



HSTP AE Advisory Committee Meeting Minutes

Meeting Date, Time, and Location: December 16, 2021, 8:30 a.m. to 10:00 a.m., 3 West Road, Virks Building Training Room, Cranston, RI 02920

Meeting Facilitators/Presenters: Interim Director of Medicaid, Kristin Sousa (EOHHS); Director of Health System Transformation, Kim Pelland (EOHHS); Senior Policy Analyst Amy Katzen (EOHHS); Nancy Sutton, Chief, Center for Chronic Care and Disease Management (RIDOH), Accountable Entities and CTC-RI.

Committee Members: Carrie Bridges-Feliz; Barry Fabius; Scott Fraser; Chris Gadbois; Jennifer Hawkins; Deb Hurwitz; Dr. Jerry Fingerut; Womazetta Jones; Linda Katz; Dr. Al Kurose; Jeanne Lachance; Ray Lavoie; Juan Lopera; Maureen Maigret; Roberta Merkle; John Minichiello; Dr. Nicole Alexander-Scott; Jim Nyberg; Steve Odell; Dr. Ottiano; Maria Palumbo-Hayes; Rebecca Plonsky; Richard Charist; Amal Trivedi; Marti Rosenberg; Sam Salganik; Kristin Sousa; Sue Storti; Merrill Thomas; and Patrick Tigue.

Meeting Notes			
<i>Agenda Item</i>	<i>Time</i>	<i>Facilitator(s)</i>	<i>Meeting Notes</i>
Welcome & Introductions	5 Minutes	Director Sousa/Amy Katzen	<p>Director Sousa: Welcome and Introductions.</p> <p>Motion to approve the minutes from the April 1st AE Advisory Committee meeting</p> <ul style="list-style-type: none"> • Motion Approved <p>Director Sousa: I was hoping to introduce our new Director of Health System Transformation, Kim Pelland, but unfortunately Kim is not able to be with us today as she is sick. Many of you already know Kim as she has been the Medicaid Finance lead for HSTP since 2020.</p> <p>Program Updates</p> <p>Amy Katzen:</p> <ul style="list-style-type: none"> • AE Roadmap and Sustainability Plan were submitted to CMS on time in October. • Public comment periods for Program Year 5 and LTSS APM program requirements have closed and EOHHS completed review of input. Final requirements submitted to CMS on December 15, 2021. • EOHHS responses to public comment and the final Program Year 5 Requirements are on the EOHHS Accountable Entity Website. • EOHHS has engaged with AEs, MCOs, and others to obtain input to inform an investment strategy for \$3.5M to address behavioral health in the context of the AE program.

			<ul style="list-style-type: none"> • Total Cost of Care Program Year 3, Quarter 4 reports underway and will include risk adjustment. • Centers for Health Care Strategies (CHCS) technical assistance will end on March 31, 2022. Any AE that wishes to receive TA prior to the end of the contract should contact Jennie Chavis at jchavis@chcs.org. • Key changes after receiving input from forums included a bump in the AE and MCO incentive program PMPM and the inclusion of the FQHC ROI project as an alternative to downside risk in the incentive program. • Key changes after public comment include making all new care management certification requirements entirely optional in program year 5 and adding a more robust definition of AE revenue under the Total Cost of Care requirements. • Certification requirements retain the new care management framework and language for the new activities but made any new certification activities optional. • EOHHS revised the Program Year 5 re-certification application to ask for progress on all certification standards. • Not imposing any new conditions on AE certifications; strictly looking for updates on current capacities related to domains 4-8 looking, including the new, now optional, care management requirements. • EOHHS intends for AE responses to be brief and will use responses to inform approach to planning for Program Year 6. • AE PY5 Certification and Project Plan Timeline <ul style="list-style-type: none"> ○ December 30, 2021: PY 5 Re-Certification and Certification Application Posted on EOHHS Accountable Entity Resource Page ○ March 1, 2022: PY5 Re-Certification Applications Due ○ March 15, 2022: PY5 Certification Applications Due ○ April 15, 2022: PY5 Certification and Re-Certification Status Communicated ○ May 2, 2022: HSTP Project Plans Due ○ August 1, 2022: FQHC ROI Project Plans Due
<p>Community Resource Platform</p>	<p>10 Minutes</p>	<p>Marti Rosenberg</p>	<ul style="list-style-type: none"> • Marti Rosenberg: <ul style="list-style-type: none"> ○ The Community Resource Platform, being implemented by Unite Us, was procured by EOHHS as part of the HSTP SDOH investment strategy and supports screening, referrals, and coordination between healthcare and social care providers.

