

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



## IN THIS ISSUE

Rising Health Care Costs .....	1
Strategies that Work .....	2
Annual Luncheon .....	3
Covering Kids & Families Staff .....	3
Employer-Sponsored Health Insurance .....	4
Uninsured Children in Rhode Island .....	5
Hot Issues .....	6
Leadership Council .....	7
Dental Benefits Manager .....	8
Thank You! .....	8

## Small Businesses and Low Wage Workers Hit Hard by Rising Health Care Costs

Preliminary findings from the 2005 Rhode Island Employer Health Insurance Survey show that as health care costs rise, employers are struggling to offer affordable products to their employees.

The study, coordinated by the Office of the Health Insurance Commissioner, the Rhode Island Department of Human Services and the Rhode Island Department of Health, surveyed 1,444 employers and matched a similar study in 1999. Combined with census data, it paints a clear and compelling picture: as employers shift costs to employees, an increasing number—especially low wage workers—are forced to go without health insurance coverage.

Forty-nine percent of responding employers report average premium increases of over 20 percent per year for the last three years. The average annual cost of a family

premium now equals the total annual income of someone paid at minimum wage.

Employers are responding in three ways:

- **Increased employee cost sharing.**

Thirty-one percent of employers now pay less than half of a family premium – a five-fold increase from six years ago.

- **Tightened eligibility rules.**

Only 80 percent of full time employees at firms offering coverage are eligible for health insurance; down from 92 percent six years ago.

- **Dropping coverage.**

Preliminary data indicate that the proportion of employers who offer coverage has decreased.

Faced with increased costs, some employees are opting out. The “take up rate”, or percentage of employees offered health insurance who take it, dropped in the

*“Without some collective action, the trends documented here will continue or accelerate, creating more health care have-nots.”*

–CHRISTOPHER KOLLER  
Health Insurance Commissioner

(continued on page 4)

# Strategies that Work

## Family Resource Counselors at Women & Infants Hospital

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*Women & Infants Hospital recognizes the importance of assisting patients in enrolling in and maintaining health insurance to facilitate access to health care. The hospital's staff gives special attention to ensuring that new mothers have health coverage and an identified medical provider for their babies when they are discharged.*

Women & Infants Hospital is Rhode Island's largest birthing hospital, providing a full range of prenatal, postpartum, neonatal and specialized women's health care. Each year approximately 9,600 babies are delivered at Women & Infants.

Women & Infants employs four Family Resource Counselors (FRCs) who are known within the hospital as "financial counselors". The FRCs are located in the primary care clinic and the main hospital building. The financial counselors, some of whom are bi-lingual, provide one-on-one

application assistance for RItE Care/RItE Share and assist patients in completing applications for other types of Medical Assistance or charity care. Financial counselors are available to patients extended hours during the week and on weekends.

Women & Infants has developed a comprehensive process to screen patients for health insurance and connect them to coverage for which they may be eligible. Registration staff is responsible for verifying the insurance status of each patient before every visit. Family Resource Counselors follow up with



patients who appear to be eligible for RItE Care or other categories of Medical Assistance. When possible, financial counselors meet with patients prior to their medical appointments to complete RItE Care applications. Information regarding health insurance status, eligibility, payment plans or charity care applications are dated and entered in patients' computerized records. In some cases, patients may be unaware that they have lost their health insurance. The FRCs can quickly help patients to reenroll and minimize the gaps in health insurance coverage.

Many uninsured patients at Women & Infants Hospital are successfully connected to RItE Care health insurance, thanks to the health insurance screening and RItE Care application assistance provided by Family Resource Counselors. The hospital's computer system also facilitates this work by providing a centralized place to track efforts to help patients access health insurance.

“Keep in mind that the money you spend on health care for children is money well-spent.”

— Karen Kanatzar, Parent of two children enrolled in RItE Care

## Annual Luncheon

On November 7, 2005, Covering Kids & Families hosted the Sixth Annual Covering Kids & Families luncheon “A Celebration of Children’s Health”. Nearly 200 people attended to mark the progress that has been made to improve access to children’s health insurance.

