

RHODE ISLAND KIDS COUNT

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Testimony Re: Article 12 and 13 relating to Medical Assistance

House Finance Committee

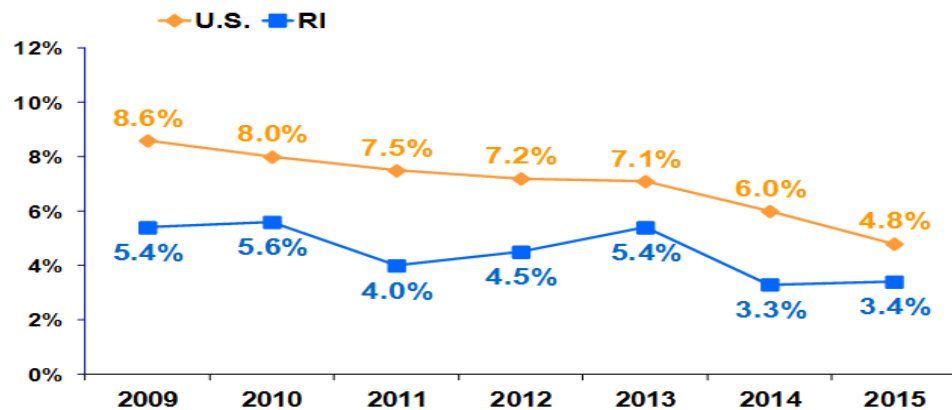
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Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT is here to provide informational testimony regarding Article 12 and Article 13. We believe that Rhode Island's success with Rite Care can be a model for reforming other parts of Medicaid.

Rhode Island's Strong Commitment to Children's Coverage

Rhode Island KIDS COUNT would like to thank this committee and members of the General Assembly for their continued leadership on ensuring all Rhode Island children have access to high-quality, affordable health and dental coverage. Rhode Island policy makers have long recognized that children with coverage are healthier, are more likely to receive preventive care, be screened for the achievement of developmental milestones, miss fewer days of school, and get treatment for illnesses and chronic conditions. You have also paid attention to the fact that providing preventive primary care rather than costly emergency care has been cost effective. As a result of a sustained and strong commitment to children's coverage, 96.6% of Rhode Island children under age 18 were insured in 2015. Rhode Island ranks 15th best in the U.S. on this measure.¹



Source: US Census Bureau, American Community Survey, 2009-2015, Table R2702.
Data are for children under 18 years of age.

Rite Care is a Success

Rhode Island's high rate of children's health insurance coverage has been largely attributed to the Rite Care program, which is Rhode Island's Medicaid managed care program for children, pregnant women, and parents. In 2015, the Centers for Medicare and Medicaid Services (CMS) recognized Rite Care as the best in the nation on a variety of quality services, including prenatal care, access to primary care, immunization status, as well as child and adolescent well visits.²

Additional evidence of Rite Care's high-quality, commitment to access, and positive health outcomes are outlined on the next page.

- **Rlte Care Managed Care Organizations (MCOs) are regularly ranked among the best Medicaid MCO plans in the country** by the National Committee for Quality Assurance. In 2016, both Rlte Care’s MCO plans were two of 15 Medicaid health plans with a rating of 4.5/5.0 or higher in the nation.³ In 2016, CMS recognized Rlte Care as a top performing program on a variety of quality services, including percentage of deliveries receiving the expected number of prenatal care visits, child and adolescent well visits, immunizations status, and timely mental illness care post hospital discharge.⁴
- **Rlte Care MCOs met 90th Percentile on important access indicators in 2016⁵**
 - Timely prenatal and postpartum care
 - Frequency of on-going prenatal care
 - Infant well-child visits in first 15 months of life (6+ visits)
 - Child periodic primary care provider (PCP) visits
 - Adolescent well-care visits
 - Immunizations for children by age two

Additional Comments on Special Initiatives within Budget Articles 12 & 13 relating to Medical Assistance

