Report to the Centers for Medicare and Medicaid Services

Quarterly Operation Report

Rhode Island Comprehensive

1115 Waiver Demonstration

January 1, 2014 – March 31, 2014

Submitted by the Rhode Island Executive Office of Health and Human Services (EOHHS)

February 2015

I. Narrative Report Format

Rhode Island Comprehensive Section 1115 Demonstration

Section 1115 Quarterly Report Demonstration/Quarter Reporting

Period: DY 6 January 1, 2014 – March 31, 2014

II. Introduction

The Rhode Island Medicaid Reform Act of 2008 (R.I.G.L §42-12.4) directed the state to apply for a global demonstration project under the authority of section 1115(a) of Title XI of the Social Security Act (the Act) to restructure the state's Medicaid program to establish a "sustainable cost-effective, person-centered and opportunity driven program utilizing competitive and value- based purchasing to maximize available service options" and "a results-oriented system of coordinated care."

Toward this end, Rhode Island's Comprehensive demonstration establishes a new State-Federal compact that provides the State with substantially greater flexibility than is available under existing program guidelines. Rhode Island will use the additional flexibility afforded by the waiver to redesign the State's Medicaid program to provide cost-effective services that will ensure that beneficiaries receive the appropriate services in the least restrictive and most appropriate setting.

Under this demonstration, Rhode Island operates its entire Medicaid program subject to the financial limitations of this section 1115 demonstration project, with the exception of: 1) disproportionate share hospital (DSH) payments; 2) administrative expenses; 3) phased-Part D contributions; and 4) payments to local education agencies (LEA) for services that are furnished only in a school-based setting, and for which there is no third party payer.

With those four exceptions, all Medicaid funded services on the continuum of care – from preventive care in the home and community to care in high-intensity hospital settings to long-term and end-of life-care whether furnished under the approved state plan, or in accordance with waivers or expenditure authorities granted under this demonstration or otherwise, are subject to the requirements of the demonstration. Rhode Island's previous section 1115 demonstration programs, RIte Care and RIte Share, were subsumed under this demonstration, in addition to the state's previous section 1915(b) Dental Waiver and the state's previous section 1915(c) home and community-based services (HCBS) waivers. The state's title XIX state plan as approved; its title XXI state plan, as approved; and this Medicaid section 1115 demonstration entitled "Rhode Island Comprehensive Demonstration," will continue to operate concurrently for the demonstration period.

The Rhode Island Comprehensive demonstration includes the following distinct components:

a. The Managed Care component provides Medicaid state plan benefits as well as supplemental benefits as identified in Attachment A of the Standard Terms and Conditions (STCs) to most recipients eligible under the Medicaid state plan, including the new adult group effective January 1, 2014. Benefits are provided through comprehensive mandatory managed care delivery systems. The amount, duration and scope of these services may vary and limitations must be set out in the state plan, the STCs, or in demonstration changes implemented using the processes described in section IV of the STCs.

b. The Extended Family Planning component provides access to family planning and referrals to primary care services for women whose family income is at or below 200 percent of the federal poverty level (FPL), and who lose Medicaid eligibility under RIte Care at the conclusion of their 60-day postpartum period. Effective January 1, 2014, eligibility will be raised to 250 percent of the FPL. Section X of the STCs details the requirements.

c. The RIte Share premium assistance component enrolls individuals who are eligible for Medicaid/CHIP, and who are employees or dependents of an employee of an employer that offers a "qualified" plan into the Employer Sponsored Insurance (ESI) coverage.

d. Effective through December 31, 2013, the Rhody Health Partners component provides Medicaid state plan and demonstration benefits through a managed care delivery system to aged, blind, and disabled beneficiaries who have no other health insurance. Effective November 1, 2013, the Rhody Health Options and Connect Care Choice Community Partners component expanded to all qualified aged, blind, and disabled beneficiaries whether they have other health insurance or not. Effective January 1, 2014, the New Adult Group began enrollment in Rhody Health Partners. The amount, duration, and scope of these services may vary and limitations must be set out in the state plan, the STCs, or in demonstration changes implemented using the processes described in section IV of the STCs.

e. The Connect Care Choice component provides Medicaid state plan benefits to aged, blind, and disabled beneficiaries who have no other health insurance, through a primary care case management system. The amount, duration, and scope of these services may vary and limitations must be set out in the state plan, the STCs, or in demonstration changes implemented using the processes described in section IV of the STCs.

f. The Home and Community-Based Service component provides services similar to those authorized under sections 1915(c) and 1915(i) of the Act to individuals who need home and community based services either as an alternative to institutionalization or otherwise based on medical need.

g. The RIte Smiles Program is a managed dental benefit program for Medicaid eligible children born after May 1, 2000.

h. Rhody Health Options is a managed care delivery system for Medicaid only and Medicare Medicaid eligibles that integrates acute and primary care and long term care services and supports.

i. Connect Care Choice Community Partners is an optional delivery system for Adult, Blind and Disabled Medicaid and Medicare Medicaid eligibles that utilizes a community health team and a Coordinating Care Entity to integrate Medicaid benefits.

On December 23, 2013, CMS renewed the Comprehensive demonstration through December 31, 2018. This renewal includes changes to support the state's implementation of the

Affordable Care Act (including coverage of the new adult group for adults with incomes at or below 133 percent of the FPL), the expansion of the state's home and community based services (HCBS), and the conversion from an aggregate cap to a per member per month budget neutrality model. The Comprehensive demonstration renewal commenced with effectives date of January 1, 2014.

III. Enrollment Information

Complete the following table that outlines all enrollment activity under the demonstration. Indicate "N/A" where appropriate. If there was no activity under a particular enrollment category, the state should indicate that by placing "0" in the appropriate cell.

