

Health Coverage in Rhode Island: What's Next?

Rhode Island KIDS COUNT
and
The Poverty Institute

October 25, 2011

Today's Agenda

- Welcome / Opening Remarks
- Health Reform Implementation Panel
- Rite Care Update
- Rhode Island Health Coverage Project
- Health Reform Input Session
- Closing Remarks / Evaluation

Health Reform Implementation Panel

- Affordable Care Act and RI Healthcare Reform Commission Overview
Jennifer Wood, Chief of Staff, Office of the Lieutenant Governor
- Rhode Island Health Benefits Exchange
Christopher Koller, Health Insurance Commissioner
- Medicaid and Health Care Reform
*Deborah Florio, Administrator, Center for Child and Family Health,
Executive Office of Health and Human Services*
- Immigrants and Health Reform
Linda Katz, Policy Director, The Poverty Institute
- Questions & Answers

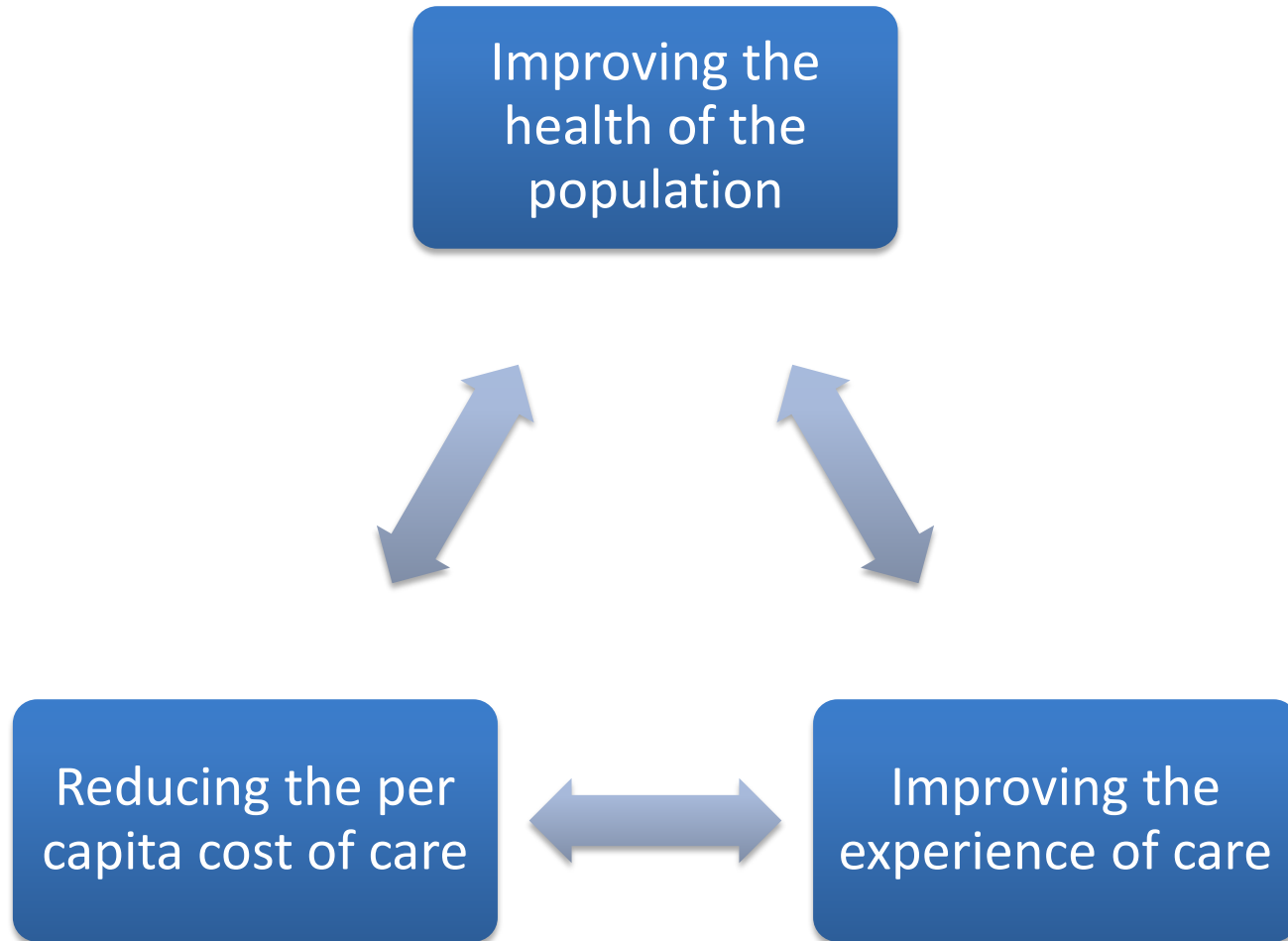
Affordable Care Act (ACA) and RI Healthcare Reform Commission Overview

