

RI - Submission Package - RI2024MS0008O - (RI-24-0018) - Administration, Health Homes

Summary Reviewable Units Versions Correspondence Log Approval Letter News Related Actions

CMS-10434 OMB 0938-1188

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Administration, Health Homes | RI2024MS0008O | RI-24-0018 | CEDAR Health Homes

Package Header

Package ID	RI2024MS0008O	SPA ID	RI-24-0018
Submission Type	Official	Initial Submission Date	12/23/2024
Approval Date	01/08/2025	Effective Date	10/1/2024
Superseded SPA ID	RI-18-0009		
	System-Derived		

Monitoring

Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates:

The State will annually perform an assessment of cost savings using a pre/post-period comparison of Cedar health home clients. Savings calculations will be based on data garnered from the MMIS, encounter data from Health Plans, encounter data submitted the Health Home providers, and any other applicable data available from the RI Data Warehouse.

Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).

The state will phase-in the use of HIT to support health home services. Initially, providers will be supported in their delivery of health home services through data profiles supplied by Medicaid managed care plans for the 60% of the health home-eligible Cedar population enrolled in MCOs. The state is currently working with the MCOs to develop health utilization profiles minimally comprised of the components below.

- 1) Claims Data to identify member's pattern of utilization based on previous 12 months (#Emergency Room Visits, Last ER Visit Date, Last ER Visit Primary Diagnosis, #Urgent Care Visits).
- 2) Claims data to identify member's primary care home (#PCP Sites, #PCP visits to current PCP Site.
- 3) Prescription Drug information
- 4) Behavioral Health Utilization

In addition Cedar Health Homes also accesses the RI KIDSNET Child Health Information System which provides access to information vital to the provision of Comprehensive Care Management. This information includes: Blood Lead levels, Immunizations, Newborn Developmental Assessment, Hearing Assessment, WIC and Early Intervention participation.

Cedar Health Homes will also offer to enroll all clients into "CurrentCare" RI's electronic health information exchange.

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Administration, Health Homes | RI2024MS00080 | RI-24-0018 | CEDAR Health Homes

Package Header

Package ID	RI2024MS00080	SPA ID	RI-24-0018
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Approval Date	01/08/2025	Effective Date	10/1/2024
Superseded SPA ID	RI-18-0009		
	System-Derived		

Quality Measurement and Evaluation

- ☐ The state provides assurance that all Health Homes providers report to the state on all applicable quality measures as a condition of receiving payment from the state.
- ☐ The state provides assurance that it will identify measureable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals.
- ☐ The state provides assurance that it will report to CMS information to include applicable mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 through 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024 to inform evaluations, as well as Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS. In subsequent years, states must report annually, by December 31st, on all measures on the applicable mandatory Core Set measures that are identified by the Secretary.
- ☐ The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.

Medicaid State Plan Administration

General Administration

Reporting

CEDAR Health Homes

Package Header

Package ID	RI2024MS0008O	SPA ID	RI-24-0018
Submission Type	Official	Initial Submission Date	12/23/2024
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Superseded SPA ID	new		
	User-Entered		

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- ☐ 1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

- ☐ 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- ☐ 2. The agency reports annually, by December 31, on:
- a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
 - b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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RI - Submission Package - RI2024MS0009O - (RI-24-0019) - Health Homes

Summary Reviewable Units Versions Correspondence Log Approval Letter News Related Actions

CMS-10434 OMB 0938-1188

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | RI2024MS0009O | RI-24-0019 | Migrated_HH.CONVERTED Rhode Island-2 Health Home Services

Package Header

Package ID	RI2024MS0009O	SPA ID	RI-24-0019
Submission Type	Official	Initial Submission Date	12/23/2024
Approval Date	01/06/2025	Effective Date	10/1/2024
Superseded SPA ID	RI-16-0001-X		
	System-Derived		

Monitoring

Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates:

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Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).

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2) Claims data to identify member's primary care home (#PCP Sites, #PCP visits to current PCP Site.

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4) Behavioral Health Utilization

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Cedar Health Homes will also offer to enroll all clients into "CurrentCare" RI's electronic health information exchange.

