

# Rhode Island Medicaid Program Overview



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Friday, June 7, 2024

**RHODE  
ISLAND**

# Vision and Mission

The Executive Office of Health and Human Services (EOHHS) administers the Medicaid program

Medicaid provides coverage for low-income families with children, pregnant women, elders, & persons with disabilities and special needs who otherwise might not be able to pay for or get access to affordable health care

Adults ages 19 - 64 who do not have disabilities are also eligible if the income criteria is met

## OUR VISION

- **EOHHS envisions resilient, equitable, and just communities that nurture the health, safety, wellbeing, and independence of all Rhode Islanders.**

## OUR MISSION

- **Our mission at EOHHS is to foster and strengthen a community-driven, equitable, comprehensive, responsive, and high-quality health and human services system in Rhode Island.**

# A Brief History of Medicaid



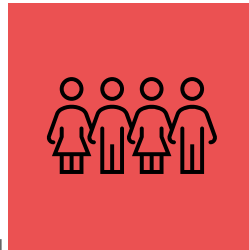
**1967**

- EPSDT benefit for Medicaid enrolled under 21



**1996**

- AFDC replaced w/block grants to states (TANF)
- Coverage decoupled from AFDC eligibility
- 5-year bar established



**2003**

- Medicare Prescription Drug Coverage
- “Clawback” payment for Rx costs for duals from states to fed



**2020-22**

- Continuous coverage
- FFCRA +6.2% FMAP
- CARES Act Provider Relief
- ARPA SFRF investments
- HCBS enhanced match reinvestment



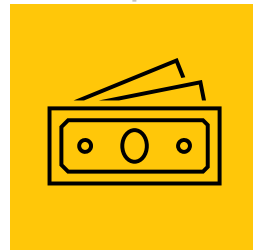
**1965**

- LBJ signs the Act, P.L. 89-97, into law.
- Coverage for families receiving cash assistance (AFDC)



**1981-90**

- Waiver authority
- Coverage for pregnant women and children;
- Emergency Medicaid for undocumented immigrants.



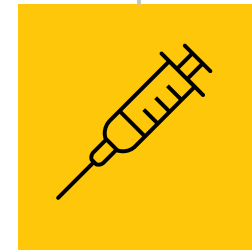
**1997**

- Children’s Health Insurance Program (CHIP) established.
- Coverage expanded to higher-income children at state option



**2010-19**

- Mandatory\* coverage expansion for adults w/out dependent children to 133% FPL
- Disproportionate Share Hospital (DSH) payment reductions
- DSH reductions annually postponed



**2023**

- PHE Unwinding
- DSH reductions allowed to phase-in

Go Deeper: <https://www.macpac.gov/reference-materials/federal-legislative-milestones-in-medicaid-and-chip/>

# ZOOM IN: Medicaid State Plan & Waiver(s)

The State's initial managed care program, RItCare, began in 1994. Since that time there has been a steady increase in the populations and services covered via managed care.

## Medicaid State Plan: §1902 of the Social Security Act

Every state has a Medicaid State Plan describing how the state will administer the Medicaid program.

### §1902 State Plan Requirements:

- 1) Eligibility Rules: Mandatory vs. Optional Populations
- 2) Services: Mandatory vs. Optional Benefits
- 3) Comparability: Scope, duration, and amount consistent
- 4) Freedom of Choice: Beneficiaries can choose providers
- 5) Reasonable promptness: Providing coverage

### Medicaid Waiver Authority:

- The Social Security Act permits the Secretary of HHS to waive certain state plan requirements. Main types:
  - §1115 research and demonstration
  - § 1915(b) freedom of choice
  - § 1915(c) home and community-based services



# Medicaid Overview - Authority

Medicaid is a state and federally funded health insurer for people exhibiting categorical or financial need. The Center for Medicare and Medicaid Services (CMS) relies on states to administer their own Medicaid programs. In RI, EOHHS serves as the Single State Agency (SSA) for Medicaid. DHS is delegated authority to determine eligibility.