Jennifer Wood

Chief of Staff

Office of the Lieutenant Governor

Health Reform Goals – Triple Aim

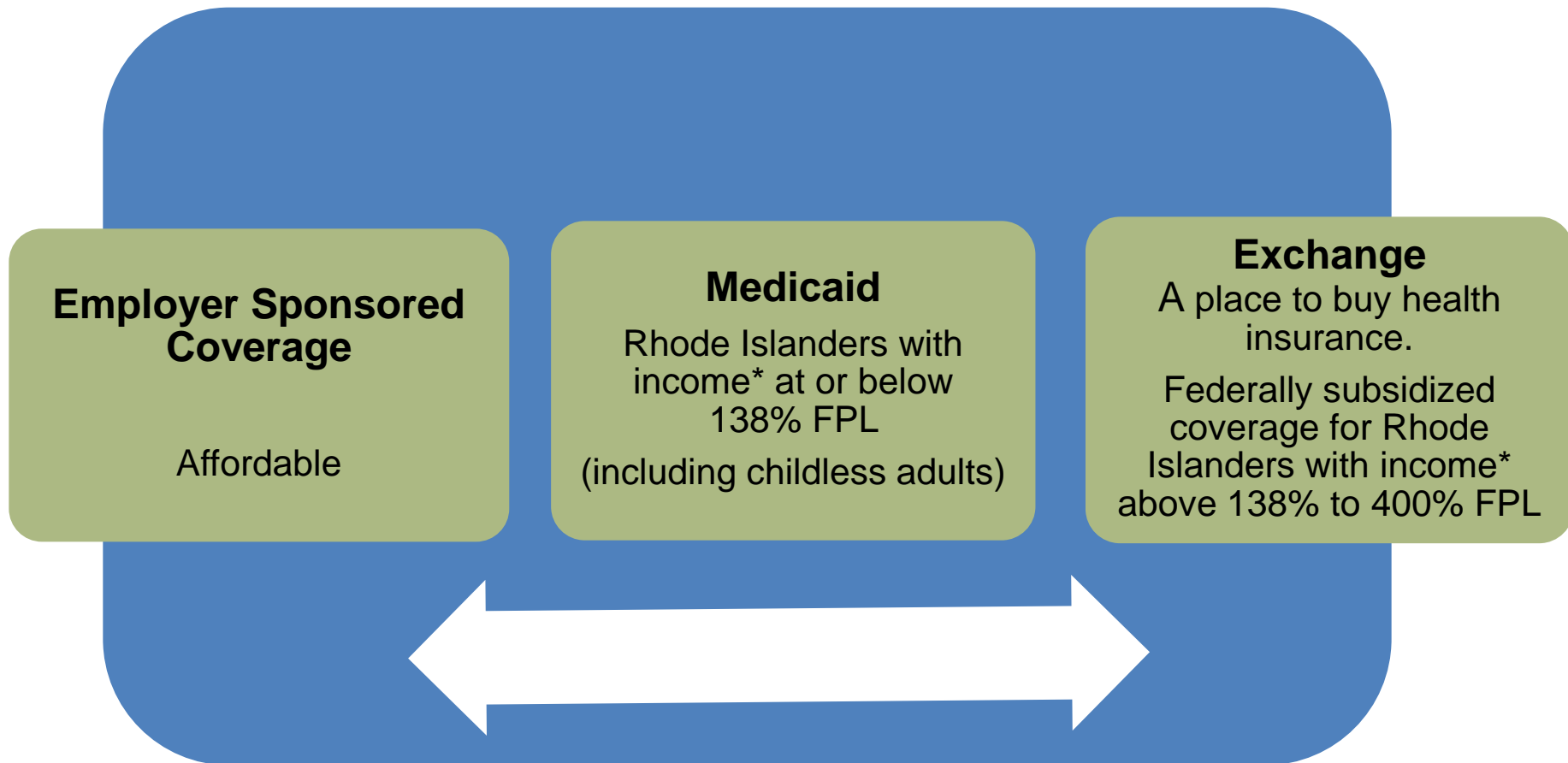


Health Reform Tools in the ACA

- Expanding access to affordable, comprehensive health insurance
- Expanding patient protections in commercial health insurance
- Delivery system reform - changing how care is paid for and delivered

Achieving Access to Coverage

Federal reform, post 2014, envisions affordable coverage for virtually all Rhode Island residents, through one of three ways:



* MAGI (Modified Adjusted Gross Income)

Commercial Insurance Reforms

- Young adults on parents' coverage
- Pre-existing condition protections
- New restrictions on rate factors
- Potential for changes to benefit plans based on federal designation of “essential benefits”

Delivery System Reforms

- Strengthening primary and preventive care
- Payment reforms addressing quality and cost (Medicare changes)
- Support for integrated models of care (example = ACOs)

RI Healthcare Reform Commission

- Established by Executive Order in January, 2011
 - Full Commission
 - Executive Committee
 - Work Groups
 - Leadership Councils
- Coordinate across government agencies and provide for meaningful community input

RI Healthcare Reform Commission

- Full Commission – 150 citizens, meets quarterly
- Executive Committee
 - Lt. Governor – Chair
 - Director of Administration
 - Secretary of HHS
 - Health Insurance Commissioner
 - Governor’s Policy Director

