

DATE	QUESTION	Response
9/27/2012	<p>I am writing to request more detail on the proposal to exclude assisted living and those on community waivers from the integrated care initiative. Monday's Global Waiver meeting was the first time this has been mentioned, and seemed to come as a surprise to many, including those who are intricately involved in the process from the State side. Has this decision been finalized? Could you offer some rationale as to the reason for this carve-out?</p>	<p>EOHHS is committed to integrating all Medicaid funded services within the two new delivery system models. EOHHS must work with it's internal partners (DEA and BHDDH) to achieve this integration in a way that is meaningful and thoughtful for the people that are served by our programs. Specific to DEA funded services, our planning is currently including these services in all aspects of program design and development. Internal discussions are underway that will determine whether these services are ultimately part of the delivery system models. No final decisions have been made to date. We will forward your comment to the decision-makers who are having these discussions.</p>
10/22/2012	<p>We believe MCOs in managed long-term care programs should have extensive HCBS networks that largely mirror those currently in place for these services today. In order to create continuity and broad access, it would be helpful to receive a comprehensive listing of the State's current providers; can the State provide MCOs with a provider listing that includes their current LTSS/HCBS provider network to include addresses and service types?</p>	<p>The soon to be released procurement documents will include detailed information about the existing Medicaid provider network. The DHS website also has a listing of Medicaid participating providers. http://www.dhs.ri.gov/Portals/0/prosvcs/prov_look.html</p>
10/22/2012	<p>Based on our experience of educating and developing relationships with providers at the beginning of a new program such as the one proposed by Rhode Island, contracting with providers can often require more time than would be the case in re-procuring the existing managed Medicaid programs. We recommend the State require MCOs to demonstrate a thoughtful and complete contracting strategy as part of the procurement and be required to demonstrate a complete network during appropriate readiness reviews prior to implementation, would the State agree with this approach?</p>	<p>The soon to be released procurement documents will include detailed information about the existing Medicaid provider network. The procurement documents will include access standards to network providers and standards for access to covered benefits. Bidders will be expected to submit their current network in their response, or submit their contracting approach for developing an adequate network. These networks will be assessed both at the time of LOI submission, as well as during readiness. Bidders will need to demonstrate that bona fide efforts are underway to develop a robust network, either by submitting copies of contract signature pages or signed letters of intent from providers.</p>

10/22/2012	<p>Given the flexibility we believe will be included in Rhode Islands' new program to include the broad array of waivers, we recommend the State require MCOs to contract by service provider type, rather than by specific waiver. Please confirm this assumption is correct.</p>	<p>The procurement will require bidders to contract by provider type to offer the full spectrum of home and community based services. In addition, there will be certain EOHHS programs that bidders will be required to establish separate protocols for (e.g. Money Follows the Person and Nursing Home Transition Program). Certain HCBS providers will be specified as "Essential Community Providers", and bidders will be required to have contracts with them.</p>
10/22/2012	<p>Establishing consistency with provider numbers for non-traditional providers, such as HCBS, is vital to ensuring successful program implementation. Please confirm the State's expectation for provider numbers for these providers as it relates to encounter, network, and other reporting activities. Will the state require us to use either atypical provider #'s, Medicaid number, NPI (National Provider Identifier), business license number, or something else?</p>	<p>The state will require NPI numbers be used for reporting purposes for most providers. For atypical providers, a different identifier will be required, which has not yet been determined.</p>
10/22/2012	<p>Minimizing provider concerns when transitioning to a managed long-term care program is vital to early successes and minimized beneficiary confusion. Nursing homes are often concerned about the implementation of these programs. Additionally, nursing homes are unique to many types of providers as they serve as a beneficiary's home. Our experience has shown that it is reasonable to require MCOs to contract with all nursing homes during the initial 12 months of the program with the intension of maintaining an extremely broad nursing home network as the program continues, only to limit nursing home participation in cases where providers are unable to demonstrate an ability to protect the safety and wellbeing of our members. In these instances, MCOs should be required to provide to the State the reasons for the decision to exclude a provider from the network and in the case of a provider with which an MCO intends to terminate a contract, the MCO should provide evidence of their attempts to improve the quality with the provider. Please confirm if the State is in agreement with this approach.</p>	<p>EOHHS is in general agreement with this approach, and it will be outlined in more detail in the procurement documents. MCOs will be required to not disrupt current nursing home clients' residence. If a member is in a non-network nursing home upon enrollment, the MCO will be required to continue reimbursing that non-network provider. New nursing home placements for existing enrollees may be limited to network providers. The LOI and model contract will delineate specific quality and access standards, with particular attention paid to proximity of family members.</p>

10/22/2012	<p>To ensure continuity in contracting with providers it is helpful to obtain a listing of benefits from the State, specifically procedure codes, so we can identify any codes we need to add to our fee schedules or codes we need to modify to be consistent with the State. Knowing this in advance allows us to work with our contracted providers to ensure our fee schedules are updated as needed and provider education can happen in a timely manner. Can the State provide the procedure codes for services that will be covered under the upcoming LTSS/MME procurement, specifically those codes for Home and Community Based Services and Behavioral Health Services?</p>	<p>The procurement documents will contain the comprehensive list of in-plan benefits. This procurement does not include BHDDH funded behavioral health services, so it will not be necessary to provide that information. EOHHS does not intent to provide a procedure code listing, but a fee-schedule can be made available upon request.</p>
10/30/2012	<p>Can you give me some guidance regarding the Integrated Care Implementation Timeline- Capitates Model. According to presentations delivered earlier this year it was my understanding that the Rhode Island was scheduled to issue a model contract and LOU in September 2012. Has that been released? Can you direct me to the site where the Draft Model Contract is housed?</p>	<p>Thank you for your question about the Integrated Care Initiative. The timeline for the Integrated Care Initiative has been revised. We anticipate the LOI and Model Contract to be released in late fall.</p>
11/13/2012	<p>Having been out of this loop, can you clarify if this initiative includes services and supports for children and youth with disabilities or is this focused on adults only?</p>	<p>The ICI is for adults, 21 years and older</p>