

Covering Kids & Families Rhode Island is a health access initiative designed to:

- Reduce the number of uninsured children and parents.
- Enroll and retain eligible children and adults in RItE Care or RItE Share.
- Simplify enrollment and renewal processes.
- Coordinate existing health coverage programs.

Covering Kids & Families Rhode Island is part of a national health access initiative sponsored by The Robert Wood Johnson Foundation with direction and assistance provided by the Southern Institute on Children and Families.

# covering Kids & families

R H O D E I S L A N D



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## Changes in Medicaid Funding

Medicaid provides health insurance to low-income children and families, seniors and disabled adults. Medicaid was established in 1965 as part of the U.S. Social Security Act and serves as the safety net health insurance program for 52 million people, including 182,825 Rhode Islanders (FY 2004).

In Rhode Island, Medicaid is known as Medical Assistance and RItE Care. Medical Assistance is provided to seniors, adults with disabilities and some children with special health care needs through a fee-for-service system. Low-income children and families, children in foster care and most children with special health care needs are enrolled in RItE Care which provides coordinated health care through three managed care health plans.

Medicaid also supports the health care delivery infrastructure. Medicaid is the primary source of funding for community health centers and mental health centers that comprise the safety net system of care

for low-income families and the uninsured. About two-thirds of the nursing facility revenue is from Medicaid. Hospitals also receive Medicaid funding to help cover the cost of caring for the uninsured.

There has been much debate this year about the federal funding of Medicaid. The President proposed to reduce Medicaid spending by \$12 billion over the next five years. In its budget proposal, the House of

*The \$10 billion federal spending cuts in Medicaid threaten to erode access to health care for low-income seniors, disabled adults, children and families.*

Representatives proposed to cut Medicaid spending by \$20 billion over five years. By passing the Smith-Bingaman Amendment, the Senate included no cuts to Medicaid in its budget proposal and would have established an independent

Medicaid Commission to undertake a comprehensive review of the program. The final Congressional budget resolution targets Medicaid for \$10 billion in cuts over the next five years. The U.S. Secretary of Health and Human Services has established a

(continued on page 4)

# Strategies that Work

## News from the Local Projects

*St. Joseph Hospital is an active partner in the Covering Kids & Families initiative and has successfully implemented several hospital-based strategies to ensure all eligible children and families have access to health insurance.*

The Providence local project at St. Joseph Hospital identified several strategies to increase access to health insurance:

- Increase hospital signage about the availability of RItE Care.
- Provide ongoing staff trainings for all departments about RItE Care health insurance and other support programs.
- Improve collaboration between departments to screen and refer uninsured children and families to a Family Resource Counselor for RItE Care application assistance.
- Provide on-site bilingual application assistance in a high-traffic area in the hospital's Health Center.
- Add a tag line to hospital

billing statements for self-pay patients to make them aware of RItE Care and encourage them to contact the hospital for helping applying.

As a result of these strategies, more patients at St. Joseph Hospital are enrolled in RItE Care and have access to quality, affordable health care.

St. Joseph Hospital recognizes the importance of helping patients access health insurance and health care and is committed to continuing its outreach efforts. In November 2004, St. Joseph Hospital added the new position of Health Center Finance Coordinator to sustain these successful outreach and enrollment strategies with the hospital beyond the end of the



*Carmen Almeida, Family Resource Counselor at St. Joseph Hospital, recently received a "Service Excellence Award" Congratulations Carmen!*

## Family Resource Counselor Receives Service Excellence Award

Carmen Almeida is the Family Resource Counselor at St. Joseph Hospital and has been employed at the hospital for eleven years. She is responsible for helping patients apply for RItE Care and screens them for eligibility for other support programs. Carmen is bilingual and helps an average of 20-30 families per day, many of whom speak other languages.

St. Joseph Hospital has recognized Carmen Almeida for her "Service Excellence" – a reflection of her kind and compassionate attitude as she assists families in accessing health insurance and health care. Hats off to Carmen!

Covering Kids & Families grant. The hospital hired Jennifer Bowdoin, Covering Kids & Families Providence

Coordinator, to oversee implementation of these strategies.

## Annual Luncheon

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On December 6, 2004, more than 200 people attended the Fifth Annual Covering Kids & Families luncheon “A Celebration of Children’s Health”. The event, held at the Providence Marriott, marked the tenth birthday of the RItE Care program.

Covering Kids & Families recognized several people for their contributions in helping children access health

insurance and quality health care through RItE Care.