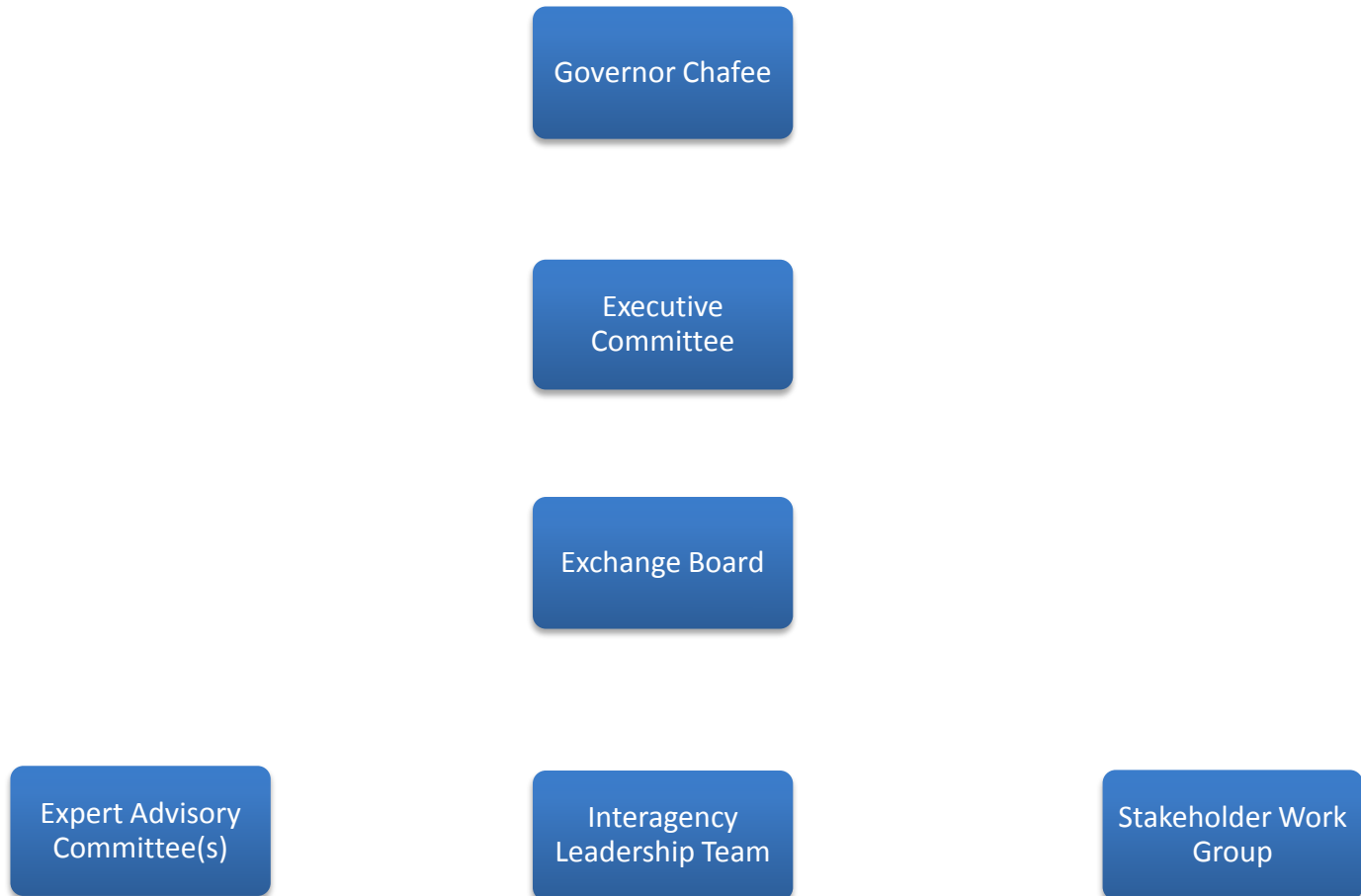
RI Healthcare Reform Commission

- Work Groups
 - Exchange
 - Payment Reform
 - Work Force
 - Long Term Care
 - Communication
 - Policy/Legal
 - Taft-Hartley
- Leadership Councils
 - Consumers
 - Hospital CEOs
 - Community Providers
 - Clinicians
 - Business/Labor
 - Municipal leaders
 - Payers

RI Health Benefits Exchange

- Established by Executive Order
- Creates new Division of the Exchange within the Executive Department
- Exchange Director reports to Governor
- Policy development relies on Commission Structure including Exchange Board and Expert Advisory Committee established by Executive Order

