



RHODE ISLAND KIDS COUNT
ONE UNION STATION
PROVIDENCE, RHODE ISLAND 02903
401/351-9400 • 401/351-1758 (FAX)

Testimony Re: Article 7 and 9 relating to Medical Assistance and Reform

House Finance Committee

March 24, 2016

James Beasley, Policy Analyst

Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT is here to testify in support of Reinventing Medicaid Article 7 and Article 9 as well as provide additional data and input regarding the specifics of the proposed acts. As Reinventing Medicaid moves forward, 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. As a result of a sustained and strong commitment to children's coverage, 96.7% of Rhode Island children under age 18 were insured in 2014. Rhode Island ranks 7th best in the U.S. on this measure.¹

Children Without Health Insurance, Rhode Island, 2008-2014



Source: U.S. Census Bureau, American Community Survey, 2012 & 2014. Table CP03. Data are for children under 18 years of age and are not comparable to Factbooks prior to 2015.

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 2015, both Rlte Care’s MCO plans were two of 11 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 2014⁵**
 - Infant well-child visits in first 15 months of life (6+ visits)
 - Child periodic primary care provider (PCP) visits
 - Adolescent well-care visits
 - Adults/Parents (age 20-44 and 45-64) with an ambulatory/preventive care visit

Additional Comments on Special Initiatives within Budget Articles 7 & 9 relating to Medical Assistance

- **Medicaid Managed Care Plan Re-procurement - Article 7 Section D**
Rhode Island KIDS COUNT supports competitive and regular re-procurement of Medicaid MCOs contracts. We look forward to working with the Executive Office of Health and Human Services (EOHHS) to provide input into proposed contract standards and quality metrics that MCOs will be held accountable to meeting that help preserve and strengthen Rlte Care’s many positive documented health outcomes, quality services, and top national rankings.

The EOHHS is also currently implementing a pilot Accountable Entity (AE) program that seeks to align incentives across providers to improve healthcare quality, improve health outcomes, and reduce the overall cost of care. Rhode Island KIDS COUNT has raised concerns with the EOHHS regarding the scaling and expansion of the AE pilot program to potentially include 30,000 additional Medicaid members. AE’s are a new and emerging concept, compared to longstanding, tested track record of Medicaid MCOs for children and parents enrolled in Rlte Care. We continue to believe that an in-depth evaluation of pilot AEs needs to be conducted before any expansion is implemented. Specifically, more needs to be known how AEs are addressing the social determinants of health and what value and cost benefits they contribute in a robust managed care delivery system. We urge the General Assemble to closely monitor the AE pilot, request data on implementation and impact, and require demonstrated positive results for Rhode Islanders in Medicaid and the state before moving to expand or institutionalize the pilot.

- **Coverage for Early Intervention Services - Article 9 Section 1**
Early Intervention (EI) services for infants and toddlers are federally mandated under the *Individuals with Disabilities Education Act (IDEA)* and help promote the development and learning of babies and toddlers with developmental delays or disabilities. As a result of EI, many children catch up with their peers and no longer need special education services and others continue special education through their school districts at age three. As June 30, 2015, there were 2,195 infants and toddlers receiving EI services, 6% of the population under age three. In addition, 60% of children were enrolled in Rlte Care/Medical Assistance coverage, 36% were enrolled in commercial insurance, and

4% were uninsured. Rhode Island KIDS COUNT supports the proposal to require commercial insurers reimburse certified EI providers at rates equal to or greater than the prevailing integrated state Medicaid rate. This will help ensure that all commercial insurers reimburse EI providers consistently and that children with developmental delays are able to access needed services regardless of the commercial health plan they are enrolled in.

- **Children’s Health Account - Article 9 Section 10**

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.

- **Duties of the Secretary - Article 9 Section 9**

Rhode Island KIDS COUNT was pleased to be a member of the Working Group to Reinvent Medicaid and a participant of the public process that was used to develop a set of specific recommendations. We are confident the General Assembly will continue to monitor the adoption of this framework.

- **Medicaid Managed Care Organizations Administrative Rate-Setting - Article 7 Section C**

This section of the article would alter the manner in which administrative rates are set for Medicaid MCOs from a variable to a fixed approach. 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 urge the General Assembly and the EOHHS to consider how continued and substantially decreased administrative costs may 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.

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, 2014. 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. 2015 U.S. News & World Report, 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.* (2015). Cranston, RI: Rhode Island EOHHS.