### Honorees included:

**Elected Officials:** Governor Donald L. Carcieri; Senator Elizabeth Roberts, co-chair of the Permanent Joint Commission for Health Care; Representative Steven Costantino, co-chair of the Permanent Joint Commission for Health Care; **State Government:** Jane Hayward, Managing



*Governor Donald Carcieri received a Covering Kids & Families Award for his ongoing support of the RItE Care program.*

Director of the Office of Health and Human Services, Adelita Orefice, Kathleen Partington, and Linda Hutnak, netWORKri, Rhode Island Department of Labor and Training; **Private Sector:** Kerrie Jones Clark, Rhode Island Health

Center Association, Dr. Michael Fine, Hillside Family Practice; **Community Leaders:** Marti Rosenberg, Ocean State Action Fund and Linda Katz, Poverty Institute at Rhode Island College School of Social Work.

## Recognizing 10 years of success in RItE Care

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*Covering Kids & Families released the publication RItE Care Health Insurance: A Celebration of Children’s Health at the annual luncheon highlighting the success of the RItE Care program in providing health insurance to Rhode Island families and celebrating the positive health outcomes that have been achieved since the RItE Care program began ten years ago. Here is an excerpt from the booklet.*

### Top Ten Reasons RItE Care Makes a Difference

**RItE Care is a Wise Investment.** More than half of the cost of RItE Care is paid for by the federal government, which brings significant resources to Rhode Island.

**Rhode Island is a Leader in Providing Health Coverage for Children.** Rhode Island is ranked second in the nation for the lowest percent of uninsured children.

**RItE Care = Quality.** All three of RItE Care’s participating health plans are rated “excellent” by the National Committee on Quality Assurance.

**Families Like RItE Care.** 98% of RItE Care members are very satisfied or satisfied with the RItE Care program.

**RItE Care Improves Access to Primary Care.** 92% of children enrolled in RItE Care have an annual check-up.

**RItE Care Improves Access to Prenatal Care.** The percentage of women enrolled in RItE Care who receive adequate prenatal care has increased from 56% in 1993 to 72% in 2002.

**RItE Care Improves Access to Infant Care.** In the 1990’s the Rhode Island postneonatal mortality for infants enrolled in RItE Care declined 58%.

**RItE Care Improves Access to Pediatric Care.** The lead screening rate for two-year old children in RItE Care has increased.

**RItE Care Innovations Improve Access and Control Costs.** The state has controlled costs by maximizing employer health insurance coverage through RItE Share.

**RItE Care is a Community Partnership.** The RItE Care Consumer Advisory Committee is committed to ensuring access and quality for RItE Care members.

## Changes in Medicaid Funding

*(continued from cover)*

Medicaid Commission that will submit two reports: By September 1, 2005 a report recommending ways to cut federal spending in Medicaid by \$10 billion over five years; and, by December 31, 2006 a report that will make longer term recommendations on the future of the Medicaid program. The Commission does not have the broad-

based, bi-partisan membership envisioned by the Senate, but a membership primarily selected by the U.S. Secretary of Health and Human Services.

Until Congress decides what changes to the Medicaid program will be made to achieve the \$10 billion in cuts, the impact on the Rhode Island program is not certain. If Rhode Island were to absorb a proportionate share of the total \$10 billion in cuts, we would lose \$56 million in

federal funding. However, it will be difficult for Congress to reach the \$10 billion in cuts without proposing changes that will harm vulnerable beneficiaries, including seniors, people with disabilities, low-income children, families and pregnant women.

The federal-state funding partnership that supports Medicaid is critical to Rhode Island's ability to provide primary and preventive health care to thousands of residents, long-term care

for low-income seniors, and community-based services for people with disabilities. Medicaid also provides critical funding to help Rhode Island schools provide special education services and to support safety net providers that provide care for the uninsured. It is important for the public as well as policy makers to closely monitor the decisions Congress makes over the next few months as well as the work of the Medicaid Commission.

## RItE Care Waiver

In April 2005, the Rhode Island Department of Human Services submitted a request to the Centers for Medicare and Medicaid Services (CMS) to extend the current waiver for an additional three years. The waiver has been previously extended three times and will expire on July 31, 2005.

In 1993, Rhode Island was granted the original waiver from the Health Care Financing Administration (HCFA) to create RItE Care, a Medicaid managed care program. The goals of the RItE Care waiver are to

increase access to and improve the quality of care for Medicaid families; expand access to health coverage for all eligible pregnant women and all eligible uninsured children; and control the rate of growth in the Medicaid budget for the eligible population.

The goals of the waiver have been met through simplifying the RItE Care application process, implementing community-based outreach through the Family Resource Counselor Program, improving access to primary and preventive

care for eligible children, pregnant women and families and controlling the rate of growth in the Medicaid budget. This has been accomplished through the RItE Share premium assistance program, cost sharing and improved care coordination through the RItE Care health plans.

