the MCO provides certain functions or supports. **Please provide a brief overview of the organization's areas current strengths and areas needing further development in relationship to the eight domains specified in the certification standards.**

Experience and References

Briefly identify any current or prior contracts held by the Applicant which include risk on total cost of care, shared savings, or other risk-based contracts. Please describe the partnering entities, populations and services included, and the financial incentives involved (shared savings, shared risk, global capitation, incentive payments, etc.).

Please provide at least three (3) references of partners or affiliates experienced in working with the Applicant. Applicants with prior total cost of care, shared savings or risk-based contracts should include references from those specific contracts. Include at least one Rhode Island health plan partner, serving commercial, Medicare, or Medicaid members. Include at least one Rhode Island based provider organization that is not specifically included in the Accountable Entity's proposed governance. Please provide the name of the organization, a specific contact person, their phone number and email address.

3.2.4 Technical Proposal for Certification as a Comprehensive AE

The structure of the technical proposal is aligned with the organization of the certification standards and with the scoring rubric. In responding please order your response to conform with the numbering contained in this guidance. Refer to the appropriate sections of the Certification Standards for additional guidance as to the requirements. For reference, the introductory remarks to each Domain are included and shown in italics.



Applicants are required to address each of the Domains in the Certification Standards. Applicant should provide:

- **Description of proposal**
 - Statement of understanding and proposed approach to meeting Certification Standards
- **Description of Organizational Readiness to implement the proposed approach, including:**
 - Description of current status
 - Elements currently in place (e.g. executed agreements, existing staff, IT systems, organizational protocols, procedures)
 - Areas of Further development
 - Plan for development
- **Template and Pertinent Attachments to provide core information (as appropriate to the respective Domain)**
- **Completed Self Assessment Summary for the Domain (Attachment D) Excel Application Template Tool, Tab 2**
 - Applicants should indicate their assessment of their own level of readiness in each Domain. For review, for each Domain the Self Assessment Summary grid is included at the end of each Domain section in the application. A Microsoft Excel Spreadsheet of the comprehensive Self Assessment Summary grid is included in Attachment D. The document is to be completed by Applicants as a component of their submission.
 - The following key is provided to guide self assessments:

| Scoring Guidelines for Self-Assessment of Readiness in Domains | |
|---|--|
| 5 | <ul style="list-style-type: none"> • Demonstrated excellent understanding of the requirements. • Requirements of the Certification Standards are fully met. • Approach is fully defined. Structure, systems, agreements, and/or staffing in place and operational. |
| 4 | <ul style="list-style-type: none"> • Demonstrated good understanding of the requirements. • Gaps in capabilities are clearly identified • Early to mid-stage development toward meeting the requirements <ul style="list-style-type: none"> ○ Structure, systems, agreements, and/or staffing are partially in place. • Detailed plan of action with clear milestones and projected time line for further development. |
| 3 | <ul style="list-style-type: none"> • Demonstrated fair understanding of the requirements • Gaps in capability are clearly identified • Preliminary development of actions toward meeting the requirements <ul style="list-style-type: none"> ○ Needed structure, systems, agreements, and/or staffing plans are designed and moving toward implementation • High level but comprehensive work plan with targeted milestones and projected time lines |
| 2 | <ul style="list-style-type: none"> • Demonstrated partial understanding of the requirements • Gaps in capability clearly identified • Limited development to date toward meeting the requirements. • High level work plan. |
| 1 | <ul style="list-style-type: none"> • Limited understanding of the requirements • Planning and implementation not yet begun. |



DOMAIN #1: BREADTH AND CHARACTERISTICS OF PARTICIPATING PROVIDERS

(Maximum 15 points in this section)

An AE needs to have a critical mass of either Partner Providers or Affiliated Providers that are interdisciplinary with core expertise/direct service capacity in primary care and in behavioral health, inclusive of substance use services, for the populations the AE proposes to serve. The AE further needs to demonstrate defined relationships with providers of social services and supports to address critical social determinants of health for populations served.

An application will need to identify participating partners, the role of the partners, and the core of the AE delivery system. The AE must have a base attributable Medicaid population of 5,000 members, based on PCP assignment of record within an MCO or assignment to an Integrated Health Home (IHH) as reported by BHDDH.

For each population (children and/or adults) that is to be attributed to the AE, the Applicant must demonstrate that it has the capability to address and coordinate the needs of populations at all levels and the ability to coordinate and direct a significant portion of care for those populations. AEs should not only have a strong foundation in primary care but also be able to effectively coordinate care beyond the scope of PCP medical care. Total costs of care calculations are based on the full range of benefits and services included within EOHHS's contract with managed care organizations. Note, for reference, Attachment A provides a table identifying all services covered within the managed care contracts, including a supplemental table delineating required areas of behavioral health services coverage.

Primary care (PCP) capacity is evidenced through health services provided through a Rhode Island licensed, board-certified, or board eligible general practitioner, family practitioner, pediatrician or internal medicine physician, primary care geriatrician or through a licensed Advanced Practice Certified Nurse Practitioner, and/or Physician Assistant. Such clinicians shall have demonstrated core expertise in primary care and will serve as the member's initial and critical point of interaction. PCP responsibilities must include at a minimum:

- *Serving as the member's Primary Care Provider (PCP) and medical home*
- *Willing and able to provide the level of care and range of services necessary to address the medical and behavioral needs of members, including those members with chronic conditions*
- *Provide overall clinical direction and serve as the central point for the integration and coordination of care*
- *Make referrals for specialty care, other medically necessary services, and services to address social determinants of health.*

Whether located directly in the primary care provider setting or through direct coordination with arrangements made with or by the AE entity, the primary care provider shall also have the demonstrated capacity to provide integrated care management, particularly for complex need individuals, through nurse care manager or other specified care management support.

Behavioral health (BH) capacity must be demonstrated through evidence of direct BH service capacity within the AE. This may be through a Provider Partnership, an Affiliate Partnership with an IHH provider, through BH capacity within a single entity AE, or through an Associate Provider agreement with a separate behavioral health provider. Behavioral health capacity shall be commensurate with the size and needs of the attributed population. It is not required that direct capacity within the AE be able to provide the full range of services in the BH continuum of care (e.g. see BH section of Attachment A) but BH service capacity shall include, through direct service provision by a partner or through established relationships with other



providers, the ability to ensure that a broad range of treatment options representing a continuum of care is available to members of each population for which certification is sought (children, adults).

Direct service capacity within the AE shall be evidenced by the participation of Rhode Island licensed providers. This can include programs licensed by the Office of Facilities and Program Standards within the R.I. Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH) for the provision of services to individuals who are developmentally disabled, mentally ill or individuals who have substance use or substance dependent disorders and can include programs licensed by the Department of Children, Youth, and Families. Direct service capacity can also be demonstrated through the participation of BH providers who are licensed by the Rhode Island Department of Health and who are permitted to practice and bill Medicare or Medicaid autonomously, whether in a private practice or in association with a private agency or institution. This can include but is not limited to licensed psychologists, psychiatrists, licensed psychiatric nurses, and licensed mental health counselors (LMHC), licensed marriage and family therapists (LMFT), and licensed independent clinical social workers (LICSW). Approved licensed provider agencies may expand their BH capacity through clinical supervision to a defined staff of BH practitioners not otherwise licensed to perform at the independent level. The overarching agency will accept responsibility for the quality of service provision as well as supervision of staff practicing under the independent license.

Physical and behavioral health providers are responsible for forming and maintaining partnerships to ensure overall wellness of AE members. In addition, BH practitioners will adhere to guidelines that incorporate dignity and worth of the individuals served, cultural awareness, diversity, as well as the individual's right to self-determination. Practitioners must adhere to Rhode Island General Law including Mental Health Law Chapter 40.1-5.

Substance Use Disorder (SUD) Treatment Capacity – capacity must be demonstrated through evidence of direct Substance Use treatment providers within the AE. This may be through a Provider Partnership, through in-house substance use service capacity within a single entity AE, or through an Associate Provider agreement with a separate SUD provider. SUD treatment capacity shall be commensurate with the size and needs of the attributed population. It is not required that direct capacity within the AE be able to provide the full range of services in the Substance Use continuum of care (e.g. see Substance Use Services section of Attachment A) but Substance Use service capacity shall include, through direct service provision by a partner or through established relationships with other providers, the ability to ensure that a broad range of treatment options is available to members of each population for which certification is sought (children, adults).

Direct service capacity within the AE shall be evidenced by the participation of Rhode Island licensed providers. This can include programs licensed by the Office of Facilities and Program Standards within the R.I. Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH) for the provision of services to individuals who have substance use or substance dependent disorders. Direct service capacity can also be demonstrated through the participation of Substance Use providers who are licensed by the Rhode Island Department of Health as Licensed Chemical Dependency Professionals and who are permitted to practice and bill Medicare or Medicaid autonomously, whether in a private practice or in association with a private agency or institution. Direct service capacity can also be demonstrated through the participation of Licensed Chemical Dependency Professionals who are permitted to practice under approved licensed provider agencies. Such licensed providers may expand their treatment capacity through clinical supervision to a defined staff practicing under the Recognized Clinical Supervisor (RCS).

Substance use treatment, behavioral health, and physical health providers are responsible for forming and maintaining partnerships to ensure overall wellness of AE members. There may be times when SUD treatment is mandated by a Court. This should never interfere with the provision of service. Providers



should coordinate with the Court as indicated by the AE member while also adhering to 42 CFR part 2.

Social determinants capacity – Social factors can play crucial roles in the health status and health outcomes. These include unstable housing, food insecurity, and exposure to safety risks and domestic violence, as well as many other factors. These examples raise stress levels, impact the progression of health conditions, impact one’s ability to mitigate health risks, or to access basic health care. A core feature of the AE initiative is to advance the systematic integration of social determinants of health into an individuals’ total care. The Applicant is expected to identify three key domains of social need for each population for which certification is being sought (children, adults) and identify arrangements in place for the provision of pertinent services. EOHHS identifies three priority domains that would be expected areas of attention. However, based on the needs of the population served an AE may propose different areas of focus for consideration. The three priority domains identified by EOHHS are:

- *Housing Insecurity: Housing stabilization and support services; housing search and placement*
- *Food insecurity*
- *Safety and domestic violence*

Services to help mitigate these needs can take a variety of forms (e.g. tenant/landlord mediation; legal supports; assisting members to access related services that they are entitled to, employment supports, other).

Social determinants capacity shall be evidenced by the participation of providers of pertinent social supports within the AE. This may be through defined relationships with community-based organizations, through in-house social supports capacity within a single entity AE, or through an Associate Provider agreement with a separate social supports agency. It is not required that direct capacity within the AE be able to provide the full range of social supports that may be appropriate to meet the needs of the attributed population (see for reference Table 2 below). Qualifying will be demonstrated in-house capacity and/or defined affiliations and working arrangements with CBOs that might fill in gaps in in-house capacity, such as Health Equity Zone participants, to address identified social contexts impacting health, outcomes. The requirement is for three domains of social determinants, not necessarily multiple affiliations.

1.1. Provider Base + 1.2 Relationship of Providers to the AE

Description of Proposed Approach

An AE must have a critical mass of either Partner Providers or Affiliated Providers that are interdisciplinary with core expertise/direct service capacity in primary care and in behavioral health, inclusive of substance use services, for the populations the AE proposes to serve. The AE further needs to demonstrate defined relationships with providers of social services and supports to address critical social determinants of health for populations served.

Describe how the Applicant proposes to meet the requirements of Sections 1.1 and 1.2 of the Certification Standards. **Applicant should provide both description of the AEs proposed approach and complete the template labeled Domain 1:1-1.2 Provider Base in Attachment D.** This template will supplement the narrative description and capture much of the pertinent information needed for EOHHS review. In completing the template, attach additional explanatory notes as may be appropriate.

