April 2022



Financial Alignment Initiative: Rhode Island

States participate in the Financial Alignment Initiative, a demonstration program administered by the Centers for Medicare & Medicaid Services, under either a capitated model, a managed fee-for-service model, or an alternative model. The purpose of the demonstration is to test ways to improve care for dually eligible beneficiaries and reduce program costs by aligning financing and coordinating care across Medicaid and Medicare. This fact sheet provides details about Rhode Island's demonstration.

TABLE 1. Rhode Island's Capitated Model

Demonstration name: Integrated Care Initiative (ICI)	
Timeline	
MOU signed	July 30, 2015
Opt-in enrollment starts	July 1, 2016
Passive enrollment	October 1, 2016
Scheduled to end	December 31, 2023
Enrollment	
Covered population	Age 21 and older and not residing in certain institutions or receiving certain services
Enrolled (as of January 2022)	12,932
Payment	
Number of participating plans	1
Savings percentage range	1-3%
Number of rating categories	5
Other risk mitigation strategies	Medical loss ratio and risk corridors
Benefits	
Expanded benefits	Not specified
Carved out benefits	Dental, hospice, NEMT, residential services for enrollees with IDD, opioid treatment program health homes
Required community involvement	Not specified
Care coordination	
Number of days to complete HRA	 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 LTSS or otherwise determined to be high-risk. After the first six months, plans must administer the initial health screen within 45

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Demonstration name: Integrated Care Initiative (ICI)	
Number of days to establish ICP ¹	days of enrollment for non-LTSS enrollees not otherwise determined to be high-risk. • An additional Comprehensive Functional Needs Assessment (CFNA) is completed for enrollees eligible for LTSS who also live in the community and non-LTSS eligible enrollees determined to be high-risk based on the initial health screen or other information. For non-LTSS eligible enrollees in the community considered high-risk, the CFNA must be completed no later than 15 days after the initial health risk assessment. For enrollees eligible for LTSS and living in the community, the CFNA must be completed in their home no later than 180 days after enrollment. Within 15 days of completion of the CFNA.
Education requirements for care coordinator	 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 DME. Care coordinators assigned to high-risk enrollees must have a clinical background.
Care coordinator caseload requirements Number of days to maintain continuity of care from previous coverage	 Maintain current providers and service levels at the time of enrollment for at least six months or until the HRA and ICP have been completed. Maintain LTSS service authorizations for six months. Enrollees who are permanent residents of nursing facilities or assisted living facilities may remain in that facility, regardless of
Consumer protections	whether it is in the plan's network.
Ombudsman	Rhode Island Parent Information Network

Notes: DME is durable medical equipment. IDD is intellectual and developmental disabilities. HRA is health risk assessment. ICP is individualized care plan. LTSS is long-term services and supports. MMP is Medicare-Medicaid plan. MOU is memorandum of understanding. NEMT is non-emergency medical transportation.

¹ Individual Care Plan here is for individuals enrolled in a community-based LTSS or high-risk non-LTSS enrollees. For low- and moderate-risk LTSS enrollees, a contractor-determined care plan timeline will be submitted to the Rhode Island Executive Office of Health and Human Services (EOHHS) and CMS for approval prior to the first ICI Demonstration effective Enrollment date.

Sources: CMS 2015, 2020a, 2020b, and 2021; ICRC 2022; Medicare Payment Advisory Commission (MedPAC) 2018; and RIPIN 2021.

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