Initially, RItE Care included families receiving cash assistance through the Family Independence Program, pregnant women and children up to age six with family income up to 250% of the Federal Poverty Level (FPL). Over the past

ten years, eligibility for RItE Care has been modified to include children up to age 19, pregnant women with family income less than 250% FPL and parents of eligible children with family income less than 185% FPL.

Foster children and children with special health care needs, including children receiving Supplemental Security Income, Katie Beckett provision or subsidized adoption assistance, have been transitioned to RItE Care from Medicaid fee-for-service to improve care coordination and control costs.

“Access to health insurance is important for all Rhode Island families. The creation of the Health Insurance Commissioner will ensure that health insurance remains affordable and responsive to our health care needs.”

— Senator Elizabeth Roberts, Co-Chair of the Permanent Joint Legislative Committee on Health Care Oversight

## One Rhode Island

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This year, One RI, a coalition of over 170 organizations, is advocating for eight bills that will help low and moderate-income Rhode Islanders meet basic needs.

For the third year, the platform includes a proposal to roll back the RItE Care premium from 5% to 2% of family income. Each month an average of 150 families, including 250 children, lose RItE Care because they cannot pay the monthly premium of \$61 - \$92/month.

When families don't pay the premium for two months, they lose their health insurance for four months. Pregnant women and infants are exempt from sanctions but are still required to pay premiums. Sanctions interrupt care for chronic conditions and cause families to rely on hospital emergency rooms. Reducing the co-payment will help assure that more families are able to remain insured.

A second health care proposal is to expand access to pharmacy assistance for uninsured and underinsured Rhode Islanders. Building on the legislation passed in

the last session, the bill would lift the cap on eligibility (set at 200% FPL) so that more people could afford prescribed medications.

Other One RI bills include increasing the amount of the Rhode Island refundable earned income tax credit, increasing the yearly clothing allowance for children receiving FIP cash assistance and allowing parents enrolled in FIP to combine education or training with work after the twenty-four month of their employment plan. One RI also proposes to expand eligibility for child care subsidies to 250% FPL, invest state money to implement a multi-faceted Food Stamp Outreach effort that would be matched by federal funds and increase the state's commitment to the Neighborhood Opportunities Program from \$5 million to \$7.5 million. The additional investment in the Neighborhood Opportunities Program will help address the crisis of homelessness faced by more and more families.

*For more information about One RI, visit the website [www.OneRI.org](http://www.OneRI.org).*

## Health Care Reform Act of 2004

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One of the most important outcomes of the last legislative session was the passage of the Health Care Reform Act of 2004. The law has three critical components:

- Creates the office of Health Insurance Commissioner, which now has the ability to hold insurance companies accountable to consumers and health professionals.
- Sets up a Community Advisory Committee to the Department of Business Regulation (DBR) allowing people to voice their concerns about health insurance matters.
- Changes the criteria that DBR uses to evaluate health insurance rate increases. Now, instead of being required to look just at insurance solvency, the Department can take into account the needs of health professionals, questions of access to health insurance, and the general welfare of the state.

## New Health Insurance Commissioner

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In January 2005, Governor Carcieri appointed Neighborhood Health Plan's Chief Executive Officer, Christopher Koller, to the post of Health Insurance Commissioner. At his confirmation hearing, Koller expressed his commitment as Commissioner to ensure that all Rhode Islanders have access to high quality, affordable health care.

It is important to monitor the implementation of the Health Care Reform Act to ensure that affordable health coverage is accessible to all Rhode Islanders. We look forward to positive changes in our health care landscape as a result of the Health Care Reform Act of 2004 and Commissioner Koller's leadership.

# Hot Issues

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## Katie Beckett Program Update

The Governor's budget for fiscal year 2006 included a proposal (Article 14) to require families with children currently receiving Medical Assistance through the Katie Beckett program with family income above 250% of the Federal Poverty Level to pay a monthly premium for the health coverage.

Children covered by Rhode Island's Katie Beckett program have

significant health concerns or disabilities that require institutional level care but are able to receive services at home. The Katie Beckett program allows the state to provide these services through Medicaid by only counting the child's income, without regard to the family's income. Many of these families pay for commercial insurance through their employer. Medicaid pays for medical services not

covered by the family's commercial insurance.

In March 2005, several advocates and parents of children enrolled in the Katie Beckett program attended a House Finance Committee hearing on the budget article to oppose the monthly premium. Parents testified about the high out-of-pocket costs they already incur to care for their children with special health care needs. Many families

testified that the proposed monthly premium would be a significant burden on families already struggling to provide care for their children with significant health needs.