- Identification of a critical mass of Providers for attribution (minimum of 5,000 members in accordance with EOHHS Attribution rules);
- Identification of the population(s) to served (children adults) by providers in the areas of:



- Primary care
- Behavioral health
- Substance use services, including Opioid Treatment Programs as licensed by the Department of Behavioral Health, Developmental Disabilities, and Hospitals
- Social determinants services
- Type of relationship of participating providers with the AE (Partner Provider, Affiliate Provider, Associate Provider, other) and supporting information
 - E.g. FEIN, voting rights, participate in shared savings,
 - Participation in written protocols for collaborative practice.
- Presence of a certification of the agreement of the provider to participate in the AE

Note: From section 1.1.1 of the Certification Standards: *For the purposes of these certification standards “provider” is differentiated from individual clinicians and is defined as a corporate entity with an identifiable tax identification number for services to patients based on the work of individual clinicians working with or for the corporate entity.*

Note: From Section 1.2.1 of the Certification /standards: *Certification that all identified partner and affiliate providers have agreed to participate in, and be accountable for health care transformation efforts, as set forth in these certification standards, including use of a total cost of care based Alternative Payment Methodology, in accordance with EOHHS APM Requirements. Please identify where this agreement is specified (e.g. fully executed provider agreements, MOUs, other)*

From Section 1.2.1: *Note that clinicians employed by a participating provider entity are deemed to be participating in, and accountable for health care transformation efforts of the Partners or Affiliates that employ them.*

- Identification of the individual clinicians associated with the participating providers who provide the actual clinical services and the basis for attribution, including NPI and the number of children and adults, respectively attributable to the AE.

Description of Current Capability - Organizational Readiness

In addition to the required core of primary care and/or IHH providers that compose the basis for attribution of 5,000 members, the Applicant’s proposed approach may include elements of the provider base that are fully in place and others that are in the process of development and finalization. In describing current capability, the Applicant should identify the degree to which described arrangements are proposed versus currently in place. The basis for meeting the core requirement for an attributable base of 5,000 members must be clearly demonstrated. The Certification Standards further specify requirements for:

- Population specific behavioral health capacity across a broad range of treatment options representing a continuum of care available to members of each population for which certification is sought (children, adults).
- Population specific SUD treatment capacity shall be commensurate with the size and needs of the attributed population Substance Use service capacity shall include, through direct service provision by a partner or through established relationships with other providers, the ability to ensure that a broad range of treatment options is available to members of each population for



- which certification is sought (children, adults).
- Defined relationships with social supports providers and/or clear evidence of in-house capacity. The Applicant is expected to identify three key domains of social need for each population for which certification is being sought (children, adults) and identify arrangements in place for the provision of pertinent services. The three potential domains identified by EOHHS are:
 - Housing Insecurity: Housing stabilization and support services; housing search and placement
 - Food insecurity
 - Safety and domestic violence

Social determinants capacity can be evidenced by the participation of providers of pertinent social supports within the AE. This may be through defined relationships with community-based organizations, through in-house social supports capacity within a single entity AE, or through an Associate Provider agreement with a separate social supports agency.

Please be clear as to the status of these arrangements. The Applicant may have fully executed agreements with some participants but in other areas such agreements are well developed but not fully finalized. There may be signed Memoranda of Understanding, Letters of Agreement, or Letters of Intent that represent the AE's developmental path. In describing the AE's provider base the Applicant should identify the current status of any agreements and projected timelines for completion. The current status should also be indicated in the template. Note that in this area a minimum score of "3" for Organizational Readiness as described in Section 4 is required for certification.

Please complete Template Domain 1:1; 1.2 Provider Base in Attachment D and provide explanatory attachments.

Please provide evidence of agreements with participating providers. If applicable, please provide a work plan with milestones and timeline for a proposed approach for meeting the requirements

1.3 Ability to Coordinate Care for the Attributed Population

Description of Proposed Approach

Describe the proposed Applicant AE's strategy and approach for ensuring that members can receive the full continuum of care for attributed members either by providing services directly or through accountable care management to ensure smooth transitions to, and follow-up with service providers across the full continuum of member needs in:

- Physical Health
- Behavioral Health
- Integrated Physical and Behavioral Health
- Integrated Substance Use Disorder Treatment
- Social Determinants of Health

In describing this approach please differentiate between the services provided directly by Partner Providers and provided through referral arrangements. If applicable please identify any arrangements with MCOs that may be in place or in development to address these requirements.



Description of Current Capability-Organizational Readiness

Please describe the current capability of the AE to implement the proposed strategy. What is status of agreed upon written protocols that guide the interaction across providers, disciplines, and levels of care within the proposed AE. Are such protocols in place and in practice or are they in development? Are there tracking systems in place? Are there similar protocols in place for coordination with providers that are not participating partner providers within the AE? As applicable please describe related current and or planned staffing arrangements.

Attachments

If available, please attach a sample of written protocols that guide interactions across provider disciplines, and levels of care, a sample of any recent related report, and/or any proposed work plans please provide a work plan work plan with milestones and timeline for a proposed approach for meeting the requirements to initiate such protocols.

1.4 Defined Methods to Care for People with Complex Needs

Response to this topic area is deferred to Domain 6

1.5 Able to Ensure Timely Access to Care

Description of Proposed Approach

Please describe the Applicant's approach to compliance with the pertinent access requirements. Are there areas of challenge and, if so, are there proposed approaches to address them?

Description of Current Capability - Organizational Readiness

Please describe the Applicant's current methods of ensuring and monitoring timeliness of access to care. What methods to assess access to performance are utilized? Does the Applicant currently meet the standards? Are there existing reports on access to care?

Attachments

Please attach a sample of a recent report(s) pertaining to the access standards, if available and/or any proposed work plans with milestones and timeline for a proposed approach for meeting the requirements to enhance access.

Self-Assessment Summary for Domain #1: Breadth and Characteristics of Participating Providers

Using the table below and referring to the Scoring Guidelines for Self-Assessment of Readiness in Domains provided in Section 3.2.4 on page 19 of this application, please assess your level of readiness in accordance with the AE certification standards for this Domain. **Please use the Excel based version of this self-assessment including all Domains provided in Attachment D-Application Template Tool, Self-Assessment Summary, tab 2.** EOHHS recognizes that the development of the capacity to be an effective AE and agent of health system transformation is a progressive path. This may become a basis for the ways that incentive funds would be directed in a future AE Specific Health System Transformation Project Plan in a contract with a MCO.



| Domain 1: Breadth and Characteristics of Participating Providers | | Self-Assessment (1-5) |
|---|--|------------------------------|
| 1.1 | Provider Base | |
| | Provides clear basis for attribution of 5,000+ members | Pass/Fail |
| | PCP capacity - Provider panel template provided, by primary care specialty | (1-5) |
| | Population specific BH capacity - Provider template, evidence of appropriate licensure | (1-5) |
| | Population specific SUD capacity- Provider template, evidence of appropriate licensure | (1-5) |
| | Social Determinants/social supports | (1-5) |
| 1.2 | Relationship to the AE | (1-5) |
| | Defined relationship of providers to the AE, certification of agreement to participate, participation in TCOC? | |
| | Defined roles of, relationships with of Partner, Affiliates, Associates | |
| 1.3 | Ability to coordinate for All Levels of Need for any Attributed population | Self-Assessment (1-5) |
| | AE is capable of meeting requirements to deliver the full continuum of needs for attributed populations by either providing services directly or through defined arrangements to ensure smooth transitions to, and follow up and maintain active contact with service providers across the full continuum of member need. Capability re: | (1-5) |
| | ○ Physical Health: service delivery/coordination capacity beyond the scope of PCP medical care | |
| | ○ Behavioral Health: meet preventive, routine, and high end behavioral health needs | |
| | ○ Integrated PH/BH: Evidence of direct participation of identified working relationships with high end BH providers, including recognized IHH providers | |
| | ○ Integrated SUD treatment across the spectrum of need including opioid addiction services | |
| | ○ Social determinants- e.g. CHT, CBO partner addressing targeted social determinant areas | |
| | Agreed upon protocols that guide the interactions among providers across these providers in the continuum of care | (1-5) |
| 1.4 | Defined Methods to Care for People with Complex Needs (deferred to later section) | |
| 1.5 | Able to Ensure Timely Access to Care | (1-5) |



DOMAIN #2: CORPORATE STRUCTURE AND GOVERNANCE

(Maximum of 12 points in this section)

A fundamental EOHHS objective is to promote the development of a new type of organization in Rhode Island Medicaid to promote a population health focused and person-centered system of care. Such an organization must meet a core set of corporate requirements set forth in these requirements. The intent of these requirements include: (1) To ensure multi-disciplinary providers are actively engaged in a shared enterprise and have a stake in both financial opportunities and decision-making of the organization; (2) to ensure that assets and resources intended to support RI Medicaid are appropriately allocated, protected, and retained in Rhode Island; (3) to ensure that the mission and goals of the new entity align with the goals of EOHHS and the needs of the Medicaid population; (4) to ensure a structured means of accountability to the population served.

A qualified AE Applicant will demonstrate its ability to meet all the requirements of these certification standards including corporate structure and governance. A qualified Applicant must be a legal entity incorporated within Rhode Island and with a federal tax identification number. The AE Applicant may be formed by two or more entities joining together for the purpose of forming an Accountable Entity. Or, a single entity that includes all required capabilities may be a qualified Applicant.

If two or more parties form the AE Applicant, it must be a distinct corporation and meet all the requirements for corporate structure and governance. It must have an identifiable governing body with sole and exclusive authority to execute the functions and make final decisions on behalf of the AE. The governing body must be separate and unique to the AE and must not be the same as the governing body of any other entity participating in the AE.

If the Applicant is a single entity the AE's board of directors may be the same as that of the single entity. However, the single entity Applicant must establish a Governing Committee with distinct obligations and authorities in management of the AE program. The composition of the Governing Committee must include participation of various constituencies as set forth below. The Governing Committee must have sole authority to make binding decisions regarding the distribution of any shared savings or losses to Affiliated Providers, Associate Providers, or other contracted parties, as applicable.

Whether the Applicant is a single-entity or a multiple entity AE:

- There shall be an established means for shared governance that provides all AE Providers participating in savings and/or risk arrangements with an appropriate, meaningful proportionate participation in the AE's decision-making processes. The structure of the AE should ensure that Governing Board or Governing Committee members have shared and aligned incentives to drive efficiencies, improve health outcomes, work together to manage and coordinate care for Medicaid beneficiaries, and share in savings and in potential risk.*
- The AE must have a mission statement that aligns with EOHHS goals – a focus on population health, a commitment to an integrated and accountable system of care, a primary concern for the health outcomes of attributed members, the progressive use of outcome-based metrics, and particular concern for those with the most complex set of medical, behavioral health, and social needs.*
- Governing Board of Directors or Governing Committee shall meet regularly, not less than bi-monthly*



These requirements are further defined in sections 2.1 -2.6. For each requirement, Applicants must either demonstrate specific compliance or propose an approach and timeline not to exceed nine months from the date of provisional certification to come into full compliance.

2.1 Multiple Entity Applicant - Distinct Corporation

If a single entity Applicant, please leave this section blank and proceed to Section 2.2

Description of Proposed Approach

Describe the strategic approach to development of the corporate structure of the Applicant AE including an overview of the types of partnerships currently in place and included within this application. Describe how the Applicant meets the requirements of Sections 2.1 and 2.2 of the Certification Standards. Applicant should provide a descriptive overview and **complete Attachment D, template labeled Domain 2.1-2.3. Governance, tab 4.** This template will capture much of the pertinent information needed for Section 2.1 – 2.3. In completing the template, attach additional explanatory notes as may be appropriate.

Is the Applicant a separate and distinct corporation, with an established means of shared governance, authorized under Rhode Island state law and with an applicable Taxpayer identification number? **Attach documentation that the AE is a distinct legal corporation in Rhode Island with a federal tax identification number, including articles of incorporation and organizational bylaws.**

Please provide the mission statement of the Applicant’s AE and describe how this aligns with the goals of the EOHHS AE program.

