



**Solicitation Information
January 6, 2020**

RFI# 7599913

TITLE: Rhode Island Medicaid Dual Eligible Strategy Request for Information

SUBMISSION DEADLINE: February 3, 2020 at 11:30 AM ET

Questions concerning this solicitation must be received by the Division of Purchases at Anthony.venditelli@purchasing.ri.gov no later than **January 15, 2020 @ 11:30 AM ET**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the **RFI#7599913** on all correspondence. Questions received, if any, will be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

Anthony Venditelli

Buyer I

Applicants must register on-line at the State Purchasing Website at www.ridop.ri.gov

Note to Applicants:

Responses received without a completed RIVIP Bidder Certification Cover Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION COVER FORM

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SECTION 1. INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Executive Office of Health and Human Services, is soliciting informational responses from qualified firms to inform the development of a payment and delivery system model for dual eligible members that improves quality outcomes by coordinating care across Medicare and Medicaid, in an effective and efficient way at both the federal and state levels, in accordance with the terms of this Request for Information and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases' website at www.purchasing.ri.gov.

Instructions and Notifications to Offerors:

- A. Potential vendors are advised to review all sections of this RFI carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the response.
- B. The State invites comments, suggestions and recommendations from potential vendors and other interested parties on any questions or issues raised in this RFI. Please note it is not a requirement to answer all questions.
- C. Alternative approaches and/or methodologies to accomplish the desired or intended results of this RFI are solicited.
- D. This is a Request for Information ("RFI"), and as such no award will be made as a result of this solicitation.
- E. All costs associated with attending the pre-solicitation conference and/or developing or submitting responses to this RFI, or providing oral or written clarification of the content of a response shall be borne by vendors. The State assumes no responsibility for any costs.
- F. Responses misdirected to other locations, or which are otherwise not present in the Division of Purchases at the above stated date/time of opening for any cause will be determined to be late and shall not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division of Purchases.
- G. Vendors are advised that all materials submitted to the State for consideration in response to this RFI shall not be considered to be public records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island unless and until there is a contract award through a subsequent, related procurement.
- H. Interested parties are instructed to monitor the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released as addenda.

SECTION 2. REQUEST FOR INFORMATION

This RFI outlines the type of information being solicited and response structure requested from potential respondents.

1. Background

The State is considering issuance of a Request for Proposals (“RFP”) from qualified vendors to serve Rhode Island’s dual eligible members under a Medicare-Medicaid Plan (MMP) managed care model, or a Dual Eligible Special Needs Plan (D-SNP) managed care model. Some of the goals of the upcoming RFP will be to:

- Implement an integrated or aligned Medicare/Medicaid solution for dual eligible members that benefits member experience, and encourages the use of Medicaid funded home and community based services (HCBS) to enable vulnerable populations to remain in the community.
- Engage provider based organizations as a partner in supporting complex populations, and transition providers away from fee for service toward new alternative payment models that align financial incentives.
- Establish a financially viable and sustainable solution for EOHHS and its partners.
- Implement an operationally efficient model.
- Establish a single solution to support all dual eligible populations, with limited program eligibility exclusions.
- Ensure availability of member choice such that dual eligible members are able to choose an option that best suits their needs.

In preparation for the upcoming RFP, RI Medicaid is interested in in hearing from current and potential managed care plans and other interested parties on a range of policy and procurement questions related to serving RI’s dual eligible members. Specifically, RI Medicaid seeks input from the following program participants and key stakeholders:

- Member advocates
- Current and potential managed care organizations
- Provider organizations, including:
 - Home and community based service and long-term care providers
 - Behavioral health providers
 - Primary care providers (including Medicaid Accountable Entities and Medicare Accountable Care Organizations)

Section I. Background Information

Dual Eligible Population

RI Medicaid serves approximately 40,000 full dual eligible members (individuals with full Medicaid benefits in addition to Medicare benefits). In addition, RI Medicaid serves approximately 7,500 partial dual eligible members (individuals with partial Medicaid benefits in addition to Medicare benefits¹). The focus of EOHHS' Duals Strategy, and this RFI, is the full dual eligible population.