			<ul style="list-style-type: none"> ▪ Five AEs have been onboarded onto the Unite Us platform, Unite Us is engaging with MCOs to provide access to the platform, and there are 191 community-based organizations within the Unite Rhode Island network. ▪ From when the AEs “went live” at the end of September through Dec. 13, 53 patients have received 143 referrals. <ul style="list-style-type: none"> • Public Comment: <ul style="list-style-type: none"> ○ Can this be expanded to be more of a CM system? • Marti Rosenberg: This is not a Care Management system, but working with UniteUs to expand capabilities • Public Comment: <ul style="list-style-type: none"> ○ How are the AEs using Unite Us? • PCHC: Rolled out to Nurse CMs and CHWs. Having some trouble getting the CHWs to make the referrals for community partners not in the system, difficult to manually enter and track. • Thundermist: Extended care team, CHWs, HBCS using • Prospect: Referrals reflect total use on the slide. AE care team uses the most (CHWs, Nurse CMs). • Public Comment: <ul style="list-style-type: none"> ○ How is closed loop feature working? • Prospect: Explained workflow. • Public Comment: <ul style="list-style-type: none"> ○ How is Prospect tracking the information? • Prospect: Recorded in Unite Us, and members care plan updated in our population health tool. Prospect also discussed how they are trying to reduce preventable rejected referrals.
<p>RIDOH Community Health Network</p>	<p>15 Minutes</p>	<p>Nancy Sutton</p>	<ul style="list-style-type: none"> • Nancy Sutton provided an overview of RIDOHs Chronic Disease Prevention & Management Programs including: <ul style="list-style-type: none"> • Community Health Network Referral System • Transformation of the Community Health Network • Options for RI Accountable Entities <ul style="list-style-type: none"> • HSTP funding for staff training to become program leaders • CHW reimbursement for program delivery • Public Comment: <ul style="list-style-type: none"> ○ Can referrals be done through Unite Us? • Nancy Sutton: Yes <ul style="list-style-type: none"> ○ Is texting an option

			<ul style="list-style-type: none"> • RIPIN: Not currently, we have had some successes in other programs with texting, open to discussing. We have trainers that can be provided to AEs and practices to incorporate these programs into their workflows; RIPIN can also get creative. <ul style="list-style-type: none"> ○ Are there ways these programs can be modified? • RIPIN: These are evidence-based programs, but we work with practices to see what can be modified.
<p>Community Health Worker Benefit Update</p>	<p>10 Minutes</p>	<p>Amy Katzen</p>	<ul style="list-style-type: none"> • Amy Katzen <ul style="list-style-type: none"> ○ A community health worker (CHW) benefit in Medicaid was approved in the SFY 2022 budget. EOHHS is currently seeking the necessary approvals from CMS before implementation can begin. <ul style="list-style-type: none"> ▪ Upon budget approval, EOHHS collaborated closely with RIDOH, CHWARI, a national expert engaged by RIDOH, and a broad stakeholder group to inform the development of the benefit design, provider requirements, and rate structure. ▪ EOHHS issued a public notice for the state plan amendment (SPA) in June and upon receiving substantial feedback, particularly on the rate, updated the SPA to reflect higher rates. EOHHS then issued a second public notice in late September and submitted to CMS. ▪ EOHHS is currently in dialogue with CMS regarding the SPA. ▪ Once CMS approval is obtained, EOHHS will schedule stakeholder meetings to provide a detailed overview of the new benefit and provide implementation guidance to providers who intend to render CHW services. • Public Comment: <ul style="list-style-type: none"> ○ Billing will go directly through EOHHS and not the MCOs correct? • Amy Katzen: Correct, when EOHHS rolls it out it will run through FFS to get claims history to understand how it will impact rates before going through the MCOs. • Public Comment: <ul style="list-style-type: none"> ○ Any conversation with the MCOs on this? ○ Is it a flat rate or will there be any money for additional specialized certifications? • Amy Katzen: We have not discussed the CHW benefit in detail with MCOs. There are not rate differences for any specialized certifications. • Public Comment: <ul style="list-style-type: none"> ○ Are there per day unit limits? • Amy Katzen: Yes, but you can get around the 3-hour limit with pre-authorization. • Update:

			<ul style="list-style-type: none"> ○ EOHHS has revised the proposed SPA with CMS to remove the daily limit. This should be reflected in the final SPA once it is approved and published. ● Public Comment: <ul style="list-style-type: none"> ○ Is there a cap on the number of patients? ○ What is education req for CHWs? ○ For Medicare Managed Care, you can still bill. ● Amy Katzen: There is not a cap on the number of patients who can be served by a CHW in a day or, for example, in a training session. There is not an education requirement but there are training hours required – details can be found at the Rhode Island Certification Board website. Claims need to be rejected by Medicare first and then we cover. Medicare advantage plans in some cases cover, so we have that requirement. <ul style="list-style-type: none"> ○ Action: Amy Katzen to confirm operational process and provide an update to the group. Due: 17-Dec ● Action Update: <ul style="list-style-type: none"> ○ EOHHS determined that it is not necessary to bill Medicare and get a denial before billing Medicaid, given that Medicare does not cover CHW services. ● Public Comment: <ul style="list-style-type: none"> ○ For FQHCs will this be carved out of the reconciliation process? ● Amy Katzen: Not part of encounter rate so not part of reconciliation process. You can bill for it if you have not had or billed for an encounter that day. <ul style="list-style-type: none"> ○ Action: Amy Katzen to confirm operational process and provide an update to the group. Due: 17-Dec ● Action Update: <ul style="list-style-type: none"> ○ CHW billing by FQHCs: In order to bill for CHW services, FQHCs will need to enroll as CHW Providers with Medicaid. (This is the case for anyone who intends to bill for CHW services.) Having done that, the FQHC can bill the CHW services directly to Medicaid – in its capacity as a CHW Provider – on the same day as it bills an encounter for the same patient in its FQHC billing capacity (in nearly all cases to a managed care organization). CHW services will not play into FQHC PPS reconciliation/wrap payment analysis, as these are not “encounters.”
Accountable Entities and CTC Report Out on Community Health Workers	30 Minutes	AEs and CTC	Six of the Accountable Entities and CTC presented a report out on the integration and outcomes of CHWs in their organizations.



PY3 Quality Outcomes	15 Minutes	Charles Estabrook	Not Covered. Outcomes can be viewed in the presentation.
Adjourn			Meeting adjourned at approximately 10:30 a.m. The updated 2022 AE Advisory Council Meetings schedule to be announced in February 2022.

Meeting Participants: Marti Rosenberg (EOHHS), Holly Garvey (Integra), Garry Bliss (PHSRI), Domenic Delmonico (Tufts Health Plan), Stacey Aguiar (UHC), Chris Gadbois (CareLink), Jonathan Mudge (Blackstone Valley Community Health Center); Amy Katzen (EOHHS), Jennifer Marsocci (EOHHS), Monica Broughton-Rix(UHP); Jerry Fingerut (EOHHS); Kacey Booth (IHP); Patrick Tigue (OHIC); Tom Douglas (PCHC); Tarah Provencal (BCBSRI); John Tobin (NHP), Beth Marootian (NHP), Tinisha Richards (UHC), Gayle Dichter (NHP), Matthew Roman (Thundermist), Nancy Sutton (RIDOH), Ryan Erickson (BHDDH), Sam Salganik (RIPIN, Katie Alijewicz (EOHHS), Rick Brooks (EOHHS), Linda Cabral (CTC-RI, John Minichiello (Integra), Matt Harvey (Integra), Yajaira Almonte (Coastal), Amy Perry (PCHC), Kristin Sousa (EOHHS), Jonathan Gates (PCHC)