Describe the frequency of Governing Board meetings and evidence that such Board meetings take place. This shall minimally include date and times of at least three recent meetings and persons attending. The Applicant may opt to provide Board minutes of three recent meetings.

Attach bylaws setting forth Membership of the Board of Directors and identification of voting rights that is inclusive of the minimum requirements set forth in the Certification Standards.

- Include identification of Board Level Governing Committees inclusive of committees focused on integrated care, quality oversight, and finance.
- Include Operational Reports/Dashboards and financial reports provided or to-be-provided regularly to the Governing Board.

Provide a job description for the AE Compliance Officer, and indicate if the position is filled, and if not, when the position will be filled. Include reporting relationships of compliance officer and how the compliance summary reports will be provided to the Governing Board.

- Describe how it is assured that the Compliance Officer has an unimpeded line of communication with the Board.



Describe the Applicant's Community Advisory Committee including a charter for the committee inclusive of its membership requirements.

- Are the positions on the Community Advisory Committee filled?
- How frequently has the Committee met in the last six months?
- Please attach minutes from the most recent two meetings.

Describe the AE's conflict of interest provisions. Provide documentation or conflict of interest requirements.

Description of Current Capability - Organizational Readiness

In response to the questions above please identify whether the actions described are currently in place or are in development. If in development, please describe the status and plan for full development. For example, have the Board Level Governing Committees been set forth in adopted by laws? Have the committees been formed? Have they met? Or, for the Consumer Advisory Committee (CAC) has a Charter been adopted? Have Committee members been identified? Has the CAC met?

Template, Attachments

Complete Attachment D Template Domain 2.1 – 2.3, Governance, Tab 4

If applicable, please provide a work plan work plan with milestones and timeline for a proposed approach for meeting the requirements

Does the Applicant AE have a completed audit for its most recent fiscal year? If so, please provide a copy of the audited statements for the entity.

2.2 Single Entity Applicant

If a multiple entity Applicant skip this section, go to section 2.1

Description of Proposed Approach

Describe the strategic approach to development of the corporate structure of the Applicant AE including an overview of the types of partnerships currently in place and included within this application. Describe how the Applicant meets the requirements of Sections 2.1 and 2.2 of the Certification Standards. **Applicant should provide a descriptive overview and complete Attachment D template labeled Domain 2:1-2.3. Governance, tab 4.** This template will capture much of the pertinent information needed for Section 2.1 – 2.3. In completing the template, **attach additional explanatory notes as may be appropriate.**

Is the Applicant a separate and distinct corporation, authorized under Rhode Island state law and with an applicable Taxpayer identification number? **Attach documentation that the AE is a distinct legal corporation in Rhode Island with a federal tax identification number, including articles of incorporation and organizational bylaws.**

Please provide the mission statement of the Applicant's AE and describe how this aligns



with the goals of the EOHHS AE program.

Please describe the structure, role, and authority of the Governing Committee that is distinct and separate from the governing board of any specific entity participating in the application

Attach Charter setting forth Membership of the Governing Committee and identification of voting rights and appropriate, meaningful proportionate control over the AE's decision-making processes and including oversight of the quality of the AE's services to attributed members, providing guidance in decisions related to program design and implementation, and with sole authority to make binding decisions regarding the distribution of any shared savings or losses to Affiliated Providers, Associate Providers or other contracted partners, as applicable.

- Include identification of Sub-Committees inclusive of committees focused on integrated care, quality oversight, and finance.
- Include Operational Reports/Dashboards and financial reports provided or to-be-provided regularly to the Governing Committee

Describe the frequency of Governing Committee meetings and evidence that such meetings take place. This shall minimally include date and times of at least three recent meetings and persons attending. The Applicant may opt to provide Governing Committee minutes of three recent meetings.

Provide a job description for the AE Compliance Officer, and indicate if the position is filled, and if not, when the position will be filled. Include reporting relationships of compliance officer and how the compliance summary reports will be provided to the Governing Board.

- Describe how it is assured that the Compliance Officer has an unimpeded line of communication with the Board of Directors of the single entity.

Describe the Applicant's Community Advisory Committee including a charter for the committee inclusive of its membership requirements.

- Are the positions on the Community Advisory Committee filled?
- How frequently has the Committee met in the last six months?
- Please attach minutes from the most recent two meetings.

Describe the AE's conflict of interest provisions.

Description of Current Capability - Organizational Readiness

In response to the questions above please identify whether the actions described are currently in place or are in development. If in development, please describe the status and plan for full development. For example, has the Charter for the Governing Committees been formally adopted by the Board of Directors of the single entity? Has the Governing Committee been formed? Has it met? Or, for the Consumer Advisory Committee (CAC) has a Charter been adopted? Have Committee members been identified? Has the CAC met?



Template, Attachments

Complete template Domain 2:1 – 2:3, Governance, Tab 4

If applicable please provide a work plan with milestones and timeline for a proposed approach for meeting the requirements.

Does the Applicant AE have a completed audit for its most recent fiscal year? If so, please provide a copy of the audited statements for the entity.

2.3 Governing Board or Governing Committee Members: Inter-Disciplinary Partners Joined in a Common Enterprise

Description of Proposed Approach

Please describe how the Applicant AE proposes to meet the requirements of the Certification Standards as set forth in Section 2.3. Describe the composition of the Board or Governing Committee's membership in relation to the requirements of Section 2.3.2 of the Certification Standards. Describe the Applicant's approach to providing the AE participants with appropriate, meaningful proportionate control over decision making processes.

Describe the provisions establishing that the Governing Board or the Governing Committee retains sole authority to make binding decisions regarding the distribution of any shared savings or losses to Affiliated Providers, Associate Providers, or other contracted partner as applicable.

Description of Current Capability - Organizational Readiness

Please identify whether the approach described above is currently in place or whether aspects of the approach described are still being developed. If in development, please describe the Applicant's plans for meeting the requirements.

Template, Attachments

Please complete Attachment D template labeled Domain 2:1-2.3. Governance, Tab 4.

As applicable, please provide any proposed work plans please provide a work plan with milestones and timeline for a proposed approach for meeting the requirements.

Please provide clear documentation demonstrating compliance with Section 2.3.1 of the Certification Standards pertaining to sole authority to make binding decisions regarding the distribution of any shared savings or losses to Affiliated Providers, Associate Providers or other contracted partners, as applicable.

2.4 Compliance

Description of Proposed Approach

Please describe your approach to assuring compliance with State, Federal law re: Medicaid, Medicare including:

- Approach to ensuring compliance with federal and state regulatory requirements



- Compliance regarding to debarred providers, discrimination, protection of privacy, use of electronic records
- Compliance with respect to anti-trust rules and regulations
- Please describe the role and scope of the Compliance Officer.

Description of Current Capability - Organizational Readiness

In response to the questions above please identify whether the actions described are currently in place or are in development. If in development, please describe the status and plan for full development

Attachments

Please attach a copy of the following:

- **Applicant's compliance plan.**
- **Policies and Procedures related to debarred providers, discrimination, protection of privacy, use of electronic records**
- **Policies and procedures for compliance with anti-trust rules and regulations.**
- **Job description, scope of duties for the compliance Officer. Is there currently a Compliance Officer for the AE? If so, please provide his/her name.**

If some or all of the items listed above are not yet created, please provide a work plan work plan with milestones and timeline for a proposed approach for meeting the requirements.

2.5 Executed Contract with a Medicaid Managed Care Organization

Description of Proposed Approach

Is the AE engaged in preparatory conversations with MCOs for entering into a contract with an MCO(s)? **Please provide a brief overview of the anticipated approach to this requirement.** Does the Applicant currently have an executed contract, an MOU, or a jointly executed Letter of Intent to contract with a Medicaid MCO using a TCOC basis? Please briefly describe. If the Applicant is a Pilot AE please identify the start and end dates of the performance period covered by the contract(s) with MCOs.

Description of Current Capability - Organizational Readiness

In response to the questions above please identify whether the actions described are currently in place or are in development. If in development, please describe the status and plan for full development

Attachments

Please provide any supportive materials that the Applicant feels appropriate.

Self-Assessment Summary for Domain #2: Corporate Structure and Governance

Using the table below and referring to the Scoring Guidelines for Self-Assessment of Readiness in Domains provided in Section 3.2.4 on page 19 of this application, please assess your level of readiness in accordance with the AE certification standards for this Domain. **Please use the Excel based version of this self-assessment including all Domains provided in Attachment D-Application Tool Template, Self-Assessment Summary, tab 2.** EOHHS recognizes that the development of the capacity to be an effective AE and agent of health system transformation is a progressive path. This may become a basis



for the ways that incentive funds would be directed in a future AE Specific Health System Transformation Project Plan in a contract with a MCO.

| Domain #2: Corporate Structure and Governance | | Self-Assessment (1-5) |
|--|--|------------------------------|
| 2.1 | Multiple Entity Applicant - Governance Board | |
| 2.1.1 | Separate RI Corporation, TIN unique to the AE | Pass/Fail |
| | o Established means for shared governance | |
| 2.1.2 | Conducts Regular Meetings | (1-5) |
| 2.1.3 | Statement of purpose/Mission statement aligned with EOHHS goals | (1-5) |
| 2.1.4 | By laws setting forth membership, voting right as set forth in Certification Standards | (1-5) |
| 2.1.5 | Board level governing committees | (1-5) |
| | o Integrated Care Committee, Quality Oversight, Finance Committee | |
| 2.1.6 | Quarterly Dashboards | (1-5) |
| 2.1.7 | Compliance Officer | (1-5) |
| 2.1.8 | Community Advisory Committee | (1-5) |
| 2.1.9 | Administration Report to BOD | (1-5) |
| 2.1.10 | Conflict of Interest Provisions | (1-5) |
| 2.2 | Single Entity Applicant - Governing Committee | Self-Assessment (1-5) |
| 2.2.1 | Established RI Corporation, TIN | Pass/Fail |
| 2.2.2 | Governing Committee with established role in oversight of AE | (1-5) |
| 2.2.3 | Conducts Regular meetings | (1-5) |
| 2.2.4 | Statement of purpose/Mission statement aligned with EOHHS goals | (1-5) |
| 2.2.5 | Governing Committee Charter in place; required representation requirements, role. | (1-5) |
| 2.2.6 | Governing Committee Sub-Committees | (1-5) |
| | o Integrated Care Committee, Quality Oversight, Finance Committee | |
| 2.2.7 | Quarterly Dashboards | (1-5) |
| 2.2.8 | Compliance Officer | (1-5) |
| 2.2.9 | Community Advisory Committee | (1-5) |
| 2.2.10 | Conflict of Interest Provisions | (1-5) |
| 2.3 | Governing Board or Governing Committee Members | Self-Assessment (1-5) |



| | | |
|-------|--|------------------------------|
| 2.3.1 | Inter-disciplinary. All participants with appropriate, meaningful proportionate control over decision-making processes, including: | (1-5) |
| | o Sole authority to make decisions regarding distribution of any shared savings (Required) | |
| 2.3.2 | Compliant Governing Committee Membership. | (1-5) |
| | o For each population proposed - Children, adults | |
| | | |
| 2.4 | Compliance | Self-Assessment (1-5) |
| | Provisions for ensuring compliance; P+P re: debarred providers; anti-trust | (1-5) |
| | Compliance Officer identified; twice annual reporting | (1-5) |
| | | |
| 2.5 | Executed Contract with a MCO | Self-Assessment (1-5) |
| | Executed contract as pilot; MOU, other evidence of preparedness to move toward contract (e.g. Letter of Support) | (1-5) |

DOMAIN #3: LEADERSHIP AND MANAGEMENT

(Maximum of 12 points in this section)

AEs should have a single, unified vision and leadership structure, with the commitment of senior leaders and backed by the required resources to implement and support the vision. The application should describe how the AE will address key operational and management areas and how the various component parts of the AE will be integrated into a coordinated system of care.