The full dual eligible population is made up primarily of elders and adults with disabilities, split equally between the two categories. One-third of full dual eligible members are waiver eligible for long-term services and supports, or receiving Nursing Home or Hospice care. The remaining two-thirds are Non-LTSS members.²

Payment and Delivery System Starting Point

RI is currently participating in CMS's Financial Alignment Initiative via a Medicare-Medicaid Plan (MMP) demonstration, an integrated care option through which dual eligible members receive the full set of Medicare and Medicaid services for which they are eligible. Neighborhood Health Plan of RI (NHP) is the only carrier currently participating in the MMP, under the product name Neighborhood INTEGRITY. The MMP is structured as a three-way contract between CMS, EOHHS, and NHP. The MMP demonstration is slated to end in December 2020; however, CMS has signaled a willingness to extend the demonstration, possibly with modifications, for additional demonstration years.

Of the 40,000 full dual eligible members, approximately 14,000 are enrolled in the MMP. Except for a small population of dual eligible members enrolled in PACE (approx. 300), the remainder are enrolled in Medicaid Fee for Service, and receive Medicare benefits via a Medicare Advantage Plan, a D-SNP, or Medicare Fee for Service.

Progress to Date: Stakeholder Process and Key Learnings

From July through September 2019, EOHHS conducted a stakeholder process aimed at gathering feedback to support the development of the EOHHS Duals Strategy. EOHHS convened meetings with 35 stakeholder entities. Participating stakeholders included state agencies, health insurers, provider organizations, advocates, and members participating in the ICI Implementation Council.

Key learnings from this initial stakeholder process are summarized in a report available on the following page of the EOHHS website:

<http://www.eohhs.ri.gov/Initiatives/IntegratedCareInitiative/Resources.aspx>. Note that as represented in the key learnings document, three payment model options were initially presented for stakeholder feedback. In light of the feedback received, those options have been narrowed down to two, which are the focus of this RFI.

¹ Partial dual eligible members include Qualified Medicare Beneficiaries (QMBs) and Specified Low Income Medicare Beneficiaries (SLMBs) who qualify to receive Medicaid support for Medicare premiums and cost-sharing.

² Non-LTSS members may be receiving LTSS services but are not eligible under a waiver.

Section II. Payment Model Options Under Consideration

As a result of the initial stakeholder process described above, EOHHS is considering two possible payment model options to serve dual eligible members going forward.

- **Option 1:** Medicare-Medicaid Plan (MMP) Financial Alignment Demonstration
The MMP is a capitated model demonstration under CMS' Financial Alignment Initiative effectuated via a three-way contract between Medicare, Medicaid, and a managed care plan. Under the MMP, Medicare-Medicaid enrollment is fully integrated; members receive a single card and a single set of member materials. Plans receive a composite Medicare-Medicaid capitation and deliver the full set of Medicare and Medicaid benefits.

RI's existing MMP demonstration is a three-way partnership between Medicare, Medicaid, and Neighborhood Health Plan of RI. The current contract is slated to end in December 2020. *EOHHS anticipates that moving forward with Option 1 via a demonstration extension would be coupled with critical program refinements.*

- **Option 2:** Dual Eligible Special Needs Plan (D-SNP)
D-SNPs are a specialized type of Medicare Advantage plan that offer a higher level of integration than regular Medicare Advantage or traditional Medicare fee-for-service. Integrated D-SNP solutions vary in terms of level of integration, from aligned to fully integrated. Under an aligned D-SNP model, plans with D-SNP products must offer a companion Medicaid product, such that members can be enrolled in the same plan to receive both Medicare and Medicaid benefits. Contractual requirements can be leveraged to increase the degree of alignment and integration in this model.

Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs) are a type of D-SNP designed to promote a higher level of integration and coordination of benefits for dual eligible members. FIDE-SNPs provide dual eligible members access to Medicare and Medicaid benefits through a single MCO. Additionally, FIDE-SNPs employ policies and procedures approved by CMS and State partners to coordinate or integrate enrollment, member materials, communications, grievance and appeals processes, and quality improvement.

In the case of moving forward with Option 2, EOHHS anticipates pursuing a FIDE-SNP model given the higher level of integration and coordination associated with this type of D-SNP model.