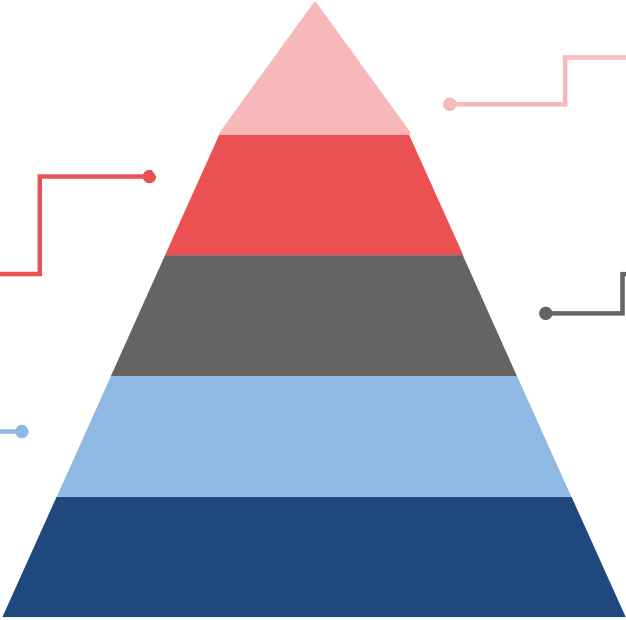
### Managed Care

35 states, including Rhode Island, contract with managed care plans to deliver Medicaid services on a capitated basis.



### EOHHS

Rhode Island's Executive Office of Health & Human Services (EOHHS) administers the state's Medicaid program. Medicaid is a cabinet-level division of EOHHS



### Medicaid Enrollee



Medicaid is a member centric program to provide medical, long-term care behavioral health and rehab services.

### Affordable Care Act



In 2012 the ACA made it an option for states to expand Medicaid eligibility, which Rhode Island chose to do in 2014.

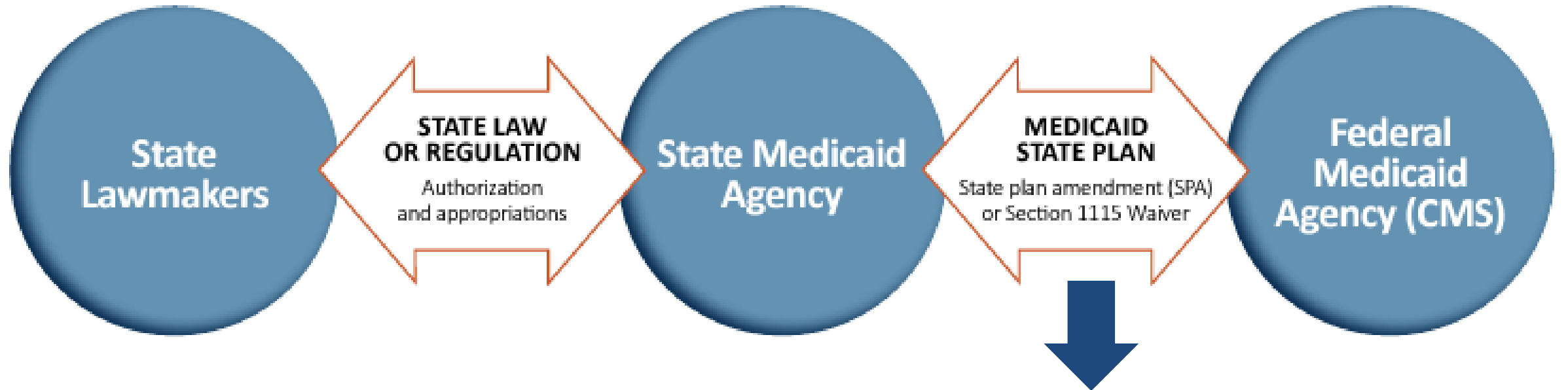
### Federal Authority



Title XIX of the Social Security Act authorizes Medicaid through State Plan and 1115 Waiver