The Accountable Entity should have a defined, integrated strategic plan for population health that describes how it will organize its resources to impact care and health outcomes for attributed populations. The goal should be a population health model that works to improve the health status of the entire attributed population while systematically segmenting subpopulation risk groups with complex needs to implement focused strategies to improve their health status.

An effective system will recognize interrelated conditions and factors that influence the health of populations, identify systematic variations in their patterns of occurrence, and implement actions to improve the health and well-being of those populations.

3.1 Leadership Structure

Description of Proposed Approach

Organizational leadership is fundamental to successful efforts to achieve health system transformation and success. **Please describe the Applicant’s leadership structure and strategy for joining the efforts of the participants into an integrated, accountable and coordinated system of care. What is the Applicant’s strategy to develop and operate a high performing AE across the participating partners? What does the Applicant see as the key areas of organizational capability necessary to be successful?**



How is that reflected in the Leadership Structure? Is that leadership structure currently in place or is there a proposed plan to do so?

Is there a Chief Executive who is responsible to the BOD and has both responsibility and authority for AE operations? Is there a Medicaid AE Program Director who provides core direction to the program and who can hold others accountable for organizational performance? If a multiple entity Applicant is there a Chief Executive Officer responsible to the Board of Directors? If a single entity, is there a Medicaid AE Program Director who works directly with the Governing Committee and who is responsible to the Chief Executive Officer of the single entity? What are the qualifications and experience of key persons on the leadership team? Is the Medicaid AE Program Director currently a full-time position? If not, at what point would it be projected a full-time position?

In describing the leadership structure and addressing these questions please describe:

- The AE's management structure/staffing profile describing how the various component parts of the AE will be integrated into a coordinated system of care. In addressing, please identify which positions are Medicaid AE specific vs. shared across product lines and the FTE (e.g. 1.0 FTE, .5 FTE) level devoted to the area. The management/staffing profile may include specific management services agreements with MCOs or subcontracts under the direction of the AE. Pertinent areas include:
 - Integrated Care Management
 - IT Infrastructure/Data Analytics
 - Quality Assurance and Tracking
 - Finance - Description of infrastructure for Unified financial leadership and systems
 - Including how the financial leadership structure is integrated with other parts of the organization, such as an umbrella entity.
 - Financial modeling capabilities and indicators
 - Any plans for designing and implementing infrastructure capabilities and/or provider/partner incentives that encourage coordinated, effective, efficient care.
- The AE's strategy and methods for managing care under a total cost of care (TCOC) framework. Total cost of care calculations are based on the full scope of benefits that are included within the MCO contract with EOHHS.

Description of Current Capability - Organizational Readiness

Please identify whether the approach described above is currently in place or whether aspects of the approach described are still being developed. If in development, please describe the Applicant's plans for meeting the requirements.

Attachments

Attach an organizational chart for current and proposed AE organization. Indicate which positions are filled and anticipated date and/or requirements for filling vacant positions. If the organizational structure is not yet adequate, provide an approach and timeline for having required leadership structure in place.

Attach brief bios of key members of leadership team.



Self-Assessment Summary for Domain #3: Leadership and Management

Using the table below and referring to the Scoring Guidelines for Self-Assessment of Readiness in Domains provided in Section 3.2.4 on page 19 of this application, please assess your level of readiness in accordance with the AE certification standards for this Domain. **Please use the Excel based version of this self-assessment including all Domains provided in Attachment D-Application Template Tool, Self-Assessment Summary, tab 2.** EOHHS recognizes that the development of the capacity to be an effective AE and agent of health system transformation is a progressive path. This may become a basis for the ways that incentive funds would be directed in a future AE Specific Health System Transformation Project Plan in a contract with a MCO.

| Domain #3: Leadership and Management | | Self-Assessment (1-5) |
|--------------------------------------|--|-----------------------|
| 3.0 | Leadership Structure | |
| | Single unified vision and leadership structure. Strategic approach, key areas of organizational capability. | (1-5) |
| 3.1.1-3.1.2 | <u>Multiple entity</u> - Chief Executive responsible to the BOD. Defined Program Director. <u>Single entity</u> - Defined Medicaid Program Director who works directly with the Governing Committee, reports to CEO | (1-5) |
| 3.1.3 | Management Team, Structure addressing components of AE /Chart of Organization/Staffing, including: | (1-5) |
| | ○ Established approach to integrate parts into a coordinated system of care | |
| | ○ Integrated Care management, IT Infrastructure/Data Analytics, Finance | |
| | ○ Incentives that encourage coordinated, effective, efficient care | |
| 3.1.4 | Defined approach to manage care under a TCOC approach | (1-5) |

DOMAIN #4: IT INFRASTRUCTURE – DATA ANALYTIC CAPACITY AND DEPLOYMENT (Max 12 points in this section)

IT infrastructure and data analytic capabilities are widely recognized as critical to effective AE performance. The high performing AE will make use of comprehensive health assessment and evidence-based decision support systems based on complete patient information and clinical data across life domains. This data will be used to inform and facilitate Integrated Care Management across disciplines, including strategies to address social determinants of health care.

It is not necessary that an AE use limited resources to independently invest in and develop “big data” capabilities. There are many efforts underway in Rhode Island to standardize data collection and take advantage of emerging technologies, to build all payer data systems, to enable access to an up-to-date comprehensive clinical care record across providers (e.g. CurrentCare), and to forge system connections that go beyond traditional medical claims and eligibility systems (e.g. SNAP, homelessness, census tract data on such factors as poverty level, percent of adults who are unemployed, percent of people over age 25 without a high school degree). MCOs have long established administrative claims data and eligibility files. As such, many of



these required capacities and capabilities might best be achieved through various forms of partnerships with MCOs and others to avoid duplicative infrastructure.

A successful AE will be able to draw upon and integrate multiple information sources that use validated and credible analytic profiling tools to conduct regular risk stratification/predictive modeling to segment the population into risk groups and to identify those beneficiaries who would benefit most from care coordination and management.

The goal of analytical tools is to define processes to advance population health, to support risk segmentation to better target efforts to rising risk and high-risk groups and to critical points of transition, to strengthen clinical practice, to promote evidence-based care, to report on quality and cost measures, and to better coordinate care. Analytic tools should be deployed to reshape workflows that impact costs through a focus on operational metrics and measurable business processes. HIT tools can provide clinical decision support to providers to help ensure they follow the evidence-based care pathways and to alert the care management team to critical changes in utilization. AEs may evidence various forms of partnership with MCOs and others to advance these capabilities.

4.1 Core Data Infrastructure and Provider and Patient Portals

Description of Proposed Approach

Please describe the Applicant's existing core IT infrastructure and data analytic capacity.

Please describe the Applicant's proposed approach for meeting the requirements of Section 4.1 of the Certification Standards. Please describe the Applicant's proposed approach and current and/or projected capability for:

- Receiving, collecting, analyzing, and utilizing person specific clinical and health status information.
- Ensuring EHR capacity and ability to share information with partner and affiliate providers. Applicant's approach to achieving Stage 2 Meaningful use requirements or an equivalent standard.
 - Proposed approach for documenting medical, behavioral, and social needs in a common record.
- Identifying whether 60% of attributed members are enrolled in CurrentCare and/or the Applicant's plan for increasing and tracking CurrentCare enrollment.
 - Ensuring that provider participants contribute data from their EHRs to CurrentCare and have a clear method for receiving data from CurrentCare.

If applicable please identify any arrangements with MCOs that may be in place or in development to address these requirements.

Description of Current Capability-Organizational Readiness

Please identify the degree to which the approach described above is currently in place or whether aspects of the approach described are still being developed. Is the Applicant currently receiving a dashboard report from RIQI? If so, what populations and information is included? Which aspects of the Applicant's proposed currently approach are in place? Which are in a planning stage? If in development, please describe the Applicant's plans for meeting the requirements.



Attachments

Complete Attachment D: Template 4.1-4.3 section 4.1 Core Data Infrastructure and Provider and Patient Portals, tab 5.

If available please provide a sample of or a protocol for analyzing person specific clinical and health status information and/or please provide a work plan work plan with milestones and timeline for a proposed approach for meeting the requirements.

Please provide a recent report on the status of Current Care enrollment.

4.2 Provider and Care Managers' Access to Information

Description of Proposed Approach

Please describe the Applicant's approach to ensuring that participating multi-disciplinary providers and care managers have the look-up capability to connect clients, client records, and providers. Areas include enabling review of medications lists, supporting collaborative service delivery and shared messaging, referral management with information feedback, and provider alerts and notifications.

Describe the Applicant's approach to developing and implementing an "early warning" system to engage the care management team to critical changes and events.

What is the Applicant's proposed approach establishing and promoting the use of member/patient portals to enhance engagement, awareness, and self management?

If applicable please identify any arrangements with MCOs that may be in place or in development to address these requirements.

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place or whether aspects of the approach described are still being developed. If in development, please describe the Applicant's plans for meeting the requirements.

Attachments

Complete Attachment D- Template 4.1-4.3, section 4.2 Provider and Care Managers' Access to Information, tab 5.

If available, please provide screen prints or other representation of provider and care manager access to this information that demonstrate the system's ability to support key functions re: medications management, referral management, provider alerts, notifications, "early warning" systems.

Please provide a screen print or other representation of the patient portal. Or, as applicable, please provide a work plan work plan with milestones and timeline for a proposed approach for meeting the requirements.



4.3 Using Data Analytics for Population Segmentation, Risk Stratification, Predictive Modeling

Description of Proposed Approach

Please describe the Applicant's proposed approach to meeting the requirements of Section 4.3 of the Certification Standards.

Describe the Applicant's proposed approach for integrating data from multiple sources to conduct risk segmentation, stratification and predictive modeling, as well as to incorporate the social determinants of health. How does the Applicant propose to develop and maintain a list of high/rising risk members? Who will develop such a list? As applicable, please identify how the proposed approach might vary for different populations served (e.g. children and adults; sub groups of people with co-occurring medical and behavioral health needs, other). In your description please identify methods and validated tools to be used for such analyses. How is the Applicant's capability/approach in this area integrated into clinical care and care management work flows?

If applicable please identify any arrangements with MCOs that may be in place or in development to address these requirements.

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place or whether aspects of the approach described are still being developed. If in development, please describe the Applicant's plans for meeting the requirements.

Attachments

Complete Attachment D- Template 4.1-4.3, section 4.3 Using data Analytics for Population Segmentation, Risk Stratification, Predictive Modeling, tab 5.

If available, **please provide applicable descriptive materials of tools being used and/or sample reports.** Or, as applicable, please provide a work plan with milestones and timeline for enhancing capability in this area.

Sample roster of high/rising risk members or a work plan for enhancing capability in this area.

4.4 Reshaping workflows by Deploying Analytic Tools – Business Process Support Systems and Metrics

Description of Proposed Approach

Please describe the Applicant's proposed approach to meeting the requirements of Section 4.4 of the Certification Standards. What are the business process or workflows that the Applicant views as critical to efficient and effective performance as an AE? Is there an established process for Applicant's identification of key value producing business process workflows and associated metrics to:

- Improve integrated care management and follow-up across the continuum
- Improve efficiency of operations in addressing the needs of attributed populations
- Identify outlier utilization
- Track and review performance



Please indicate key business process workflows and associated metrics that are being designed or currently in use for the proposed AE? Are there plans to make use of analytic tools to track, reshape, or improve the efficiency of business processes? Are there tools in place or in the planning phase for tracking and monitoring performance in areas that the Applicant considers to be critical?

If applicable please identify any arrangements with MCOs that may be in place or in development to address these requirements.

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place or whether aspects of the approach described are still being developed. If in development, please describe the Applicant's work plan with milestones and timeline for a proposed approach plans for meeting the requirements.

Attachments

Please attach a summary table of key business process metrics for management of the AE's operations.