Note: *Enrollment counts should be participant counts, not participant months.*

Population Groups (as hard coded in the CMS-64)	**Number of Current Enrollees (to date)***	**Number of Enrollees That Lost Eligibility in Current Quarter****
Budget Population 1: ABD no TPL	17,397	1,224
Budget Population 2: ABD TPL	29,639	210
Budget Population 3: RIte Care	115,597	2,989
Budget Population 4: CSHCN	11,884	263
Budget Population 5: EFP	259	82
Budget Population 6: Pregnant Expansion	105	9
Budget Population 7: CHIP Children	25,309	285
Budget Population 8: Substitute care	N/A	N/A
Budget Population 9: CSHCN Alt	N/A	N/A
Budget Population 10: Elders 65 and over	1,460	88
Budget Population 11, 12, 13: 217-like group	3,420	72
Budget Population 14: BCCTP	196	18
Budget Population 15: AD Risk for LTC	2,656	0
Budget Population 16: Adult Mental Unins	12,091	211
Budget Population 17: Youth Risk Medic	2,459	176
Budget Population 18: HIV	378	44
Budget Population 19: AD Non-working	42	19
Budget Population 20: Alzheimer adults	N/A	N/A
Budget Population 21: Beckett aged out	N/A	N/A
Budget Population 22: New Adult Group	43,223	160

*Current Enrollees:
Number of current enrollees in the eligibility system as of the last day of the month in the quarter on the basis of Medicaid eligibility.

**Number of Enrollees That Lost Eligibility in the Current Quarter:
Number of enrollees no longer in the eligibility system as of the last day of the month in the quarter on the basis of Medicaid eligibility.

IV. "New"-to-"Continuingg" Ratio

The Rhode Island 1115 Comprehensive Demonstration Waiver includes a self-direction component. The ratio of new-to-continuing Medicaid personal care service clients was 0.02 (9/484) at the close of the quarter.

V. Special Purchases

The Rhode Island 1115 Comprehensive Demonstration Waiver includes a self-direction component. Rhode Island did not approve any special purchases under the self-direction program during this reporting quarter.

VII. Outreach/Innovative Activities

Summarize outreach activities and/or promising practices for the current quarter.

Innovative Activities

Integrated Care Initiative
Rhode Island has embarked on an ambitious undertaking to improve the health and health care of individuals who have coverage under both Medicare and Medicaid (the so-called "dual eligibles"). The program is called the **Integrated Care Initiative (ICI).** The ICI is voluntary on the part of consumers and is being implemented in two phases. In Phase 1, launched in November of 2013, only the individual's *Medicaid covered services* are affected. In Phase 2, the State will seek approval under the Financial Alignment Demonstration for the full integration of the services covered by **Medicare** (primarily acute care – physician, hospital, diagnostic, and lab services), and **Medicaid** (primarily long term care) under a health plan model.

Care management services are a key ICI feature. Care managers will be available to enrollees and to help physicians and practice staff monitor and coordinate care. They can also address the many non-medical services, such as home and community-based services, transportation and food assistance, often needed by the elderly and persons with chronic conditions.

Under Phase 1, consumers have the option to join one of two new ICI managed care delivery programs:

(1) **Rhody Health Options** (RHO) is a health plan model administered by Neighborhood Health Plan of Rhode Island which manages the consumers' long term care services, provides care managers and tailors services to meet individual needs.

(2) **Connect Care Choice Community Partners** (CCCCP), is a primary care case management model and is for consumers who participate in certain participating physician practices. It's based on the "medical home" model and offers integrated care management services for medical, behavioral and long term care services and the added support of a Community Health Team for non-medical, social support needs.

In Phase 2 of the ICI, scheduled to begin in the spring of 2015, Rhody Health Options (the health plan model) will fully integrate Medicare and Medicaid covered services. A key milestone of Phase 2 is the development and approval of the Memorandum of Understanding (MOU) between the State and CMS. Work has been underway on the MOU development during the quarter with on-going dialogue with CMS. In addition, the State developed a procurement document for Phase 2 potential vendors. The State applied for the Ombudsman Grant opportunity available for state participating in the Financial Alignment Demonstration. Rhode Island received approval on the Ombudsman Grant from CMS, contingent on the approval of the State's MOU with CMS.

Health Reform/Medicaid Expansion

Rhode Island has made great strides in establishing a state-based marketplace for the purchase of health insurance. On September 19, 2011 Governor Lincoln Chafee signed Executive Order 11-09 which legally established Rhode Island's HealthSource RI. In 2011 Rhode Island was the first state to receive a federal "Level Two" Establishment grant, recognition of the state's planning accomplishments to date. The State has also increased insurance coverage through its decision to expand the Medicaid Program to adults without dependent children living at 133% of the Federal Poverty Level. Both HealthSource RI and EOHHS share the same technology platform for application for insurance coverage and eligibility determinations for insurance affordability programs. This technology solution, called the Unified Healthcare Infrastructure Project (UHIP), will also serve as the automated eligibility tool for Medicaid long-term care, SNAP, TANF, and other work supports.

In January 2014, individuals enrolled in HealthSource RI marketplace insurance and Medicaid New Adult Group became effective. On-going enrollment continued during the reporting period. As of March 31, 2014, enrollment in Medicaid through HealthSource RI was 43,223.

Premium Assistance Program

Rhode Island implemented a Premium Assistance Program to ensure health care coverage for Medicaid adults losing Medicaid eligibility under the RIte Care program and would be eligible to purchase health care coverage through the new marketplace insurance, HealthSource RI. In anticipation of the transition of the Medicaid adults to HealthSource RI, the Rhode Island General Assembly created a fund to assist Medicaid adults to purchase commercial insurance.

As of January 1, income eligibility levels of parents of Medicaid-eligible children receiving RIte Care dropped from 175% of the federal poverty level to 133% of the federal poverty level. Children receiving RIte Care were not impacted by the change; however approximately 6,500 parent would lose RIte Care coverage offered by the Medicaid program.

Under a creative partnership between the Executive Office of Health and Human Services (EOHHS), HealthSource RI and Neighborhood Health Plan of Rhode Island, parents affected by the change in eligibility were offered voluntary enrollment in the Neighborhood Health Plan of Rhode Island VAULE silver level product through the new marketplace, HealthSource RI. EOHHS paid for the first month of the premium utilizing the funds made available by the General Assembly. This initiative guaranteed coverage as of January 1, 2014, ensuring continuation of healthcare services.

