Integration of Care and Financing for Medicaid-Only and Medicare and Medicaid Eligible (MME)

RI Executive Office of Health and Human Services
Friday August 17, 2012
Services and Supports
Work Group Session 3

Top Areas of Unmet Needs/Recommendations – Recap from Meeting #2

1. Medical and behavioral service coordination
2. Adult care centers as medical home model (provide skilled services)
3. Expansion of home based services
4. Medication assistance & monitoring (Medpacking)
5. Remote monitoring of chronic illness (Telehealth)
6. Non-medical Transportation to decrease social isolation
7. Expedited Eligibility

Data Presentation

Current MCO Network Access Standards

Contractor will establish and maintain a geographic network designed to accomplish the following goals: (1) offer an appropriate range of services, including access to preventive services, primary care services, and specialty care services for the anticipated number of enrollees in the services area; (2) maintain providers in sufficient number, mix, and geographic area; and (3) make available all services in a timely manner.

Service/Access Standards

24 Hour Coverage

Contractor agrees to provide coverage, either directly or through its PCPs, to Members on a twenty-four (24) hours per day, seven (7) days per week basis.

Emergency Services

- **Available 24/7**
- **Immediately available for physical and behavioral health condition**

Urgent Care

- **Available within 24 hours (physical or BH)**

Service/Access Standards

Non-Emergency Services

- **Non-urgent, non-emergent available within 30 days (does not apply to appointments for routine physical examinations, nor for regularly scheduled visits to monitor a chronic medical condition if the schedule calls for visits less frequently than once every thirty (30) days)**

- **Services available in five (5) business days for diagnosis or treatment of a non-emergent, non-urgent mental health or substance abuse condition**

Questions for Discussion

- How can we apply access standards like these examples for members receiving LTSS?
- What access standards are appropriate for new entrants into the LTSS system?
- What are other ways to define access? (e.g. physical accessibility, providers with 'disability competency', etc.)