Section III. Questions for Response

1. Member Priorities

- a. From the member perspective, what are the most important elements of any payment model for dual eligible members (e.g. single card/integrated benefits, network access, etc.)?
- b. What elements of the existing MMP demonstration are most important to maintain from a member perspective? What elements of the demonstration should be modified to improve member experience?
- c. Are there any specific considerations around a D-SNP based model from a member perspective?
- d. Are there any requirements that should be added to either an MMP or D-SNP based model to ensure members are well served?
- e. What level of choice do members need to ensure access to a best-fit option? Choice amongst providers, amongst carriers, amongst payment models?
If EOHHS were to pursue a single payment model solution with multiple carrier options, would choice of carriers be sufficient to ensure member access to a best-fit option?

2. Payment Model Preference

As described above, EOHHS is considering two managed care models to serve the dual eligible population moving forward: an extension of RI’s Medicare-Medicaid Plan (MMP) financial alignment demonstration, or a Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) model.

- a. See below for a list of considerations for each of the two models. How would you add to or refine this list of considerations?
- b. Which of these models do you prefer, and why?
- c. As a carrier or provider organization: would you be willing to participate in either, or both, of these models? Under what conditions?
- d. Are there any other payment models that should be considered?

Program Priorities	MMP Considerations	D-SNP Model Considerations
Integrated or Aligned Medicare/Medicaid Solution	+ Most structurally integrated Medicare/Medicaid model + Single card/ fully integrated benefit + Fully integrated enrollment, member materials, operations	- Potentially not as structurally integrated as the MMP; possible for members to be misaligned/ not in the same plan + MIPPA contracting and FIDE-SNP model requirements can be leveraged to mirror MMP level of integration
Engage Provider Based Organizations as a Partner	+ Integrated Medicare/Medicaid funding enables innovative provider payment models Not yet happening to a significant extent, but not precluded by the model; requires state requirements or MCO innovation to drive	+ Integrated Medicare/Medicaid funding enables innovative provider payment models Requires state requirements or MCO innovation to drive

Financially Viable/Sustainable Solution for EOHHS and Partners	+ State: savings target applied to MCO rates + Builds on existing program, historical state investment - MCO: less advantageous Medicare rate setting methodology as compared to D-SNP (no quality or frailty adjuster bonuses)	- State: no savings target applied to MCO rates + State: possibility to include supplementary Medicaid or Medicaid-like benefits in the Medicare benefit package + MCO: more advantageous Medicare rate setting methodology (including quality and frailty adjuster bonuses)
Operational Simplification and Excellence	- Integrated enrollment processing is operationally complex/ administratively burdensome for the state - Integrated enrollment issues and resulting delays can create member issues on both the Medicaid and Medicare sides + Integrated CMS/State oversight model at the state level, with significant involvement of federal partners	+ Enrollment processing burden not as significant for the state + Distinct enrollment processes may create fewer member issues as a result of changes in eligibility on the Medicaid or Medicare side - D-SNP products structured at a multi-state contract level vs. a state level; less federal support in oversight
Single Solution Supporting All Dual Eligible Populations	- Medicare Advantage populations excluded - Opt-out option required Requires driving enrollment using contractual/ operational levers	Requires driving enrollment using contractual/operational levers
Availability of Member Choice	- Currently only one carrier option + With multiple carrier options, choice of carrier and opt-out payment model exists	- Currently only one carrier option + With multiple carrier options, choice of carrier and opt-out payment model exists

3. MMP Detail: Refinements under Consideration

EOHHS anticipates that moving forward with an MMP demonstration extension would be coupled with critical programmatic and contractual refinements. What refinements to the MMP would you recommend? What refinements do you see as most critical to the program's success and your support of an MMP?

The current MMP contract includes the following sections – please describe your recommendations relative to specific contractual terms in the following areas:

- Contractor Responsibilities
- CMS and RI EOHHS Responsibilities
- Payment and Financial Provisions
- Other

The current MMP contract can be accessed here: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/RIContract01012018.pdf>

4. D-SNP Detail: Model Preference

As an alternative to the MMP, EOHHS is considering the possibility of transitioning to a D-SNP based model. In this case, EOHHS anticipates moving forward with a FIDE-SNP model, given the more advanced level of integration and coordination associated with this model, as compared to the other D-SNP based models, listed below:

- Aligned D-SNP with companion Medicaid managed care product
 - Highly Integrated Dual Eligible Special Needs Plan (HIDE-SNP)
 - Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP)
- a. Do you support a FIDE-SNP model? Do you agree with the assessment that of the D-SNP models, the FIDE-SNP best meets the program priorities outlined in Section B?
 - b. Are there specific considerations around the D-SNP models above that would lead you to support a model other than the FIDE-SNP?

