



A Rite Care Update

Rhode Island KIDS COUNT
and
The Poverty Institute

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ABCs of Rite Care/Rite Share

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Summary of Upcoming Changes to Rite Care

- Parent eligibility reduced from 185% FPL to 175% FPL (October)
- Increased premiums for families between 150% FPL and 250% FPL (October)
- New \$45 monthly premium for families between 133% FPL and 149% FPL (November)
- Sanction for failing to pay premium: Pay to Get Back On (November or December)



Summary of Upcoming Changes to Rite Care, cont.

- Mandatory enrollment of CSHCN (SSI, Katie Beckett, and Adoption Subsidy) in managed care (November)
- Rite Share – enrollment in Employer sponsored insurance (ESI) required for workers who had option to waive ESI and receive “pay in lieu of benefits” (October)
- Generic Drug Benefit (except for CSHCN, including children in foster care) (November)
- Recertification for EFP at 12 months (October)
- Rite Care benefit changes for parents (January)



Changes to Rite Care/Rite Share: Parent eligibility (Oct.)

Family Size	Current Limit (185% FPL)	New Limit (175% FPL)
2	\$2,158	\$2,042
3	\$2,713	\$2,567
4	\$3,268	\$3,092
5	\$3,823	\$3,617



Changes to Rite Care/Rite Share: Premiums (Nov.)

% FPL	Monthly Income Family of 3	Current Premium	New Premium
133 – 149%	\$1,950 – 2,199	None	\$45
150 – 184%	\$2,200 - \$2,712	\$61	\$86
185 – 199%	\$2,713 - \$2,932	\$77	\$106
200% - 250%	\$2,933 - \$3,666	\$92	\$114



How will families know about premium and eligibility changes?

- Premium bill for September (sent in August) included information about premium increase in October
- October bill will be mailed around September 16 with new amount
- Informational letters sent August 26 to “new payors” about premiums
- New “payors” will receive bill in October for November
- All affected families receive individual “notice of adverse action” (parent eligibility and premium changes)



How will families know about changes?

- Adverse action notice includes income that DHS is counting
- If income is less – advise DHS immediately
- Can request hearing within 10 days of notice to preserve continued benefits
- **SHOULD NOT WAIT TO ADVISE DHS OF INCOME DECREASE**



Rite Care/Rite Share Changes: Premium Penalty (Dec.)

- Current rule: failure to pay for 2 months results in 4 month period of ineligibility
- Need not pay “back bill” to come back on

- New rule: failure to pay for 2 months results in closure
- Must pay “back bill” to come back on. (Only money owed once new rule is put into effect – maximum of 2 months.)



Mandatory Rite Care Enrollment for Children with SHCN (Nov.)

- Applies to children receiving SSI, Katie Beckett and Adoption Subsidy
- Children who have other coverage (also called TPL or third party liability) are not included
- If family is already enrolled in United Healthcare or NHPRI, child will be added.
- If family is enrolled in BC/BS, that family will be informed that they need to choose one of 2 plans
- If parent fails to choose plan within specified time frame, DHS will re-assign the family to either United Healthcare or NHPRI



Rite Share – “Pay in lieu of benefits” (Sept.)

- Current rule: If employer offers “pay in lieu of benefits” and parent has chosen to receive increased pay instead of enrollment in ESI, family can enroll in Rite Care
- New rule: Parent will be required to enroll in ESI – at next open enrollment period and family will be enrolled in Rite Share
- If parent fails to comply, parent will be dropped from Rite Care coverage and children will remain in Rite Care



Generic Drug Benefit (Nov.)

- All Rite Care/Rite Share members will be required to use generic drugs, except for those classes of drugs for which no generic is available
- CSHCN exempted
- DHS will send notice to members and providers explaining generic drug requirement
- Health plans will advise members who need to switch to generic medication



Extended Family Planning (Oct.)

- Women ineligible for RItE Care after giving birth are eligible for 24 months of extended family planning
- Under new rule, participant will need to complete a recertification prior to the 12th month to continue to be eligible for an additional 12 months
- For women whose children are receiving RItE Care, the recertification for the children will be the recert for the parent
- If woman does not have child(ren) receiving RItE Care, a recertification form will be sent



Rite Care/Rite Share

THE ABCs....



Who is eligible? (Oct. 2008)

<u>Who</u>	<u>Income Limit</u>	
	FPL	Family of 3
■ Child under age 19	250%	\$44,000
■ Parent/relative	175%	\$30,800
■ Pregnant woman	250%	\$44,000
■ (250% - 350% FPL can "buy in")		



Citizen

- Citizen = Born in U.S. or Naturalized

-Proof of Citizenship and Identity

Passport or naturalization document

or

Original birth certificate and

Attestation of identity by parent for child
under 16

Photo ID for 16 yrs +



Immigrant - eligible

- Refugee or admitted for asylum
- Lawful permanent resident
 - In status for 5 years
 - Entered US before 8/22/96 and continuously resided in US
 - Entered as refugee or granted asylum
- Proof: green card, arrival/departure record, work authorization card showing status.



