

## **Rhode Island Integrated Care Initiative Demonstration**

### **Summary of Changes to the Three-Way Contract**

The three-way contract was re-executed on March 1, 2020 with the following changes:

- Revisions throughout the three-way contract to reflect new Medicaid managed care regulations and Medicare guidance, such as updating citations, inserting definitions of new terms, and updating references to the Medicare-Medicaid marketing guidance.
- Revisions to clarify passive enrollment provisions (see 2.3.3).
- Added clarifying language about requirements for annual outreach to unable-to-reach members (see 2.5.4.1 & 2.5.5.1).
- Revisions to ease administrative burden on the MMP, such as reducing reporting requirements (see 2.5.6.3.1, 2.5.6.8.1, 2.6.11.3, 2.8.6.5 & 2.8.6.10.4).
- Added clarifying language about required updates to Interdisciplinary Care Plans for Enrollees who require Long-Term Services and Supports (see 2.6.5.2).
- Updated requirements for Enrollee Grievances (see 2.10.2.1.2 & 2.10.2.1.3.5) and added clarifying language to mirror Rhode Island Medicaid requirements for Enrollee Grievances (see 2.10.2.1.3.3).
- Revisions to the Medicaid Component of the Capitation Payment to reflect updated rate-setting approach (see 4.2.1.2).
- Maintenance and general clean-up of the contract, including technical changes and updates to align with Rhode Island Medicaid requirements. For example:
  - Added clarifying language to reflect that adult day services do not require prior authorization if the enrollee meets certain criteria (see 2.8.6.10)
  - Added clarifying language about Medicaid prescription drug coverage (see A.7)
- Updated the standards for performing peer navigator services for enrollees (See Appendix J).