**Article 14 was officially withdrawn from the Governor's FY 2006 budget in March, 2005.**

## Changes in Food Stamps Renewal

Beginning on December 1, 2004 the Department of Human Services (DHS) implemented a simplified reporting system for the Food Stamp Program. Under this new policy, most families enrolled in Food Stamps will receive a constant amount of stamps during the six month certification period. They are only required to report to DHS if their income exceeds the gross income limit. However, families receiving

both FIP cash assistance and Food Stamps are still required to report changes in family circumstances during the certification period.

The change to simplified reporting also led DHS to reduce the certification period for FIP from twelve months to six months. To renew their benefits, families must meet with their eligibility technician at the local DHS office for an interview. Families who fail to appear at the six-month interview or to return the renewal

form will lose eligibility for all programs including FIP cash assistance, Food Stamps and RItE Care. Many families may still be eligible for Food Stamps or RItE Care even if they are no longer eligible for FIP cash assistance.

Advocates will pay close attention to the impact of simplified reporting on families. Research has shown that the more times families are required to renew, the more likely they are to lose eligibility due to administrative barriers.

Covering Kids & Families is working with the Department of Human Services to include simple language on the renewal to ensure families understand that the renewal is for all three programs and they could still be eligible for Food Stamps or RItE Care, even if they are no longer enrolled in FIP. Advocates will monitor this initiative to ensure that families remain enrolled in the programs for which they are eligible.

“Rlte Share is a great example of a successful public/private partnership that provides quality, affordable health insurance to working families. Rlte Share has become an important tool to increase workforce retention and productivity.”

— Laurie White, Executive Vice President, Greater Providence Chamber of Commerce

# Covering Kids and Families Rhode Island Leadership Council

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Rhode Island Chapter*

## **Joseph Amaral, MD**

*Rhode Island Hospital*

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*Providence Mayor's Office*

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## **Miriam Wysong**

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and Advocacy*

## **John Young**

*RI Department of Human Services*

# Two RIte Care Health Plans among the “Top Ten” in the Country

In December 2004, the National Committee for Quality Assurance (NCQA) announced its list of “Top Ten” Medicaid plans in the nation. Two Rhode Island health plans— Neighborhood Health Plan of Rhode Island and Blue Cross & Blue Shield of Rhode Island’s Blue CHiP program— were among the top ten Medicaid health plans in the country based on health performance measures. These measures include adolescent immunizations, cervical cancer screenings, comprehensive diabetes care and use of appropriate medications for children with asthma.

Ron Lebel, Acting Director of the RI Department of Human Services commented that “it is fitting that during this 10th anniversary of RIte Care, two of our Medicaid partners health plans

*“This “Top Ten” ranking is further proof of Rhode Island’s commitment to improved access and better health outcomes for Rhode Island’s children and families.”*

*—RON LABEL  
Acting Director  
RI Department of Human Services*

have been recognized among the best in the country for quality. This “Top Ten” ranking is further proof of Rhode Island’s commitment to improved access and better health outcomes for Rhode Island’s

children and families.” The National Committee for Quality Assurance Top Ten Medicaid Health plans (listed alphabetically) are: BlueCross BlueShield of Western New York (NY); BlueShield of Northeastern New York (NY), Coordinated Health Partners, Inc. dba Blue ChiP (RI); Excellus BlueCross BlueShield, Rochester Region (NY); HealthPlus of Michigan (MI); Kaiser Foundation Health Plan of Hawaii (HI); M-CARE, Inc. (MI); Neighborhood Health Plan of Rhode Island (RI); Priority Health (MI); UPMC Health Plan, Inc. (PA).

## Thank You!

*Covering Kids & Families Rhode Island thanks all of our funders for their generous support of our efforts to ensure that Rhode Island’s children and families have access to affordable, quality health insurance.*

*The Robert Wood Johnson Foundation  
Neighborhood Health Plan of Rhode Island  
Blue Cross & Blue Shield of Rhode Island  
The Rhode Island Foundation  
CVS Charitable Trust  
Prince Charitable Trusts*

*CVS Charity Classic  
St. Joseph Hospital for Specialty Care  
The Annie E. Casey Foundation  
Ocean State Charities Trust  
UnitedHealthcare of New England  
The March of Dimes - Rhode Island Chapter*

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Progreso Latino  
St. Joseph Health Services of Rhode Island  
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RI Health Center Association  
Ocean State Action Fund  
The Poverty Institute at RI College School of Social Work  
RI Department of Human Services  
RI Department of Health  
RI Department of Elementary and Secondary Education

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