4.5 Integrating Analytic Work with Clinical Care and Care Management Processes

Description of Proposed Approach

Please describe the Applicant's proposed approach to meeting the requirements of Section 4.5 of the Certification Standards. HIT tools can provide clinical decision support based on evidence based care pathways to providers to offer points of reference in their development of plans of care. Does the Applicant have a systematic process to integrate developments in evidence based care into support for clinical and care management practice? Discuss the Applicant's proposed approach to integrating analytics into clinical care and care management in such areas as clinical decision support tools, early warning systems, dashboards, direct messaging, alerts, or others to support improvements in clinical care management across the continuum. These can include:

- Clinical decision support tools based on evidence based clinical pathways to offer points of reference for use in development of plans of care.
- Data based processes to support care coordination, efficient utilization of services and tracking of costs of care;
- Analysis of gaps, needs, risks based on evidence based practice and patient/member profiles (e.g. medical care gaps for persons with behavioral health or substance use conditions; improve medications management, adherence);
- Provision of actionable information to providers within the system
- Enhance care coordination/management for members at highest risk;
- Provide an early warning system for effective care management;
- Support management of care transitions in real-time (Hospital ED and discharges).

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place or whether aspects of the approach described are still being developed. If in development, please describe the Applicant's work plan with milestones and timeline for a proposed approach for meeting the requirements.



Does the Applicant currently have an agreement with RIQI through which RIQI provides notifications or other dashboard to some or all providers participating in the proposed AE? If, so please describe.

Attachments

As available attach sample printout of decision support tool, gap analysis report, early warning reports/alerts, dashboards, direct messaging, or other tools used to integrate data analytic capability work with clinical care and care management.

4.6 Staff Development – Training

Description of Proposed Approach

The best analytic tools will only be as effective as the preparedness of staff to make effective use of the tools, information, and metrics in the ways that work is conducted and monitored. **Please describe the Applicant’s proposed approach to meeting the staff development and training requirements of Section 4.6 of the Certification Standards.** Discuss how providers and their staff are trained or will be trained in use of technology tools and information to analyze and improve the management of member health. **Please describe how staff are prepared to best use data and reports as internal feedback to identify deviations from best practices and for planning improvements in quality.**

If applicable please identify any arrangements with MCOs that may be in place or in development to address these requirements.

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place or whether aspects of the approach described are still being developed. If in development, describe the Applicant’s plans for staff development and training. Please note for reference if, or how, the Applicant’s proposed approach is to be developed in conjunction with the expectations of Section 5.3 of the Certification Standards, “System Transformation and the Healthcare Workforce”.

Attachments

Please provide sample descriptive material of recent staff training in related areas and/or proposed work plan work plan with milestones and timeline for a proposed approach for staff training in these areas.

Self-Assessment Summary for Domain #4: IT Infrastructure – Data Analytic Capability and Development

Using the table below and referring to the Scoring Guidelines for Self-Assessment of Readiness in Domains provided in Section 3.2.4 on page 19 of this application, please assess your level of readiness in accordance with the AE certification standards for this Domain. **Please use the Excel based version of this self-assessment including all Domains provided in Attachment D-Application Template Tool, Self-Assessment Summary, tab 2.** EOHHS recognizes that the development of the capacity to be an effective AE and agent of health system transformation is a progressive path. This may become a basis for the ways that incentive funds would be directed in a future AE Specific Health System Transformation Project Plan in a contract with a MCO



| Domain #4: IT Infrastructure - Data Analytic Capability and Development | | Self-Assessment (1-5) |
|---|---|------------------------------|
| 4.0 | Core Data Infrastructure and Provider and Patient Portals | |
| 4.1.1 | Able to receive, collect, integrate, utilize person specific clinical and health status information. | (1-5) |
| | <ul style="list-style-type: none"> ○ EHR capacity: Ability to share information with partner and affiliate providers. ○ Achieve “State 2 Meaningful Use” requirements based on CMS EHR Incentive ○ Patient Registries - shared patient lists - multiple disciplines ○ Current Care 60%+ Medicaid patients or lower current level and plan to increase ○ Providers contribute data to Current Care. Bi-directional interfaces | |
| Provider and Care Manager Access to Information | | Self-Assessment (1-5) |
| 4.2.1 | Existing core IT Infrastructure and data analytic capacity. Look up capability - connecting clients, client records, and providers | (1-5) |
| | <ul style="list-style-type: none"> ○ Review medications lists ○ Promote collaborative service delivery ○ Referral management - create, route referrals; receive information back ○ Provider alerts and notifications - Critical incidents - Hospital admission and discharge ○ Early warning system - established method to alert, engage care management team | |
| 4.2.2 | Patient Portals to enhance engagement, awareness, self-management opportunities | (1-5) |
| | <ul style="list-style-type: none"> ○ Demonstrated functional interface; evidence of utilization | |
| Using Data Analytics for Population Segmentation, Risk stratification, Predictive Modeling | | Self-Assessment (1-5) |
| | Able to draw upon and integrate multiple info sources to conduct regular risk segmentation modeling. Incorporate social risk factors | (1-5) |
| 4.3.1 | Identified methodology and tools for member risk stratification, integration into care provision workflows | |
| 4.3.2 | By population group | |
| 4.3.3 | Incorporate social determinants | |
| 4.3.4 | Validated tools for analytic profiling | |



| Reshaping workflows by Deploying Analytic Tools – Business Process Support Systems & Metrics | | Self-Assessment (1-5) |
|---|---|------------------------------|
| | Defined strategic focus on AE processes and outcomes | (1-5) |
| 4.4.1 | Business process metrics meaningfully targeted to operational and TCOC efficiency | |
| 4.4.2 | Actions to enhance ability to manage care process - reshaping workflows | |
| 4.4.3 | Defined tool for tracking & monitoring level of performance, est. protocols for review of performance | |
| | Contribute provider files on own AE organization and providers to statewide common provider directory | |
| | | |
| Integrating Analytic work with Clinical Care and Care Management Processes | | Self-Assessment (1-5) |
| | | (1-5) |
| 4.5.1 | HIT tools to provide clinical decision support to providers re: evidence based pathways | |
| 4.5.2 | Data based process to support care coordination, efficient utilization of services and tracking costs of care | |
| 4.5.3 | Provision of actionable information to providers within the system | |
| | <ul style="list-style-type: none"> ○ Analysis of gaps, needs. Risks - deviations from evidence based practice ○ Enhance care coordination, care management, medications management | |
| 4.5.4 | Early Warning System | |
| | <ul style="list-style-type: none"> ○ Establish methods to alert, the care management team to critical changes in circumstances, utilization. ○ Care Management Dashboard (real time dashboard of patient-admissions and discharges to EDs and hospitals) ○ Employ Care Management Alerts (ADT notification via direct messaging of ED and hospital admissions and discharges) ○ Contribute provider files on own AE organization and providers to statewide common provider directory | |
| | | |
| | | |
| | | |
| | | |
| Staff Development – Training | | Self-Assessment (1-5) |
| | | (1-5) |
| 4.6.1 | Training in, and expectation for, using data systems effectively, using data to manage patients care. | |



4.6.2

Ongoing aggregate reporting with individual/team drill-downs re: Conformance with accepted standards of care, deviations from best practice, identified breakdowns in process



DOMAIN #5: COMMITMENT TO POPULATION HEALTH AND SYSTEM TRANSFORMATION (Maximum of 12 points in this section)

Defined, integrated strategic plan for population health that sets out its theory of action as to how the entity proposes to organize resources and actions to impact care and health outcomes for attributed populations. Central to the AE is progression to a systematic population health model that works to improve the health status of the entire attributed population while systematically segmenting subpopulation risk groups with complex needs to implement focused strategies to improve their health status. An effective system recognizes interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and develops a road map to address social determinants of health based on recognized best practices locally and nationally. Along with clinical and claims data, the entity identifies population needs in collaboration with state and local agencies using publicly available data to develop a plan.

5.1 Key Population Health Elements

Description of Proposed Approach

Please describe the Applicant’s proposed approach to meeting the population health management requirements of Section 5.1. What is the Applicant’s approach to development and implementation of an integrated strategic plan for population health that is population based, data driven, evidence-based, team based, client centered, integrated BH, identifies and addresses modifiable risk factors and recognizes the social determinants of health?

If applicable please identify any arrangements with MCOs that may be in place or in development to address these requirements.

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place or whether aspects of the approach described are still being developed. What are the tools that the Applicant’s currently uses or plans to develop to monitor implementation of its approach to population health.

5.2 Social Determinants of Health

Description of Proposed Approach

Please provide a summary of the Applicant’s proposed strategic approach to identifying and addressing social determinants of health as described in Section 5.2 of the Certification Standards. In doing elaborate on the social factors and interventions that the Applicant considers to be most critical to the health of the populations(s) and sub-populations included within the Applicants expected attributed membership.



Does the Applicant have planned or established methods for arranging supports in high stress areas of social determinants of health (SHOH) such as:

- Housing stabilization and support services;
- Housing search and placement;
- Food security;
- Safety and domestic violence for attributed members who have experience of violence.
- Need for utility assistance;
- Physical activity and nutrition;
- Education and literacy,
- Employment,
- Transportation,
- Legal assistance
- Criminal justice involvement
- Other

Many of the areas noted above are interrelated. EOHHS is particularly concerned with the adverse health effects associated with the loss or absence of a home. A growing body of research underscores the importance of a stable living arrangement for improved health outcomes. In considering social determinants Applicants are encouraged to give particular attention to services that are supportive of promoting the maintenance and establishment of stable housing.

If applicable please identify any arrangements with MCOs that may be in place or in development to address these requirements.

In-House Capacity, Partnerships, Established Relationships

Please describe the Applicant’s organizational approach to developing the capability to mitigate the impacts of critical areas of social need for members facing such highly stressful circumstances. What key areas of social need does the Applicant propose to address? Does the AE have proposed approaches for facilitating assistance in these key SDOH areas?

To what degree is this through existing in-house capacity? Are there specific Partner Provider, Affiliate Provider, and/or Associate Provider relationships that bring capability in this area? For example, Applicants may have in-house capacity, they may have established relationship with other parties that provide social supports on-site, or they may have established referral relationships with separate agencies. Is the Applicant planning to partner with MCO(s) in the identification of and/or coordination of services? Are there other established or developing formal working relationships that are part of the Applicant’s approach?

Assessment - Identification and Evaluation

What is the Applicant’s proposed approach to identification of social needs? Does the Applicant AE have a defined protocol and SDOH screening tool? If so, please attach a copy of the protocol and tool. As applicable, describe the methods that the uses to identify rising risk or high-risk individuals in its attributed population?

Tracking and Follow-up of Referrals



When critical social stressors are identified what are the Applicant’s proposed actions to be taken to maximize the degree that attributed members receive appropriate supports?

What are the methods for tracking and follow up of referrals? Are there formal relationships/agreements/contracts with providers of social support services that provide for warm transfers and communication back to the AE? Is there a standard protocol for this? Are their agreed upon actions, follow up to maximize the degree that members receive the needed assistance? If the Applicant has established protocols in these areas, please attach a copy.

Collaborative Process

EOHHS is committed to strengthening the linkages between the provisions of health care services and services aimed at addressing social determinants of health. This is particularly important for rising risk and high-risk individuals and sub-populations. EOHHS recognizes that this is an emerging emphasis in health services and there is opportunity for learning how to best address these needs. Successful Applicants will be asked to participate in collaborative process with EOHHS to develop standards for such areas as:

- Development of strategies and metrics for successful social service interventions;
- Data sharing between AE and social service providers to facilitate successful interventions;
- Best practices for formal and informal relationships between AEs and social service providers to support successful interventions;
- Identification of social needs intervention gaps in Rhode Island; and
- Future infrastructure needs to support social needs intervention for Rhode Islanders.
- Approaches that the CBO track and report on referrals from the AE, through a monthly list of all attributed AE members who have been referred, and the status of interventions

Applicants are asked to provide a statement affirmatively committing to their participation in this collaborative process.