Immigrant – special eligibility

- Pregnant women - eligible regardless of status. (Child will be a citizen.)
- Eligibility for formerly “grandfathered” group of 2,800 LPR and undocumented children ended on 6/1/08.
- LPR children are eligible for RIte Care when they reach 5 years in the U.S.



Mixed Households

- Citizen children living with parents who are ineligible for RItE Care/RItE Share due to lack of qualified status.
- If applying only for the children, parent does not need to provide information about him/herself except to provide proof of income, if any.
- DHS required to maintain confidentiality of information gathered as part of application for assistance.



If eligible then...

- If child/parent is “income eligible” and
- Child/parent a citizen or eligible immigrant
- Then...
 - Will the family need to pay a monthly premium?
 - Will coverage be provided through Rite Care or through Rite Share?



Monthly Premiums (Oct.)

Monthly Family Premium:

■ Income Level	Fam. 3	Premium
133 – 149% FPL	\$23,408	\$45
150 – 184% FPL	\$26,400	\$85
185 – 199% FPL	\$32,560	\$106
200 – 250% FPL	\$35,200	\$114

No premium for pregnant women and infants
(under age 1)



Premiums

- Premiums begin in 3rd month of eligibility
- Premiums can be paid at community sites, by mail and by phone or on-line using debit or credit card
- Current Rule: Failure to pay for 2 months results in penalty of 4 months ineligibility. Family is billed for amount due, but need not pay as condition of getting back on coverage
- New rule: Family must pay outstanding balance to get back on starting in November or December



Rite Care or Rite Share

- Rite Share

- Parent is working and has access to employer sponsored health insurance (ESI)
- DHS determines that the ESI meets the Rite Share test (cost effective, comprehensive)
- Parent must enroll in ESI or parent is ineligible and children are in Rite Care



Rite Care or Rite Share

- Parent pays share of ESI through payroll deduction at work
- DHS reimburses parent (in advance) for share of ESI minus any Rite Care/Rite Share premium
- Example: cost of ESI = \$100/month.
\$100 deducted from paycheck
- DHS sends parent check for \$100.
 - Family income is 160% FPL: DHS send check for \$15 (\$100 - \$85 – the Rite Care/Rite Share premium)



Cooperation with Medical Support - Single parents

- As a condition of receiving Rite Care/Rite Share, parent must co-operate in obtaining a medical support order against non-custodial parent
- Good cause not to cooperate if physical/emotional harm to parent/child due to domestic violence
- Child cannot be denied coverage if parent fails to co-operate without good cause



Application Process

- Mail in application; no interview
- Provide proof of:
 - Income (copies of 4 weeks of pay stubs)
 - Immigrant status (copy of documents)
 - Citizenship and identity: original documents must be reviewed by DHS, FRC or authorized agency (Head Start, Health Plans) (DO NOT MAIL)
 - Pregnancy



Application Process

- Decision by DHS within 30 days of application date
- Application date is the date application is received by DHS or date application is signed by FRC
- Benefits are retroactive to date of application



Family Resource Counselors

- FRCs assist families in completing Rite Care applications, including supporting documentation
- Screen families for other benefits, such as cash assistance, Food Stamps, etc.
- FRCs do not determine eligibility
- See list of FRCs in packet and at RIHCA website at www.rihca.org.



Renewal and Appeals

- Eligibility is renewed yearly
- Entitled to written notice of decision to deny, modify or terminate Rite Care/Rite Share coverage
- Appeal to DHS within 30 days of date on notice
- Appeal to challenge termination within 10 days of date – benefits continue until hearing



Dental Benefits

- Children enrolled in Rite Care/Rite Share/Medical Assistance who were born on or after May 1, 2000 receive dental services through the Rite Smiles program
- All Rite Smiles members are enrolled in UnitedHealthcare Dental – Rite Smiles program
- Rite Smiles (1-866-375-3257) helps families find dentists and assists with interpreter and transportation services
- Older children who are not eligible for Rite Smiles receive dental services through Medical Assistance fee-for-service



Transportation

- Rite Care/Rite Share members (non-cash assistance) receive a “Rhody Ten” card for 10 rides/month
- Rhody Ten cards can be picked up at Shaw’s and Stop & Shop – each member’s MA card needs to be provided
- If a member cannot use the bus for a medical appointment, member can contact their health plan
- RiteShare members call NHPRI for medically necessary transportation