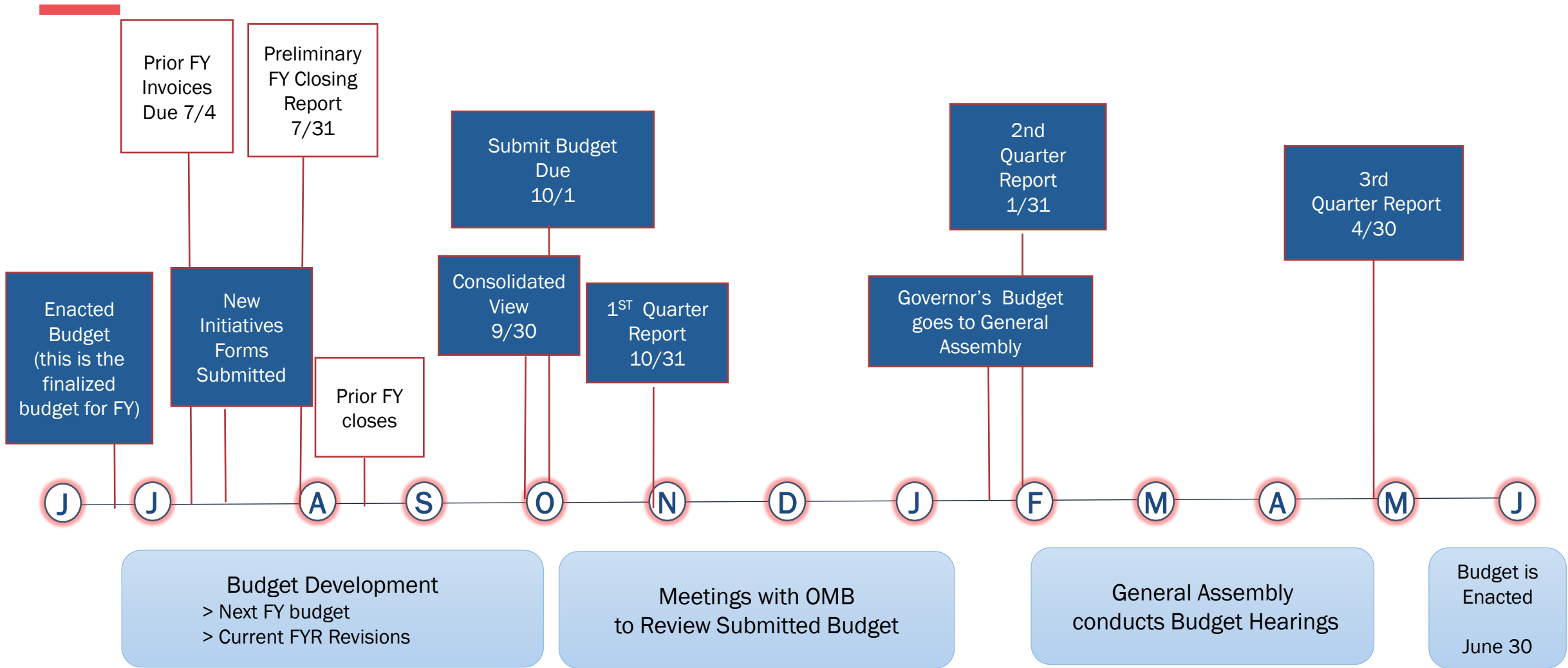
# Medicaid in Context

**The Process for Making Changes to the Medicaid Program Requires State and Federal Partners**



The Medicaid State Plan and Section 1115 waiver serve as contracts between the State and CMS that delineates eligibility standards, provider requirements, payment methods, and services.

# EOHHS Budget Process & Timeline



# RI Medicaid Today – What We Cover\*

RI Medicaid must cover mandatory benefits per federal law but may expand coverage to optional benefits. RI Medicaid coverage is generally considered comprehensive health insurance coverage. RI Medicaid has no cost shares or co-pays for these services.

## Mandatory Benefits (All States Must Cover)

- Inpatient hospitalization
- Outpatient hospital services
- Primary care and physician services
- Lab and X Ray Services
- Home health services
- Nursing facility services
- Early and Periodic Screening, Diagnosis, and Treatment (Children’s Services)
- Non-emergency medical transportation

## Optional Benefits (RI Chooses to Cover)

- Prescription Drugs
- Case management and home stabilization
- Assisted Living
- Skilled care, hospice, etc. (when not eligible for Medicare)
- Home care / personal care services
- Physical therapy and occupational therapy
- Dental services
- Optometry
- Behavioral health, psychology and substance use disorder
- Interpreter services
- Abortion Services (expanded)