State Innovative Model

Rhode Island was awarded a State Innovative Model grant from CMS to develop a statewide state health care innovation plan to transform the delivery of healthcare in Rhode Island. The plan was submitted to CMS in December of 2013. The goals articulated in the Rhode Island State Health Care innovation Plan are as follows:

> Rhode Island aims to create a system of care that meets four key elements: lifelong support of health and wellness, a focus on population health, coordinated models of care and payment transformation. The purpose of this system would be to improve the health of Rhode islanders, while at the same time "bending the cost curve" of health care in Rhode Island and improving the care experience for Rhode Islanders. By implementing the reforms outlined in this State health Care Innovation Plan (SHIP), the state expects to achieve these goals across five years.[1]

The Rhode Island State Health Care Innovation Plan is a guide map with the objective to fundamentally change Rhode Island's health care system for one based on episodic are of illness and injury and supported by a volume driven business model, to a system based on population health and supported by a business model rooted in value. This plan is designed to set the guideposts, to identify those steps that Rhode Island could take to maximize the opportunity for change in today's health care system. Each of the steps identified in the plan will required intense and detailed implementation planning. As such, this plan provides strategies for transforming the state's health care system, the context for those strategies and suggested tactics to bring the strategies to fruition. This plan should not be seen as the implementation blueprint, but rather a holistic model with the need for further debate and discussion on program details.[2]

In advance of the second round of funding, work continued during the reporting quarter to strengthen the payment and delivery system reforms under way in Rhode Island and continued to build infrastructure for data, analysis and change.

Patient Centered Medical Home

Rhode Island's Patient Centered Medical Home initiative, Chronic Care Sustainability Initiative (CSI) has developed a pilot Community Health Team to develop, test and evaluate intensive care management strategies that can be focused on patients who are identified as high risk/high cost/high impact in a targeted geographic region. The goals of the initiative are to demonstration directional improvement in health and total costs outcomes for identified high risk cohort versus comparison group in the South County and Pawtucket target areas. The Community Health Team pilots are being financially funded to provide intensive care management for patients that are identified by the Health Plan and by the CSI practices as high risk. Community Needs Assessment results have identified that patients with mental health issues need to be included in the target population.

High Utilizer Strategy

Rhode Island has begun to develop a focused strategy to assess service delivery options for Medicaid high utilizers. Efforts have been underway to analyze the utilization data, review current programs with potential to inform the strategy, inventory common themes from other

[1] Rhode Island State Health Care Innovation Plan, page 55
http://www.healthcare.ri.gov/healthyri/resources/SHIPwithAppendix.pdf
[2] Rhode Island State Health Care Innovation Plan, page 4
http://www.healthcare.ri.gov/healthyri/resources/SHIPwithAppendix.pdf

states and to develop short, medium and long term strategies. Key consideration must address strategies for real-time data sharing between involved parties, mental health and substance abuse diagnoses that are predominant in high utilizer populations and traditional non-medical issues such as housing and food.

Outreach Activities

Rhode Island has continued to execute the State's comprehensive communications strategy to inform stakeholders (consumers and families, community partners, and State and Federal agencies) about the 1115 Demonstration Waiver.

- Convened two meetings with the 1115 Waiver Task Force on 01/27//2014 and 02/16/2014
- Conducted the quarterly meeting of the Rhode Island Medicaid Medical Advisory Committee (MCAC) on 03/05/2014
- Convened the Monthly Integrated Care Initiative Consumer Advisory Committee meetings in collaboration with the Lt. Governor's Long Term Care Coordinating Council on 01/15/2014, 02/11/2014 and 03/05/2014
- Continued monthly mailings to beneficiaries eligible for the Integrated Care Initiative
- Mailed letters to RIte Care parents regarding payment assistance for commercial health insurance coverage
- Update the EOHHS website with the approved 1115 Waiver Extension and the Technical Correction to the 1115 Wavier Extension
- Updated the EOHHS website information on the Integrated Care Initiative for Medicare and Medicaid Beneficiaries
- Conducted numerous community and provider trainings on the Integrated Care Initiative
- Updated the EOHHS website information on Health Reform, Medicaid coverage and the Premium Assistance Program, including the letters that were sent to parents
- Posted the following reports to the EOHHS websites:
    - An Assessment of the Rhode Island Medicaid Adult Dental Program, January 2014
    - Long Term Care Transition Report, February 2014
    - 1115 Demonstration Waiver Quarterly Report April - June 2013, March 2014

        - 1115 Demonstration Waiver Quarterly Report July - September 2013, March 2014
        - Medicaid Report to RI Senate, July - September 2013, March 2014
- Posted Provider Updates in January, February and March 2014
- Continued refinements to the new EOHHS website to improve communications and transparency

VII. Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in the current quarter.

Integrated Care Initiative

The Integrated Care Initiative (ICI) in Rhode Island has been established to coordinate the Medicare and Medicaid benefits for program eligible beneficiaries. The overall goal is to improve care for Rhode Island's elder and people with disabilities to improve quality of care; maximize the ability of members to live safely in their homes and communities; improve continuity of care across settings and promote a system that is person-centered and helps members attain or maintain personal health goals. Rhode Island is implementing the ICI in two phases. Phase 1 commenced in November 2013 with the enrollment of eligible individuals into managed care for their Medicaid funded services, including long-term services and supports (LTSS). Phase 2 is expected to start in April of 2015. Phase 2 will be a partnership between the Rhode Island Medicaid program, CMS and a managed care organization under the Financial Alignment Demonstration opportunity. Activities conducted during the reporting quarter January 1, 2014 – March 31, 2014 are outlined below.

Phase 1 of the ICI

- Mailed ICI enrollment letters to 12,499 eligible beneficiaries
- Enrolled 9,414 eligible beneficiaries for a total ICI enrollment of 16,448 as of March 31, 2014
- Conducted ICI trainings for stakeholders including consumers, advocates and providers
- Presented at the ICI Consumer Advisory Committee meetings in January, February and March
- Continued readiness reviews and operational oversight of the ICI contracted vendors
- Monitored the Enrollment Help Line activities, including re-training of staff
- Processed enrollment opt-out requests and mailed confirmation of ICI program opt-out
- Provided guidance to the Nursing Facilities and the Developmental Disability providers regarding enrollment opt-out procedures
- Identified and resolved systems issues
- Continued to develop the Medicare Data Use Agreement application
- Refined reporting templates for the ICI initiative

Phase 2 of the ICI

- Continued to develop the Memorandum of Understanding (MOU) for the three-way contract under the Financial Alignment Demonstration
- Submitted a draft of the MOU for informal CMS review
- Continued to analyze data for the Phase 2 rate development

- Received approval of the CMS Ombudsman Grant for Phase 2 with funding contingent upon approval of the MOU
- Developed the procurement document for the Phase 2 potential bidders
- Developed a data book and established provisional capitation rates for the Phase 2
- Provided information to internal and external stakeholder on the Phase 2 initiative

Health Reform/New Adult Group (Medicaid Expansion)

On January 1, 2014, enrollment under Health Reform through HealthSource RI into a Qualified Health Plan (QHP) and the Medicaid New Adult Group became effective. Individual and families could apply online or by phone, in-person, or by mail. The Health Source RI Contact Center staff, the Navigator Program (with 140 individuals available to assist), Department of Human Services Field Staff and EOHHS/Medicaid staff have been assisting clients with the enrollment process since October 1, 2013. The following activities were conducted during the reporting quarter.

