

Rhode Island Managed Care Program Features, as of 2014

| Features | PACE | Rhody Health Partners | Rite Care | Rite Smiles | Rhody Health Options | Connect Care Choice Community Partners | Rhody Health Partners-Expansion | Connect Care Choice |
|--|--|--|--|--|--|--|--|--|
| Program type | Program of All-inclusive Care for the Elderly (PACE) | Comprehensive MCO | Comprehensive MCO | Dental only (PAHP) | Comprehensive MCO + MLTSS | Primary Care Case Management (PCCM) | Comprehensive MCO | Primary Care Case Management (PCCM) |
| Statewide or region-specific? | Statewide | Statewide | Statewide | Statewide | Statewide | Statewide | Statewide | Statewide |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) |
| Program start date | 1/1/2006 | 4/1/2008 | 8/1/1994 | 5/1/2006 | 11/1/2013 | 11/1/2013 | 12/23/2013 | 6/1/2007 |
| Waiver expiration date (if applicable) | 12/31/2018 | 12/31/2018 | 12/31/2018 | 12/31/2018 | 12/31/2018 | 12/31/2018 | 12/31/2018 | 12/31/2018 |
| If the program ended in 2014, indicate the end date | | | | | | | | |
| Populations enrolled | | | | | | | | |
| Low-income Adults not eligible under ACA Section VIII | | Mandatory | Mandatory | | | | | Voluntary |
| Aged, Blind or Disabled Children or Adults | Voluntary | Mandatory | Mandatory | Mandatory | Voluntary | Voluntary | | Voluntary |
| Non-Disabled Children (excluding children in foster care or receiving adoption assistance) | | | Mandatory | Mandatory | | | | |
| Individuals receiving Limited Benefits | | | Mandatory | | | | | |
| Low-income adults eligible under ACA Section VIII | | Mandatory | | | | | Mandatory | |
| Full Duals | Voluntary | | | | Voluntary | Voluntary | | |
| Partial Duals | Voluntary | | | | | Voluntary | | |
| Children with Special Health Care Needs | | | Mandatory | Mandatory | | | | |

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| Native American/Alaskan Natives | Voluntary | Mandatory | Mandatory | Mandatory | Voluntary | Voluntary | Mandatory | Voluntary |
| Foster Care and Adoption Assistance Children | Exempt | Exempt | Mandatory | Mandatory | Exempt | Exempt | Exempt | Exempt |
| Enrollment choice period | N/A | 30 days | 30 days | Pre-assigned | Pre-assigned | N/A | Pre-assigned | N/A |
| Enrollment broker name (if applicable) | | | | | | | | |
| Notes on enrollment choice period | N/A | | | | | enrollment is on a monthly basis and is prospective | | enrollment is on a monthly basis and it is prospective |
| Benefits covered | | | | | | | | |
| Inpatient hospital physical health | X | X | X | | X | | X | |
| Inpatient hospital behavioral health (MH and/or SUD) | X | X | X | | X | | X | |
| Outpatient hospital physical health | X | X | X | | X | | X | |
| Outpatient hospital behavioral health (MH and/or SUD) | X | X | X | | X | | X | |
| Partial hospitalization | X | X | X | | X | | X | |
| Physician | X | X | X | | X | | X | |
| Nurse practitioner | X | X | X | | X | | X | |
| Rural health clinics and FQHCs | X | X | X | | X | | X | |
| Clinic services | X | X | X | | X | | X | |
| Lab and x-ray | X | X | X | | X | | X | |
| Prescription drugs and prosthetic | X | X | X | | X | | X | |
| EPSDT | | | X | | | | | |
| Case management | X | X | X | | X | X | X | X |

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| Health home (SSA 1945) | | | | | | | | |
| Family planning | X | X | X | | X | | X | |
| Dental services (medical/surgical) | X | X | X | | X | | X | |
| Dental (preventative or corrective) | X | | | X | | | | |
| Home health agency services | X | X | X | | X | | X | |
| Personal care (state plan option) | X | X | X | | X | | X | |
| HCBS waiver services | X | | | | X | | | |
| Private duty nursing | | X | X | | X | | X | |
| ICF-IDD | | | | | | | | |
| Nursing facility services | X | | | | X | | | |
| Hospice care | X | X | X | | X | | | |
| Non-Emergency Medical Transportation | X | | | | | | | |
| Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | | Podiatry, vision, interpreter | | | podiatry, vision, interpreter | | | |
| Quality assurance and improvement | | | | | | | | |
| HEDIS data required? | No | Yes | Yes | No | Yes | No | Yes | No |
| CAHPS data required? | No | Yes | Yes | Yes | Yes | No | Yes | No |
| Accreditation required? | No | Yes | Yes | No | Yes | No | Yes | No |
| Accrediting organization | RI EOHHS and CMS Team | NCQA | NCQA | | NCQA | | NCQA | |
| EQRO contractor name (if applicable) | | IPRO | IPRO | | IPRO | | | |
| Performance incentives? | | | | | | | | |

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| Payment bonuses/differentials to reward plans | | X | X | | X | | X | |
| Preferential auto-enrollment to reward plans | | | | | | | | |
| Public reports comparing MCO performance on key metrics | | X | X | | | | | |
| Withholds tied to performance metrics | | | | | | | | |
| MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods | | | | | | | | |
| Provider Value-Based Purchasing | | | | | | | | |
| State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods | | | | | | | | |
| Participating plans and regions served | | | | | | | | |
| Plans in Program | PACE | Neighborhood Health Plan of RI; UnitedHealthcare | Neighborhood Health Plan of RI; UnitedHealthcare | UnitedHealthcare Dental | Neighborhood Health Plan of Rhode Island | CareLink | UnitedHealthcare; Neighborhood Health Plan of RI | Multiple primary care providers |
| Notes | | | | | | | | |

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| Program notes | PACE is subsumed under the Rhode Island section 1115 demonstration program and will remain an option for qualifying demonstration eligibles, that is, those that meet the High and Highest level of care determinations. | | | This program covers children born on or after May 1, 2000. | | | | |