Exchange Policy Structure



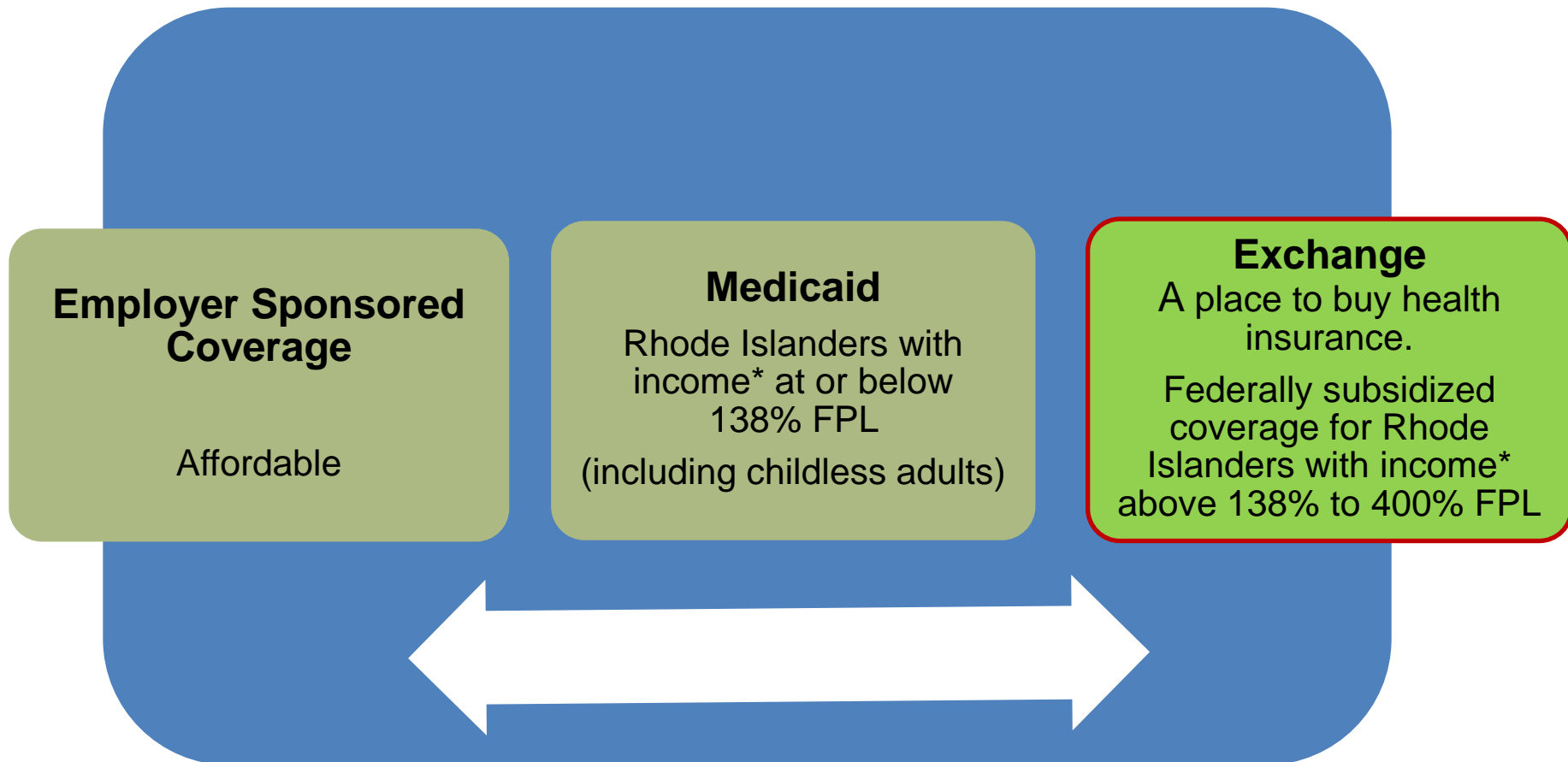
Rhode Island Health Benefits Exchange

Christopher Koller

Health Insurance Commissioner

Achieving Access to Coverage

Federal reform, post 2014, envisions affordable coverage for virtually all Rhode Island residents, through one of three ways:



* MAGI (Modified Adjusted Gross Income)

What the Exchange will do

- Help individuals and families find coverage
 - Create a new “marketplace” to compare and purchase qualified health insurance plans
 - Determine eligibility for publicly subsidized coverage:
 - Medicaid
 - Tax credits for commercial coverage
 - Affordability of employer-based plans (if unaffordable, individual qualifies for subsidy)
- Help small businesses afford coverage for their employees
 - Provide access to tax credits for qualified small employers

How will tax credits work?

Who is eligible for a tax credit to help pay for insurance?

- Individuals/families who buy insurance through the Exchange
- “Modified Adjusted Gross Income” (MAGI) below 400% of the federal poverty level (\$43,560 for single person)
- Not eligible for Medicaid or other government-sponsored coverage
- Do not have access to affordable employer coverage
- Are citizens or lawfully present immigrants

How will it work?

- Tax payers can receive a tax credit that is applied against their federal income tax when they file their tax return
- The credit can be received “in advance” on a monthly basis, based on income anticipated to be received during the year
- The advance credit is paid to the insurance company and reduces the amount of the premium the individual needs to pay

Tax credits, continued

What happens at the end of the tax year?

- There is a reconciliation between the credit due for the year based on the actual income received and the amount of the advance tax credit paid.
 - If the actual credit exceeds the amount already paid, the taxpayer can use the rest of the credit when filing their income tax return
 - If the amount of credit already paid exceeds the actual credit, the taxpayer will owe the difference. There are caps set on the amount that may need to be paid.

What if income changes during the tax year?

- The taxpayer will want to keep the Exchange informed of changes in job and income so the amount of the advance credit can be adjusted.