5. Provider Partnerships

A key priority of the EOHHS Duals Strategy is engaging provider based organizations as partners in supporting complex populations, and transitioning providers toward alternative payment models that align financial incentives. EOHHS aims to foster innovative provider partnerships under any payment model; the questions below are not specific to either the MMP or the D-SNP based model options.

Lack of primary care engagement in care coordination models is a critical challenge for dual eligible programs, both locally and nationally. Specifically, the primary caregiver for LTSS eligible populations is often the home care provider and/or specialist, as many of the most complex dual eligible members do not currently have a relationship with their primary care provider. It is therefore not clear where the care coordination role/function should reside. As noted in a March 2019 MACPAC study of care coordination models serving dual eligible beneficiaries: *“Health plans continue to face care coordination challenges, though innovative solutions are emerging... Health plans continue to struggle to engage primary care providers (PCPs) in care coordination activities...”*

Given this challenge, EOHHS is seeking input on how best to encourage innovative provider partnerships and care coordination models to meet the needs of dual eligible members.

- a. Should EOHHS build on existing Accountable Entities (AEs) and expand the Comprehensive AE program to include dual eligible members, or consider alternative provider partnership structures for this population?
- b. Should EOHHS consider limited or tiered provider network solutions to support innovative provider partnerships? What requirements around provider network should be established under either payment model? As a carrier: would you seek a limited provider network solution under either an MMP or D-SNP based model as part of a provider partnership model? If so, please describe the basis and rationale for a limited network solution relative to provider type (i.e. primary care, specialty care, home and community based services, nursing facilities, behavioral health).

There is an opportunity to design a provider partnership model within the Health System Transformation Project (HSTP) requirements, as defined in RI’s 1115 Waiver.³

³ See 1115 Waiver Attachment L: Accountable Entity Roadmap Document (http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/AE/Roadmap/AttachL_AE_Roadmap_Final_10.30.19.pdf)

- c. Under the HSTP program requirements, Specialized AEs must participate in an alternative payment model. EOHHS recognizes the challenges of designing meaningful alternative payment models for dual eligible populations; population size and provider readiness constraints are particularly significant limitations. EOHHS is considering a pay for performance model based on a set of population specific quality and outcomes measures as a starting point. Do you have any concerns about this approach? What other alternative payment models should EOHHS consider for this population?
- d. As a Primary Care based organization, or Comprehensive AE: would you be interested in participating in a Specialized AE program? Why or why not? Under what conditions?
- e. As a provider entity not currently participating in a Comprehensive AE (e.g., home care provider, behavioral health provider): would you be interested in participating in a Specialized AE program? Why or why not? Under what conditions?

6. Population Specific Considerations

RI's dual eligible population includes multiple sub-populations of members with complex care needs, including: elders, adults with disabilities, members with intellectual and developmental disabilities, and members with severe and persistent mental illness. EOHHS is seeking feedback around the best way to serve these complex members within any dual eligible payment model solution.

- a. Should EOHHS consider allowing plans to bid on a subset of populations, or require plans to bid on all populations? Is there value in allowing plans with specific competencies in serving particular sub-populations to serve only those populations?
- b. **Elders and Adults with Disabilities:** RI's dual eligible population is made up of elders and adults with disabilities, in about equal proportion. Currently, both populations are served by the same payment model.
Should elders and adults with disabilities be distinguished at the payment model level? Why or why not?
- c. **Members with Intellectual and Developmental Disabilities:** Approximately two-thirds of Medicaid members with intellectual and developmental disabilities are dual eligible members, split equally between the MMP and Medicaid FFS.
EOHHS is seeking feedback around programmatic and contractual refinements to better serve this population. What are the challenges specific to this population that need to be addressed to ensure the population is well served?
- d. **Members with Severe and Persistent Mental Illness (SPMI):** EOHHS' initial stakeholder process identified a number of challenges around serving the SPMI population, specifically:
 - The primary care giver for this population is typically, and most appropriately, the behavioral health provider/ health home
 - The delineation of roles and responsibilities between behavioral health providers and MCOs are not sufficiently well defined, creating potential for misalignment and duplication of functions
 - Managed care provides substantial flexibility around benefits and payment models that has not yet been leveraged significantly to support this population

As EOHHS begins to explore strategies to address these challenges, what considerations should inform the approach? Are there other challenges specific to this population that need to be addressed to ensure the population is well served?

