Progress to Date

EOHHS has made significant progress along several aspects of the Accountable Entity strategy. Key actions taken to date include:

1. Comprehensive AE Pilot Program Implementation
2. Specialized AE Pilot Program Development
3. Establishment of funding mechanism for Infrastructure Incentive payments

Key action steps to date in each of these areas are highlighted below.

1. Comprehensive AE Pilot Program Implementation

Rhode Island has already begun moving forward with the creation and support of Accountable Entities (AEs), while simultaneously testing critical program design elements. To approach the task of how to best advance such models in Rhode Island, EOHHS issued an RFI in August 2015 and received 14 responses with many thoughtful comments and recommendations. Based on feedback from the RFI and experience in other states, the state implemented an Accountable Entity Pilot Program as a fast-track path and an opportunity for early learnings in late fall 2015. EOHHS then provisionally certified Pilot AEs and issued companion documents specifying attribution rules and total cost of care guidance.

Pilots were certified with the understanding that:

- The state would be proceeding to move past the Pilot phase and, based on experiences and learnings from RI and across the country, would develop more extensive and refined certification standards. Applicants for pilot certification would be expected to comply with those new standards.
- The state would pursue opportunities with the federal government that, if successful, would enable state investments in the further development of AE capabilities.

To date, there have been three rounds of pilot AE applications. Applicants had to demonstrate readiness across three key design domains, including governance, organizational capability, and data/analytic capability. Qualified pilot applicants were “Provisionally Certified with Conditions,” which specified limitations to their contracting authority and confirmed required developmental steps and timelines.

The following six provider-based entities have been designated as Provisionally Certified Pilot AEs, eligible to enter into Total Cost of Care-based shared savings programs with Medicaid MCOs beginning in January 2016:

- Blackstone Valley Community Health Center’s HealthKey Accountable Entity
- Coastal Medical, Inc.
- Community Health Center Accountable Care Organization (CHC ACO)¹

¹ Community Health Center Accountable Care Organization (CHC ACO) currently includes East Bay Community Action Program (EBCAP), Comprehensive Community Action, Inc. (CCAP), Thundermist Health Center, Tri-Town Community Action Agency, WellOne Primary Medical & Dental Care, and Wood River Health Services.
These six AEs were certified as “Type 1” AEs, meaning they are certified to contract for all services for a total attributed population. As of July 2016, more than one third (1/3) of total Medicaid lives were attributed to participating pilot AEs under Total Cost of Care pilot terms, as shown below:

### AE Pilot: Attributed Lives

<table>
<thead>
<tr>
<th>Type 1 Attributed Lives</th>
<th>United</th>
<th>NHP</th>
<th>Total MCOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blackstone Valley (BVCHC)</td>
<td>8,933</td>
<td></td>
<td>8,933</td>
</tr>
<tr>
<td>Integra (CNE, SCH &amp;RIPCP)</td>
<td>19,011</td>
<td>20,140</td>
<td>39,151</td>
</tr>
<tr>
<td>PHSRI</td>
<td>5,350</td>
<td>5,411</td>
<td>10,761</td>
</tr>
<tr>
<td>PCHC Providence ChoiceCare AE</td>
<td>25,037</td>
<td></td>
<td>25,037</td>
</tr>
<tr>
<td>CHC ACO+</td>
<td>28,160</td>
<td></td>
<td>28,160</td>
</tr>
<tr>
<td><strong>Total Type 1</strong></td>
<td><strong>24,361</strong></td>
<td><strong>87,681</strong></td>
<td><strong>112,042</strong></td>
</tr>
</tbody>
</table>

Sources and Notes: United and NHP attributed lives from Q4 2016 snapshot reports. Coastal was provisionally certified in July 2016 and has not yet contracted with the MCOs.

These AE pilot participants provide three different models of Comprehensive Accountable Care, which will allow significant opportunities for evaluation going forward. There are two hospital based entities, one multispecialty group practice, and three FQHC based models, all of which demonstrate a commitment to primary care infrastructure and an interdisciplinary approach.