Karen Kanatzar, an adoptive parent of two young boys enrolled in RItE Care, described how RItE Care has made a difference in

their lives. Thanks to RItE Care, her sons have been able to access the medical and behavioral health care they need to live at home.

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 Jack Reed, Senator Lincoln Chafee, Congressman

Patrick Kennedy, Congressman James Langevin; *General Assembly Leaders*: Senator Elizabeth Roberts and Representative Steven Costantino; *State Government*: Edward Sneesby and Tina Janik, Department of Human Services; *Private Sector*: Carol Brunelle, Central Falls Schools; Ellen Mercado, Progreso Latino; Lauri Heard, Providence Community Health Centers; and Karen Voci,

The Rhode Island Foundation.

All three RItE Care health plans — Blue Cross Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island and UnitedHealthcare of New England — also received awards for providing quality health care. The health plans are among the best in the nation for effective care according to the National Committee for Quality Assurance.

## Exciting Changes at Covering Kids & Families Rhode Island

In December 2005, Amy Lapierre joined the staff of the Center for Child and Family Health at the Rhode Island Department of Human Services. As Chief of Family Health Systems, Amy will work on health care policy and planning. Amy and her colleagues at DHS will continue to be close working partners of Covering Kids & Families.

During her three years as Project Director for Covering Kids & Families,

Amy played an important leadership role within the Covering Kids & Families partnership and provided oversight of the local projects in Providence, Pawtucket and Central Falls. We know that her commitment to help children and families access and retain quality health care coverage through RItE Care will continue in her new role.

Amy will be greatly missed. Congratulations, Amy!  
Sonia Rodrigues-Carr,



Amy Lapierre, Sonia Rodrigues-Carr and Matilda Sansone at the Covering Kids & Families Annual Luncheon: A Celebration of Children’s Health, November 7, 2005.

formerly the Pawtucket/Central Falls Coordinator, has been promoted to Covering Kids & Families Project Director. During her four years with Covering Kids, Sonia has led the initiatives in the Pawtucket and Central Falls areas focusing on strategies to reach eligible adults and children. Most recently Sonia has worked within the netWORKri Pawtucket office to ensure

that health insurance access is an integral part of the one-stop career centers operated by the Department of Labor and Training.

Sonia is looking forward to working with the Covering Kids & Families partners as the project works to sustain successful outreach strategies and address remaining barriers to enrollment and retention.

Congratulations, Sonia!

## Rising Health Care Costs

(continued from cover)

last six years from 80 percent to 68 percent.

Not surprisingly, the data show that small employers and low wage workers are particularly vulnerable. Only 65 percent of employers with ten or fewer employees offer health insurance. In low wage workplaces, the take up rate dips to 57 percent.

Census data analyzed by DHS documents the end result – a near doubling of Rhode Island’s uninsured

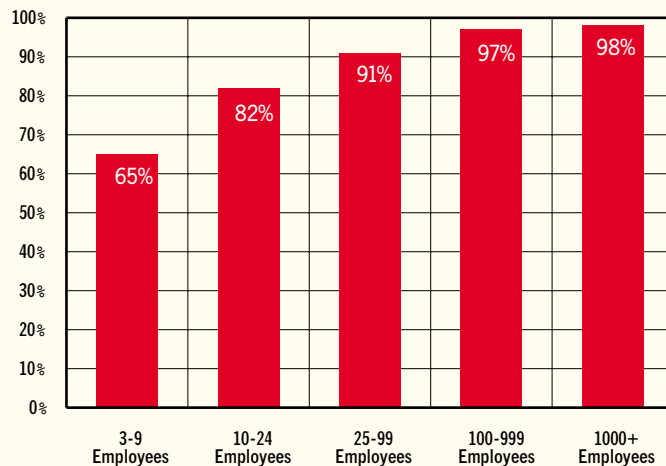
rate in five years from six percent in 2000 to eleven percent in 2004. This figure would have been worse if not for RItE Care’s effectiveness at enrolling uninsured children.

“The story is clear,” said Health Insurance Commissioner Christopher Koller, “Rising health care costs are making insurance unaffordable. Employers – especially small ones – do not have the tools to address

the underlying cost trends in health care. Without some collective action, the trends documented here will continue or accelerate, creating more health care have-nots. As a state, we need to build on the lessons of RItE Care and to engage providers, consumers, employers and health plans to assure the sustainability and affordability of health insurance.”

