

PRIMARY CARE INNOVATION IN MEDICAID MANAGED CARE PROFILE: Rhode Island

STATE PROFILE | AUGUST 2019



IN BRIEF

Increasingly, states are seeking more advanced primary care models that better address the diverse health-related needs of patients, including behavioral health and social needs. This profile is part of a series that explores how five states — **Louisiana, Hawaii, Pennsylvania, Rhode Island, and Washington State** — are using their managed care purchasing authority to advance primary care models. The states were participants in [Advancing Primary Care Innovation in Medicaid Managed Care](#), a national learning collaborative made possible by The Commonwealth Fund and led by the Center for Health Care Strategies. A companion toolkit, [Advancing Primary Care Innovation in Medicaid Managed Care: A Toolkit for States](#), is also available that summarizes strategies for advancing primary care innovation. It includes design considerations, and sample contract and procurement language, with a focus on four key delivery areas: (1) addressing social needs; (2) integrating behavioral health into primary care; (3) enhancing team-based primary care approaches; and (4) using technology to improve access to care. To learn more, visit www.chcs.org/primary-care-innovation.

Primary Care Innovation Vision

Rhode Island's vision for a "next generation of managed care," builds on its managed care program's existing strengths and enhances its capacity to serve high-risk populations by increasing delivery system integration and improving information exchange and clinical integration across the continuum of care. This next generation of care will integrate physical, behavioral, and social needs.

Rhode Island Medicaid Landscape

- Medicaid Enrollees: **337,809**
- Enrollees in Comprehensive Managed Care: **270,257 (80.0%)**

Source: *Medicaid Managed Care Enrollment and Program Characteristics, 2017. Effective July 2017.*

Advanced Primary Care Goals

- ✓ **Goal 1:** Incorporate enhanced primary care capacities and capabilities to support next generation managed care, as defined in Accountable Entities Certification Standards, into the broader contractual obligations for managed care partners.
- ✓ **Goal 2:** Develop a set of outcome measures that support the next generation of managed care.
- ✓ **Goal 3:** Enhance/refine managed care organization (MCO alternative payment model requirements to support the next generation of managed care.
- ✓ **Goal 4:** Build and enhance oversight and monitoring structures and processes to support next generation managed care.

Existing Primary Care Initiatives

- Rhode Island's Medicaid **Accountable Entities (AE)** program launched as a pilot in 2016, and moved into full implementation in July 2018. The AE program aims to enhance behavioral health integration for the most complex populations and transform the way primary care is delivered to move beyond a medical model.
- In March 2019, Rhode Island released draft policy statements to clarify delegation of care management between MCOs and AEs and outline steps toward applying a risk adjustment methodology to MCO capitation payments.
- The **Care Transformation Collaborative** program is an all-payer initiative to support practice transformation and quality improvement, and to facilitate NCQA certification for practices as patient-centered medical homes.
- Rhode Island's **Office of the Health Insurance Commissioner (OHIC)** and its Centers for Medicare & Medicaid Services-funded **State Innovation Model** work sought to: (1) transform practices through investments in the state's healthcare workforce; (2) increase patient engagement; and (3) enhance data capacity and expertise. OHIC developed a [primary care alternative payment workgroup consensus model](#) and has commercial primary care spending benchmarks. The state hopes to explore how these may be relevant to Medicaid.

Managed Care Organization Contract Language

- MCOs are required to ensure 45 percent of members are assigned to a primary care provider (PCP in a **Rhode Island-recognized patient-centered medical home (PCMH practice)** by the end of the contract period ending June 30, 2019. Targets gradually increase, with 55 percent of members for the contract period ending June 30, 2019, and 60 percent for contracts ending in 2021 and 2022.
- PCMH enrollment requirements are enforced with a **0.5 percent capitation withhold**.
- AE Certification Standards include requirements around **primary care capacity**, including demonstrated capacity to provide integrated care management particularly for individuals with complex needs.

Select Primary-Care Related Quality Measures

Following are select primary-care related pay-for-performance measure in Rhode Island's MCO contract:

HEDIS

- Comprehensive Diabetes Care: Percentage of members 18-75 years with diabetes who had Hb1Ac testing, Hb1Ac poor control (>9.0%), Hb1Ac control (<8.0%), Eye Exam, and BP Control (<140/90mm Hg).
- Adult BMI Assessment: Percentage of members 18-74 years who had an outpatient visit and had BMI documented.
- Children received at least one age appropriate blood lead screen prior to their second birthday.
- Children had a visit with a Health Plan PCP (HEDIS Access): 12–24 Mo., 25 Mo.–6 Yr, 7–11 Yr, 12–19 Yr.
- Frequency of Ongoing Prenatal Care: Percentage of Medicaid deliveries that received ≥ 81% of expected visits.
- Antidepressant Medication Management: Percentage of members 18 and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication for at least 84 days (Effective Acute Phase Treatment).

Rhode Island State-Specific

- Percentage of new members who are able to obtain an appointment with their PCP and/or specialists inclusive of behavioral health within the contractual timeframes.
- [Social needs screening](#) included in AE Total Cost of Care Quality Measures.