- On-going enrollment continued during the reporting period
- As of March 31, 2014, enrollment in Medicaid through HealthSource RI was 43,223
- Continued contract readiness and oversight of the managed care organizations
- Implemented systems modifications to support enrollment of the New Adult Group
- Established workgroups to focus on specific issues related to behavioral health, HIV/AIDS and Corrections
- Issued guidance on enrollment of newborns into Medicaid and QHPs
- Developed FAQs to support customer service staff regarding Medicaid, the New Adult Group, RIte Care, Rite Share and the QHPs
- Conducted trainings and presentation for stakeholders
- Worked with customer service staff from the state and HealthSource RI to resolve enrollment issues

RIte Care Parent Eligibility Roll-back

As of January 1, income eligibility levels of parents of Medicaid-eligible children receiving RIte Care dropped from 175% of the federal poverty level to 133% of the federal poverty level. Children receiving RIte Care were not impacted by the change; however approximately 6,500 parent would lose RIte Care coverage offered by the Medicaid program. Parents affected by the change in eligibility were offered voluntary enrollment in the Neighborhood Health Plan of Rhode Island VAULE silver level product through the new marketplace, HealthSource RI. EOHHS paid for the first month of the premium utilizing the funds made available by the General Assembly. This initiative guaranteed coverage as of January 1, 2014, ensuring continuation of healthcare services. Rhode Island conducted the following activities during the reporting quarter.

- Mailed letters to parents affected by the change in eligibility to advise them to enroll through HealthSource RI to maintain the health coverage through Neighborhood Health

Plan of Rhode Island

- Extended the deadline to enroll through HealthSource RI
- Provided information on tax credits and premium assistance programs available to assist with payment
- Offered enrollment by phone, on-line and in-person Navigator assistance
- Conducted multiple Drop-in enrollment sessions at various dates and times

Premium Assistance Program

Rhode Island has established a Premium Assistance Program to assist parents no longer eligible for Medicaid afford quality health insurance. In addition to the federal tax credits available for individuals with income between 133 and 175% FPL, parents may be eligible for state assistance to help pay for coverage. Parents must complete the premium assistance application and must choose a silver plan to qualify for the State Assistance Program and federal cost-sharing reductions. During the reporting quarter, the following activities have occurred.

- Operationalized the premium assistance program, including establishing the monthly premium amount
- Created a premium assistance fact sheet and training materials
- Monitored the processing of premium assistance program applications

Patient Centered Medical Home/High Utilizers Strategy

Rhode Island's Patient Chronic Care Sustainability Initiative (CSI-RI) brings together key health care stakeholders, including Medicaid, to promote care for patients with chronic illness through the patient-centered medical home model. CSI-RI's mission is to lead the transformation of primary care in Rhode Island. CSI-RI brings together critical stakeholders to implement, evaluate and spread effective models to deliver, pay for and sustain high quality, comprehensive, accountable primary care. A pilot has been developed to address barriers to CSI practice sits success in meeting utilization targets for all cause hospitalization and all cause emergency use through the use of a Community Health Team. This effort aligns with Medicaid high utilizer's strategy. During the reporting quarter, the following activities have occurred.

- Created a plan to develop, test and evaluate intensive care management strategies that can be focused on patients who are identified as high risk/high cost/high impact in a targeted geographic region
- Analyzed data to identify high utilizers
- Developed a strategy to define high utilizers, establish "real time" patient registry of high risk patients and produce lists of high risk patients with "impactable" high cost conditions
- Explored opportunities to align efforts with current*care*, the statewide Health Information Exchange
- Convened Transition of Care meeting to explore the current status and opportunities related to hospital to community provider communication following hospital discharge

Medicaid Adult Quality Grant

Rhode Island received a Medicaid Adult Quality Grant in December 2012. Funding under this grant was to assist states with the implementation of the twenty-six (26) Medicaid Adult Core Set Measures. Grantees were required to implement two quality improvement projects tied to one of the Medicaid Adult Core Set Measures and maintain implementation of the Quality Improvement Projects (QIPs) over the two-year grant period. Since the grant award, Rhode Island faced delays in implementing grant activities due to constraints in hiring staff and securing contractors. Progress has been made with both the hiring of the staff and awarding of contracts for the grant activities. The following work has been achieved on the quality improvement projects during the reporting quarter.

- Continued learning collaborative between participating hospitals and provider to identify areas for improving care transitions
- Examined current practices around information transfer
- Convened technical experts to discuss opportunities to enhance information transfer following hospital discharge
- Conducted series of meeting to discuss patterns of readmissions
- Specified tools and methods to track monthly best practice date for Medicaid patients
- Conducted a series of meetings with the University of Rhode Island College of Pharmacy to develop anti-depression medication management QIP
- Produced list of health plan providers with high volume of member with depression
- Reviewed evidence base on symptom assessment tools for following response to treatment in individuals treated for depression and developed summary document that describes most widely used tools, their attributes and limitation and summary of initiatives underway in Rhode Island in the area of improving treatment of depression

Money Follows the Person Demonstration Grant

Rhode Island was awarded a Money Follows the Person (MFP) Demonstration Grant in April 2011 to rebalance care from an institutional setting to a qualified community based setting of care. Rhode Island has made strides in the rebalancing effort and the activities accomplished during the quarter are outlined below.

- Received 114 referrals for Nursing Home Transitions
- Transitioned 27 individuals to the community, of which five (5) individuals qualified under the MFP program.
- Submitted the budget and received approval for 2014 funding from CMS
- Developed revisions to the Rhode to Home Operational Protocol
- Continued to monitor the MFP activities under the managed care Integrated Care Initiative (ICI)
- Continued to directly manage the MFP activities in the Medicaid Fee For Service program
- Continued to develop the MFP claiming methodology under a capitation payment arrangement

Health Homes

Rhode Island continues to operate three programs under the Health Home opportunity. Rhode Island is planning to develop a Health Home model for the Connect Care Choice Community Partners program. Efforts are underway to implement the Opioid Treatment Health Home SPA. Activities conducted during the reporting quarter are outlined below.

