



Rhode Island Health System Transformation Project

Starting Point: Reinventing Medicaid

The Rhode Island “Working Group to Reinvent Medicaid” established a model for a reinvented publicly financed health care system based on the **following principles**:



- ✓ Pay for value, not for volume
- ✓ Coordinate physical, behavioral, and long-term health care
- ✓ Rebalance the delivery system away from high-cost settings
- ✓ Promote efficiency, transparency, and flexibility

From these principles, a set of goals and objectives were established ***“toward the vision of a reinvented Medicaid in which our Medicaid managed care organizations (MCOs) contract with Accountable Entities (AEs), integrated provider organizations that will be responsible for the total cost of care and healthcare quality and outcomes of an attributed population.”***

Project History and Strategy

- ❖ On February 26, 2015, Governor Gina Raimondo issued Executive Order 15-08, establishing the “Working Group to Reinvent Medicaid.” In July 2015, the Working Group delivered a multi-year plan for the transformation of the Rhode Island Medicaid program.
- ❖ On October 20, 2016, RI received CMS approval of its Medicaid 1115a Special Terms and Conditions for the Health System Transformation Project.
- ❖ This allows the state to claim federal matching funds for a total of **\$129 M over a 5-year period** [Oct 2016- Dec 2020]
 - There’s no new general revenue spend
- ❖ Federal match through the Special Terms and Conditions are restricted in scope, yet allow for development of health system transformation initiatives.
- ❖ The Health System Transformation Project aligns with the state’s SIM work and healthcare workforce transformation goals.



Health System Transformation Objectives

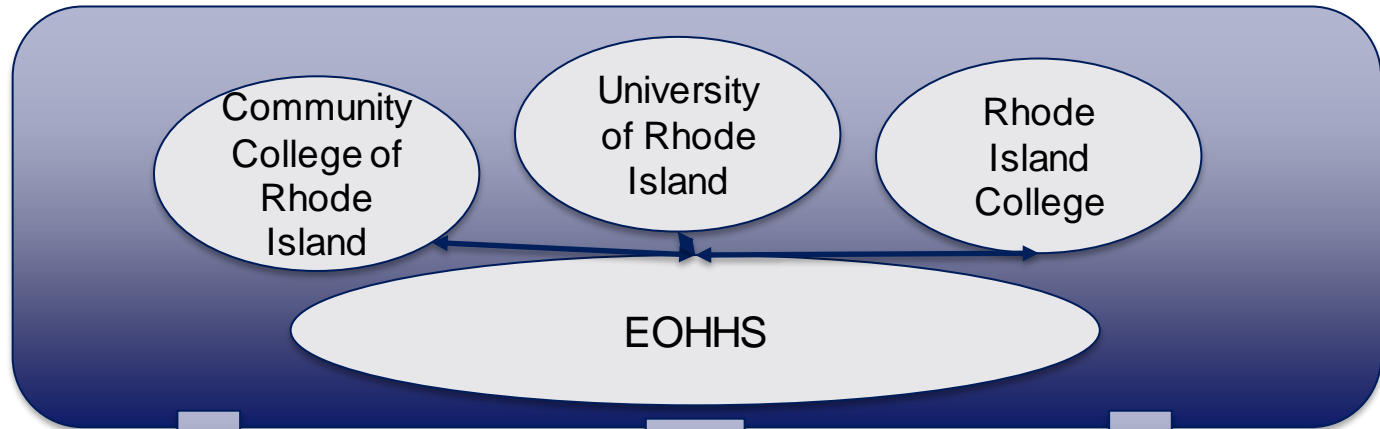
RI's Health System Transformation initiative aligns with the "Triple Aim" to improve the patient experience of care (including quality and satisfaction), improve population health, and reduce the per capita cost of health care.

- ✓ **Unprecedented Partnership with Institutions of Higher Education**
- ✓ **Provides Infrastructure Funding for Accountable Entities**
- ✓ **Invests in our Health Workforce for Rhode Island's Future**
- ✓ **Provides Transitional Funding for and Hospitals and NFs**



Health System Transformation Project

**Partnership
with
Institutions
of Higher
Education
(DSHP)**



**Health
System
Transformation
Project**



One-year transitional funding to support the transition to new Accountable Entity structures.



