



Medicaid Pediatric Primary Care Rate Supplement Program Guidance

Program Overview

In July of 2020, EOHHS and OHIC implemented the Pediatric Primary Care Relief Program, which issued one-time grant payments to pediatric primary care providers to support system resiliency to improve immunization rates following COVID-19 related disruptions in care and practice cashflow. While pediatric primary care offices have re-opened following initial closures, social distancing and COVID-19 prevention measures have constrained practice capacity and created barriers for members to access care (e.g., transportation, perceptions of safety). These barriers are anticipated to persist as the state continues to respond and adapt to the COVID-19 pandemic. As such, EOHHS is implementing the Medicaid Pediatric Primary Care Rate Supplement through the end of calendar year 2020, to provide monthly financial incentives to pediatric primary care practices to ensure all children are up to date with the full array of essential, preventive healthcare services by overcoming COVID-19 related barriers to access.

The Medicaid program offers a comprehensive children's health benefit, called [Early and Periodic Screening, Diagnosis, and Treatment \(EPSDT\)](#), which covers an array of preventive, dental, mental health, developmental, and specialty services. Pediatric primary care is the clinical setting where children receive critical preventive services like immunizations and developmental screenings, and pediatric medical homes serve as the hub from which follow up or specialty services are often coordinated. Rhode Island has a history of innovation and investment in high quality, transformed pediatric primary care, and it is critical that we support this system to ensure continued access to preventive care to avoid potential second-order public health impacts that may be caused by lapses in primary care.

Pediatric primary care has been deferred for many families because of the COVID-19 Public Health Emergency. During April of 2020, pediatric claims filed were down 44% compared to April of 2019. While utilization has increased slightly, claims filed were still 10% lower during June 2020 compared to June 2019. It is critical that the state supports Pediatric Primary Care Providers to encourage patient participation for care that was deferred during the Spring virus surge and continue to build capacity throughout the phases of reopening to ensure all Medicaid covered children have access to these critical preventive services. As such, Medicaid Pediatric Primary Care Rate Supplement payments will be contingent upon providers demonstrating measurable improvement in access to care.

Qualifying Providers

Payments through the Medicaid Pediatric Primary Care Rate Supplement Program will be made available to pediatric practices, family medicine practices, or any other such primary care practice that provides primary care to Rhode Island Medicaid covered children by an MD, DO, PA, or NP with a subspecialty in



pediatrics or family medicine. Non-FQHC practices located in Rhode Island are eligible to apply. Out-of-state practices are not eligible. Payment size will be based on the practice’s panel in a manner proportional to the number of Medicaid covered children under 18 years of age that receive primary care services from the practice.

Distribution Methodology

A total payout amount under the Medicaid Pediatric Primary Care Rate Supplement will be calculated proportionally based on the number of Medicaid covered patients under 18 years of age in the clinician’s pediatric panel. This amount will be split into equal monthly payments for the months of August through December 2020 and contingent upon reporting and achieving an access benchmark.

Providers will apply to participate in the Medicaid Pediatric Primary Care Rate Supplement program and report the number of active Medicaid covered patients under 18 years of age in each clinician’s pediatric panel. For the purposes of this program, active patients will be defined as those that have received care from the applicant practice between August 1, 2018 and July 31, 2020. Providers must also report performance data about the HEDIS “Children and Adolescents’ Access to Primary Care Practitioners” measure each month to earn payment. The first month will be paid out on a pay-for-reporting basis.

Performance calculation:

Providers will be asked to use the [NCQA HEDIS measure¹](#) for “Children and Adolescents’ Access to Primary Care Practitioners,” reporting numerators and denominators for the four age group categories on a year-to-date basis according to the table below. EOHHHS will calculate a weighted percentage based on each practice’s age distribution. Targets have been calculated to put practices on a trajectory to achieve 70% on this measure by the end of calendar year 2020. The benchmark for each practice will either be the specified year-to-date performance target or a 5% improvement from the preceding month, as shown below.

Reporting schedule and monthly targets:

Reporting Deadline	Reporting Period	Target	Payment Basis
9/8/20	1/1/2020-7/31/2020	NA	Pay for Reporting
10/1/20	1/1/2020-8/31/2020	47% or 5% increase from previous month	Pay for Performance
11/1/20	1/1/2020-9/30/2020	52% or 5% increase from previous month	Pay for Performance
12/1/20	1/1/2020-10/31/2020	58% or 5% increase from previous month	Pay for Performance

Payments will be subject to a cap based on available resources.

¹ Detailed measure specifications can be downloaded here: https://cmit.cms.gov/CMIT_public/ReportMeasure?measureRevisionId=2120



Eligible Uses

Funds received through the Pediatric Primary Care Relief Program must be applied toward the following eligible uses:

- Payroll expenses, including: employee wages, including overtime, payroll support.
- New costs which are necessary and related to COVID-19, including but not limited to: PPE, cleaning supplies, screening of patients and visitors
- Costs otherwise associated with business interruptions caused by required closures as a result of the pandemic
- Expenses necessary to achieve the access benchmark to prevent potential second-order public health impacts caused by lapses in preventive care
- Other necessary COVID-19 related expenditures

Once funds are disbursed, providers are instructed to keep financial records demonstrating that funds received through the Pediatric Primary Care Relief Program are spent in accordance with these requirements, as recipients of these funds will be subject to audit. Ideally, the program expenses and reimbursements will be recorded separately in the practice financial records from normal business operations expenses and receipts.

Administration

Qualifying providers must submit an application to the Executive Office of Health and Human Services (EOHHS). Applications will consist of: contact information, provider billing information, electronic funds transfer information, physician FTE count, and Medicaid covered pediatric panel size. Providers must also report on and attest to the number of Medicaid covered children on the Preventive Care Recall Report, according to the specifications described above.

Within the application process, providers will be asked to sign and return a financial agreement. A signed agreement by the provider will state that grant funds will be disbursed appropriately and that the provider will participate in audit functions following receipt of the payment. Failure to comply with the terms of the agreement will result in recoupment of all funds. A blank financial agreement can be found online for reference here: <http://www.eohhs.ri.gov/Initiatives/PediRelief.aspx>

A PDF version of the program application, application instructions, and a blank financial agreement are available here: <http://www.eohhs.ri.gov/Initiatives/PediRelief.aspx>

Applications will be made available by Thursday August 27, 2020 and must be submitted on or before 5:00 pm Thursday September 10, 2020. Incomplete applications will not be considered. Applicants must include a signed financial agreement upon submission of the application. Applications received after September 10, 2020 may be considered and processed subject to available funds.



Applicants will be instructed to submit subsequent monthly reports on the performance metric to earn payments that will be issued in October, November, and December of 2020. Reporting will follow the timeline indicated in the table above. Links to monthly reporting submissions will be provided to applicants prior to the monthly reporting deadlines.

Upon receiving applications and approval into this program, EOHHS will calculate the payment amount and make every effort to disburse initial payments to providers by September 30, 2020; a fully executed financial agreement and notice of award will be sent to provider after first payment is processed.

Approved providers will receive the approved monthly amount in a lump sum payment from EOHHS via the State's Medicaid payment system.

For any further questions regarding this program, please email: OHHS.PediRelief@ohhs.ri.gov

To submit your application, please apply using the online application accessible at the link above.