



Executive Office of Health and Human Services

Policy and Procedures

Value Add Services

Medicaid Managed Care

Rhode Island Executive Office of Health and Human Services

September 8, 2021

Version 1

Purpose

This Policy sets forth the process for Medicaid Managed Care Organizations (MCO) to request approval from Executive Office of Health and Human Services (EOHHS) to offer enrollees “Value Add Services” (VAS) and to provide these services, pursuant to Federal, State and contractual requirements.

Policy

MCOs may offer Valued Added Services (VAS) that are **additional services that are outside of the Medicaid benefit package but that seek to improve quality and health outcomes**, and/or reduce costs by reducing the need for more expensive care, pursuant to 45 CFR, 158.150.

Procedure

Section 1: Requirements for VAS Provision

The following section outlines requirements for provision of VAS.

- MCOs must apply and receive approval from EOHHS prior to offering any value added services to members. MCOs are not required to offer VAS. It is an MCO’s option to offer VAS.
- An MCO cannot require a Member to use VAS instead of a State Plan covered service or setting.
- VAS may not include expenditures prohibited by CMS, such as training or administrative costs.
- MCO must submit a proposal for each VAS offered.
- An MCO may propose to either add new VAS or to enhance its approved VAS during midyear submissions.
- MCOs may not propose to delete, limit, or restrict any of its SFY approved VAS during mid-year submissions.
- Proposal must define targeted population.
- Proposal must define criteria to access VAS.
- Proposed dates VAS to be offered.

Section 2: Approval Process and Requirements

The following section outlines the approval and post approval process and requirements for VAS.

MCOs must submit the Value-Added Services (VAS) Template , “VAS Request Form” (see Attachment), in accordance with the Contract and with the instructions below. **No VAS may be offered or marketed to members prior to MCO receiving EOHHS written approval.**

MCOs must submit to EOHHS requests for approval of VAS at the beginning of the state fiscal year (SFY) or midyear.

EOHHS will review MCO submitted “VAS Request Form”. Based on information provided on the “VAS Request Form”, EOHHS will approve, request additional information or deny the request.

- Contractors must complete the “VAS Request Form” attached to this Policy and submit for review and approval to EOHHS.
- In addition to completion of “VAS Request Form”, MCOs are encouraged to present VAS proposal(s) to EOHHS Medicaid Managed Care team at MCO/EOHHS oversight meetings.
- EOHHS will review requests upon receipt.

Upon approval of the VAS by EOHHS:

- The VAS must be added to the MCO’s Medicaid Managed Care contract upon the next contract amendment.
- The VAS must be posted on EOHHS website as a State Approved VAS.
- MCO must inform Members of new VAS and post approved VAS publicly, including on the MCO’s website and in an updated member handbook or member handbook insert.
- Member communications and/or marketing of VAS must receive approval from EOHHS through standard marketing process (see Chapter 3 of Medicaid Managed Care Manual).
- The MCO will be responsible for offering the VAS to all Members.

Section 3: Termination of VAS

A. Termination of VAS by EOHHS

EOHHS may terminate VAS if it is determined to be a threat to the health, safety or welfare of the plan’s enrollees or does not meet the MCO’s stated proposed requirements.

B. Termination of VAS by MCO

With prior notification and approval from EOHHS, an MCO may terminate VAS. Termination date must occur at the end of the fiscal quarter, except in the case VAS is terminated due to a threat against the health, safety or welfare of the plan’s enrollees.

MCO must publicize a termination date and provide advance notice to enrollees no less than 30 days prior to effective date of termination, or as soon as possible. MCO must submit member materials to EOHHS through the standard marketing and member communications process.

Where appropriate, the MCO must develop and implement a plan for continuity of care for member(s) who are in receipt of VAS. Members must be made aware of alternative to VAS.

Section 4: Reporting

MCOs must provide reports upon request by EOHHS. EOHHS will use the data in the VAS templates for comparison charts for managed care members. EOHHS , at its discretion, will require MCOs to submit reports to track success/failure, member satisfaction, etc.,

Attachment

VAS Request Form

Policy Summary

Policy Owner:	Director, Managed Care	
Policy Reviewers:	Managed Care, Compliance	
Effective Date:	September 2021	
Policy Approved:	Name:	Date:
Policy Reviewed:	Name:	Date:
Policy Retired Date:		