Neighborhood Health Plan OF RHODE ISLAND™

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To: Libby Bunzli, Director of Health System Transformation, Rhode Island Executive Office of Health and Human Services

From: John Tobin, Program Manager, Accountable Entities, Neighborhood Health Plan of Rhode Island

Cc: Nancy Hermiz, V.P. Medicaid, Beth Marootian, Director of Business Development and Strategy

Date: October 4, 2021

Neighborhood Health Plan of Rhode Island appreciates the opportunity to respond to the Executive Office of Health and Human Services' (EOHHS) Proposed Medicaid Accountable Entity Program Road Map Document. We are committed to continuing our close partnership with the EOHHS and to position the AEs for future success and look forward to discussing our input with EOHHS to answer any questions and clarify our comments and and/or recommendations.

General Observations:

Neighborhood applauds EOHHS' recognition of the importance of a sustainable Accountable Entities (AE) Program and the focus on key areas that will need to evolve for long-term success. As the AE program enters its 5th year, we are seeing the maturation at varying degrees of our Accountable Entity partners. AEs have gained experience related to risk-based concepts and have improved their ability to gather and process data that points to opportunities for improved performance.

Neighborhood is encouraged by the Specialized AE planning. Neighborhood supports the LTSS directions as outlined by EOHHS in this Roadmap and we look forward to our continued partnership with EOHHS on this important area of focus.

The EOHHS support of AEs is evident, however we observe that there is limited recognition of the ongoing value of the MCO. There is a need to broaden the scope of the sustainability plan to include MCO involvement going forward. The MCO dedicates significant staffing, time and expense to support the AEs.

As PY 5 requirements are being considered, we strongly encourage EOHHS to begin to pivot to expectations of programmatic outcomes and focus less on defining specific requirements for the AE. At this point of program maturation, as we move towards diminished HSTP funding, EOHHS needs to provide flexibility to the AEs and MCOs to achieve program objectives.

The feedback from Neighborhood follows the sequence of sections by page number of the Roadmap and Sustainability Plans.

a. P.8 - Neighborhood would like for EOHHS to share any plans for the AE program after HSTP funding for the AEs and MCOs is exhausted in FY 2025, the last year of incentive funding.

b. P.12 – Regarding the APM requirements, we would like to reserve an opinion that may be influenced by the pending complete draft of the PY5 TCOC requirements. Neighborhood supports full HSTP incentive funding for any FQHCs that do not opt for down-side risk.

c. P12 -. Neighborhood would like to point out that quality measures (applicable to the TCOC multiplier) need to be meaningful but reasonable. Neighborhood recommends that EOHHS adopt a process whereby the benchmarks are arrived at via a more collaborative, consensus driven means, driven by the MCOs instead of EOHHS. Allowing EOHHS to introduce processes consistent with a post-HSTP program.

d. P.21 - Neighborhood would like to be an active participant in the EOHHS AE Evaluation Plan.

Section IX, Sustainability Conceptual Framework

e. P.23, 24 – The "Efficient Care Threshold" concepts depict costs in the AE program that are not currently calculated in the Total Cost of Care. To fully reflect the cost of the AE Program, EOHHS needs to build in the expenses associated with the MCO and EOHHS support. The MCOs are a significant contributor to AE success and a driver of program efficiency. The data analysis and technical assistance from the MCO has a direct impact on each AEs ability to succeed. EOHHS needs to account for adequate funding for MCO expenses that flow downstream to the AEs.

Understanding Activities and Costs

f. P.25 - Neighborhood recommends EOHHS should include ongoing vendor costs, IT infrastructure costs, licenses and other permanent costs along with the staffing costs, which EOHHS has recognized.