2. Specialized AE Pilot Program Development

“Specialized” AEs are generally intended as an interim arrangement to enable providers to form networks that will build the capacity and infrastructure needed to manage specialized populations across providers. Over time, EOHHS intends that these Specialized AEs would partner with a Comprehensive AE.

In conjunction with the Comprehensive AE Pilot Program implemented in late fall, 2015, EOHHS included an opportunity for provisional certification of specialized “Type 2” Accountable Entities. Specifically, the Specialized Pilot Type 2 AEs was intended to encourage and enhance integrated care for persons with SPMI/SMI (Serious & Persistent Mental Illness/Serious Mental Illness), consistent with EOHHS’ goal of integrating physical and behavioral health services. As such, organizations with attributed SPMI/SMI populations were eligible to become “Type 2” AEs, eligible to participate in a total cost of care based shared savings arrangement with participating Medicaid MCOs.

In practice, the implementation of this type of Specialized AE resulted in the alignment of Specialized AEs with Comprehensive AEs. As such, EOHHS intends to sunset the Type 2 SPMI Specialized Accountable Entity, instead encouraging integration of SPMI populations with
comprehensive AEs, as has already occurred in the market. EOHHS remains committed to continued improvements and enhancements in integrated care for persons with SPMI/SMI.

EOHHS is also working closely with stakeholders to develop a Specialized LTSS AE Pilot Program to focus on providers of long term services and supports (LTSS). Activities to support this initiative so far include:

- Establishment of key program goals
- Multiple discussions with key stakeholders and public meetings
- Research and evaluation of similar programs in other states
- Detailed discussions with key stakeholders regarding potential program structure, including attribution methods, APM models and performance metrics

Specialized LTSS-focused AEs are intended to achieve the rebalancing goals of Reinventing Medicaid by effectively enabling and encouraging aging populations to live successfully in the community. This requires creating sufficient financial incentives for current LTSS providers -- nursing facilities, home and community based providers -- to work together to change the way care is delivered to our aging population. As such, the Specialized LTSS focused AE program shall:

- Support focused investments to build capacity and fill in gaps in infrastructure to more effectively address the needs of vulnerable seniors, supporting their ability to successfully remain in the community.
- Encourage and invest in the development of integrated care delivery models, such that providers build collaborative LTSS focused integrated care delivery systems that include a continuum of care. Ability to address persons with behavioral health needs and dementia will be critical.
- Encourage/require alternative payment methodologies that support this integrated system and that align financial incentives both across payors and between the state, MCOs and providers.
- Change financial incentives for Nursing Facilities – encourage them to reduce length of stay, increase quality, and send people home quicker.

EOHHS is also beginning to design a Medicaid Pre-Eligibles Pilot Program. The conceptual design as tested with stakeholders in the draft roadmap in January 2017 was met with strong interest and positive feedback, and initial design discussions have already begun with interested stakeholders. Over the coming months, EOHHS intends to work with CMS and local parties to design potential pathways for this innovative approach.

3. Establishment of funding mechanism for Infrastructure Incentive payments

Beginning in late 2015, EOHHS began pursuing Medicaid waiver financing to provide support for 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. RI submitted an application for such funding in early 2016 as an amendment to RI’s current Global Medicaid 1115
Waiver. In October 2016 CMS approved this waiver amendment, bringing $129.8 million to RI from November 2016 through December 2020. The current RI 1115 Waiver expires December 31, 2018. The STCs of the waiver amendment include expenditure authority for this program up to $79.9 million FFP through the end date of the current waiver. The remaining $49.9 million in funding is anticipated to be available upon the renewal of the waiver with an extension of DSHP authority through 2020.

This funding is based on the establishment of an innovative Health Workforce Partnership with RI’s three public higher education institutions: University of Rhode Island (URI), Rhode Island College (RIC), and the Community College of Rhode Island (CCRI). The majority of the financing from this waiver amendment will be provided to AEs as incentive-based infrastructure funding via the state’s managed care contracts. Other CMS-funded components include:

- Investments in partnerships with Institutions of Higher Education (IHEs) for statewide health workforce development; and,
- One-time transitional funding to support hospitals and nursing facilities in the transition to new AE structures.²


² The STCs limit this program to be one-time only and to not exceed $20.5 million, paid on or before December 31, 2017.