- Explored Primary Care Case Management (PCCM) Health Home models
- Developed a draft of the Health Home Connect Care Choice Community Partners State Plan Amendment
- Participated in Health Home Learning Technical Assistance calls
- Continued the implementation of the Opioid Treatment Health Home SPA

Home and Community Base Services (HCBS) Final Rules

In January 2014, CMS published the HCBS final rules. Rhode Island has examined the final rules and has begun the planning of the requirements for implementation of the final rules. The activities that have occurred during the reporting quarter are outlined below.

- Review of the final rules and attended the CMS webinar overview
- Review of the Fair Labor Standards Act rules, effective January 2015
- Explored opportunities under the new guidelines

Community First Choice

With the promulgation of the new HCBS rules, Rhode Island began to fully explore the opportunity afforded under the Community First Choice State Plan option. The activities conducted during the reporting quarter are outlined below.

- Fully examined the new HCBS rules
- Identified opportunity to implement the Community First Choice program
- Examined relationship of the State Plan Amendment and 1115 Waiver authority related to the implementation of the Community First Choice program
- Conducted environmental scan of the HCBS services provided under the authority of the 1115 waiver to identify services that would qualify under the Community First Choice program
- Convened discussion with CMS Community First Choice program staff to discuss Rhode Island's authority questions
- Per CMS direction, convened discussion with HCBS Technical Assistance
- Analyzed utilization data to identify Maintenance of Effort (MOE) requirements
- Convened cross-department planning of the Community First Choice State Plan Amendment opportunity
- Analyzed utilization data, level of care eligibility, service and setting requirements
- Documented current HCBS delivery system policies and procedures, including self-

direction programs

Personal Choice Program Advisement Agency Certification Standards

The Personal Choice Program is a participant (service recipient) directed program designed to provide in-home services and supports to adults with disabilities and elders utilizing a Cash and Counseling model. The 'Cash" portion of the model refers to the cash allowance each participant is offered to purchase and manage his/her personal assistance services. "Counseling" refers to services provided to participants to enable them to make informed decisions that work best for them, are consistent with their needs and reflect their individual preferences. In order to broaden participation the Personal Choice Program, Rhode Island established certification standards. Activities conducted in the reporting quarter are outlined below.

- Reviewed current program standards and identified opportunities for improvement
- Reviewed best practices from other states and HCBS resources
- Developed Certification Standards
- Identified list of interested Personal Choice Program Advisement Agency vendors
- Planned for solicitation of interested Personal Choice Program Advisement Agency vendors in the Spring of 2014

Hospital Presumptive Eligibility

Beginning March 1, 2014, Rhode Island hospitals were permitted to conduct "presumptive" determinations of Medicaid eligibility for certain individuals who are likely to be eligible. Eligibility under Hospital Presumptive Eligibility (HPE) is temporary and is effective from the date of application to the end of the following month. At that time, a full complete application must be completed in order for eligibility to continue. In order for hospitals to participate in HPE, they need to attend training and take a test to become certified and must comply with all RI State and Federal laws, regulations, policies and procedures or forfeit HPE authorization. Activities conducted during the reporting quarter are outlined below.

- EOHHS provided the first training on Hospital Presumptive Eligibility (HPE) to approximately 100 employees of RI hospitals on 2/21/14
- The State encouraged hospitals to assist patients in applying for and obtaining full health coverage through HealthSource RI (Medicaid or a Qualified Health Plan)

RIte Smiles Program

The RIte Smiles program is Rhode Island's managed care dental program for children who have Medicaid coverage and were born on or after May 1, 2000. The program was implemented in 2006 and designed to increase access to dental service, promote preventive and primary dental treatment and reduce the need for high cost restorative and emergency dental procedures. The State began the re-procurement for a dental benefit manager. Activities conducted during the quarter are outlined below.

- Developed the RIte Smile procurement document

- Analyzed data and established a data book and capitation rates
- Developed proposal evaluation criteria and evaluation committee
- Submitted the procurement document to the Department of Administration for posting
- Responded to procurement questions

Comprehensive Quality Strategy

The Rhode Island Quality Strategy has been in place since 2005. In 2012, Rhode Island's Quality Strategy was updated to include Rhody Health Partners, RIte Smiles and Connect Care Choice and was approved in 2013. With the approval of the 1115 Wavier renewal, updates to the State's Comprehensive State Quality Strategy were required. Activities conducted during the quarter are outlined below.

- Developed a Continuous Quality Strategy that addresses the state's goal for improvement
- Included all Quality Improvement Projects (QIPs), methodology for determining benchmarks and metrics related to each population covered by Medicaid
- Identified quality metrics for measuring improvements in goals
- Established monitoring and evaluation methods, including components for discovery, remediation and improvement
- Delineated Medicaid and contracted provider responsibilities
- Obtained stakeholder input
- Planned for process to obtain public comments on the draft Comprehensive Quality Strategy

Waiver Category Change Requests

The following Waiver Category request changes and or State Plan Amendments have been submitted or are awaiting CMS action during this Quarterly Operational Report period January 1 1, 2014 – March 31, 2014.

Request Type	Description	Date Submitted	CMS Action	Date
SPA	Nursing Home Payment Methodology	06/13/13	Pending	
SPA	MAGI Single State Agency	12/12/13	Approved	02/28/14
SPA	MAGI Based Eligibility Groups	12/12/13	Approved	01/10/14

Request Type	Description	Date Submitted	CMS Action	Date
SPA	MAGI Eligibility Process	12/12/13	Approved	03/11/14
SPA	MAGI Income Methodology	12/12/13	Approved	02/07/14
SPA	MAGI Residency	12/12/13	Approved	02/14/14
SPA	MAGI Citizenship and Immigration Status	12/12/13	Approved	03/11/14
SPA	CHIP MAGI Eligibility & Methods	12/12/13	Pending	
SPA	CHIP XXI Medicaid Expansion	12/12/13	Approved	03/07/14
SPA	CHIP Establish 2101(f) Group	12/12/13	Approved	03/07/14
SPA	CHIP Eligibility Process	12/12/13	Approved	03/26/14
SPA	CHIP Non-Financial Eligibility	12/12/13	Approved	03/05/14
SPA	Alternative Benefit Program	12/12/13	Approved	02/12/14
SPA	2101(f) Children	12/31/13	Approved	01/06/14
SPA	FMAP for Expansion Population	02/03/14	Pending	
SPA	Reasonable Classification of Individuals under 21	01/02/14	Approved	01/10/14
SPA	Hospital Presumptive Eligibility	03/28/14	Pending	
SPA	Benzos/Barbiturates/Smoking Cessation	03/31/14	Pending	
SPA	MNIL	03/31/14	Pending	
SPA	State Supplementary Payments	03/31/14	Pending	

Request Type	Description	Date Submitted	CMS Action	Date
SPA	Home Equity for LTC	03/31/14	Pending	

VIII. Financial/Budget Neutrality Developments/Allotment Neutrality Developments/Issues

There were no significant developments/issues/problems with financial accounting, budget neutrality, CMS-64 reporting for the current quarter, or allotment neutrality and CMS-21 reporting for the current quarter. The Budget Neutrality Report is can be found in Attachment E-XII., Enclosures –Attachments, Attachment 1 Rhode Island Budget Neutrality Report.

