

CLINICIAN MANUAL APPENDIX FOR RHODY HEALTH PARTNERS

Rhody Health Partners (RHP) is the name of the comprehensive Medicaid managed care delivery system option for Medicaid adults that meet specified eligibility criteria for Rhody Health Partners, as designated by the state.

The defining core values driving service delivery are:

- Consumer-focused services
- · A holistic approach to health care and wellness
- · Independence in the community
- Access to primary and specialty care when and where needed
- Respect and dignity of the individual

The guiding principles for service delivery are:

- · Flexible options that match services with individual needs, both medical and social
- The establishment of a medical home that supports primary and preventive care
- · A screening and assessment process that is coordinated and encompassing
- A focus on consumer self-management through education, community supports, and care coordination
- · Maximum, creative, and effective use of existing infrastructure
- Methods for ensuring cost predictability
- Responsible stewardship of public dollars

Access Standards

- To ensure that all plan participants have access to appropriate treatment as needed, we develop and maintain a network with adequate numbers and types of clinicians
- We expect that all contracted clinicians will
 - **§** Respond within 24 hours to a consumer's request for an appointment
 - Offer consumers a first appointment for routine care within 5 days
- Clinicians are required to offer consumers a first appointment
 - § Immediately for non-life-threatening emergencies
 - **§** Within 24 hours for urgent care
- If you are unable to take a referral, direct the consumer back to Optum's Intake department to enable the consumer to obtain a new referral, or call the number on the back of the member's card if you wish to notify Optum directly
- Optum uses a variety of methods to monitor consumers' access to care and regularly reports this to clinicians

Important Numbers

Members: (800) 435-7486 Members/TDD: (800) 486-7914 Providers: (800) 711-6089

Identification Cards

All Rhody Health Partners and related Group Members will be issued a permanent identification card within seven (7) days after receiving notification from the State of their enrollment.

Group Numbers

| Rhody Health Partners | | | |
|---------------------------------|------------|---------------|-----------|
| Group | Open Light | Open Moderate | Dedicated |
| 12100 (Other disabled 21-44) | 12200 | 12300 | 12400 |
| 12102 (Other disabled 21-44) | 12202 | 12302 | 12402 |
| 12104 (Other disabled 21-44) | 12204 | 12304 | 12404 |
| 13100 (Other disabled 45+) | 13200 | 13300 | 13400 |
| 13102 (Other disabled 45+) | 13202 | 13302 | 13402 |
| 13104 (Other disabled 45+) | 13204 | 13304 | 13404 |
| 14100 (SPMI) | 14200 | 14300 | 14400 |
| 14102 (SPMI) | 14202 | 14302 | 14402 |
| 14104 (SPMI) | 14204 | 14304 | 14404 |
| 15103 (MD) | 15203 | 15303 | 15403 |

Benefit Summary

| Mental Health and Substance Abuse - Outpatient Mental Health and Substance | Treatment covered as needed based on medical necessity, and including clinician's services, assessment and crisis intervention. Treatment covered as needed, based on medical necessity. Includes |
|---|--|
| Abuse - Inpatient | inpatient hospital (including Detox), outpatient hospital (Intensive Outpatient), day/evening treatment, partial hospitalization, and assessment outpatient counseling. |
| Schedule of Out-of-Plan Benefits | Dental Services Court-ordered mental health and substance abuse services Non-Emergency Transportation Services AIDS non-medical case management Nursing home services in excess of 30 consecutive days Supports to daily living for MR/DD clients as medically necessary Services covered by Home and Community Based Waivers described in Appendix I – Waivers) |
| Schedule of Out-of-Plan Benefits | In addition to the services listed above, all Rhody Health Partners Members are eligible to receive the following mental health and substance abuse services out-of- plan, if determined by the State to be clinically appropriate and medically necessary: |

| Schedule of Out-of-Plan | Mental Health |
|-------------------------|--|
| Benefits (continued) | Psychiatric Rehabilitation Day Programs |
| | Community Psychiatric Supportive Treatment |
| | Crisis Intervention for individuals with SPMI receiving CPST services |
| | Clinician's services delivered at a CMHC for individuals with SPMI receiving CPST services |
| | Mental Health Psychiatric Rehabilitation Residence (MHPRR) |
| | Substance Abuse |
| | Community-based narcotic treatment |
| | Community-based detoxification |
| | Residential Treatment |
| Schedule of Non-Covered | Experimental Procedures |
| Services | Abortion services, except to preserve the life of the woman, or in cases of rape or incest |
| | Private rooms in hospitals (unless medically necessary) |
| | Cosmetic surgery |
| | Infertility Treatment Services |
| | Specific HCPS codes not covered under the State plan, as defined in the Rhode Island Medical Assistance Program Fee Schedule |

Claims Address

Optum P.O. Box 30760 Salt Lake City, UT 84130-0760