Strategies for Sustainability

g. P.34 – Neighborhood Recommends greater model flexibility to help the historically lower cost AEs. The difference between the historically lower cost providers and the higher spend providers has not been adequately addressed in the Market Adjustment. Secondly, any assumptions based on Medicare (or any non-Medicaid product) should be tempered as the populations and program requirements are different.

h. P.36 - Neighborhood applauds EOHHS for adding Community Health Worker services as a Medicaid benefit. Neighborhood recommends that the state move the CHW benefit into the Managed Care benefit package in PY5, but no later than PY6. The administration of the benefit will be easier and access greater through the established provider-MCO billing mechanisms.

i. P.37 - For Care Management, Neighborhood recommends a shared accountability approach using established criteria that would be implemented in phases. Shared accountability is based on the AE and MCO's capabilities and strengths, and ensures a clear delineation of where an MCO, AE, other provider or program is taking the lead in coordinating a member's care. Shared accountability reduces duplication of effort, inefficiency and incentive misalignment.

j. P.38 - Neighborhood cautions EOHHS about assuming that AE incentives, policies and funding priorities will be aligned across payers (commercial, Medicare and Medicaid). FQHC AEs do not have the same payer population mix as the non-FQHC AE providers. EOHHS needs to recognize that not all AEs to have access to the same levels of funding and or staffing. The funding levels vary between payers and the demands and expenses of the various product's memberships differ greatly as well. FQHCs are the cornerstone of the Medicaid AE program based on both total membership and innovation. As such, EOHHS should differentially consider the impact to the FQHCs of any new programmatic or policy direction.

Neighborhood Offers Additional Considerations for Sustainability

E-Consults

Neighborhood recommends that EOHHS reimburse for E-Consults and build this concept into the Roadmap going forward. E-Consults are an effective approach to improve efficient access to specialty care. They offer a quick, direct, and documented communication between primary care and specialist. They could potentially reduce the need for face-to-face visits between specialist and patient therefore affecting the cost efficiency.

CMHOs/IHH

To date, the purposeful integration by EOHHS of the IHH providers and their oversight Agency BHDDH has been inadequate. IHH partnerships with AE organizations are critical to the sustainability of the program. Currently the IHH providers have very little incentive to approach the care of the AE patients efficiently. We recommend alignment of the IHH program with the goals of the AEs. At a minimum, IHH providers and BHDDH need to be a part of every AE discussion and planning. Neighborhood has offered ideas in this area and we continue to be willing to assist on this critical topic.

Transitions of Care

To date, most AEs do not have fair and equitable access to the major medical and BH hospital facilities to conduct in-person Transitions of Care. The recent experience with barriers to hospital access of the RI Parent Information Networks' (RIPIN) Transitions of Care project echoes with the AEs. RIPIN

experienced resistance from many of the hospitals and EOHHS engagement was necessary to facilitate access. In-person at the bedside, Transitions of Care is the most effective in establishing a lasting patient relationship. Sustainability of the AE Program is only possible if AEs are provide equal access to all medical and BH facilities for transitions of care. Neighborhood strongly recommends EOHHS use it's purchasing and payment leverage to require all hospitals to allow AEs to carry-out care coordination functions inside of their facilities.

Prescription Drug Costs

Neighborhood recommends EOHHS recognize the impact of pharmacy cost and policies on AE sustainability. Rising prescription drug costs will significantly impact the AE total cost of care performance. A recent example is the removal of the need for a prior authorization for hepatitis medications. A policy such as this, without consideration of downstream AE impacts can cut into an AE's savings without any ability for the AE to manage or influence those costs. As EOHHS and the State makes policy changes, the downstream impact on AEs should be considered. If the changes are likely to result in a negative impact on the AE, without their ability to manage those costs, a mitigating solution for the AEs should accompany the changes in policy.

Closing

As the program moves into PY5 and PY6 Neighborhood would like to offer that EOHHS strongly consider less prescriptive, specific requirements. Instead, an expected outcome should be required. An outcome that can be achieved with the flexibility of allowing for individualized AE/MCO targeted approaches. As we approach the AE Program Year 5, it is time for EOHHS can begin to plan for a gradual disengagement from the program. Neighborhood contends that the MCOs and AEs in partnership can work together to leverage the individual aspects of each MCO AE relationship to achieve long-term sustainability and success.

Thank you for your consideration,

John