System Transformation, including capacity building toward mature, broad based Accountable Entities (AEs), and new specialized provider partnerships



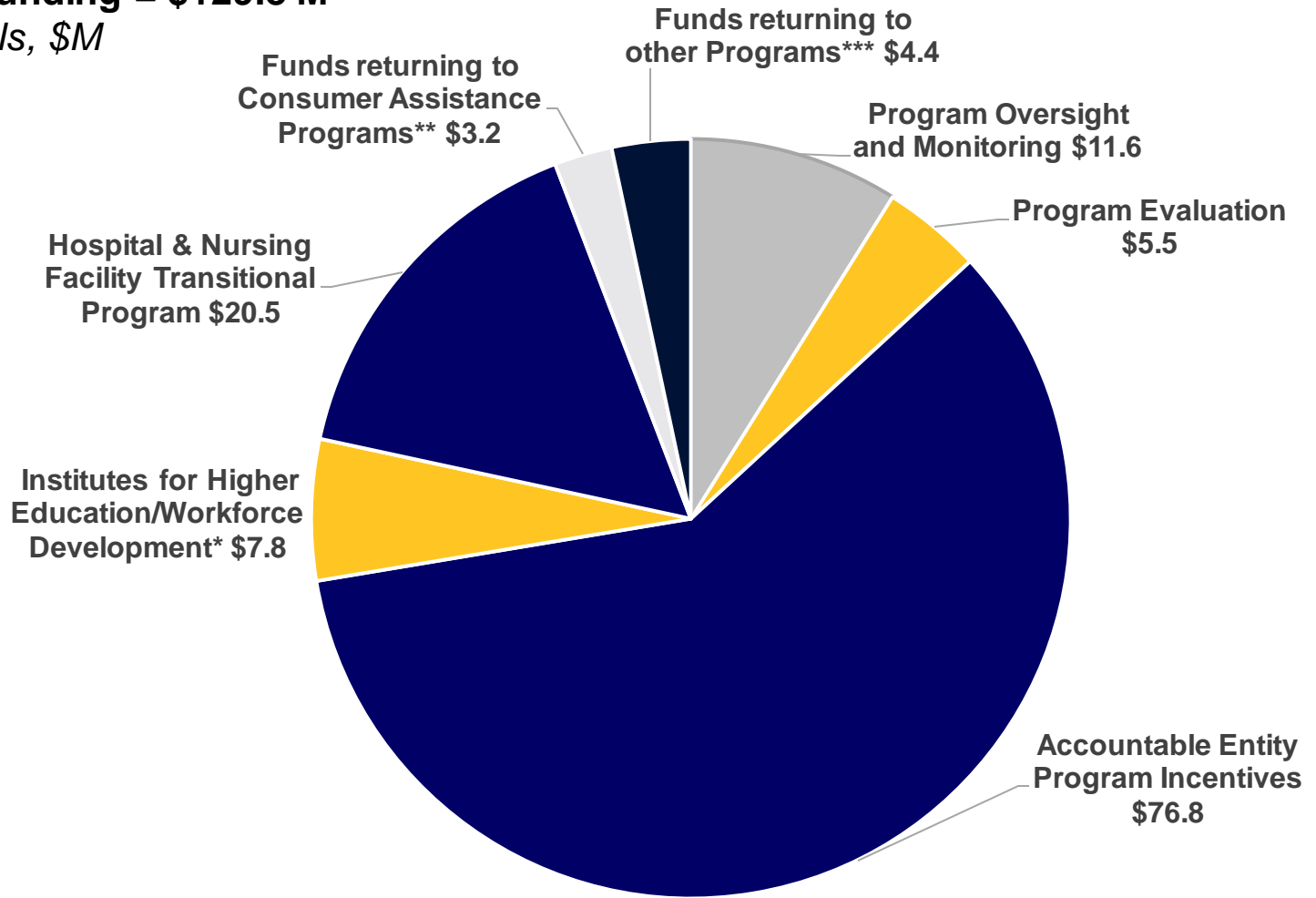
Development of a healthcare workforce that is congruent with the goals of Medicaid reinvention and melds with the Governor's Jobs Plan