# What is not covered by Medicaid in RI?

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Cosmetic Surgery

Experimental  
Procedures

Infertility  
Treatment  
Services

Medications for  
Sexual or Erectile  
Dysfunction

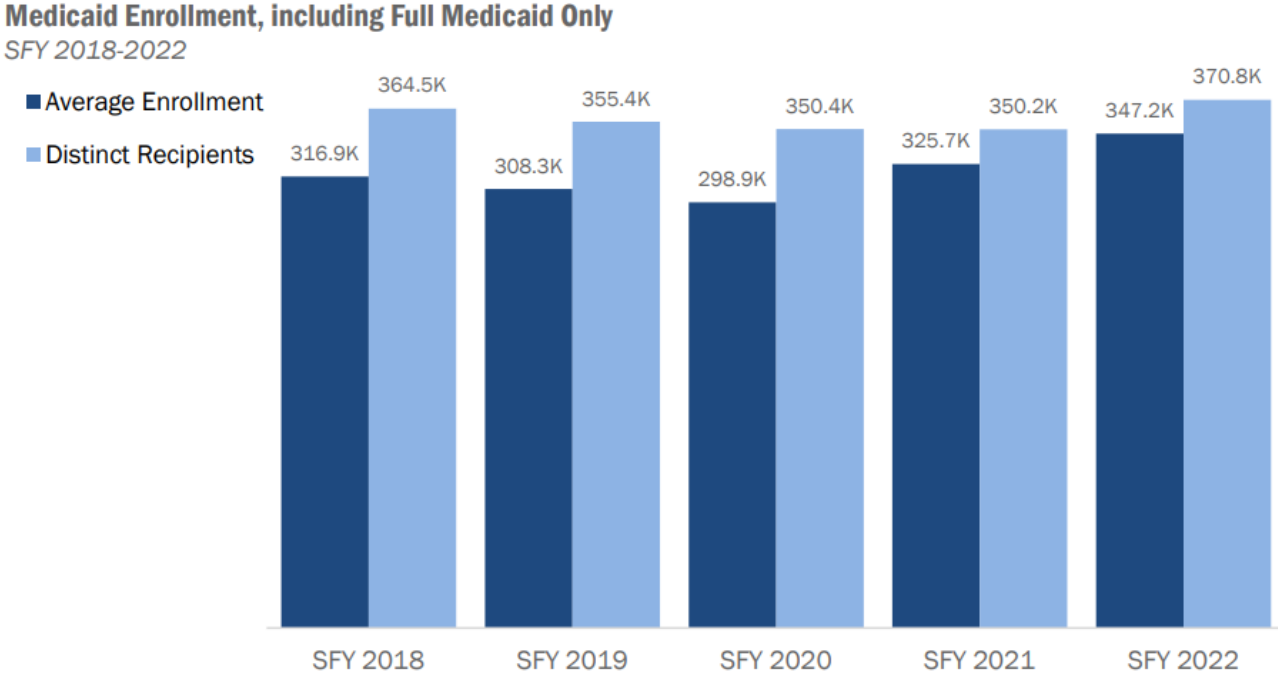
Private Rooms in  
Hospitals (Unless  
Medically  
Necessary)

# RI Medicaid Today - Enrollment

We cover nearly one-third of Rhode Islanders in every city and town, this represents; as of March 2024, there are more than 336,600 individuals enrolled in Medicaid

Eligibility Category	Enrollment as of April 2024
Children and Families	179,651
Extended Family Planning	1,121
Child Welfare / DCYF	2,455
Children with Special Healthcare Needs	9,884
Expansion – Adults w/o Children	89,491
Aged, Blind, Disabled	55,123

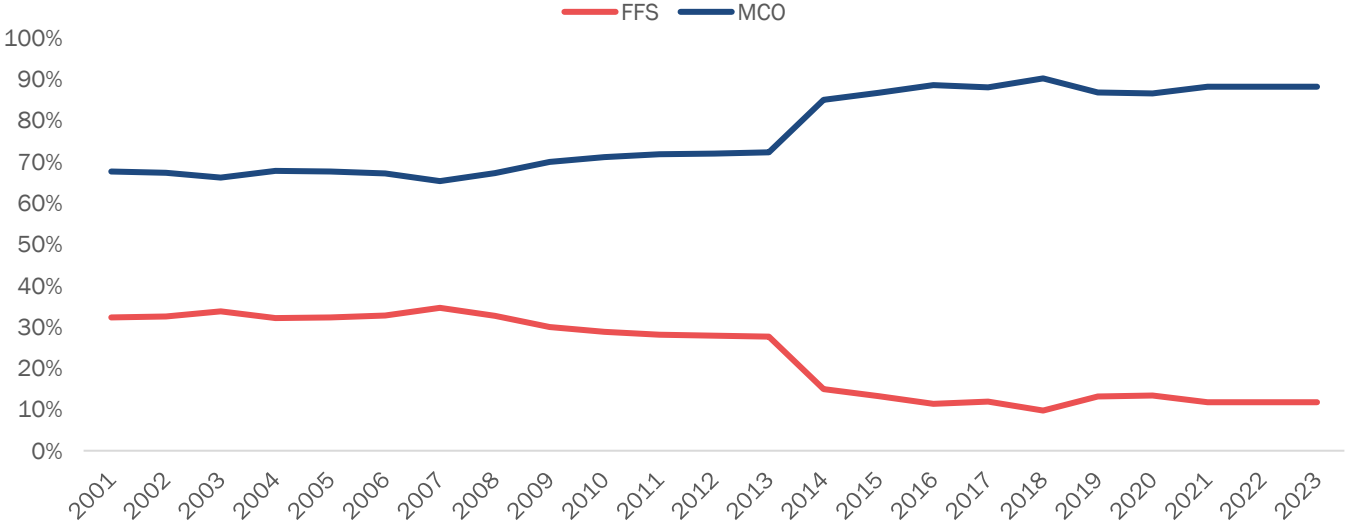
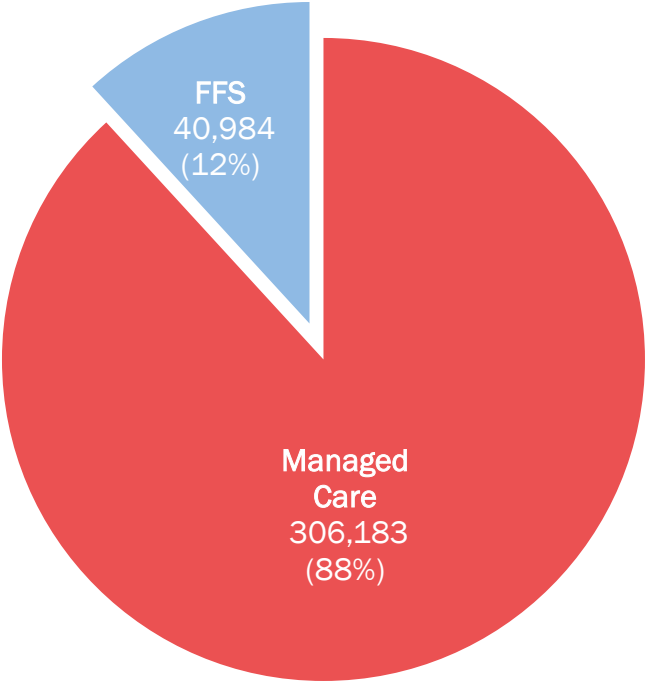
Total Medicaid Enrollment over Time (SFY)