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed. What is the status of the in-house capacity and/or formal relationships for social supports? If there is a standardized SHOH assessment tool and protocol for identifying SDOH, please describe the status and attach related documentation. Similarly, please attach if there are currently established methods for tracking and follow up of referrals please describe the status and attach related documentation. Are if there are formal relationships/agreements/contracts with providers of social support services that provide for warm transfers and communication back to the AE please describe the status and attach related documentation.

Template, Attachments

If the Applicant’s approach is based on in-house resources, please provide an organization chart identifying those resources and how those resources are integrated into to the larger organization. If the Applicant’s approach is through established relationships with outside parties, please identify those relationships and associated services. As available please provide letters of support or agreement with such agencies and/or any agreed upon protocols for coordinating services with those agencies.



Please complete Attachment D, Template 5.2 SDOH, Tab 6

If available please provide a sample of SDOH related assessment tools and protocols in use for SDOH.

If available, please provide a sample of recent reports on tracking and follow up of SDOH related referrals.

Please provide a statement of commitment to participate in the collaborative process described above as that process is developed.

As applicable to the Applicant's stage of development in these areas, **please provide a work plan with milestones and timeline for a proposed approach for meeting these requirements of the Certification Standards.**

5.3 System Transformation and the Healthcare Workforce

Description of Proposed Approach

Briefly describe the Applicant's proposed approach to supporting RI's healthcare workforce transformation priorities. Specifically,

- Is the Applicant currently participating in partnerships with the University of Rhode Island (URI), Rhode Island College (RIC), Community College of Rhode Island (CCRI), and/or other education and training providers to address RI's healthcare workforce transformation priorities? If so, please describe.
- Does the Applicant have any partnerships with secondary schools, public workforce development agencies, and/or community-based organizations to help prepare culturally and linguistically-diverse students and adults for healthcare jobs and careers? If so, please describe.
- What commitments is the Applicant prepared to make to partner with education and training providers to address RI's healthcare workforce transformation priorities?
- Describe the Applicant's current efforts to train and educate its current and future workforce.
- Describe the training, skills, knowledge, and/or occupations that are most essential to achieving the Applicant's objectives as an AE.

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed.

As available, **please provide any summary material regarding activities described above.** If available, please provide proposed work plan work plan with milestones and timeline for a proposed approach to developing such activities and partnerships.

Self-Assessment Summary for Domain #5: Commitment to Population Health and System Transformation



Using the table below and referring to the Scoring Guidelines for Self-Assessment of Readiness in Domains provided in Section 3.2.4 on page 19 of this application, please assess your level of readiness in accordance with the AE certification standards for this Domain. **Please use the Excel based version of this self-assessment including all Domains provided in Attachment D-Application Template Tool, Self-Assessment Summary, tab 2.** EOHHS recognizes that the development of the capacity to be an effective AE and agent of health system transformation is a progressive path. This may become a basis for the ways that incentive funds would be directed in a future AE Specific Health System Transformation Project Plan in a contract with a MCO

| Domain # 5: Commitment to Population Health and System Transformation | | |
|--|--|------------------------------|
| 5.1 | Key Population Health Elements | Self-Assessment (1-5) |
| | Established strategic approach to meeting population health requirements | (1-5) |
| | <ul style="list-style-type: none"> ○ Population based, data driven, evidence based, client centered, social determinants team based, PH/BH integration, identification of modifiable risk factors | |
| | | |
| 5.2 | Social Determinants of Health | Self-Assessment (1-5) |
| 5.2.1 | Approach to identifying and addressing social determinants of health | (1-5) |
| | <ul style="list-style-type: none"> ○ Systematic identification of high stress areas, organized approach to address | |
| 5.2.2 | Methods of, tools for identification of social needs | (1-5) |
| 5.2.3 | Tracking and Follow-up of referrals | (1-5) |
| | <ul style="list-style-type: none"> ○ Clear actions to maximize degree members receive supports ○ Methods, agreements, contracts, protocols, follow up communications | |
| 5.2.4 | Commit to collaborative process with EOHHS to develop standards for SDOH related activities | (1-5) |
| 5.2.5 | Status of in-house capacity and/or formal relationships for SDOH | (1-5) |
| | | |
| 5.3 | System Transformation and the Healthcare Workforce | Self-Assessment (1-5) |
| | Approach to Workforce transformation, development of skills for success as an AE. Skills for | (1-5) |
| | <ul style="list-style-type: none"> ○ Participating in partnerships with URI, RIC, CCRI? Secondary schools, CBOs? | |
| | <ul style="list-style-type: none"> ○ Providing staff training and education, including develop partnerships with URI, RIC, CCRI, secondary schools, develop career paths | |



- | | | |
|--|---|--|
| | ○ Identification of key workforce skills and training needed for success as an AE | |
|--|---|--|

DOMAIN #6: INTEGRATED CARE MANAGEMENT **(Maximum of 12 points in this section)**

The AE shall create an organizational approach to care integration and document such approach in a plan that defines a strategy to integrate person-centered medical, behavioral, and social services for individuals at risk for poor outcomes and avoidable high costs. The integration approach will be developed in collaboration with providers across the care continuum and incorporate evidence based strategies into practice. An effective AE must have a systematic process to target the top 1% - 5% most complex patients in each relevant subpopulation for care management and support. The AE will have tools to systematically track and coordinate care across specialty care, facility- based care and community organizations, as well as the ability to rapidly recognize and effectively respond to changes in a condition.

The AE will also demonstrate the ability to rapidly and effectively respond to changes in a condition with interventions and care plan refinements as needed to enable such individuals to remain in the community. Such entities shall demonstrate protocols and/or defined strategies to work collaboratively with providers across the continuum of services

An AE should have a care coordination team with specialized expertise pertinent to the characteristics of each targeted population and should be able to direct the majority of care within a well-defined set of providers. The goal is to create interdependence among institutions and practitioners and to facilitate collaboration and information sharing with a focus on improved clinical outcomes and efficiencies.

Care coordination for high-risk members should include an individualized person-centered care plan based on a comprehensive assessment of care needs, including incorporation of plans to mitigate impacts of social determinants of health. Person centered care plans reflect the patient's priorities and goals, ensures that the member is engaged in and understands the care he/she will receive, and includes empowerment strategies to achieve those goals.

6.1 Systematic Processes to Identify Patients for Care Management

In earlier sections of this application (e.g. Domain #4: IT Infrastructure – Data Analytic Capacity and Deployment and in Section 5.2 on Social Determinants of Health) the Applicant described processes for identifying patients for care management. No additional description of those processes are requested here. Rather in Sections 6.2 Applicants are asked to more specifically describe the capabilities of the Care Management team and in Section 6.3 to describe their approach to implementing an individualized person-centered care plan.

6.2 Defined Care Management Team with Specialized Expertise Pertinent to Characteristics of Rising Risk and High-Risk Target Population

Description of Proposed Approach

Please describe the Applicant's proposed approach to meeting the requirements of Section 6.2.



In doing so, please describe the Applicant’s proposed approach to providing care management team(s) that support the work of the AE. Does the Applicant have identified staffing or firm arrangements for care management? What is the personnel structure of those teams? Describe the staffing complement, locations, and configurations envisioned for complex care management teams. Does the care management capacity include a well-defined set of providers inclusive of PCPs, BH, social determinants and LTSS (e.g. Community Health Worker, Social Worker)? Does this include participants from multiple organizations across disciplines? How does the proposed structure provide specialized expertise for work with distinct sub-populations, including:

- Integration of BH (including SUD) and Medical care – children, adults,
- Coordination of care for persons with chronic diseases including medical management,
- Coordinating transitions of care (ED, hospital, home, SNF)
- Coordination of care for persons requiring home and community based services
- Coordination of care for persons requiring supporting social services

If applicable please identify any arrangements with MCOs that may be in place or in development to address these requirements.

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed.

Template, Attachment

Please complete Attachment D Template Domain 6.2-Care Management team, tab 7. Or, if the template does not enable the Applicant to properly describe its approach to 6.2, please attach a grid that provides a better description of the Care Management team(s) and/or a proposed work plan for addressing the requirements of 6.2.

6.3 Individualized Person-Centered Care Plan – Care Management for Rising Risk, High-Risk Targeted Members

Description of Proposed Approach

Please describe the Applicant’s proposed approach to meeting the requirements of Section 6.3 for an individualized person-centered care plan for rising risk and high-risk members with complex health needs. What is the Applicant’s description of a person-centered care plan?

Are there systematic and uniformly applied protocols for development of individualized care plans? If so, how does the care plan process:

- Incorporate assessment of gaps in care, functional status, behavioral health and social service needs, managing transitions, increased patient medication adherence and use of medication therapy
- Include as appropriate a mitigation strategy for social determinants
- Promote inter-disciplinary coordination across the continuum of care
- Ensure a Person-centered approach
 - Developed in collaboration with the member or caregiver and is driven by the member’s priorities, motivations, and goals, ensures that the member is engaged in and understands the care she will receive.



- Strength based.
- Built around the person, not only services.
- The Care Plan is readily available to the member
- Includes processes for working closely with members, family members and caregivers, range of providers to assure adherence to the care plan
- Encourages patient and/or family health education and promotion
- Leverages Home-based services, and telephonic and web-based communications, group care, and the use of culturally and linguistically appropriate care;
- Incorporates programs to promote healthy lifestyles, development of skills in self-care, viewing intermittent failure as part of the pathway.
- Educates and trains providers across the full continuum of care regarding the care integration strategy and provider requirements for participation.

If applicable please identify any arrangements with MCOs that may be in place or in development to address these requirements

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed. Are there protocols guiding this process? Please provide a sample of a protocol used for Individualized Care Plan Development for people with complex needs.

Are such protocols utilized uniformly across the AE? Including affiliate and associate providers? Do the care plans reside in an electronic format that permits review by multiple members of the team? Does the Applicant have a proposed approach for the further development of care plan development, management, and tracking? Are there individual and aggregate reporting tools that track progress and flag key events and needs for follow up interventions? **Please provide a sample of reports currently in use.**

Template, Attachments

If available, please provide a copy of a protocol used for Individualized Care Plan Development, a sample plan, and a sample of a report(s) that tracks progress and key events. As applicable, if this is not yet developed please provide a proposed work plan with milestones and timeline for addressing the requirements of 6.3.

Self-Assessment Summary for Domain #6: Integrated Care Management

Using the table below and referring to the Scoring Guidelines for Self-Assessment of Readiness in Domains provided in Section 3.2.4 on page 19 of this application, please assess your level of readiness in accordance with the AE certification standards for this Domain. **Please use the Excel based version of this self-assessment including all Domains provided in Attachment D-Application Template Tool, Self-Assessment Summary, tab 2.** EOHHS recognizes that the development of the capacity to be an effective AE and agent of health system transformation is a progressive path. This may become a basis for the ways that incentive funds would be directed in a future AE Specific Health System Transformation Project Plan in a contract with a MCO

| | |
|--|------------------------------|
| Domain #6: Integrated Care Management | Self-Assessment (1-5) |
|--|------------------------------|



| | | |
|--------------|--|------------------------------|
| | Systematic Processes to Identify Patients for Care Management | |
| 6.1.4 | Ability to rapidly recognize, respond to changes in condition | (1-5) |
| | Defined Care Management Team with Specialized Expertise Pertinent to Characteristics of Rising Risk and High-risk Target population | Self-Assessment (1-5) |
| 6.2.1 | Clearly defined care management team, staffing component | (1-5) |
| | <ul style="list-style-type: none"> ○ Identification of key skills for success as an AE ○ Evidence based care management, especially for rising risk, high-risk individuals ○ Well-developed procedures for transitions of care approach | |
| 6.2.2 | Specialized Expertise for work with distinct sub-populations | (1-5) |
| | <ul style="list-style-type: none"> ○ Integration of BH (including SUD) and Medical Care ○ Care for persons with chronic diseases; HCBS; social services | |
| | Individualized Person-Centered Care Plan - Care Management for Rising Risk, High-Risk Targeted Members | Self-Assessment (1-5) |
| | Approach to ensuring development of person centered care plan | (1-5) |
| 6.3.1 | Comprehensive assessment - symptom severity, functional status, BH, social service needs, transitions; medication adherence | |
| 6.3.2 | Culturally and linguistically appropriate Individual care plans | |
| 6.3.3 | Mitigation strategies for social determinants of health | |
| 6.3.4 | Inter-disciplinary across providers | (1-5) |
| | <ul style="list-style-type: none"> ○ Coordination of BH, medical, social support; promote access, engagement, accountability; engagement with CBOs ○ Person-centered - in collaboration with member, member's caregiver ○ Driven by member's priorities, motivations, goals. Care plan built around person, not services ○ Strength based. Working closely with members, family members, caregivers re: adherence to care plan ○ Promote health education, promotion ○ Leverage home-based services ○ Promote healthy lifestyles, skills in self-care | |
| 6.3.5 | Educates and trains providers across the full continuum of care regarding the care integration strategy and provider requirements for participation. | (1-5) |

DOMAIN #7: MEMBER ENGAGEMENT
(Maximum of 10 points in this section)



An AE must have defined strategies to maximize effective member contact and engagement, including the ability to effectively outreach to and connect with hard-to-reach high need target populations. The best strategies will use evidence-based and culturally appropriate engagement methods to actively develop a trusting relationship with patients. A successful AE will make use of new technologies for member engagement and health status monitoring. Social media applications and telemedicine can be used to promote adherence to treatment and for support and monitoring of physiological and functional status of older adults.

