



State of Rhode Island Medicaid Program State Fiscal Year 2018 Managed Care Organization Competition Policy Statement

Introduction

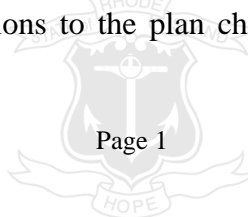
The State of Rhode Island Executive Office of Health and Human Services (EOHHS) is making available this policy statement addressing Medicaid managed care organization (MCO) competition during State Fiscal Year (SFY) 2018. SFY 2018 runs from July 1, 2017 through June 30, 2018.

Policy Statement

It is the view of EOHHS that competition for market share among the three MCOs currently under contract—Neighborhood Health Plan of Rhode Island, Tufts Health Plan, and UnitedHealthcare Community Plan—is in the best interests of State of Rhode Island Medicaid Program beneficiaries. By fostering competition among these MCOs, EOHHS is acting as a value-based purchaser in its oversight of the MCOs because this will contribute to creating an environment where the MCOs have the greatest incentive to create a positive beneficiary experience.

In order to create a robust competitive environment during SFY 2018, EOHHS will put into place the following three measures:

- 1. Calendar Year 2017 Open Enrollment Period:** As previously communicated, the Calendar Year (CY) 2017 Open Enrollment Period (OEP) will begin on September 1, 2017 and conclude on October 31, 2017. Holding the CY 2017 OEP during these months ensures that there is sufficient time for beneficiaries to evaluate and make decisions concerning enrollment and ensures that there is no overlap with the 2018 individual market OEP—which will begin on November 1, 2017 and conclude on December 15, 2017. This will allow both periods of open enrollment to be resourced by the State appropriately.
- 2. Calendar Year 2018 Open Enrollment Period:** The CY 2018 OEP will begin on February 1, 2018 and conclude on May 31, 2018. Holding the CY 2018 OEP during these months ensures that there is an additional, extended opportunity for the MCOs to compete for market share relatively shortly following the CY 2017 OEP, which will allow beneficiaries to make changes based on their experience with the MCO of their choice resulting from the CY 2017 OEP, and allows EOHHS to establish that the annual OEP will take place during quarter one of each CY with the duration of the OEP to be varied based on future operational and policy priorities.
- 3. Plan Change Request Process:** A notice of proposed rulemaking will be issued on or about October 1, 2017 with a targeted effective date of on or about January 1, 2018 for the EOHHS Access to Medicaid Coverage Under the Affordable Care Act Rules and Regulations Section 1311 in order to make revisions to the plan change request process outlined in Section



1311.07 consistent with the following two objectives. First, EOHHS intends to seek changes that would broaden the definition of what constitutes good cause for seeking disenrollment during the MCO lock-in period to the maximum extent permitted by federal regulation because EOHHS believes that affording beneficiaries all permitted flexibility will incentivize MCOs to focus further on maintaining a positive beneficiary experience in order to retain market share. Second, EOHHS intends to seek changes that would require beneficiaries seeking disenrollment during the MCO lock-in period for good cause to file the request with EOHHS (or its delegate) instead of their MCO because EOHHS believes that this approach will support a competitive environment by ensuring that these requests are processed by a party with no stake in market share for a particular MCO.

Conclusion

Together the three measures outlined above will provide positive incentives for MCOs to compete for membership while maintaining consistent and transparent rules for the market. EOHHS will monitor the effect of these measures as they are implemented.