IX. Consumer Issues

Summarize the types of complaints or problems enrollees identified about the program in the current quarter. Include any trends discovered, the resolution of complaints, and any actions taken or to be taken to prevent other occurrences.

The summary of the consumer issues during the reporting quarter is outlined below.

Consumer Issues

EOHHS monitors consumer issues to ensure our Medicaid enrollees have access and receive high quality services. The State administers both managed care[3] and primary care case management[4] delivery systems. The procedures for tracking, investigating and remediating consumer issues differ slightly between the capitated managed care and the PCCM delivery system models.

The State requires that all Health Plans collect consumer issue data, submit a quarterly Summary of Informal Complaints report, and present their findings at quarterly RI EOHHS oversight and administration meetings. NHPRI and UHCP-RI must disaggregate their quarterly reports according to Medicaid enrollment cohort, such as RIte Care for Children with Special Health Care Needs, Rhody Health Partners, New Adult Group (ACA Expansion)[5], and Core RIte Care. The report focuses on the types of issues most commonly identified by consumers broken out into seven (7) categories: Access to Care, Quality of Care, Environment of Care, Health Plan Enrollment, Health Plan Customer Service, Billing Issues, and Transportation. Each Health Plan also convenes an internal quality improvement committee to review consumer issues, trends, and strategies for taking preventive action. The State has implemented this reporting format for the Primary Care Case Management Model, Connect Care Choice Community Partners program. The contracted Coordinating Care Entity, in concert with the State reviews the consumer issues, trends and strategies for preventing other occurrences.

This reporting methodology and concurrent participation in internal plan committees and the RI EOHHS' oversight and administration meetings facilitate the identification of trends and exploration of strategies to prevent future occurrence if possible. An example pertains to enrollees' complaints associated with non-emergency medical transportation, which is an "out of Health Plan" benefit. When the EOHHS implemented its informal complaint reporting requirements in 2006, specific types of complaints (such as "reckless driving", "pick-up was late", et cetera) were to be delineated in association with various modes of transportation (such as cab service, bus, or ambulance). Based on the EOHHS' analysis, the Summary of Informal Complaints report made clear that, in most years, the number of transportation related issues

[3] The State's capitated managed care programs are: RIte Care, RIte Care for Children with Special Health Care Needs, RIte Care for Children in Substitute Care, Rhody Health Partners, RIte Smiles, Rhody Health Options, and Rhody Health Expansion.

[4] The State's PPCM programs are Connect Care Choice and Connect Care Choice Community Partners.

[5] The New Adult Group cohort became Medicaid eligible in conjunction with the implementation of the Affordable Care Act (ACA).

increases during the winter months. Through investigation and discussion at committee meetings and the oversight and administration meetings it was determined that this uptick is related to seasonality (i.e., cycles of inclement weather in New England.) For on-going analysis, transportation-related complaints will continue to be documented by the Health Plans and monitored by the RI EOHHS in conjunction with the transition of RI Medicaid's non-emergency medical transportation services to a transportation broker, effective on 05/01/2014.

In addition to meeting the State's contract requirements, submitting quarterly reports, and participating in quarterly oversight and administration meetings, RI EOHHS requires NHPRI and UHCP-RI to maintain National Committee for Quality Assurance (NCQA) accreditation and adhere to the NCQA's standards that pertain to members' rights and responsibilities. Adherence to this standard in particular ensures the Plans:

- Educate members about their right to make a complaint and about the difference between a complaint and an appeal, and about the Plan's process for remediation; and

- Develop and implement an internal process for the tracking, investigation and remediation of complaints.

EOHHS established a special procedure to monitor and resolve any enrollment issues for our New Adult Group population that began receiving services in January 2014. A dedicated and continuously monitored log was set up to track these members' enrollment issues. System edits are employed as appropriate. The number of calls received from this population about enrollment issues has declined considerably since instituting this procedure. Once newly eligible Medicaid members are enrolled, the procedure for monitoring consumer issues mirrors the procedure described previously.

X. Marketplace Subsidy Program Participation

Complete the following table that displays enrollment and cost information pertaining to the Marketplace Subsidy Program. Include a summary and explanation of any trends discovered.

The following chart identifies the marketplace subside program participation during the reporting quarter.

Month	Number of Marketplace Subsidy Program Enrollees	Change in Marketplace Subsidy Program Enrollment from Prior Month	Average Size of Marketplace Subsidy Received by Enrollee	Projected Costs	Actual Costs
January	2	N/A	$33.50	$67.00	ACTUAL
February	35	33	$158.60	$5,551.00	ACTUAL
March	124	89	$59.62	$7,393.00	ACTUAL
April					
May					
June					
July					
August					
September					
October					
November					
December					

XI. Evaluation/Quality Assurance/Monitoring Activity

Identify, describe, and report the outcome of all major evaluation/quality assurance/monitoring activities in current quarter.

The following report is represents the major evaluation, quality assurance and monitoring during the reporting quarter January – March 2014.

Quality Assurance and Monitoring of the State's Medicaid-participating Health Plans

On a monthly basis, the RI EOHHS leads oversight and administration meetings with the State's three (3) Medicaid participating Plans, NHPRI, UHC Dental, and UHCP-RI. These monthly meetings are conducted separately with each Health Plan; agenda items focus upon both standing areas of focus as well as emerging items. Each of the following content areas is addressed on a cyclic, quarterly basis: a) Medicaid managed care operations (January/April/July/October); b) Quality improvement, compliance, and program integrity (March/June/September/December); & c) Medicaid managed care financial performance (February/May/August/November).