Recognizing that many of these new technologies for health status monitoring and health promotion are not currently covered benefits, EOHHS anticipates that successful AEs will begin by promoting such products and encouraging their use, and anticipates that infrastructure investments (including HSTP incentive funds) may be utilized to develop such capacities.

7.1 Defined Strategies to Maximize Effective Member Contact and Engagement

Description of Proposed Approach

Please describe the Applicant's proposed approach to meeting the requirements of Section 7.1.

Describe population-specific, evidence-based patient-engagement strategies the Applicant will use to fully engage patients, family and caregivers (formal and informal) in care.

In doing so describe the Applicant's strategy to effectively outreach to, and connect with, hard-to-reach high need target populations. How is the Applicant's strategy designed to include:

- A communication approach that recognizes highly complex, multi-condition high cost members Recognizes that the roots of many problems are based in childhood trauma; that many of the highest need individuals have a basic mistrust of the health care system. Members may not have a primary existing affiliation with a PCP.
- Identified population specific strategies, methods to actively develop a trusting relationship using evidence-based and patient-centered engagement methods
- Use of culturally and linguistically competent communication methods and materials with appropriate reading level and communication approaches.
- Communication materials and tools that understandable, and culturally and linguistically appropriate

If applicable please identify any arrangements with MCOs that may be in place or in development to address these requirements

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed.

Attachments

If available please attach sample protocols to guide these efforts and a sample of pertinent communication materials. As applicable, if this is not yet developed please provide a proposed work plan work plan with milestones and timeline for addressing the requirements of 7.1.

7.2 Implementation, Use of New Technologies for Member Engagement, Health Status Monitoring, and Health Promotion



Description of Proposed Approach

Please describe the Applicant's proposed strategy for addressing the requirements of Section 7.2.

Discuss any current capabilities or proposed plans to promote patients' use of technology products that support monitoring and management of conditions and symptoms, functional status, or allow patients who would otherwise be isolated to be connected socially as well as to the health care system. Does the Applicant have a proposed strategy for:

- Enhanced capabilities to educate members and/or to promote the use of technologies for member engagement. This could include technologies that may not be covered by Medicaid but might support/enable people to be better able to manage their health conditions, such as:
 - Products that support monitoring and management of an individual's physiological status and mental health (e.g. vital sign monitors, activity/sleep monitors, mobile PERS with GPS)
 - Products that support monitoring and maintaining the functional status of vulnerable adults in their homes (Fall detection technologies, environmental sensors, video monitoring)
 - Technologies, products that support both informal and formal caregivers providing timely, effective assistance.
 - Social media applications to promote adherence to treatment
 - Technologies that enable vulnerable adults to stay socially connected (Social communication/PC mobile apps for remote caregivers, cognitive gaming & training, social contribution)
 - Telemedicine, web based applications

If applicable please identify any arrangements with MCOs that may be in place or in development to address these requirements

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed.

Attachments

If applicable please provide a sample work plan with milestones and timeline for a proposed approach to expanded use of such technologies.

Self-Assessment Summary for Domain #7: Member Engagement

Using the table below and referring to the Scoring Guidelines for Self-Assessment of Readiness in Domains provided in Section 3.2.4 on page 19 of this application, please assess your level of readiness in accordance with the AE certification standards for this Domain. **Please use the Excel based version of this self-assessment including all Domains provided in Attachment D-Application Template Tool, Self-Assessment Summary, tab 2.** EOHHS recognizes that the development of the capacity to be an effective AE and agent of health system transformation is a progressive path. This may become a basis for the ways that incentive funds would be directed in a future AE Specific Health System Transformation Project Plan in a contract with a MCO.



| Domain #7: Member Engagement | | Self-Assessment (1-5) |
|---|---|------------------------------|
| 7.1 | Defined Strategies to Maximize Effective Member Contact and Engagement | (1-5) |
| | Clear and established strategies to maximize effective member contact and engagement; hard to reach, high need populations | |
| 7.1.1 | Approach recognizes highly complex, multi-condition cost. Roots of many problems in childhood traumas; mistrust of health care system; many lack primary affiliation with a PCP | |
| 7.1.2 | Population specific strategies, evidence based, patient centered engagement methods | |
| 7.1.3 | Culturally competent communication strategies, appropriate reading level. | |
| | <ul style="list-style-type: none"> ○ Tools understandable, culturally and linguistically appropriate. Use of visual communication | |
| Implementation, Use of New Technologies for Member Engagement, Health Status Monitoring and Health Promotion | | Self-Assessment (1-5) |
| | Defined approach to promotion of use of new technologies | (1-5) |
| 7.2.1 | Capabilities to educate members, promote use of technologies for member engagement | |
| | <ul style="list-style-type: none"> ○ Promote use of products that support monitoring and management of condition | |
| 7.2.2 | Est. capabilities to leverage relevant, cost effective technologies | |
| | <ul style="list-style-type: none"> ○ Social media, enable vulnerable adults to stay socially connected ○ Demonstrated use of telemedicine | |

DOMAIN #8: QUALITY MANAGEMENT
(Maximum of 10 points in this section)

8.1 Quality Committee and Quality Program

Description of Proposed Approach

A. Quality Committee

Please describe the Applicant’s proposed strategy for addressing the requirements of Section 8.1. Describe the Applicant’s Quality Committee. Does the Quality Committee have an established charter? What does the charter or by laws set forth regarding the reporting relationship of the Quality Committee to the Board of Directors (for a multiple entity Applicant) or to the Governing Committee of the AE (for a single entity Applicant)?

Please describe the proposed and current membership of the Quality Committee, the provider discipline they represent, and the organizational affiliation of the Committee members.

B. Quality Program

Please describe the Quality Program. Does the Quality Program have a written scope or plan of



work? If so, please provide a copy as an attachment to your application. Is the Quality Program approved by an action of the Board of Directors or by the Governing Committee? Describe the Applicant's development, implementation, and components of its Quality Program including clinical and operational policies as well as procedures to implement the Quality Program. Describe the Applicant's method of oversight of such a plan by the Quality Committee.

If applicable please identify any arrangements with MCOs that may be in place or in development to address these requirements

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed.

Attachments

If available, please provide a copy of (a) the Quality Committee's charge or charter and (b) the Quality Program's (b) scope or plan of work. If applicable as these are still in development, please provide a proposed work plan with milestones and timeline for development and implementation.

8.2 Methodology for Integration of Medical, Behavioral, and Social Supports

Description of Proposed Approach

Please describe the Applicant's proposed strategy for addressing the requirements of Section 8.2.

Describe the methods and processes adopted or proposed by the Applicant to advance the integration of medical, behavioral, and social supports for AE members. How is this methodology incorporated across any Provider Partners, Affiliates, Associations, and other providers, suppliers as pertinent to the structure of the proposed AE?

If applicable please identify any arrangements with MCOs that may be in place or in development to address these requirements

Please describe proposed approaches to monitor compliance with adopted protocols, including the remedial processes and penalties for failure to comply. How will the Applicant employ its internal assessments of cost and quality of care to continuously improve the AE's care practices?

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed.

Attachments

If available, please attach executed Policies and Procedures and Operational Protocols that have been adopted to advance such integration. If applicable as such protocols are still in development, please attach a proposed workplan with milestones and timeline for their development and implementation.

8.3 Clinical Pathways, Care Management Pathways, and Evidence Based Practice

Description of Proposed Approach



Please describe the Applicant's proposed strategy for addressing the requirements of Section 8.3. Describe the proposed or current process for (a) promoting awareness and adherence to evidence-based practice and (b) integration and review of clinical pathways, care management pathways based on evidence-based practice. The minutes of, and reports to, the Quality Committee as to the performance of the Quality Program will report on implementation and tracking of defined strategies for promoting the introduction and utilization of evidence based practices in clinical and care management pathways.

If applicable please identify any arrangements with MCOs that may be in place or in development to address these requirements

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed.

Provide minutes of the previous Quality Committee meetings which demonstrate evidence of the committee tracking compliance with and implementation of defined Quality strategies and protocols.

Attach Quality Plan and/or description of the plan if it has yet been created.

Attachments

If available please attach samples from any minutes from meetings of the Quality Committee or related summary reports which demonstrate evidence of the committee tracking compliance with and implementation of defined quality strategies and protocols. If not yet fully developed, please attach a proposed work plan with milestones and timeline to meet these requirements.

8.4 Quality Performance Measures

Description of Proposed Approach

Please describe the Applicant's proposed strategy for addressing the requirements of Section 8.4. Please describe the Applicant's approach to identifying and being able to report on a set of core quality metric that enable the AE to monitor performance, emerging trends and quality of care and to use these results to improve care over time. AE will have the ability to track and report on key performance metrics. Performance metrics shall include consumer reported quality measures.

If applicable please identify any arrangements with MCOs that may be in place or in development to address these requirements

Description of Current Capability - Organizational Readiness

Please identify which of the approaches described above are currently in place and which are still being developed.

Attachments



If available, please for a recent period attach any relevant quality metrics currently tracked and reported by the Applicant, along with specific baselines and identified benchmarks/goals, which will enable the AE to monitor performance, emerging trends, and consumer satisfaction.

Self-Assessment Summary for Domain #8: Quality Management

Using the table below and referring to the Scoring Guidelines for Self-Assessment of Readiness in Domains provided in Section 3.2.4 on page 19 of this application, please assess your level of readiness in accordance with the AE certification standards for this Domain. **Please use the excel based version of this self-assessment including all Domains provided in Attachment D-Application Template Tool, Self-Assessment Summary, tab 2.** EOHHS recognizes that the development of the capacity to be an effective AE and agent of health system transformation is a progressive path. This may become a basis for the ways that incentive funds would be directed in a future AE Specific Health System Transformation Project Plan in a contract with a MCO

| Domain #8: Quality Management | | Self-Assessment (1-5) |
|--------------------------------------|---|------------------------------|
| 8.1 | Quality Committee and Quality Program | (1-5) |
| | Development, implementation of Quality Committee and Quality Program | |
| | Quality Committee with required membership in place and active. Reports to Governing Board or to Governing Committee | |
| | Defined quality program; overseen by qualified health professional | |
| | | |
| 8.2 | Methodology for the Integration of Medical, Behavioral, and Social Supports | (1-5) |
| | Defined methods and processes to advance integration of medical, behavioral and social supports | |
| | Developed, implemented policies and procedures and operational protocols | |
| | Established methods to ensure compliance; conduct internal assessments of cost and quality of care for continuous quality improvement. | |
| | | |
| 8.3 | Clinical Pathways, Care Management Pathways, and Evidence Based Practice | (1-5) |
| | Defined methods for (a) promoting evidence-based practice and (b) integration and review of clinical Pathways, care management pathways. Established reporting on Quality Program to Quality Committee. | |
| | | |
| 8.4 | Quality Performance Measures | (1-5) |
| | Established ability to track and report on set of core quality metrics that enable AE to monitor performance, emerging trends, including consumer reported quality measures. | |



SECTION 4: APPLICATION SCORING and EVALUATION

4.1 Overview

The Evaluation Committee's objective is to review and score proposals to determine whether submitting entities meet the certification standards set forth by EOHHS and make recommendations to the Medicaid Director as to certification.