Key Requirements of the Exchange

Federal law requires the Exchange to do the following (and more):

- **Certify** qualified plans that can be sold in the Exchange
- Provide a **website** with easy to understand comparisons of plans
- Provide **online calculator** for cost of coverage, including tax credits
- **Determine eligibility** for buying through the exchange and eligibility for tax credits (also referred to as “exchange subsidies” or “subsidized coverage”)
- Inform individuals of **eligibility requirements for Medicaid** and other state programs **and enroll** people who are eligible
- Establish the **navigator** program
- Provide a toll-free telephone **hotline**

Example: Massachusetts



HealthConnector
Health Insurance for Massachusetts Residents

Account Login · E-Pay · En Español · Help · Contact Us [GO](#)

[Home](#) [Find Insurance](#) [Health Care Reform](#) [About Us](#)



Individuals & Families
[Get Started](#)

Young Adults
[Get Started](#)

Employees
[Get Started](#)

Employers
[Get Started](#)

Brokers
[Get Started](#)

Connect to good health, Massachusetts!

Our online **Commonwealth Choice** marketplace is the only place where you can compare plans from the state's major insurers. We're an independent state agency, so you can shop with confidence.

Our **Commonwealth Care** program offers low-or-no-cost health insurance for people who qualify. It provides comprehensive benefits and a choice of health plans.

Find the plan that's right for you and enroll today!

Glad to be insured

"I was young, healthy. I always thought that I was invincible. It never even crossed my mind that I could get hurt..."

—**Andrew Herlihy of Malden**
[Hear Andrew's story and more](#)

Plans from top Mass insurers!



For Commonwealth Care Members Only

If you've been accepted for this subsidized health plan:

→ [Register](#) to get online access to your account



Integrated Project Schedule



Next Steps: Exchange Design

- **Policy** – Determine key policies, practices and processes
 - *Examples:* Exchange business model, qualified health plan standards
- **People/Organization** – What are the roles, responsibilities, and organizational structures required?
 - *Examples:* staffing model, integration points between Medicaid and the Exchange
- **Technology** – What are the systems and technology solutions needed to support policies and the people/organization?
 - *Examples:* procurement strategies, role of collaboration with New England states, what to build vs. buy