Specific to quality improvement, compliance, and program integrity, the following areas of focus were addressed during the cycle of oversight and administration meetings that were conducted during the First Quarter of CY 2014:

- Feedback from NHPRI and UHCP-RI pertaining to the annual External Quality Review Technical Reports, which were prepared by IPRO, Incorporated (Rhode Island's External Quality Review Organization) in December 2013[6]
- Health Plans' processes for ensuring members' access to a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of their enrollees[7]
- A presentation by each Plan (NHPRI, UHC Dental, and UHCP-RI) of one of its internal audits that was conducted in CY 2013

[6] Subsequently, the Health Plans' January 2014 presentations were analyzed by the State's EQRO during the first quarter of 2014, in order to produce feedback to the RI EOHHS for quality improvement purposes. As a result of this feedback loop, separate addenda were prepared, which provided the EQRO's independent review of the Health Plans' response to the recommendations that were made in the December 2013 annual EQR technical reports. The Health Plan-specific Addenda, which were issued in March 2014, also presented the EQRO's assessment of the quality improvement projects (QIPs).

[7] "Enrollees" include the Health Plan's Core RIte Care, RIte Care for CSHCN, RIte Care for Children in Substitute Care (if the Health Plan serves this enrollment cohort) and Rhody Health Partners membership, as well as the New Adult Group (ACA Expansion enrollees.)

Section 1115 Waiver Quality and Evaluation Work Group

Rhode Island's Section 1115 Quality and Evaluation Work Group, which includes Medicaid enterprise-wide representation, was established in 2009 and was responsible for the development of the 1115 Waiver's initial draft *Evaluation Design*. This work group has met regularly since the implementation of the Demonstration Waiver to analyze the findings from on-going quality monitoring activities that span the areas of focus as delineated in the Waiver's Special Terms and Conditions, STC # 123 (*State Must Separately Evaluate Components of the Demonstration*). The following table outlines the areas of focus that were addressed during Q-1 of CY 2014 by Rhode Island's Section 1115 Demonstration Quality and Evaluation Work Group.

DATE	AGENDA
01/10/2014	An Overview of the RIte @ Home (Shared Living Program)
02/14/2014	Presentation of the proposed draft *Comprehensive Quality Strategy* for the State's 1115 Demonstration
03/14/2014	Hospitalizations for Prevention Quality Indicators (PQIs): 2005 - 2012

Child and Family Health Quality Improvement Committee

Rhode Island Medicaid's Child and Family Health Quality Improvement Committee was established in 2006 and meets on a regularly-scheduled basis. Areas of focus include the following: access; health status indicators; service utilization; member/participant satisfaction; internal operational performance; and health outcomes and program impacts. Committee membership include program and management staff who serve Medicaid-enrolled Children with Special Health Care Needs, adults and children with disabilities who are enrolled in Rhody Health Partners and in RIte Care for CSHCN, as well as children born on or after 05/01/2000 who are enrolled in RIte Smiles. During Q-1 of SFY 2014, the CFH Quality Improvement Committee discussed the following reports.

DATE	AGENDA
01/16/2014	The External Quality Review Organization's Aggregate Technical Report & Potential Areas of Focus for Quality Improvement Projects (QIPs) for the Health Plans that Participate in RIte Care and Rhody Health Partners
03/13/2014	Rhode Island's Early Intervention State Annual Performance Report & Outcomes for Children in Rhode Island Who Are Served Through IDEA

Development of the State's proposed *Section 1115 Comprehensive Quality Strategy*

The State's current Quality Strategy was approved by CMS on 04/25/2013. During Q-1 of CY 2014, significant efforts were conducted to finalize the development of a proposed revision, based on three (3) major policy initiatives:

- The implementation of Phase One of Rhode Island's program for Medicare and Medicaid Eligible (MME) individuals who are eligible for full Medicaid benefits, as approved by CMS for implementation, which began 11/01/2013. Phase One implementation is the

incorporation of home and community based services for Medicaid eligibles and MMEs into a managed care delivery system.

- The enrollment in Medicaid, beginning on 01/01/2014, of adults who are age 19 or older and under 65 who are at or below the Federal Poverty Level based on household income using the application of a modified adjusted grow income (MAGI) who are not pregnant; not entitled to or enrolled in Medicare; and not eligible for mandatory coverage under the State's Medicaid Plan. (This group is referred to as Rhode Island's Affordable Care Act Adult Expansion population.)

- CMS' renewal on 12/23/2013 of the State's Comprehensive 1115 Demonstration (Project Number 11-W-00242/1)[8] and the Demonstration's associated Special Terms and Conditions (STCs), which include STC 128 (*Comprehensive Quality Strategy*).

The inputs of key stakeholders were solicited in conjunction with the development of the proposed *Section 1115 Comprehensive Quality Strategy*, with a presentation made on 03/13/2014 to the EOHHS' Consumer Advisory Committee (CAC) as well as a session that was scheduled for 04/02/2014 with the State's Integrated Care Initiative Consumer Advisory Committee (ICI-CAC). The proposed *Section 1115 Comprehensive Quality Strategy* was also sent to the EOHHS' Medical Care Advisory Committee. Relevant public notices were posted on 03/28/2014 for a thirty-day review period. Following the close of the thirty-day public comment solicitation period on 04/28/2014, the feedback from respondents will be analyzed prior to the submission of the proposed *Section 1115 Comprehensive Quality Strategy.*

Development of a Draft Evaluation Design for the Section 1115 Demonstration

In concert with the development of the proposed Section 1115 Comprehensive Quality Strategy, the EOHHS has analyzed the draft *Evaluation Design* which was submitted to CMS in July 2009. Based on the synthesis of feedback that the EOHHS has received from stakeholders in response to the proposed *Section 1115 Comprehensive Quality Strategy*, further modifications to the draft *Evaluation Design* are anticipated prior to its submission to CMS.

The draft *Evaluation Design* will include a discussion of the goals, objectives, and evaluation questions specific to the Comprehensive Demonstration. The following will be addressed:

- Outcome measures that will be used in evaluating the impact of the Demonstration during the period of approval

- The adequacy and appropriateness of the benefit coverage

- The data sources and sampling methodology to be used

[8] CMS subsequently issued technical corrections to the Demonstration's Special Terms and Conditions on 02/25/2014.

