



## RI Medicaid Medical Care Advisory Committee (MCAC)

September 7, 2016

7:00 – 8:00 am

Hazard Building, Garden Conference Room

Lower/Ground Level

74 West Road, Building #74, Cranston, RI

### MINUTES

#### **Attendees-**

*MCAC Members:* Dave Feeney, Renee Rulin, Patricia Flanagan, Pedro Ochoa, Catherine Cummings, Chris Gadbois, Tracey Cohen, Jody Rich

*EOHHS Staff:* Jerry Fingerut, Hannah Hakim

*Other:* Karen Mariano (HPE), Philip Chan (RIDOH)

1. Welcome & Introductions
2. Review and approval of 7/6/16 minutes-approved
3. Medicaid Director Update - Anya Rader Wallack will be leaving to take a new position at Brown University, School of Public Health. Deb Florio and Darren McDonald, EOHHS' Deputy Medicaid Directors will lead until a new director is hired.
4. Review of draft Medicaid FFS policies-There were no policies for review.
5. Accountable Entities Initiative Sharon Kernan, RN, MPH
  - Accountable Entities or "AEs" are Medicaid's version of Accountable Care Organizations (ACO) where a provider organization is accountable for quality health outcomes and total cost of care of its population.
  - We are currently in a pilot phase (6 AEs). Over the next 1 – 1 ½ years we will move to full certification standards of AEs. We are being flexible in timing to ensure that we learn from the experiences of the pilot.

- The AEs contract with managed care organizations (Neighborhood Health Plan and UnitedHealthcare Community Plan). The total cost of care analysis is done between the health plan and the AE. If costs over a given time period are less than expected, the health plan and the AE share in the savings.
  - All pilots are currently participating in shared savings. Eventually we will move to full-risk
  - Each health plan submitted their total cost of care methodology to EOHHS for approval
- Key features of the AEs include: an emphasis on addressing the social determinants of health (housing, food, employment, etc.) and providing flexibility to the provider organization to be able to do so.
- There are two types of AEs
  - Type 1: members are attributed to a primary care provider based on member selection. Primary care providers can participate in only one AE.
  - Type 2: focus on individuals with severe and persistent mental illness (SPMI). These members are attributed to their community mental health provider.
  - There are currently discussions on adding additional “specialty” AEs such as one focused on long term services and supports.
- Question: Our Rite Care plans have had flat to negative cost trends over the past few years. The AEs appear to be “putting another layer” between providers and health plans—how will this achieve more savings than our already successful health plans?
  - We believe there is still ample opportunity for savings for the elderly populations in long term services and supports, in behavioral health, and in innovative approaches to access to care such as telehealth.
  - The state focused on provider-led AEs to maintain a focus on primary care
- Question: How are the providers incented to lower hospitalizations if the hospitals are not part of the AE?
  - The AEs are definitely forming partnerships with the hospitals (a hospital can partner with more than one AE). Additionally, the MCOs have relationships with the hospitals.
  - The providers are incented to lower the total cost of care of their population and the biggest opportunity is to lower hospitalizations.
- Question: How will the AEs deal with pharmacy?
  - Pharmacy continues to be one of the most difficult pieces to affect. The members attributed to AEs have the same benefits. CMS has requirements on access to medications. Pharmacy is included in the total cost of care calculations.

## 6. Open Issues

Jerry Fingerut, M.D.

- Hepatitis C-the state is looking at policies in terms of drug costs.
- Opioids- Dr. Alexander-Scott is convening monthly meetings to develop toolkits for our response to opioid use.

7. Updates and Group Discussion

MCAC members

- New service starting soon in Medicaid called “housing stabilization.” It will include support for people to stay in their current home/housing. We are in the process of certifying home stabilization providers. Information can be found on our website on how to become a provider.
- The sobering center at Emmanuel House is scheduled to open November 1.

8. Adjourn

**Next MCAC meeting:** December 7, 2016, 7:00 am