Medicaid and Health Care Reform

Deborah Florio

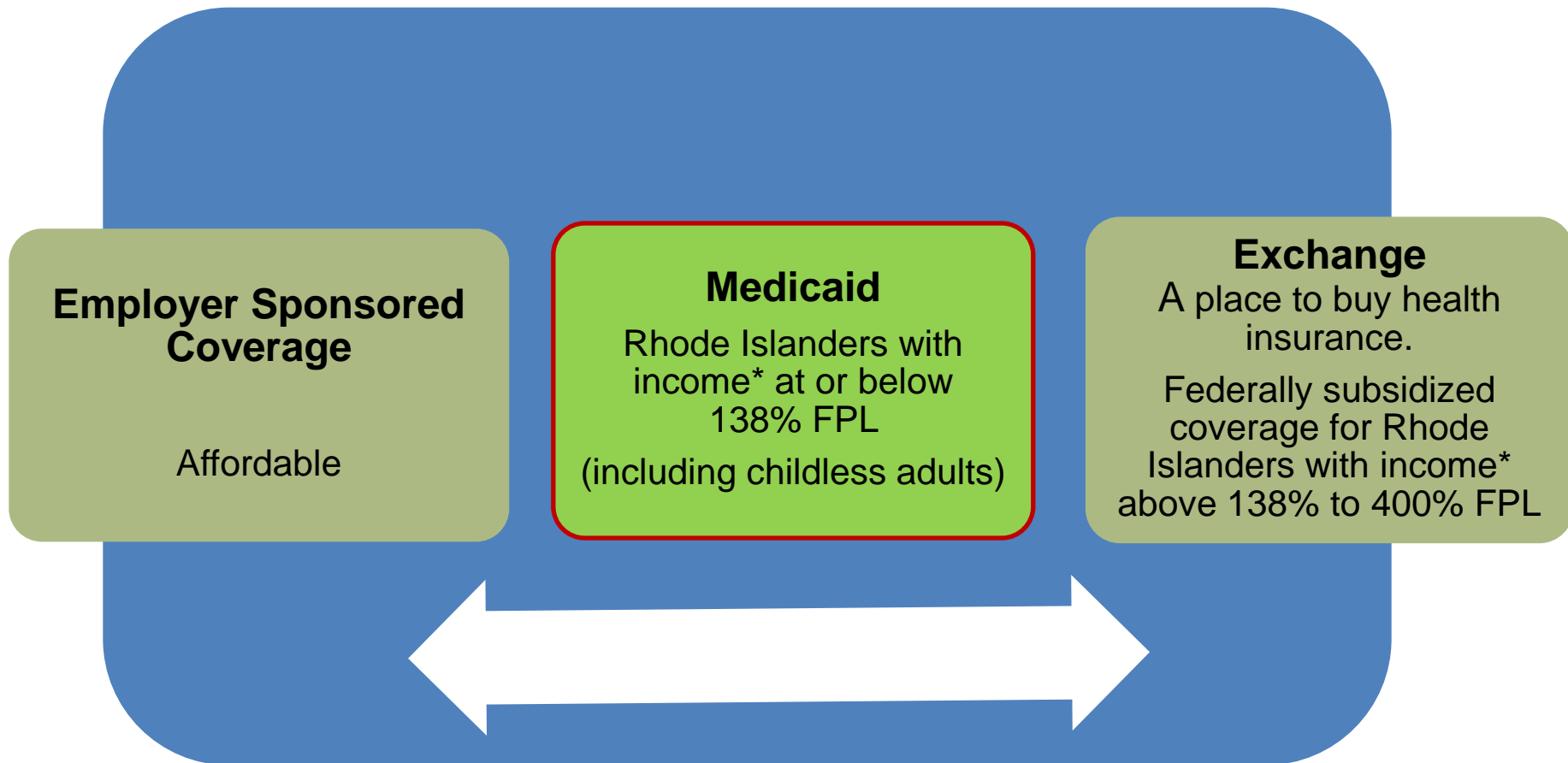
Administrator

Center for Child and Family Health

Executive Office of Health and Human Services

Achieving Access to Coverage

Federal reform, post 2014, envisions affordable coverage for virtually all Rhode Island residents, through one of three ways:



* MAGI (Modified Adjusted Gross Income)

Medicaid

Starting January 1, 2014

- New nationwide “floor” for Medicaid eligibility at 138% (FPL) for:
 - Children
 - Parents/caretaker relatives
 - Pregnant women
 - Non-elderly adults without children
- New way of counting income: Modified Adjusted Gross Income (MAGI)
- State must maintain current Rte Care income eligibility for children through 2019.
- States must extend Medicaid coverage to persons under age 26 who were in foster care at age 18 (currently through age 21).
- Income limits and income counting rules remain the same for seniors, people receiving SSI, children in foster care and low-income Medicare beneficiaries.