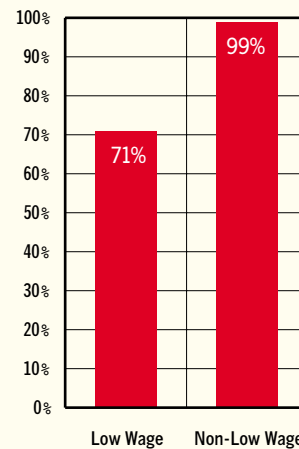
### Employer-Sponsored Health Insurance, Rhode Island, 2005

Share of Businesses Offering Coverage by Size



Only two-thirds (65%) of Rhode Island businesses with 3-9 employees offer health insurance coverage versus virtually all businesses with more than 100 employees.

Share of Businesses Offering Coverage Low Wage vs. Non-Low Wage



Less than three-quarters of Rhode Island low wage businesses\* offer health insurance coverage versus nearly all non-low wage businesses.

Source: 2005 Rhode Island Employer Health Insurance Survey Preliminary Report. (November 2005.) Report conducted by JSI Research and Training Institute for the Office of the Health Insurance Commissioner, the Rhode Island Department of Health and the Rhode Island Department of Human Services.

\* Low wage businesses are defined as businesses in which 50% or more of the employees earn less than \$21,000 per year.

# Uninsured Children in Rhode Island

The U.S. Census Bureau recently released new national and state level data on children's health insurance from the Current Population Survey. Rhode Island continues to be a leader in the country with

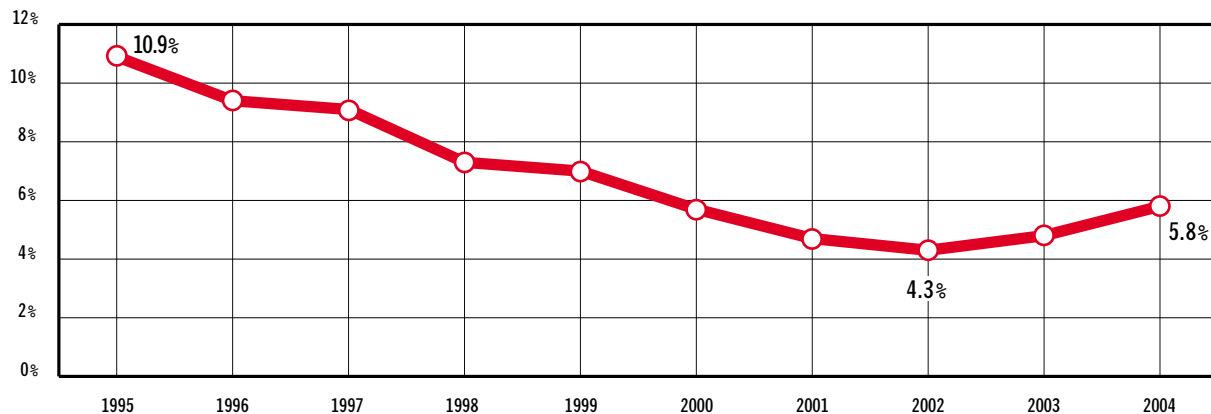
the second lowest rate of uninsured children. Much of Rhode Island's success in increasing access to health insurance and health care for children is due to RIte Care, Rhode Island's Medicaid managed care

program.

In 2004, 5.8% of Rhode Island children did not have health insurance compared to the U.S. rate of 11.4%. Vermont has the lowest percentage of uninsured children at 4.8%.

During the past two years, the overall rate of uninsured children in Rhode Island has increased to 5.8% from a low of 4.3% in 2002.

Children Without Health Insurance, Rhode Island, 1995-2004



Source: U.S. Census Bureau, Current Population Survey, 1994-2005, three-year averages, compiled by Rhode Island KIDS COUNT. Data are for children under age 18.