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | RI2024MS00090 | RI-24-0019 | Migrated_HH.CONVERTED Rhode Island-2 Health Home Services

Package Header

Package ID	RI2024MS00090	SPA ID	RI-24-0019
Submission Type	Official	Initial Submission Date	12/23/2024
Approval Date	01/06/2025	Effective Date	10/1/2024
Superseded SPA ID	RI-16-0001-X		
	System-Derived		

Quality Measurement and Evaluation

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- ☐ The state provides assurance that it will identify measureable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals.
- ☐ The state provides assurance that it will report to CMS information to include applicable mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 through 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024 to inform evaluations, as well as Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS. In subsequent years, states must report annually, by December 31st, on all measures on the applicable mandatory Core Set measures that are identified by the Secretary.
- ☐ The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.

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RI - Submission Package - RI2025MS0001O - (RI-25-0001) - Health Homes

Summary Reviewable Units Approval Letter News Related Actions

CMS-10434 OMB 0938-1188

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | RI2025MS0001O | RI-25-0001 | RI Opioid Treatment Program Health Home Services

Package Header

Package ID	RI2025MS0001O	SPA ID	RI-25-0001
Submission Type	Official	Initial Submission Date	1/2/2025
Approval Date	01/17/2025	Effective Date	1/1/2025
Superseded SPA ID	RI-16-006		
	System-Derived		

Monitoring

Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates:

Rhode Island will annually assess cost savings using a pre/post-period comparison. The assessment will include total Medicaid expenditures for the intervention group. The data source will be Medicaid claims and the measure will be PMPM Medicaid expenditures. RI has current Medicaid data on all clients who received OTP HH services. RI also distributed a survey to OTP patients which included questions that assess their use of primary care physicians, specialty care, and Emergency rooms. This survey will be distributed again for a pre/post evaluation.

Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).

BHDDH will actively work with Health Home providers, and specifically with the HIT coordinator, to increase use of the State's HIE - CurrentCare. BHDDH will capitalize on the progress made by our CMHO Health Homes in connecting to the HIE with provisions for compliance with 42 CFR Part II. Participation in the HIE means that programs will have ready access to health care information from other sources such as PCPs, hospitals, pharmacies and labs. While OTPs are required to access information through the State's Prescription Monitoring Program, not all prescription information is contained there (only certain schedules). Participation also means that OTPs can share information (with client consent) so that other providers are aware of a client's participation in an OTP along with other relevant treatment information.

Information from MCOs and Medicaid will be provided to OTPs in routine reporting. MCOs will provide quarterly utilization reports along with next day notification of hospitalization. This will help OTPs effectively transition their patients and provide seamless care.

BHDDH will coordinate efforts with OTPs and the Department of Health's Chronic Disease Self Management program. Clients can be referred to these programs through email and tracked for follow through by DOH, with a report back to the referring provider.

BHDDH will use the RIBHOLD system to provide outcome/trend data to providers and prevent dual enrollment with other Health Homes.

OTPs will be supported in transforming into Health Homes through participation in statewide learning activities, monitoring and technical assistance. Physicians will have the opportunity to participate in DOH's Grand Rounds.

BHDDH will provide links to Health Home information on its website as a means of communication with providers and others.

OTPs will work with the HIT coordinator to develop systems for effective communication with patients such as texting, use of social media, twitter, and email alerts.

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | RI2025MS0001O | RI-25-0001 | RI Opioid Treatment Program Health Home Services

Package Header

Package ID	RI2025MS0001O	SPA ID	RI-25-0001
Submission Type	Official	Initial Submission Date	1/2/2025
Approval Date	01/17/2025	Effective Date	1/1/2025
Superseded SPA ID	RI-16-006		
	System-Derived		

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RI - Submission Package - RI2025MS0002O - (RI-25-0002) - Health Homes

Summary Reviewable Units Approval Letter News Related Actions

CMS-10434 OMB 0938-1188

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | RI2025MS0002O | RI-25-0002 | CEDAR Health Homes

Package Header

Package ID	RI2025MS0002O	SPA ID	RI-25-0002
Submission Type	Official	Initial Submission Date	1/2/2025
Approval Date	01/17/2025	Effective Date	1/1/2025
Superseded SPA ID	RI-18-0009		
	System-Derived		

Monitoring

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Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | RI2025MS0002O | RI-25-0002 | CEDAR Health Homes

Package Header

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