HSTP Funding Plan

Total HSTP Funding = \$129.8 M

Funding Details, \$M



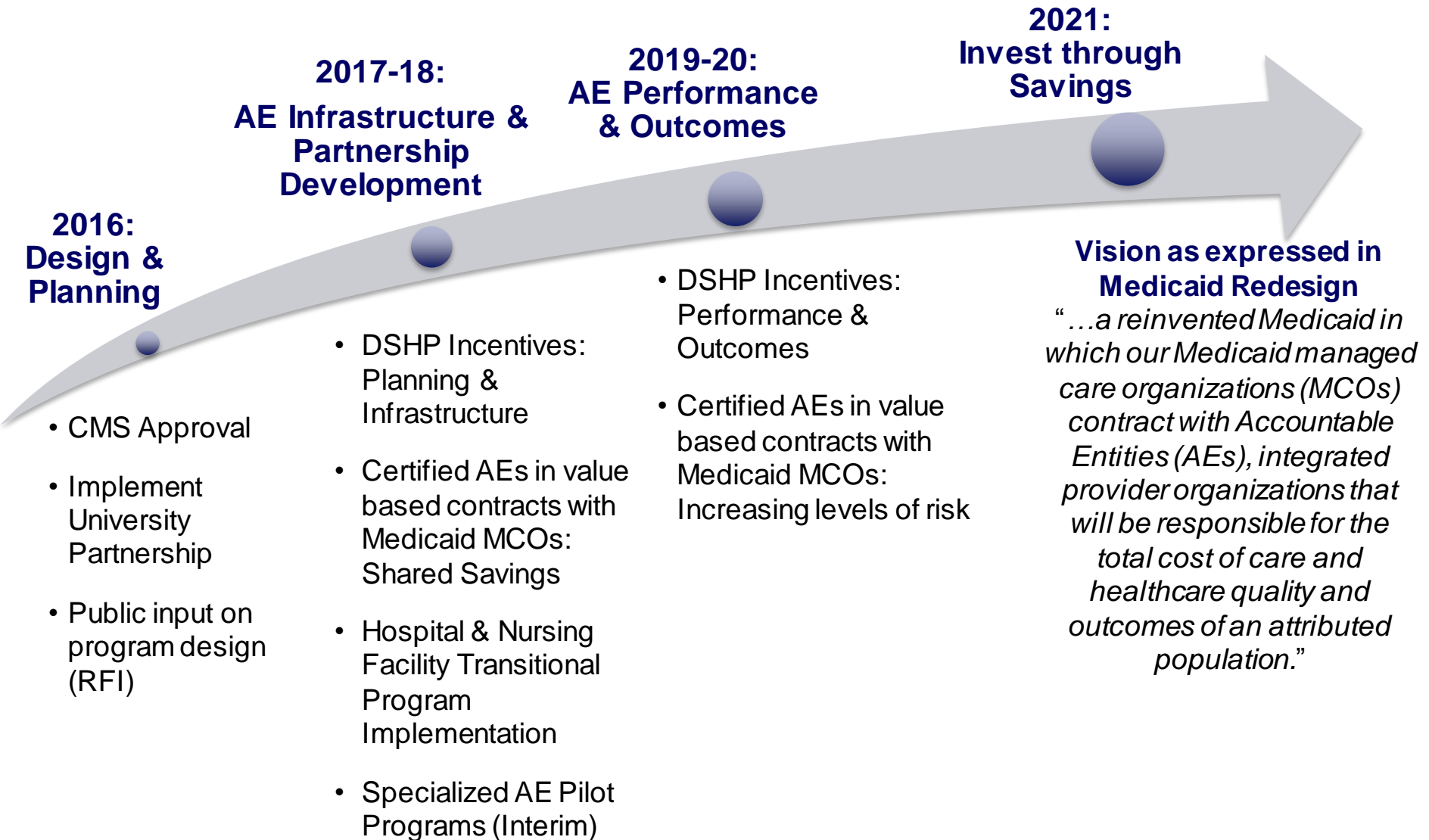
*Institutes for Higher Education/Workforce Development includes \$5.4 M for Workforce Development and \$2.4 M for Program Operations.

**Funds returning to Consumer Assistance Programs includes some unavailable funding (~9%).

***Funds returning to other Programs includes: Wavemaker Fellowship, TB Clinic, RI Child Audiology Center, and Ctr for Acute Infectious Disease Epidemiology. TB and Infectious Disease programs includes some unavailable funding (~9%).



Health System Transformation Timeline



Institutions of Higher Education College & University Partnership

Unprecedented Partnership with Institutions of Higher Education

- ✓ Special CMS authority to partner with Institutions of Higher Education, with new federal funding support for health related education programs.
- ✓ Funds will be used to promote improved access and quality of care for Medicaid beneficiaries in RI by supporting the education and training of the healthcare workforce.
- ✓ The state may claim FFP for healthcare workforce training programs and related supports at the URI, RIC and CCRI.



