

State Profile for the Capitated Financial Alignment Demonstration

Rhode Island: Integrated Care Initiative Demonstration	
Dates	
Memorandum of understanding signed	July 30, 2015
Opt-in enrollment starts	July 1, 2016
Passive enrollment starts	October 1, 2016
Enrollment	
Covered population	<ul style="list-style-type: none"> • age 21 and older; • not residing in certain institutions or receiving certain services; and • living in Rhode Island
Estimated number eligible as of March 2016	30,000
Number enrolled as of December 2017	14,382
Percent of eligible that opted out as of December 1, 2017	Not available
Benefits	
Expanded benefits	Not available ¹
Carved out benefits	<ul style="list-style-type: none"> • dental • hospice • non-emergency transportation services • residential services for enrollees with intellectual and developmental disabilities • opioid treatment program health homes
Required community involvement	Not specified in MOU
Payment	
Number of participating plans	One
Savings percentage range ²	1–3 percent
Number of rating categories ³	Five
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 ⁴	<ul style="list-style-type: none"> • during the first 6 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 and supports (LTSS) or otherwise determined to be high risk • after the first 6 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"> • must have knowledge of physical health, aging, community supports and services, frequently used medications and potential negative side effects, depression, Alzheimer's disease, behavioral health, and durable medical equipment • care coordinators assigned to high-risk enrollees must have a clinical background
Care coordinator caseload requirements	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. • maintain LTSS service authorizations for all LTSS services for six months. • enrollees who are permanent residents of nursing facilities or assisted living facilities may remain in that facility, regardless of whether it is in the plan's network
Consumer Protections	
Integrated Medicaid and Medicare appeals process	No
Ombudsman	Rhode Island Parent Information Network

Notes:

¹ Under the Rhode Island MOU and three-way contract, the state and CMS may consider adding the following supplemental benefits to the required demonstration benefit package in demonstration years 2 and 3: integrated pain management program; screening, brief Intervention and referral to treatment (SBIRT); and non-medical transportation.

² The Rhode Island MOU and three-way contract note that if plans experience a loss exceeding 3 percent of revenue in the aggregate of all regions in which the MMP participates in demonstration year 1, the savings percentage for demonstration year 3 will be reduced to 1.5 percent. The three-way contract also notes that in Rhode Island demonstration is four years long and currently sets year 4 savings percentages are 3 percent.

³ Rating categories for Rhode Island reflect the rating categories listed in its three-way contract (CMS 2016b).

⁴ An additional Comprehensive Functional Needs Assessment (CFNA) is completed for enrollees eligible for long-term services and supports (LTSS) who also live in the community, and enrollees not eligible for LTSS but determined to be at high risk based on the initial health screen or other sources. For enrollees living in the community who are not eligible for LTSS but are considered high risk, the CFNA must be completed no later than 15 days after the initial health risk assessment. For enrollees who are eligible for long-term services and supports (LTSS) and live in the community, the CFNA must be completed in their home and no later than 180 days after enrollment.

Sources:

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2017. Monthly enrollment by plan. Baltimore, MD: CMS. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Monthly-Enrollment-by-Plan.html>.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2016a. 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>.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2016b. *Contract between United States Department of Health and Human Services Centers for Medicare & Medicaid Services in partnership with the State of Rhode Island and Providence Plantations Executive Office of Health and Human Service and <plan name>*. Baltimore, MD: CMS. <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/RhodeIslandContract.pdf>.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2015. *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>.

Medicare Payment Advisory Commission (MedPAC). 2016. Report to Congress: Medicare and the health care delivery system. Washington, DC: MedPAC. <http://www.medpac.gov/docs/default-source/reports/june-2016-report-to-the-congress-medicare-and-the-health-care-delivery-system.pdf?sfvrsn=0>