

## 0374 MANAGED CARE PROGRAM OPTIONS FOR ADULTS

### 0374.05 LEGAL AUTHORITY

NEW: 09/2007

During the 2005 General Assembly session, the Rhode Island legislature authorized the Rhode Island Department of Human Services to design managed care programs for adults who are on Medicaid. Title XIX of the Social Security Act provides the legal authority for the States to administer their Medical Assistance Program. The Rhody Health Partners Program, a managed care organization (MCO) model, operates under the authority of Section 1915(a)(1)(A) of the Social Security Act. Connect Care Choice, which is a primary care case management (PCCM) model, operates under the Federal authority of a 1932(a) State Plan Amendment.

### 0374.10 CONNECT CARE CHOICE PROGRAM-OVERVIEW OF THE PROGRAM

NEW: 09/2007

Connect Care Choice is a statewide Primary Care Case Management Model available to Medicaid eligible individuals who do not have third party coverage such as Medicare, and who choose to use a primary care physician whose practice has met DHS quality and performance certification standards. Nurse care managers working with the physicians and participants will ensure effective health care management and coordination of care for participants who meet a moderate or high risk score as determined by the Department of Human Services. The program participant receives their primary care from a participating physician or physician practice, once he/she signs the enrollment form. Those program participants at moderate or high risk as defined by the Department of Human Services also receive nurse care management services provided either through the physician practice, or directly contracted by DHS.

0374.15 RHODY HEALTH PARTNERS-OVERVIEW OF THE PROGRAM  
NEW: 09/2007

Rhody Health Partners is a statewide managed care program for Medicaid eligible adults, which increases access to health care for adults in the Medical Assistance Program. Rhody Health Partners offers a comprehensive set of medical, mental health, ancillary and community support services (such as interpreter services) that are accessible, high quality and focused on primary care, specialty care and chronic care management.

Beneficiaries receiving Medicaid through the Rhody Health Partners option are enrolled in a managed care organization (MCO), which uses a primary care provider to coordinate all medically necessary health care services through an organized delivery system. The Department of Human Services (DHS) contracts with MCOs to provide these health services to members.

0374.20 PROGRAM ELIGIBILITY FOR RHODY HEALTH PARTNERS AND  
CONNECT CARE CHOICE

NEW: 9/2007

Rhody Health Partners and the Connect Care Choice Program are available for select populations who are:

1. Not covered by other third-party health insurance (including Medicare);
2. Residents of Rhode Island;
3. Individuals not residing in an institutional facility;
4. Age twenty-one (21) and older; and,
5. Categorically eligible for Medicaid.

0374.25 PROGRAM ENROLLMENT  
NEW: 09/2007

All enrollments into either the Connect Care Choice or Rhody Health Partners Programs are always prospective in nature.

There will be no retroactive enrollment into either the Connect Care Choice or the Rhody Health Partners' MCO.

0374.30 ENROLLMENT PROCESS

NEW: 09/2007

All Medical Assistance beneficiaries who meet the criteria within either Connect Care Choice or Rhody Health Partners Programs will receive written communications from DHS that will explain the options to the beneficiary. A reasonable timeframe will be allowed for the beneficiary to make a decision regarding these options. The beneficiary will be enrolled into a participating Rhody Health Partners MCO or the Connect Care Choice program as the beneficiary has indicated. If a beneficiary does not respond within the timeframe the individual may be enrolled in either Rhody Health Partners or Connect Care Choice Program, with the option to disenroll at any time.

0374.35 SELECTION OF A MANAGED CARE OPTION

NEW: 09/2007

The Connect Care Choice and Rhody Health Partners Programs are voluntary programs. Medical Assistance beneficiaries are not required to remain enrolled in either of these programs.

0374.40 AUTO RE-ENROLLMENT FOLLOWING RESUMPTION OF ELIGIBILITY

NEW: 09/2007

Medicaid members who are disenrolled from Connect Care Choice or Rhody Health Partners due to a loss of eligibility are automatically re-enrolled, or assigned, into the Connect Care Choice Program or their MCO plan, should they regain eligibility within sixty (60) calendar days. If more than sixty (60) calendar days have elapsed, the enrollment process will follow the process in accordance with DHS Policy Section 0374.30, Enrollment Process.

0374.45 VOLUNTARY DISENROLLMENT BY THE MEMBER

NEW: 09/2007

Connect Care Choice and Rhody Health Partners participants may choose to voluntarily disenroll from either the Connect Care Choice Program or the MCO option at any time. The disenrollment from either program will be effective no later than forty-five (45) calendar days after the date on which the written request is received by DHS.

0374.50 MEMBER DISENROLLMENT BY DHS

NEW: 09/2007

Reasons for DHS disenrollment from either the Connect Care Choice or the Rhody Health Partners managed care program participation include but are not limited to:

- No longer Categorically eligible for Medicaid;
- Eligibility error;
- Loss of program eligibility;
- Placement in a nursing facility for more than thirty (30) consecutive days for Rhody Health Partners, and more than sixty consecutive days for Connect Care Choice;
- Placement in Eleanor Slater Hospital;
- The participant obtains third-party health insurance coverage (including Medicare);
- Lack of participation in the program requirements.

0374.55 MCO REQUESTED MEMBER DISENROLLMENT

NEW: 09/2007

A Rhody Health Partners MCO may request in writing that a member be disenrolled from the MCO because the member's continued enrollment in the Rhody Health Partners MCO seriously impairs the MCO's ability to furnish services to either the particular member or other members. A Rhody Health Partners MCO may not request disenrollment of a member because of:

- An adverse change in the member's health status;
- The member's utilization of medical services; or,
- Uncooperative behavior resulting from the member's special needs.

All disenrollments are subject to approval by DHS, after an administrative review of the facts of the case has taken place. DHS will determine the disenrollment date as appropriate, based on the results of their review.

0374.60 FORMAL GRIEVANCES AND APPEALS

NEW: 09/2007

The health plans maintain internal policies and procedures to conform to state reporting policies, and provide a process for logging formal grievances.

Although health plans have a formal grievance process, Rhody Health Partners and Connect Care Choice participants may submit a written request for a hearing before the DHS Hearing Officer within thirty (30) days of the mailing of the notice of adverse action.

Regulations governing the appeals process are found in Section 0110 of the General Provisions of the DHS Manual.

0374.65 RHODY HEALTH PARTNERS BENEFITS

NEW: 09/2007

The Rhody Health Partners Program will provide a comprehensive set of In-Plan Medicaid State Plan benefits, including short-term nursing home stays. In addition, the health plan will be responsible for the coordination of in-plan services with the case manager of other service delivery systems outside of the health plan.

It is not the responsibility of the health plan to provide out-of-plan benefits that are not included in the capitated payment. These services are provided by existing Medicaid-approved providers who are reimbursed directly by Medical Assistance on a fee-for-service basis.