- As of 2004, 5.8% of Rhode Island's children under age 18 were uninsured, compared to 11.4% of children nationally. The rate of uninsured children in Rhode Island has been reduced by 47% over the past ten years.
- In Rhode Island, nearly two-thirds (63%) of uninsured children under age 19 are income-eligible for RIte Care.
- The rise in the percentage of uninsured children is largely due to the decline in employer-sponsored insurance. The percentage of children covered by employer-sponsored health insurance has declined by 10% in the past three years. In 2004, 165,000 children were covered by employer-sponsored health insurance, down from 183,666 in 2001.
- Three-quarters of uninsured children live in working families who either do not have access to employer-sponsored health insurance or cannot afford to purchase the health insurance that is offered.

# Hot Issues

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## Paying RIte Care Premiums in the Community

Approximately 5,434 families are required to pay monthly premiums for their RIte Care health insurance based on their family size and income. Families were required to pay the monthly premiums by mailing in a check or money order. Now these families have another option to pay their RIte Care premiums.

Beginning in August, 2005, families can pay their RIte Care premiums in cash at local stores in communities across the state. Families must bring their bill with them when they pay to ensure the correct account is credited. Payment will be credited the same day. This new payment method is expected to help families

who do not have checking accounts or would otherwise miss the payment deadline because of the lag time in mailing.

Families who are interested in paying their RIte Care premiums in cash should call 1-800-746-6001 for an up-to-date listing of stores that will accept RIte Care premium payments. There is a \$1 service charge

for using this payment option. Families who are required to pay premiums received notice of this new payment option with their August bills. The monthly invoice also contains information on this new payment option.

## Pregnant Women and Infants Exempt from RIte Care Premiums

Effective October, 2005, pregnant women and children under one are no longer required to pay a monthly RIte Care premium. This change to state law was enacted by the General Assembly in July 2005. Previously, pregnant

women and infants with family income above 150% of the Federal Poverty Level (\$24,132 for a family of 3) were required to pay monthly premiums but were not closed to RIte Care if they failed to pay. Advocates anticipate that pregnant women and children under

one will be more likely to access prenatal care and well-child care if they do not face the barrier of monthly premiums.

RIte Care premiums are still required for families with income above 150% FPL.

Because the premium is charged per family, and not per individual, if a family includes a pregnant woman or child under one as well as other family members enrolled in RIte Care, the premium is still required to maintain the enrollment of the other family members.

“Our award-winning RIte Care program is recognized as a model for affordable, sustainable Medicaid managed care.” — Governor Donald L. Carcieri

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*Neighborhood Health Plan of RI*

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*Center for Hispanic Policy  
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**John Young**

*RI Department of Human Services*

# Dental Benefits Manager Program

The Rhode Island Department of Human Services (DHS) has initiated a program to improve oral health access for children covered through the Rhode Island Medical Assistance Program. The new delivery system uses a managed care model that places emphasis on preventive and primary care dental services while containing growth in costs.

To increase access to oral health for children in Rhode Island, DHS is shifting from a payer of services to a purchaser of benefits.

DHS will contract with a specialized vendor – a Dental Benefits Manager (DBM) – to administer the dental benefit. The DBM will be responsible for establishing and maintaining a network of dental providers, processing claims and providing member services, including transportation and interpretation. The

current Medicaid dental benefits will remain the same under the DBM model.

All children on Medicaid born on or after May 1, 2000 will be enrolled in the DBM program. It is the State's intention that eligible children will "age into" the program, thus continuing their participation. Children who will not be enrolled in the DBM and remain in the fee-for-service model include children born on or before April 30, 2000; children who have access to third-party dental benefits; children who live outside Rhode Island; and children residing in institutional nursing facilities.

DHS is seeking federal authority through a 1915(b) Waiver from the Centers for Medicare and Medicaid Services (CMS) to implement the DBM program. Enrollment in the DBM program is scheduled to begin May 1, 2006.

*The DBM will be responsible for establishing and maintaining a network of dental providers, processing claims and providing member services, including transportation and interpretation.*

## 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/pharmacy 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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RHODE ISLAND

### LEAD AGENCY

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401-351-1758 fax

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### COVERING KIDS & FAMILIES PARTNERS

Rhode Island KIDS COUNT

Neighborhood Health Plan of Rhode Island

The Rhode Island Foundation

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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Progreso Latino

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*Providence*

St. Joseph Hospital for Specialty Care

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