Transportation

- Individuals receiving cash assistance still receive an unlimited full-month bus pass
- Individuals in “extended MA” (coverage provided for one year to cash assistance recipients who lose cash assistance due to earnings) receive a bus pass



Interpreter Services

- Health plans arrange interpreter services for their members
- NHPRI arranges interpreter services for Rite Share participants



Families Receiving Cash Assistance-RI Works Program

- The RI Works Program replaces the Family Independence Program
- Program changes will be implemented starting October 2008
- Children's entitlement to cash assistance ends
 - Parent reaches time limit – family 'closes'
 - Citizen children with ineligible parent – family 'closes' when one child has reached time limit
- Legal permanent residents in status less than 5 years are ineligible



Impact of Cash Assistance Changes

- Around 1,500 families including over 3,500 children will close to cash assistance because the parent has “timed off”. Should continue to receive RItE Care. (October)
- Citizen children living with ineligible parents will close and remain eligible for RItE Care (date not specified)
- 600 children and 400 parents who are LPRs will close (not eligible for RItE Care) (date not specified)



Families Receiving Cash Assistance

- An application for cash assistance is also an application for Rite Care
- Cash assistance renewal is required every 6 months; renewal for cash assistance is also renewal for Rite Care
- When family closes to cash assistance, Rite Care should continue without a break
- If family closes due to earnings, family is in "extended MA" for 12 months (must renew at 6 months)
- During extended MA not required to pay premium (and continue to receive bus pass)



General Tips

- When screening for eligibility for one type of family support program, always ask about health insurance coverage.
- If you are a health provider, ask every patient, every time if they have health insurance. If they have RItE Care, remind them of the tips to maintain it.



Your Assignment...

- Take every opportunity to ask families about whether they have health insurance
- Talk about Rite Care and Rite Share
- Refer to Family Resource Counselors
- Encourage families to apply and to stay enrolled if they are already members



Resources

- Rhode Island Department of Human Services
www.dhs.ri.gov
- Rhode Island KIDS COUNT
www.rikidscount.org
- The Poverty Institute
www.povertyinstitute.org



Care for the Uninsured in RI

- **Maria Mota**, Manager of Admitting/
Business Office, Rhode Island Hospital
- **Merrill Thomas**, CEO, Providence
Community Health Centers



Charity Care in RI

- Charity care requirements are included in the Department of Health's Rules and Regulations Pertaining to Hospital Conversions
<http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/4378.pdf>
- Hospitals must provide "**charity care**" to uninsured, low-income **RI residents** ineligible for state, federal or employer sponsored health insurance and
- Shall cover all inpatient and outpatient **essential medical services** routinely billed by the hospital and provided under the hospital's license and routinely reimbursed by the RI Medicaid program



Charity Care in RI

- RI resident = a person whose primary residence is within the state of Rhode Island, regardless of citizenship or immigration status
- Essential service = a service that is reasonably required to diagnose, correct, cure, alleviate or prevent the worsening of conditions that endanger life or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable



Charity Care in RI

- The hospital must provide:
 - Full charity care = 100% discount (free care) to patients whose annual income is equal to or less than 200% FPL
 - Partial charity care = less than 100% discount to patients whose annual income is between 200 and 300% FPL. Hospital can determine its own sliding-scale for provision of partial charity care



Charity Care in RI

- The hospital may also apply an asset test:
 - For full charity care, if the patient qualifies for care based on income, but has assets in excess of the asset limit, the hospital must provide the highest discount offered under the sliding scale partial charity care and can only collect the amount by which the patients assets exceed the asset limit
 - For partial charity care, if the hospital uses an asset test, too, it has discretion to decide how assets affect eligibility for partial charity care



Charity Care in RI

- Hospitals must post a “Notice of Hospital Financial Aid” in Emergency Departments, admission areas, outpatient care areas and on the hospital website.
- The notice must be available in languages other than English in accordance with HEALTH “Standards for Culturally and Linguistically Appropriate Services in Health Care”
- The notice must also be provided on each hospital bill.



Charity Care in RI

- The hospital's document describing its "Financial Aid Criteria" for qualifying for free care and the discount schedule for partial charity care must be approved by DOH and it must be provided to patients upon request
- The hospital must use the standardized "Application for Hospital Financial Aid" provided by DOH or seek approval from DOH if it wants to make changes
- The hospital must provide a decision within 14 days after receiving a completed Application
- The hospital must have an appeals process



Rhode Island's Community Health Centers

- Rhode Island Community Health Center Association

www.rihca.org



Telling the Story of How Rite Care Works!

- Proposed Global Medicaid Waiver
www.povertyinstitute.org
- Rite Care Works Coalition
www.ritecareworks.org
- Rhode Island KIDS COUNT's Story Bank Project
www.rikidscount.org



Thank You!

- Please complete your yellow Evaluation Forms