Each Evaluation Committee member's task is to conduct a comprehensive and impartial evaluation of all certification proposals that qualify for review.

Proposals will be evaluated on two dimensions:

- Technical Merits– Understanding and Proposed Approach
- Organizational Readiness

Committee recommendations on certification can result in the following outcomes.

- Fully Certification
- Certified, with Conditions
- Not Certified

Based on its evaluation, EOHHS will send applicants formal correspondence informing them of the outcome of the review, that is, the Applicant is Fully Certified, Certified with Conditions, or Not Certified.

If an AE is certified with conditions the communication will indicate that the certification is contingent upon meeting certain conditions that are set forth in the correspondence from EOHHS. Certified with Conditions means that the applicant has presented a sufficiently strong proposal for certification but that certain key components are proposed or in development rather than fully in place. For example, the certification standards require the AE to have a Community Advisory Committee. The plans and commitment to do so may be present but the committee may not yet have been formed or has not yet met. In this case the proposal does include an identified plan and timeline to meet that requirement. The certification is conditional upon the newly-certified AE addressing the conditions in accordance with a defined project plan and timeline (e.g. that a proposed action be complete within a defined timeframe, such as four months or nine months). EOHHS anticipates that most, if not all, Applicants will have areas within Domains that are in process and proposed for further development. Organizational readiness is a combination of things that are in place at the point of application and work plans and timeframes that are thoughtful, results-oriented, and well-articulated. EOHHS further understands that for some Domain areas proposed actions may be contingent on the execution of agreements with MCOs, including agreed upon project plans, and the projected receipt of incentive based payments that permit the investment of those resources.

Certification will be on an annual basis, in compliance with CMS requirements. Annual re-certification will be a streamlined process. AEs will be required to be comply with all standards and conditions throughout the certification period.

AEs that are certified and have an executed contract with an MCO that is compliant with EOHHS requirements documents are eligible for HSTP incentive funds. This includes AEs that are certified



with conditions. However, continued eligibility is contingent upon demonstrable progress in meeting the conditions of certification. Certified AEs will need to demonstrate to EOHHS clear progress on agreed upon timelines in meeting certification conditions to be eligible for continued receipt of HSTP incentive funds.

At the point of certification, procedures will be set forth for a certified AE to provide notification to EOHHS of any potential changes that may impact performance or represent material modifications to the AE in relation to the entity’s submission and associated certification (e.g. change in ownership; change in contracted status with a MCO; change in the AE’s legal or financial status such as but not limited to changes due to a merger, acquisition, or any other change in legal status; withdrawal or change in legal status of key partners; requests to add additional partners, or other material change. Upon notice and with reasonable opportunity for the AE to address identified deficiencies, EOHHS reserves the right to suspend or terminate certification.

4.2 Evaluation Committee and Certification

The State shall conduct a comprehensive and impartial evaluation of all applications. Proposals will be evaluated for completeness and quality in relation to the certification standards. Final scores for each proposal will be totaled for the Committee as a whole.

Certain elements of the proposals are to be scored on a pass/fail basis. The Applicant must be scored a “Pass” on these sections to qualify. Pass/fail areas are identified in Attachment C.

Except for the areas that will be scored pass/fail, a scoring instrument using a rating system of 1 – 5 points will be used to evaluate the entity’s responses to the specific elements of the Certification Standards. The proposal will be scored both on technical merits (Understanding and Proposed Approach) and on Organizational Readiness.

- The maximum amount of points that can be scored for the Technical Proposal is 100 points.
- Organizational Readiness will be scored on a weighted average of 1 to 5.

The table below sets forth the overall scoring requirements for certification. To be certified the Applicant must meet the minimum scoring thresholds. Note that the minimum score for Organizational Readiness is a weighted average of 3.0. Additionally, the Applicant must minimally score 3.0 in Organizational Readiness in each of the following Domains:

- Domain #1: Breadth and Characteristics of Participating Providers
- Domain #2: Corporate Structure and Governance
- Domain #3: Leadership and Management

| Scoring Outcomes | Technical Proposal Score | Weighted Average Readiness Score |
|---|--------------------------|----------------------------------|
| Fully Certified | 75pts, + | 4.5+ |
| Provisionally Certified with Conditions to be met within 9 months | 70 pts+ | 3.0+ |



| | | |
|--|---------|------|
| Provisionally Certified with Conditions to be met within 4 months | 65pts+ | 2.5+ |
| Not Certified | <65 pts | <2.5 |

Attachment B to this certification application “Comprehensive Accountable Entity Technical Proposal Submission Summary Checklist,” as well as the summary table below provides a summary of the Domains that proposals must address along with the maximum number of points that can be awarded for each section.

| Comprehensive Accountable Entity Application Scoring Rubric | | |
|---|---------------------------|---|
| Technical Proposal Elements | Points Per Section | Suggested Number of Written Response Pages |
| Letter of Transmittal | Pass/Fail | N/A |
| Assurances/Attestations | Pass/Fail | N/A |
| Proposal Summary | 5 | 3 |
| Domain 1: Breadth and Characteristics of Participating Providers | 15 | 7 |
| Domain 2: Corporate Structure and Governance | 12 | 7 |
| Domain 3: Leadership and Management | 12 | 5 |
| Domain 4: IT Infrastructure | 12 | 8 |
| Domain 5: Commitment to Population Health and System Transformation | 12 | 6 |
| Domain 6: Integrated Care Management | 12 | 7 |
| Domain 7: Member Engagement | 10 | 5 |
| Domain 8 Quality Management | 10 | 7 |
| Overall Score | 100 | 55 |

The State reserves the right to disqualify or not consider any proposal that is determined not to achieve the State goals or be in the best interest of the State.

4.3 Scoring Guidelines

The Evaluation Committee will review responses and score them, considering such factors as:

- Responsiveness to requirements.
- Comprehensive understanding of the domain and clarity of proposed approach.
- Demonstration that critical functional requirements are in place, or the pathway for forward movement is clearly delineated.
- Excellence of approach to meet requirements in tangible ways.
- Evidence of forward thinking approach to performance of work. Degree to which clarifications and/or revisions are needed



- Applicant has the capability and preparedness to meet the requirements. Demonstrated level of readiness to perform. Sufficient detail is given to provide assurance that requirements can be successfully met. Necessary systems, policies and procedures, reporting capabilities, and staffing are in place and/or a cogent work plan for achieving organizational readiness is provided.

In scoring, the Committee may obtain and consider information from other sources concerning an Applicant, such as Applicant’s capability and performance under other contracts, the qualification of any subcontractor identified in the Application, Applicant’s financial stability, past or pending litigation, and other publicly available information

The Evaluation Committee may submit a list of detailed comments, questions, and concerns to one or more Applicants after the initial evaluation. The Evaluation Committee will only use written responses for evaluation purposes. Each component will be assessed based on the team’s evaluation of the Applicant’s understanding and the quality and completeness of the proposed approach and the Applicant’s Organizational Readiness to meet the requirements of the Certification Standards and perform as an effective AE. Specific scoring guidelines are included in the tables below.

| Technical Proposal – Understanding and Proposed Approach | | |
|---|----------|---|
| Excellent | 5 | <ul style="list-style-type: none"> • Applicant presents an excellent understanding of the requirements and purpose of the section. • Strong relevant experience and capability is shown. • Proposed approach is thoughtful, insightful, and comprehensive. • Strengths are described and gaps, including non-obvious dependencies, that need to be addressed to strengthen ability to perform at a high level are described. • Commitment to program and system transformation is evident. • Inspires a high level of confidence in applicant's capability in this area. |
| Good | 4 | <ul style="list-style-type: none"> • Applicant presents a good understanding of the requirements and purpose of the section. • Some relevant experience and capability is shown. • Proposed approach demonstrates good understanding of what is required to be effective. • Strengths are described and but there are only limited descriptions of gaps, including non-obvious dependencies, that need to be addressed to strengthen ability to perform at a high level are described. • Commitment to system transformation is indicated but not fully represented in proposal. • Inspires a good level of confidence in applicant's capability in this area. |
| Average | 3 | <ul style="list-style-type: none"> • Applicant presents a basic understanding of the requirements and purpose of the section. • Limited relevant experience and capability is shown. • Proposed approach demonstrates basic understanding of what is required to be effective. • Strengths are described and but there are only limited descriptions of gaps, including non-obvious dependencies, that need to be addressed to strengthen ability to perform at a high level are described. • Commitment to system transformation is indicated but not fully represented in proposal. • Inspires a moderate level of confidence in applicant's capability in this area. |
| Fair | 2 | <ul style="list-style-type: none"> • Applicant presents a preliminary understanding of the requirements and purpose of the section. • Very little relevant experience and capability is shown. • Proposed approach demonstrates limited understanding of what is required to be effective. • Strengths are minimally described with very limited descriptions of gaps that need to be addressed to strengthen ability to perform at a high level are described. • Commitment to system transformation is not evident. • Does not inspire confidence in applicant's capability in this area. |
| Poor - Marginal | 1 | <ul style="list-style-type: none"> • Applicant presents a limited understanding of the requirements and purpose of the section. • No relevant experience and capability is shown. • Proposed approach does not understand what is required to be effective. |



| | | |
|-----------------------|----------|---|
| | | <ul style="list-style-type: none"> • Very limited description of strengths without descriptions of gaps that need to be addressed to strengthen ability to perform at a high level are described. Commitment to system transformation is not evident. • Does not inspire confidence in applicant's capability in this area. |
| Non-responsive | 0 | <ul style="list-style-type: none"> • Proposal is non-responsive |

| Organizational Readiness | | |
|--|----------|---|
| High Level of Readiness | 5 | <ul style="list-style-type: none"> • Demonstrated excellent understanding of the requirements. • Requirements of the Certification Standards are fully met. • Approach is fully defined. Structure, systems, agreements, and/or staffing in place and operational. |
| Strong level of readiness | 4 | <ul style="list-style-type: none"> • Demonstrated good understanding of the requirements. • Gaps in capabilities are clearly identified • Early to mid-stage development toward meeting the requirements <ul style="list-style-type: none"> ◦ Structure, systems, agreements, and/or staffing are partially in place. • Detailed plan of action with clear milestones and projected time line for further development. |
| Early to mid-stage of Readiness | 3 | <ul style="list-style-type: none"> • Demonstrated fair understanding of the requirements • Gaps in capability are clearly identified • Preliminary development of actions toward meeting the requirements <ul style="list-style-type: none"> ◦ Needed structure, systems, agreements, and/or staffing plans are designed and moving toward implementation- • High level but comprehensive work plan with targeted milestones and projected time lines |
| Preliminary | 2 | <ul style="list-style-type: none"> • Demonstrated partial understanding of the requirements • Gaps in capability clearly identified • Limited development to date toward meeting the requirements. • High level work plan. |
| Poor, Marginal | 1 | <ul style="list-style-type: none"> • Demonstrated limited understanding of the requirements • Planning and implementation not yet begun. |

Scoring for each section will be weighted as described in the Proposal Summary Checklist included as Attachment B to this document. Total points for each section will be derived as:

- Awarded Points = (maximum points for the section) x (assigned score/5)
- Example
 - Awarded points = 3 where maximum points = 5 and a section is scored a 3
- A minimum score of “3” is required for Organizational Readiness is required for Domains 1, 2, and 3.