Accountable Entities Plan

System Transformation through Accountable Entities program



- 6 pilot AEs
100,000 Members
- Limited requirements for integrated capabilities
- Shared savings (no risk)
- Two Types
Type 1: Broad based
Type 2: Specialized SPMI

- **Expand Type 1 AEs**
Build infrastructure & capacity for risk
- **Develop Specialized AEs to address targeted gaps in infrastructure and capacity**
 - Service Gaps: Long-term Care, Behavioral Health
 - Populations: Elderly/Duals
- **Three Targeted, Healthy Aging Specialized AE Pilots**
 - Dual Eligibles Pilot
 - LTC Pilot: Nursing Facility Partnership
 - Pre-Eligibles Pilot

Vision as expressed in Medicaid Redesign
“...a reinvented Medicaid in which our Medicaid managed care organizations (MCOs) contract with Accountable Entities (AEs), integrated provider organizations that will be responsible for the total cost of care and healthcare quality and outcomes of an attributed population.”



Healthcare Workforce Partnerships

Development of a healthcare workforce that is congruent with the goals of Medicaid reinvention, melds with the Governor's Jobs Plan, is critical to health transformation.

- ✓ SIM partnership
- ✓ Focuses upon both the current workforce and those in Institutions of Higher Education (IHEs).
- ✓ Current Partners
RI's three public higher education institutions, the University of Rhode Island (URI), Rhode Island College (RIC), and the Community College of Rhode Island (CCRI), as well as with the Department of Labor and Training (DLT) and other critical organizations.



Hospital & Nursing Facility Transitional Program

One time transitional funding is intended to support hospitals and nursing facilities in the transition to new Accountable Entity structures

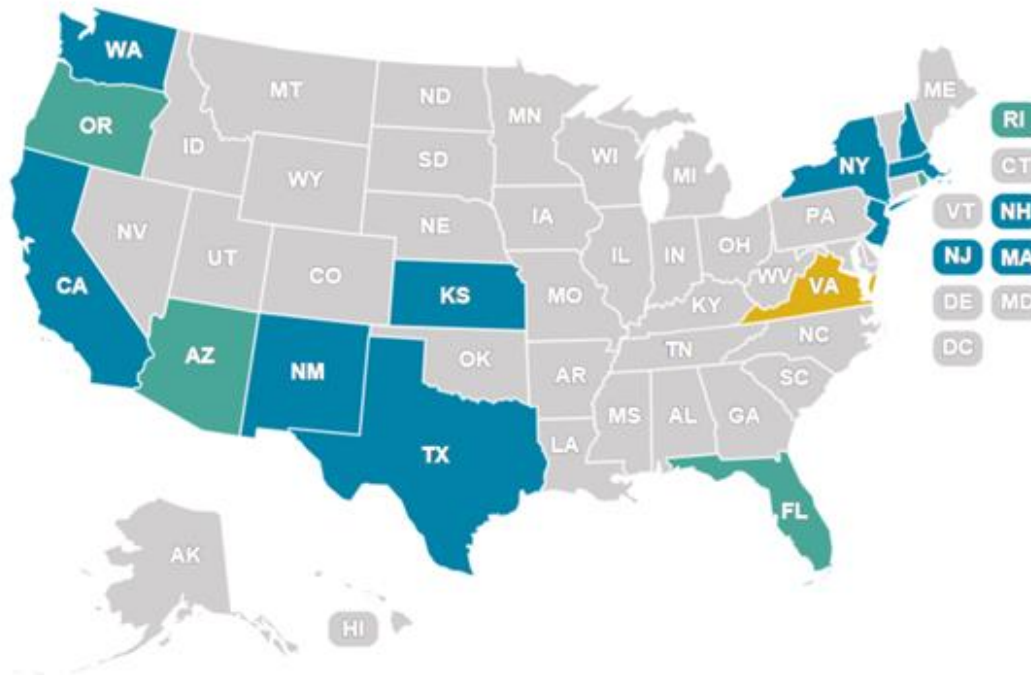
- ✓ Providers awarded incentive payments based on a set of measures that will demonstrate institutional providers' efforts towards value-based contracting arrangements, cost effectiveness, and alignment with key clinical interventions.
- ✓ Not to exceed \$20.5 million in DY 8, paid on or before December 31, 2017
- ✓ Administered through MCOs
- ✓ If the facility does not achieve the benchmark, no payment will be made
- ✓ Payment will correspond to a facility specific performance report
- ✓ Payments for each participating facility contingent on the entity fully meeting project metrics






Delivery System Reform Incentive Payment

Rhode Island joins a select group of states leveraging new federal authority authorized by the ACA to test cutting-edge ways to improve how care is paid for and delivered. www.chcs.org

 Download map details



Click on a state in the map to display program details.

-  Official DSRIP program, approved
-  Non-official DSRIP program (DSRIP-like)
-  DSRIP program pending approval