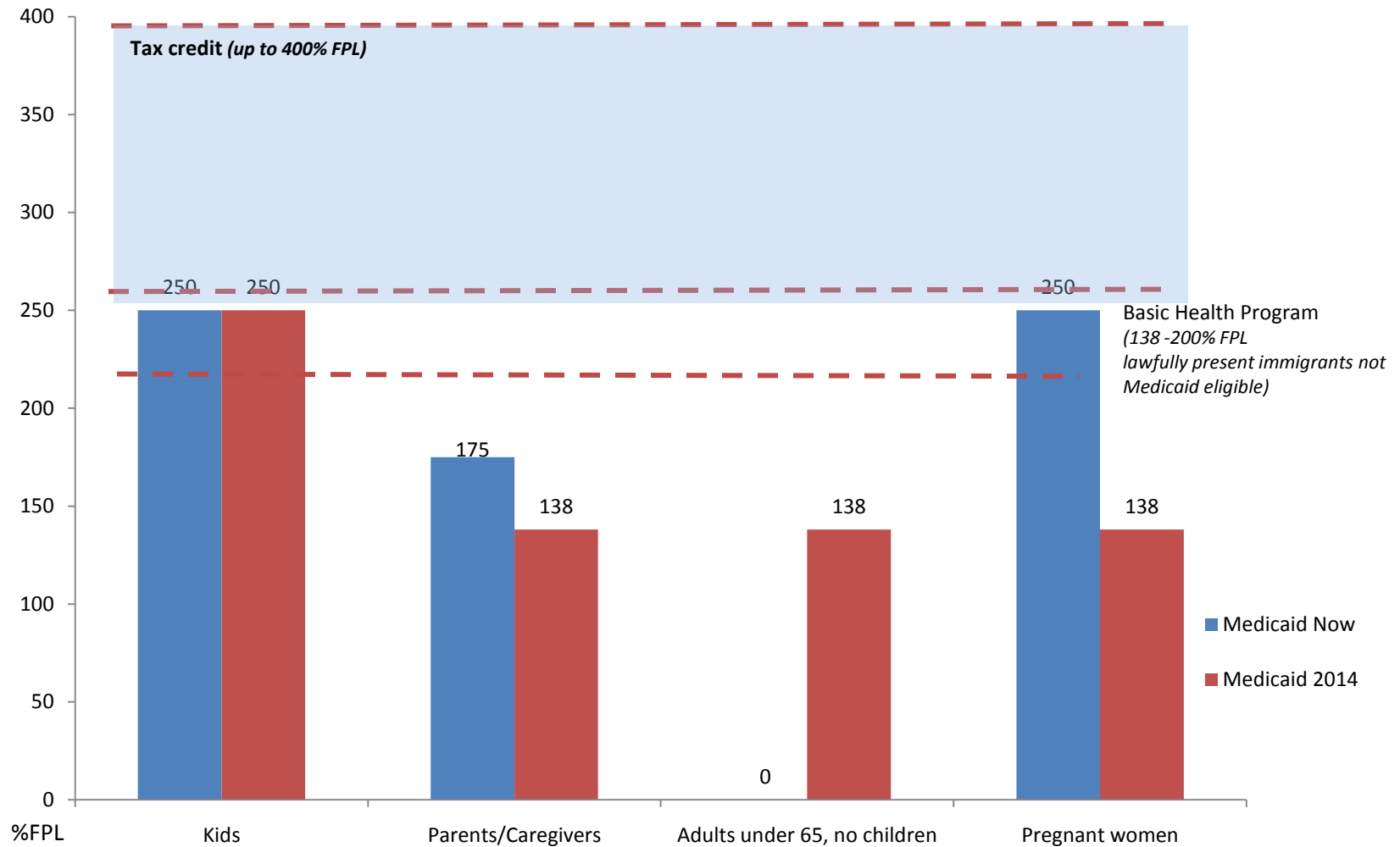
Medicaid - Now and 2014

Category	Now	January 2014
Children	250% FPL	Same until 2019
Parents	175%	At least 138%
Pregnant Women	250%	At least 138%
Adults	Not eligible	138%
Seniors	100%	100%
Disabled	100%	138% unless receiving Medicare

“Basic Health Program” Option

- States can create a program to provide health coverage for individuals with MAGI below 200% FPL who are not eligible for Medicaid and do not have affordable, comprehensive employer coverage
- Alternative to buying coverage through the Exchange
- Key populations:
 - Adults (under 65) with income 138% - 200% FPL
 - Lawful immigrants 0 - 138% FPL who are not eligible for Medicaid (e.g., lawful permanent resident – green card holder - in status less than 5 years)
- State contracts with plans or providers
 - All essential benefits must be covered – and can be a Rite Care “look-alike” program
 - Cost-sharing (premiums and co-pays) allowed. More affordable than purchasing through Exchange
- Federal payment to support BHP
- Rhode Island is considering a BHP

Putting It All Together – Subsidized Health Coverage Now and in 2014



The new world in 2014:

Accessing Subsidized Health Coverage

- Single website where Rhode Islanders can compare available health coverage options (MA, Tax credit and Basic Health Program) and apply for or renew coverage.
- Single application for all health coverage options
- File application on-line, in person, by mail or phone
- Electronic verification of information – “real time”
- Consumer Assistance - Federal law requires
 - “Navigators” to help people eligible for coverage through the Exchange (compare, enroll and access subsidized coverage
 - Outreach and enrollment assistance for populations eligible for Medicaid
- Rhode Island is currently designing all of the above

Rlte Care: Today and in 2014

	Rlte Care Today	Rlte Care in 2014
Income	Gross income less deductions	Modified Adjusted Gross Income (MAGI)
Resources	Not counted by RI law	Not counted by federal law
Application	Paper application Mail-in	On line through web portal
Verification	Paper proof of income Some data matching	Data matching
Recertification	Paper pre-printed form Mail in	On line through web portal
Application Assistance	FRC network	FRCs...Navigators??

Immigrants and Health Reform

Linda Katz

Policy Director

The Poverty Institute

Coverage for Immigrants Background

- 1996: Congress limits Medicaid eligibility for lawfully present immigrants (PRAWORA)
 - **Qualified immigrants include:**
 - Refugee, granted asylum
 - Lawful permanent resident (green card holder) but not eligible until in status for 5 years

RI covers (with state funds)

All pregnant women

All children until 2008

Coverage for Immigrants Background

- 2009: Congress allows states to provide MA to “lawfully present” immigrant children and pregnant women (CHIPRA)
 - Lawfully present includes:
 - Refugee, granted asylum
 - Lawful permanent resident (no 5 year bar)
 - Temporary protected status/deferred enforced departure
- RI implements in 2010

Affordable Care Act

- 2010: Congress passes the Affordable Care Act
- Beginning January 2014
 - People with income below 138% FPL are eligible for Medicaid
 - People with income between 138% and 400% FPL are eligible for tax credits
- Immigrant eligibility for Medicaid does not change (adult must be “qualified,” children – lawfully present)
- “Lawfully present” immigrants are eligible for premium tax credits and...

ACA/Immigrant Coverage

- Lawfully present immigrants:
 - Can purchase “Pre-existing Conditions Insurance” available now
 - Are eligible for “basic health program” if state offers
- “Lawfully present” definition is same as current definition for children in Rite Care

Lawfully present in more detail:

- Lawful permanent resident (green card)
- Persons fleeing persecution: Refugee, granted asylum, granted withhold of deportation
- Other humanitarian immigrants: Temporary Protected Status, deferred enforced departure
- Survivors of Domestic Violence, Trafficking and other Serious Crimes
- Non-immigrant visa holder: tourist, student, visitors on business. (But must be “resident”)
- Long time residents

Undocumented Immigrants

- Except for pregnant women, undocumented immigrants are not eligible for Medicaid
- Undocumented immigrants cannot buy insurance through the Exchange and are not eligible for premium tax credits

Rite Care Updates

Jill Beckwith

Policy Analyst

Rhode Island KIDS COUNT

Rlte Care Eligibility Criteria

1. Family Income
2. U.S. Citizen or “eligible immigrant” categories
3. Rhode Island residency

Rite Care Family Income Guidelines

<u>Who</u>	<u>Income Limit</u>	
	FPL	Family of 3
• Child under age 19	250%	\$46,325
• Parent/relative	175%	\$32,428
• Pregnant woman	250%	\$46,325

