



State of Rhode Island
Department of Administration / Division of Purchases
One Capitol Hill, Providence, Rhode Island 02908-5855
Tel: (401) 574-8100 Fax: (401) 574-8387

Solicitation Information
01/22/2020

ADDENDUM# 1

RFI #7599913

**TITLE: RHODE ISLAND MEDICAID DUAL ELIGIBLE STRATEGY
REQUEST FOR INFORMATION**

Bid Closing Date & Time: Monday, February 3, 2020 @ 11:30 AM Eastern
Time (ET)

Notice to Vendors

**Attached are vendor questions with State responses. No further
questions will be answered.**

**Anthony Venditelli
Buyer I**

*Interested parties should monitor this website, on a regular basis, for any additional
information that may be posted.*

Vendor Questions with State Responses for RFI #7599913 – Rhode Island Medicaid Dual Eligible Strategy Request for Information

Question 1: What is the anticipated release date for a formal solicitation (RFP, RFQ, etc.) for this project?

Answer to question 1: EOHHS anticipates that a formal solicitation will take place during the fall of 2020.

Question 2: What is the anticipated budget for this project?

Answer to question 2: The state has not established a budget for this project, as it will depend on design of the delivery system. As stated in the RFI, the state is considering several payment models.

Question 3: Section 4.1 (page 11) requests a CD-R and 5 printed copies of the RFI response. Given the page limit of 12 pages per response, would the Department consider electronic only submission via email to the Division of Purchases?

Answer to question 3: Responses should be mailed or hand-delivered in a sealed envelope. Submissions received via email will not be accepted.

Question 4: If requiring printed copies, Section 4.5.3 (page 12) states “Printed copies are to be only bound with removable binder clips.” Will the Department accept three-ring binders to protect the RFI submission documents?

Answer to question 4: Printed copies are to be only bound with removable binder clips.

Question 5: Section II. Payment Model Options Under Consideration: Will “Option 2, Dual Eligible Special Needs Plan (D-SNP)” be available to carriers that do not already hold a Medicaid contract within the state of Rhode Island?

Answer to question 5: Yes, Option 2 would be available to carriers that do not already hold a Medicaid contract; however, the execution of a Medicaid contract for the provision of Medicaid benefits to this population is assumed as part of Option 2.

Question 6: Is an extension of the NHP Integrity MMP the only current “interim option” for 2021?

Answer to question 6: EOHHS anticipates moving forward with an MMP demonstration extension and is not considering other options at this time.

Question 7: Is the state open to an option of multiple demonstrations targeted at specific subsets of the dual eligible population (similar to NY, which has had two different demonstrations focusing on different populations)?

Answer to question 7: The state is considering options that include multiple plans targeting specific subsets of the dual eligible population. For details, please see question 6 of the RFI: Population Specific Considerations.

Question 8: Is RTI performing an analysis of the current demonstration?

Answer to question 8: Yes. The Centers for Medicare & Medicaid Services (CMS) has contracted with an external evaluator, RTI International, to lead the evaluation of each individual demonstration across the country.

Question 9: Is there anything further you'd be able to add about how success would be defined as a result of a new and/or refined payment model?

Answer to question 9: Success of a new and/or refined payment model will be defined relative to achievement of the goals articulated in the Background section of the RFI. These goals were developed based on EOHHS' 2019 Duals Strategy stakeholder process.

Question 10: Is financial viability a point of concern for the current demonstration? Has the payment methodology proven to be insufficient to cover actual population utilization?

Answer to question 10: The RTI evaluation of the financial performance of the Rhode Island demonstration has not yet been completed.

Question 11: Would the state consider alternative capitation methodologies for a potential 2022 demonstration?

Answer to question 11: The state is open to considering alternative capitation methodologies, but must work with, and have the approval of

CMS to develop any potential changes given that the demonstration is a three-way contract.

Question 12: Would the State consider any option with a carve out of LTSS? If there are multiple integration models deployed, is there potential for one model to include LTSS and another to focus on the non-LTSS population?

Answer to question 12: The state will consider options around population specific strategies to best serve certain cohorts of members. Please see Section III, question 6, and include any recommendations on this topic in your RFI response.

Question 13: Would the State consider allowing value-based insurance design flexible benefit options to best serve certain cohorts of members (i.e. developing criteria the beneficiary would have to meet to then receive a certain level of benefit offering based on identified need)?

Answer to question 13: The state will consider options around population specific strategies to best serve certain cohorts of members. Please see Section III, question 6, and include any recommendations on this topic in your RFI response.

Question 14: Would the State allow plans to utilize a vendor with proven expertise to manage any of the population subsets (i.e. LTSS, IDD, SPMI, etc.)?

Answer to question 14: The state will consider options around population specific strategies to best serve certain cohorts of members. Please see Section III, question 6, and include any recommendations on this topic in your RFI response.

Question 15: Would the State be able to expand upon the role they'd expect to see pharmacy solutions integrate into serving this population?

Answer to question 15: The pharmacy benefit for the dual eligible population is a Medicare prime benefit subject to CMS requirements and approval. Please include any recommendations on this topic in your RFI response.

Question 16: Would there be openness to a limited network to manage pharmacy (i.e. specialty drugs)?

Answer to question 16: The pharmacy benefit for the dual eligible population is a Medicare prime benefit subject to CMS requirements and approval. Please include any recommendations on this topic in your RFI response.

Question 17: How are the capital reserve requirements (for the MCO) calculated for an MMP? Is there a resource available with the detailed methodology?

Answer to question 17: Section 2.14 of the MMP contract articulates the current MCO capital reserve requirements. 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>

Question 18: How are the capital reserve requirements (for the MCO) calculated for a FIDE-SNP? Is there a resource available with the detailed methodology?

Answer to question 18: FIDE-SNPs are subject to requirements defined by CMS.