



Integrated Care Initiative

**RI Executive Office of Health
and Human Services**

September 2013



Integrated Care Initiative

- The Affordable Care Act of 2012 gives states opportunities to align financing and care for individuals with Medicare and Medicaid or “dual eligibles.”
- Rhode Island will roll out initiative in two phases. This presentation highlights Phase I.
- Expands managed care to a new population of Medicaid beneficiaries.

Who's Eligible?

- Approximately 28,000 individuals:
 - 79 percent live in the community (~23,000)
 - 21 percent live in nursing homes (~ 5,000)
- Eligible population:
 - Medicare/Medicaid eligibles (or duals)
 - Medicaid only adults with disabilities/chronic conditions with Long Term Services and Supports (LTSS)

Goals of the Integrated Care Initiative

- Person-centered care
- Coordination of primary care and long-term services and supports;
primary care and behavioral health care, etc.
- Improve or maintain health and quality of life
- Improve transitions of care from the hospital or nursing home back to member's home
- Rebalance the long-term care system to support home and community-based living vs. institutional care
- Align financial and quality incentives to improve care

What are the new options?

Rhody Health Options

Connect Care Choice Community Partners

- **Rhody Health Options** is the health plan option. *Neighborhood Health Plan of RI* will contract with the state for RHO. Health Plans have large provider networks that are available statewide.
- **CCC Community Partners** is based on Connect Care Choice, a primary care case management program. There are currently 17 primary care practices that participate in CCC. This delivery system is based on Medicaid fee-for-service. *CareLink* will contract with the state for CCCCP.

Are there other options?

- **PACE (Program of All-Inclusive Care for the Elderly)**
Some individuals may choose PACE if they have Medicare and Medicaid coverage and meet a “high” or “highest” level of care determination by Medicaid’s Long-Term Care Office.
- **Medicaid Fee-for-Service**
Individuals may choose to remain in Medicaid Fee-for-Service.

Medicare will not change in Phase I

- **Medicare**

Medicare, Medicare Advantage and Medicare Part D Prescription Drug Plan will not change.

- **Medicaid**

Only the services covered by Medicaid will be affected, including long-term services and supports (LTSS) and a few others.

Certain Medicaid services will continue to be Fee-For-Service, even if members choose the health plan option (i.e., dental services, non-emergency transportation, etc.)

BHDDH services will not change in Phase I

- Services provided through the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) will not change in Phase 1. These include:
 - LTSS for adults with intellectual/developmental disabilities (IDD) and
 - Intensive Behavioral Health Services for adults with serious and persistent mental illness (SPMI).

Enrollment Facts

- Enrollment is voluntary
- Consumers will receive an enrollment letter and FAQ in the mail
- Enrollment will occur over a 6-month period beginning the first week of September 2013
- Enrollment will be “opt-out”; consumers will have a choice of one of the new programs, but can switch to a different program or remain in Medicaid Fee-For-Service.

Enrollment Schedule

Letter and FAQ Mailing Date	Enrollment Effective Date	Population Included
Sept. 1, 2013	Nov. 1, 2013	Phased enrollment of nursing home residents ½ of MME that were previously enrolled in Rite Care, Rite Share, Rhody Health Partners (RHP) or Connect Care Choice (CCC) Current RHP and CCC members (Medicaid only) with LTSS Current CCC members (Medicaid only) without LTSS
Oct. 1, 2013	Dec. 1, 2013	Phased enrollment of nursing home residents ½ of MME that were previously enrolled in Rite Care, Rite Share, RHP or CCC
Dec. 1, 2013	Feb. 1, 2014	1/3 of MMEs with LTSS living in the community 1/3 of MMEs without LTSS living in the community
Jan. 1, 2014	March 1, 2014	1/3 of MMEs with LTSS living in the community 1/3 of MMEs without LTSS living in the community
Feb. 1, 2014	April 1, 2014	1/3 of MMEs with LTSS living in the community 1/3 of MMEs without LTSS living in the community MME clients on the DD waiver MME clients with SPMI (severe mental illness) SPMI/DD clients who are nursing home residents (both MME and Medicaid only)

Timeline

- Awards announced August 2013
- Readiness Review July – September 2013
- Consumer letters will be sent Sept. 2013 – Feb. 2014
- Effective Enrollment dates Nov.1, 2013 – April 1, 2014
- Presentations & Trainings July 2013 and ongoing

For More Information

- Check our website: www.eohhs.ri.gov (under “Integrated Care”)
- Presentations and trainings will be available staff & community-based organizations and providers
- Email us your questions at: integratedcare@ohhs.ri.gov
- Call the Enrollment Help Line at 1-855-444-3604
Monday – Friday, 9:00 am - 6:00 pm
(for consumers)

For More Information

- **Neighborhood Health Plan of RI**
www.nhpri.org
(401) 459-6601 (local)
855-996-4774 (toll-free)
- **Connect Care Choice *Community Partners*/ CareLink**
855-654-4067 (toll-free)