(SOBRA Buy-In program available to pregnant women
250% - 350% FPL for \$295/month)

Immigrant Eligibility Criteria for Rlte Care

Immigrant Status	Children	Parents	Pregnant Women
Lawful permanent resident (LPR) [Green card]	Eligible	Not eligible until in LPR status for five years (unless entered U.S. before 8/22/96)	Eligible
Refugee	Eligible	Eligible	Eligible
Asylee	Eligible	Eligible	Eligible
Deferred Enforced Departure (DED)	Eligible	Not eligible	Eligible
Temporary Protected Status (TPS)	Eligible	Not eligible	Eligible
Granted withholding of deportation/removal	Eligible	Eligible	Eligible
Undocumented/No legal status	Not eligible	Not eligible	Eligible

Rlte Care Premiums

- In the SFY 2012 Budget passed in June 2011, the General Assembly called for an increase in Rlte Care premiums to full 5% of income, starting in October 2011.
- DHS submitted request to CMS and held a hearing in August. Because premium increases would have violated Maintenance of Effort provisions in the ACA, CMS denied Rhode Island's request to increase premiums in late September.
- Rlte Care premiums WILL NOT INCREASE as proposed.
- Rlte Care members received multiple notices keeping members informed. If members did not pay their October premium (sent in September for the increased amount), there was no sanction. November invoices (sent in October) included a bill for October and November at the original premium amount. Encourage members to pay on time to avoid sanction. New premium payment address in Boston as well. (See packet for notice and new address.)

Reunification Support Program

- Effective June 2011, allows parents whose child(ren) has been removed from their home to remain eligible for RItE Care and/or cash assistance (RI Works) up to a maximum of six (6) months if:
 - 1) the parent(s) is working towards reunification,
 - 2) the parent(s) is pursuing behavioral health treatment, and
 - 3) the household income is below 200% of the federal poverty level.
- DCYF has the responsibility for determining if the parent(s) meets the RSP criteria. If so, the case is referred to DHS/EOHHS to process accordingly. Although the process is manual at the current time, the goal is to automate the processing of these cases in the near future.
- Anticipated enrollment - Approximately 200 families per year

SSA Match

- The Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 allows states the option of verifying citizenship and identity by using an electronic data match with the Social Security Administration (SSA).
- As of January 2011, 29 states had implemented this provision, which would make Rite Care enrollment more efficient and accurate.
- Rhode Island has been working on instituting this provision and is very close to implementing it – will be very soon!

Rhode Island Health Coverage Project

Amy Black

Project Director

Rhode Island Health Coverage Project

- Joint project of Rhode Island KIDS COUNT and the Poverty Institute
 - Funded by the Robert Wood Johnson Foundation
 - Leadership Team
 - Health Right
 - John Hope Settlement House
 - Progreso Latino
 - Rhode Island Council of Churches
 - Rhode Island Free Clinic
 - Rhode Island Health Center Association
 - Rhode Island Parent Information Network
 - Socio-Economic Development Center for Southeast Asians
- *Goal: To achieve stable and affordable health coverage by ensuring that consumer perspectives inform coverage-related state policy changes as the ACA is implemented*

Project Focus

- Key areas:
 - Health Insurance Exchange
 - Eligibility and Enrollment
- We will ensure that key decisions made by the state as we move forward with ACA implementation reflect the diversity of consumer interests.
- Strategies include:
 - Information in
 - Information out

For More Information

Contact:

Amy Black

Project Manager

401-456-8019

RIHealthCoverageProject@gmail.com

Health Reform Input Session

Questions:

1. How do Rhode Islanders currently get information about health care services and health insurance (such as commercial insurance, Medicaid and Rite Care)? What *new* sources should be used to get the word out now and as new health coverage options become available through health care reform? What are some strategies for reaching people whose native language is not English, those with disabilities, those with low literacy levels and other “hard to reach” populations?
2. In 2014, there will be a website where people can purchase health insurance and find out their eligibility for subsidized coverage through Medicaid and tax credits. What features would you like to see included in this website? What would make it user-friendly for the wide range of consumers who will use it? What kind of help do you think people will need in applying for coverage, understanding Medicaid and the tax credits and in choosing a health plan?

Resources

- Rhode Island KIDS COUNT www.rikidscount.org
(All workshop materials will be posted here.)
- Poverty Institute www.povertyinstitute.org
(All workshop materials will be posted here.)
- Healthcare Reform Commission www.healthcare.ri.gov
- Office of the Health Insurance Commissioner www.ohic.ri.gov
- RI Department of Human Services www.dhs.ri.gov
- RI Executive Office of Health and Human Services www.eohhs.ri.gov

Thank You!

- Please complete **EVALUATION FORMS** (yellow).
- Fill out **Rhode Island Kids Count CONTACT FORM** (green) and **Poverty Institute SIGN UP FORM** (pink).
- Don't forget to pick up **RITE CARE POSTERS** and **FLYERS!** Order more using **ORDER FORM**.
- Leave evaluations and forms on your table or return to the registration table.