UnitedHealthcare Community Plan of Rhode Island
475 Kilvert Street
Warwick, RI 02886

November 11, 2021

Jennifer Marsocci
Executive Office of Health and Human Services
3 West Road, Virks Building
Cranston, RI 02920
Submitted via email: jennifer.marsocci@ohhs.ri.gov

Re: Accountable Entity Program Year 5 Requirements

Dear Ms. Marsocci,

UnitedHealthcare Community Plan of Rhode Island appreciate the opportunity offered by the Executive Office of Health and Human Services (EOHHS) to provide feedback on the revised Accountable Entity Program Year 5 Requirements. We support EOHHS on efforts towards ensuring program sustainability and improving health outcomes and member satisfaction. Our comments regarding the individual sections are below.

We value the State's commitment to stakeholder engagement and look forward to continued collaboration. Should you have any questions or seek further information about the feedback provided, please do not hesitate to contact me by phone at (401) 732-7439 or email at pcooper@uhc.com.

Sincerely,

Patrice E. Cooper

Patrice E. Cooper
Chief Executive Officer
UnitedHealthcare Community Plan of Rhode Island

ATTACHMENT H - Accountable Entities Certification Standards – Comprehensive AE (Program Year 5)

The following discrepancies within the chart on Page 5 were noted; the Appointment Access Standard language here (Appt/Access Standard grid (pg11) varies from EOHHS Contract Amend 5. Under After-Hours Care Contact in amend 5 it references After hours care contact telephone, whereas this grid includes text, email. This grid is missing emergency care appointment category which is captured in amend 5. Under Non-emergent, non-urgent mental health or substance use the standard in amend 5 is within 10 calendar days, this grid references within 10 business days

Page 23 Care Programs; while the AE's/PCP are the primary source of referral for most services, for the SMI population the primary point of care may be the CMHO

Page 24 System of Care Chart; for the SMI population, the care may be coordinated by the IHH team rather than the AE, communication and collaboration with the AE/PCP is a priority. For members who are in OTPs, despite best efforts, member may not be willing for information to be shared with the PCP. The ICP may best site with the CMHO or the OTP and not in the AE chart for section 6.5.2.2. We recommend that the CMHC be the lead, and they are the provider the SMI member is most engaged with and should be leading the members care if the goal is to be member centric

Page 25 Care Management; UHC recommends that all sites within an ACO become NCQA PCMH certified in order to delegate care management activities from the health plan to the AE. This includes any new sites that are to join the AE in the future. The health plan is held to NCQA standards, which is the gold standard in health care, and would also recommend the ACOs be held to the same standard. This will allow for our members and their patients to receive the best care and health outcomes possible. It will also allow for consistency and standardization across the health plan and AEs. Please note that if ACO sites are not PCMH certified by NCQA, this puts each health plan at a very high risk of losing NCQA Accreditation; therefore, not adhering to Medicaid contract requirements.

Care Management as defined by the AE program will align with Care Management as defined by the MCO contract to ensure there is alignment in expected outcomes and staffing requirements.

UHC is in agreement to include PCMH certification as the standard so the state, MCO, and the AE's are all aligned.

Page 27 (6.2.4.5) we recommend adding Choosing Wisely which is an initiative of the ABIM Foundation to this list

Page 29 (6.4.1.7) we recommend EOHHS add FFS Medicaid covered services to the list (e.g., adult dental)

Page 31 Complex Case Management, If EOHHS's intent to have MCO's delegate complex care management when appropriate to AEs and the AE's in turn subdelegate complex care management when appropriate to CMHOs for the IHH/ACT population. There may be requirements for MCO NCQA accreditation at risk with this arrangement. It also adds complexity regarding delegated oversight to ensure that a high-quality program continue to be offered to members.

ATTACHMENT K – INFRASTRUCTURE INCENTIVE PROGRAM: REQUIREMENTS FOR MANAGED CARE ORGANIZATIONS AND CERTIFIED ACCOUNTABLE ENTITIES
Program Year 5

(Page 13) At the end of Program Year 5 (SFY 2023), FQHC-based AEs are eligible to receive Incentive Funds in the amount that their intervention saved by changing the target utilization compared to the utilization in a baseline period, up to an amount equal to 5% of the AE's Incentive Fund Pool.

We recommend that the description of Minimum Milestones on Page 6 mirror the language included in this section above (Table Page 16) (i.e., MCO is also eligible for up to 5% of the savings).

ATTACHMENT J - ACCOUNTABLE ENTITY TOTAL COST OF CARE REQUIREMENTS

This table (Page 14-17) should be updated to reflect the same table from the September 23, 2021 version of the implementation manual.

Rhode Island Accountable Entity Program Total Cost of Care Technical Guidance

The Table (Page 13) is missing the final submission for the PY data needed. TCOC Quarterly Report covering claims incurred July 2022 through June 2023 and paid through December 31, 2023.