- The proposed analytic plan
- The party that will conduct the evaluation

In addition, separate components of the Demonstration must be evaluated, including but not limited to the following:

- LTC Reform, including the HCBS-like and PACE-like programs
- RIte Care
- RIte Share
- The 1115 Expansion Programs (Limited Benefit Programs), including but not limited to:
    - Children and Families in Managed Care and Continued eligibility for Rite Care parents when kids are in temporary state custody
    - Children with Special Health Care Needs
    - Elders 65 and Over
    - HCBS for Frail Elders, HCBS for adults with disabilities, HCBS for Kids in residential diversion and HCBS for at risk/Medicaid eligible youth
    - Uninsured adults with mental illness/substance abuse problems
    - Coverage of detection and intervention services for at risk young children
    - HIV Services

XII. Enclosures/Attachments

Attachment 1: Rhode Island Budget Neutrality Report

Budget Neutrality Table I

Budget Neutrality Summary

Without-Waiver Total Expenditures

Medicaid Polations	DY 6 1st Qtr. CY 2014	DY 6 2nd Qtr. 2014	DY 6 3rd Qtr. 2014	DY 6 4th Qtr. 2014	DY 6 2014 YTD
ABD Adults No TPL	$ 150,104,288				$ 150,104,288
ABD Adults TPL	$ 262,061,723				$ 262,061,723
RIte Care	$ 185,341,835				$ 185,341,835
CSHCN	$ 96,548,377				$ 96,548,377
TOTAL	**$ 694,056,223**	**$ -**	**$ -**	**$ -**	**$ 694,056,223**

With Waiver Total Expenditures

Medicaid Populations	DY 6 1st Qtr. CY 2014	DY 6 2nd Qtr. 2014	DY 6 3rd Qtr. 2014	DY 6 4th Qtr. 2014	DY 6 2014 YTD
ABD Adults No TPL	$ 100,872,889				$ 100,872,889
ABD Adults TPL	$ 192,696,806				$ 192,696,806
RIte Care	$ 123,538,800				$ 123,538,800
CSHCN	$ 44,909,415				$ 44,909,415
Excess Spending: Hypotheticals	$ 10,258,284				$ 10,258,284
CNOM Services	$ 4,714,775				$ 4,714,775
TOTAL	**$ 476,990,969**	**$ -**	**$ -**	**$ -**	**$ 476,990,969**
Favorable / (Unfavorable) Variance	$ 217,065,254				$ 217,065,255
Budget Neutrality Variance (DY 1 - 5	$ 2,786,961,150				
Cumulative Bud. Neut. Variance	**$ 3,004,026,404**				

Budget Neutrality Table I

HYPOTHETICALS ANALYSIS

Without Waiver Total Exp.	1st Qtr. 2014	2nd Qtr. 2014	3rd Qtr. 2014	4th Qtr. 2014	2014 YTD
217-like Group	$ 37,233,540				$ 37,233,540
Low-Income Adults (Expansion)	$ 75,632,639				$ 75,632,639
Family Planning Group	$ 17,615				$ 17,615
TOTAL	**$ 112,883,794**	**$ -**	**$ -**	**$ -**	**$ 112,883,794**

With-Waiver Total Exp.	1st Qtr. 2014	2nd Qtr. 2014	3rd Qtr. 2014	4th Qtr. 2014	2014 YTD
217-like Group	$ 38,879,379				$ 38,879,379
Low-Income Adults (Expansion)	$ 84,239,542				$ 84,239,542
Family Planning Group	$ 23,156				$ 23,156
TOTAL	**$ 123,142,077**	**$ -**	**$ -**	**$ -**	**$ 123,142,077**

Excess Spending	1st Qtr. 2014	2nd Qtr. 2014	3rd Qtr. 2014	4th Qtr. 2014	2014 YTD
217-like Group	$ 1,645,839				$ 1,645,839
Low-Income Adults (Expansion)	$ 8,606,903				$ 8,606,903
Family Planning Group	$ 5,541				$ 5,541
TOTAL	**$ 10,258,283**	**$ -**	**$ -**	**$ -**	**$ 10,258,283**

Budget Neutrality Table II

Without-Waiver Total Expenditure Calculation

Actual Member Months	DY 6 1st Qtr. CY 2014	DY 6 2nd Qtr. 2014	DY 6 3rd Qtr. 2014	DY 6 4th Qtr. 2014	DY 6 2014 YTD
ABD Adults No TPL	56,273				56,273
ABD Adults TPL	86,900				86,900
RIte Care	407,121				407,121
CSHCN	35,902				35,902
217-like Group	10,260				10,260
Low-Income Adult Group	97,843				97,843
Family Planning Group	916				916

Without Waiver PMPMs	DY 6 1st Qtr. CY 2014	DY 6 2nd Qtr. 2014	DY 6 3rd Qtr. 2014	DY 6 4th Qtr. 2014	DY 6 2014 YTD
ABD Adults No TPL	$ 2,667				$ 2,667
ABD Adults TPL	$ 3,016				$ 3,016
RIte Care	$ 455				$ 455
CSHCN	$ 2,689				$ 2,689
217-like Group	$ 3,629				$ 3,629
Low-Income Adult Group	$ 773				$ 773
Family Planning Group	$ 19				$ 19

Without Waiver PMPMs	DY 6 1st Qtr. CY 2014	DY 6 2nd Qtr. 2014	DY 6 3rd Qtr. 2014	DY 6 4th Qtr. 2014	DY 6 2014 YTD
ABD Adults No TPL	$ 150,104,288	$ -			$ 150,104,288
ABD Adults TPL	$ 262,061,723	$ -			$ 262,061,723
RIte Care	$ 185,341,835	$ -			$ 185,341,835
CSHCN	$ 96,548,376	$ -			$ 96,548,376
217-like Group	$ 37,233,540	$ -			$ 37,233,540
Low-Income Adult Group	$ 75,632,639	$ -			$ 75,632,639
Family Planning Group	$ 17,615	$ -	$ -	$ -	$ 17,615

Attachment 2: Statement of Certification of Accuracy of Reporting of Member Months

Statement of Certification of Accuracy of Reporting Member Months

As the Executive Office of Health and Human Services Chief Financial Officer, I certify the accuracy of reporting member months for demonstration population under the 1115 Comprehensive Demonstration Waiver for the purpose of monitoring the budget neutrality agreement.

Name: Alda Rego

Title: Chief Financial Officer

Signature: Alda Rego

Date: February 12, 2015

XIII. State Contact(s)

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XIV. Date Submitted to CMS

Enter the date submitted to CMS in the following format: (02/20/2015).