



## Communities of Care Provider Fact Sheet

The Department of Human Services (DHS) is implementing a new initiative called *Communities of Care* in its Medicaid managed care programs - RIte Care and Rhody Health Partners.

*Communities of Care* is designed to improve members' health by increasing access to and utilization of primary care services instead of emergency room care. This initiative is targeted towards members who have had four (4) or more visits to the Emergency Room (ER) in the past 12 months.

Communities of Care provides an individualized approach to help members with their medical care, behavioral health care, or other social issues. It also addresses the reasons why people use the ER instead of other settings of care. Some members who have used multiple providers, pharmacies, and/or emergency rooms will be required to select certain providers for their health care needs and one pharmacy for their medications.

### Who is Eligible for Communities of Care?

Communities of Care is for RIte Care and Rhody Health Partners members who used the ER four (4) or more times in the past 12 months.

### Purpose of Communities of Care

- Improved health outcomes
- Reduction in emergency room use

### How Does *Communities Of Care* Work?

#### 1. Identification of Members in Communities of Care

The Health Plan will identify members who have four or more ER visits in the past 12 months. They will then determine if the member qualifies for the Dedicated Provider Model or not.

#### 2. Dedicated Provider Model

If members have any of the following utilization patterns in a 180-day period, they will be enrolled in the *Communities of Care Dedicated Provider Model*.

- Used 3 or more different ERs or
- Used 6 or more different pharmacies or
- Used 4 or more PCPs or
- Used 3 or more different outpatient behavioral health specialists or
- Received controlled substances from 4 or more different providers

Members in the *Dedicated Provider Model* will be required to use certain providers for most of their medical care needs. Members in this group will select:

- One primary care provider (PCP),
- One pharmacy location,
- One narcotic prescriber and/or psychiatric medication prescriber, if appropriate, and
- One mental health and/or substance abuse provider, as needed.

The health plans will help members select their “dedicated” providers and also complete an Emergency Room Survey. The results of the Emergency Room Survey will identify members' unmet medical and social needs and what may be causing their ER use. Members in the *Dedicated Provider Model* will have access to support from Care Managers and/or Peer Navigators.



### **3. For Members Not Enrolled in the Dedicated Provider Model**

Some members in Communities of Care won't meet the criteria for the Dedicated Provider Model but still may have unmet health needs. These members will be given an Emergency Room Survey to complete by phone or mail. After reviewing the results of the Emergency Room Survey, health plans will determine what kind of follow-up may be needed. Some members may benefit from the services of a Care Manager or Peer Navigator, while other may just need help getting access to their doctor or an urgent care center when they need to be seen that day.

### **4. Enhanced Supports**

Peer Navigators and Care Managers are integral parts of the Communities of Care Program. They are available on a short-term basis, for up to 90 days.

**Peer Navigators** are specially trained lay health workers who work directly with members to support optimal use of the medical care system and make referrals for community-based social services.

**Care Managers** augment the services of the primary care team. They provide intensive care management and coordination for physical and/or behavioral health care for members with complex medical conditions.

### **5. Healthy Rewards**

Healthy Rewards gift card(s) will be available for Communities of Care members who complete the ER Health Survey and follow-through and engage with their Peer Navigator or Care Manager.

### **How do I know who is enrolled in Communities of Care?**

Members who are enrolled in the program will have "Communities of Care – Dedicated" on their Neighborhood Member ID cards. Member eligibility can also be checked online. Medical Providers should check Navinet. Behavioral Health Providers should check eServices and not EDS. Both Navinet and eServices will identify the member as being in the Communities of Care – Dedicated program.

### **When does the program become effective?**

The program starts on November 1, 2010. Members will start to be enrolled in their provider network as of December 1, 2010.

### **For more information, please contact:**

Neighborhood at 1-401-427-6750.