

State Profile for the Capitated Financial Alignment Demonstration

Rhode Island: Integrated Care Initiative Demonstration	
Dates	
Memorandum of understanding signed date	July 30, 2015
Opt-in enrollment start date ¹	September 1, 2015
Passive enrollment start date ¹	February 1, 2016
Enrollment	
Covered population	<ul style="list-style-type: none"> • Ages 21 and older; • Not residing in certain institutions or receiving certain services; and • Living in Rhode Island
Estimated number eligible	30,000
Number enrolled as of September 1, 2015 ²	N/A
Number that opted out as of September 1, 2015	N/A
Payment	
Number of participating plans ³	N/A
Savings percentage range ⁴	1–3%
Number of rating categories	4
Other risk mitigation strategies	<ul style="list-style-type: none"> • Medical loss ratio • Risk corridors
Care Coordination	
Number of days to complete health risk assessment ⁶	<ul style="list-style-type: none"> • During the first six months, plans must administer a telephonic initial health screen within 180 days of enrollment to all enrollees who are not eligible for long-term services or supports (LTSS) or otherwise determined to be high risk. After the first six months, plans must administer the initial health screen within 45 days of enrollment for non-LTSS enrollees not otherwise determined to be high risk.
Education requirements for care coordinator	<ul style="list-style-type: none"> • To be specified in the three-way contract
Care coordinator caseload requirements	<ul style="list-style-type: none"> • Not specified
Number of days to maintain continuity of care from previous coverage	<ul style="list-style-type: none"> • Maintain current providers and service levels at the time of enrollment for at least six months after enrollment, or until the health assessment and care plan have been completed by the plan.
Consumer Protections	
Integrated Medicaid and Medicare appeals process ⁸	<ul style="list-style-type: none"> • Not yet identified
Organization acting as ombudsman	<ul style="list-style-type: none"> • Not yet identified

Notes:

¹These dates represent the earliest enrollment could begin in Rhode Island based off of its memorandum of understanding (MOU). The MOU states that the passive enrollment can begin no earlier than September 1, 2015, and the tentative effective enrollment date for the first wave of passive enrollment is no earlier than February 1, 2016, or two months after the first opt-in effective enrollment date.

²Enrollment data are not available for Rhode Island.

³Rhode Island has not yet specified the plans participating in its demonstration. However, the MOU notes that the one health plan participating in the Rhody Health Options program (Neighborhood Health Plan of Rhode Island) is the only current prospective plan for the demonstration.

⁴The Rhode Island MOU notes that plans that experience annual losses in demonstration year one exceeding 3 percent of revenue in the aggregate of all regions in which the managed care plan participates, the savings percentage for demonstration year three will be reduced to 1.5 percent.

⁵The Rhode Island MOU states that the three-way contract, which is not yet available, will specify all services that the plans must cover. However, it does note that the state and CMS may consider adding certain supplemental benefits (e.g., integrated pain management program, Screening, Brief Intervention and Referral to Treatment (SBIRT), and non-medical transportation) to the required demonstration benefit package in demonstration years 2 and 3.

⁶An additional Comprehensive Functional Needs Assessment is completed for enrollees eligible for long-term services and supports (LTSS), and enrollees not eligible for LTSS but determined to be at high risk based on the initial health screen or other sources.

⁷Timelines for completing the individualized care plan for enrollees that are not required to receive the Comprehensive Functional Needs Assessment is not specified in the MOU.

⁸The specific internal and external appeals process will be outlined in greater detail in Rhode Island's three-way contract.

Sources: Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2015a. Memorandum of understanding (MOU) between the Centers for Medicare & Medicaid Services (CMS) and the State of Rhode Island regarding a federal-state partnership to test a capitated financial alignment model for Medicare-Medicaid enrollees: Medicare-Medicaid alignment integrated care initiative demonstration. Baltimore, MD: CMS. <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/RIMOU.pdf>.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2015b. CMS and Rhode Island partner to coordinate care for Medicare-Medicaid enrollees. July 30, 2015, press release. Baltimore, MD: CMS. <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-07-30.html>.