2. RFI Response

The following outline is intended to standardize and structure responses for ease of analysis. *Do NOT include a cost proposal with the RFI response as cost shall not be considered with this RFI.*

1. Response to the requirements outlined in Section 2.A.

SECTION 3. QUESTIONS

Questions concerning this solicitation must be e-mailed to the Division of Purchases at Anthony.venditelli@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. No other contact with State parties is permitted. Please reference **RFI# 7599913** on all correspondence. Questions should be submitted in writing in a Microsoft Word attachment in a narrative format with no tables. Answers to questions received, if any, shall be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to monitor the Division of Purchases website for any procurement related postings such as addenda. If technical assistance is required, call the Help Desk at (401) 574-8100.

SECTION 4. RESPONSE CONTENTS

1. Responses shall include the following:
 1. One completed and signed RIVIP Bidder Certification Cover Form (included in the original copy only) downloaded from the Division of Purchases website at www.ridop.ri.gov. *Do not include any copies in the response.*
 2. Response - describing the requirements and concept for this potential project, and all information described earlier in this solicitation. The response is limited to **twelve (12)** pages.
 1. One (1) Electronic copy on a CD-R, marked "Response - Original".
 2. One (1) printed paper copy, marked "Response -Original" and signed.
 - a. Four (4) printed paper copies
3. Formatting of proposal response contents shall be as follows:
 1. Formatting of CD-Rs – Separate CD-Rs are required for the technical proposal and cost proposal. All CD-Rs submitted must be labeled with:
 1. Vendor's name
 2. RFI #

3. RFI Title
4. If file sizes require more than one CD-R, multiple CD-Rs are acceptable. Each CD-R must include the above labeling and additional labeling of how many CD-Rs should be accounted for (e.g., 3 CD-Rs are submitted for a technical proposal and each CD-R should have additional label of '1 of 3' on first CD-R, '2 of 3' on second CD-R, '3 of 3' on third CD-R).

Vendors are responsible for testing their CD-Rs before submission as the Division of Purchase's inability to open or read a CD-R may be grounds for rejection of a Vendor's proposal. All files must be readable and readily accessible on the CD-Rs submitted with no instructions to download files from any external resource(s). If a file is partial, corrupt or unreadable, the Division of Purchases may consider it "non-responsive". USB drives or other forms of electronic media shall not be accepted. Please note that vendor CD-Rs shall not be returned.

5. Formatting of written documents and printed copies:
 1. For clarity, the response shall be typed. These documents shall be single-spaced with 1" margins on white 8.5"x 11" paper using a font of 12 point Calibri or 12 point Times New Roman.
 2. All pages on the response are to be sequentially numbered in the footer, starting with number 1 on the first page of the narrative (this does not include the cover page or table of contents) through to the end, including all forms and attachments. The Vendor's name should appear on every page, including attachments. Each attachment should be referenced appropriately within the response section and the attachment title should reference the response section it is applicable to.
 3. Printed copies are to be only bound with removable binder clips.

SECTION 5. RESPONSE SUBMISSION

Interested vendors must submit responses to provide information covered by this RFI on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases, shall not be accepted.

Responses should be mailed or hand-delivered in a sealed envelope marked "**RFI# 7599913**" to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

SECTION 6. DISCLAIMER

This Request for Information is solely for information and planning purposes and does not constitute a request for proposal or an invitation to bid. All information received in response to the RFI and marked as "Proprietary" shall be deemed to be confidential but may still be subject to

disclosure pursuant to the Rhode Island “Access to Public Records Act, R. I. Gen. Laws § 38-2-1, *et seq.* . Responses to the RFI will not be returned.

END