- **Concerns Regarding Modifications to the Managed Care Performance Goal Program**
Rhode Island KIDS COUNT is concerned regarding proposed modifications to the managed care performance goal program that are estimated to yield \$2.3 million in general revenue savings. Originally launched in 1998, Rhode Island’s managed care performance goal program has been catalyst for incentivizing high-quality accessible care and services within the Medicaid program and especially for children. It is due to this pay-for-performance program that Rlte Care routinely ranks best in the nation for high-quality, accessible care for children and families on a number of nationally benchmarked quality measures. We urge the Executive Office of Health and Human Services (EOHHS) and the General Assembly to continue to ensure sufficient funding for this highly effective program, which continues to incentivize the health care system to deliver high-quality accessible services to children and families enrolled in Medicaid.
- **Recommendations Regarding Behavioral Health Inpatient Hospital Rates – Article 12 Section a (iii)**
Rhode Island KIDS COUNT has been tracking the number of hospitalizations of children under age 18 with a primary diagnosis of mental disorder. Between 2005 and 2014, there has been a 53% increase in hospitalizations of children from 1,797 to 2,744. Of those hospitalizations in 2014, 74% were for children ages 13 to 17, 50% had Medicaid/Rlte Care coverage, and 39% lived in one of the four core cities (where 33% of the child population lives). More investments in prevention, outpatient, and step-down services need to be made as does increased behavioral health integration and coordination with primary care providers. We urge the General Assembly and the EOHHS to consider scaling evidence based programs such as the Child Psychiatry Access Project, which integrate behavioral health consultation and referral services from Bradley Hospital to pediatric practices, to help better address persistent pediatric gaps in mental health care and coordination that result in increasing hospitalizations for children. We also encourage the EOHHS and OHIC to continue to support multi-payer initiative such as Patient Centered Medical Homes for Kids, which help build the capacity and quality of pediatric primary care across the state. We urge the General

Assembly to provide oversight of these multi-payer initiatives to ensure they are focused on integrating behavioral health care and services in primary care.

- **Support for the Children’s Health Account - Article 13 Section 42-12-29**

Rhode Island KIDS COUNT supports efforts to increase the amount raised by the Children’s Health Account from \$7,500 per child per service per year to \$12,500. These funds help support coverage for pediatric home health services, CEDAR services, and child and adolescent treatment services (CAITS) for children who are covered by commercial insurance but are Medicaid-eligible and require services that are not typically offered by commercial insurance.

- **Concerns Regarding Medicaid Managed Care Organizations Administrative Rates – Article 12 Section a (iv)**

Rhode Island KIDS COUNT recognizes the continued fiscal pressures and constraints placed on the Medicaid program and overall State budget. While decisions to achieve savings are never easy, we are concerned that continued decreases for administrative costs for Medicaid/Rite Care managed care organizations may adversely affect delivery and quality of care, as well as overall health status and outcomes for members. Rhode Island’s MCOs have been among the most highly ranked in the nation. It is vitally important the Rite Care program as well as other populations served by MCOs continue to have adequate resources to provide and deliver high-quality, comprehensive, and accessible care and coverage.

Changes to Federal Policy

Rhode Island KIDS COUNT will continue to monitor policy changes at the federal level that may affect children’s access to affordable health and dental insurance. In light of those proposals, we have submitted with our testimony an informational fact sheet on 16 aspects of the *Affordable Care Act (ACA)* that directly benefit Rhode Island children.

Closing

Rhode Island KIDS COUNT appreciates this opportunity to testify and thanks the Committee for their strong and continued leadership with children’s health coverage. We urge the Committee to continue to preserve and build upon the successes of the Rite Care program as reinventing Medicaid efforts are implemented and proposed.

References

1. U.S. Census Bureau, American Community Survey, 2015. Table CP03.
2. *The state of children’s health care quality in Medicaid and CHIP: Who are the higher-performing states?* (2015). Rockville, MD: U.S. Department of Health and Human Services.
3. 2016 National Committee on Quality Assurance Rankings.
4. *2015 annual report on the quality of care for children in Medicaid and CHIP.* (2016). Rockville, MD: U.S. Dept. of Health & Human Services.
5. *Monitoring quality and access in Rite Care and Rhody Health Partners.* (2016). Cranston, RI: Rhode Island EOHHS.