# Managed Care Enrollment

*In Rhode Island, nearly 90% of our Medicaid members are enrolled in managed care.[1]*

Enrollment by Delivery System  
SFY 2022



- RItCare, Rhode Island’s managed care program, began in 1994
- Since that time there has been a steady increase in the populations and services covered via managed care

# RI Medicaid Today – Eligibility Categories

RI Medicaid coverage is extended to the following groups, largely dependent on income. Rhode Island has chosen to expand eligibility beyond what is federally mandated.

Children & Families	ACA Expansion	Elders and Adults with Disabilities	Special Populations	RiteShare
<ul style="list-style-type: none"><li>• Families with children under age 18 with income up to 133% of the Federal Poverty Level (FPL)</li><li>• Pregnant women with income up to 253% of the FPL</li><li>• Children up to age 19 with income up to 261% of the FPL</li><li>• New FY 23: Covering All Kids and Post Partum Coverage Extension</li></ul>	<ul style="list-style-type: none"><li>• Individuals ages 19-64 without children and with income up to 133% of the FPL</li></ul>	<ul style="list-style-type: none"><li>• Adults receiving SSI/SSP</li><li>• ABD populations with income up to 100% FPL and savings less than \$4,000 (single person) or \$6,000 (married couple)</li><li>• LTSS special income category for adults with income up to 300% of SSI and asset limitations noted above</li><li>• Sherlock Plan</li></ul>	<ul style="list-style-type: none"><li>• Children with Special Healthcare Needs, including Katie Beckett</li><li>• Substitute Care (DCYF)</li><li>• Extended Family Planning</li><li>• Emergency Medicaid</li><li>• Medically Needy</li></ul>	<ul style="list-style-type: none"><li>• Requires MAGI eligible employed individuals with access to state-approved employer-based insurance coverage to enroll in that coverage</li><li>• Medicaid pays employee's share of premium along with co-insurance, deductibles and other Medicaid-covered services not covered by the commercial plan</li></ul>

# Rhody Health Partners (RHP)

**Rhody Health Partners is a managed care delivery system for adults eligible for SSI or SSI-related characteristics**

With Rhody Health Partners, members get:

- Access to a large network of doctors and health care providers
- Information on covered services and community resources
- Great customer service

Individuals can choose from three health plans:

- Neighborhood Health Plan of RI
- Tufts Health Plan - RITogether
- United Healthcare Community Plan

*Note: Some services, such as dental and home/community-based, are out of plan and will be billed to FFS. Members will have a card from their health plan as well as the RI Medicaid “anchor” card.*

To be eligible for Rhody Health Partners, member must:

- Have RI Medicaid coverage only (not Medicare)
- Be age 21+
- Live in the community (at home, in assisted living, or in a group home)

# Transportation Services

**EOHHS manages Non-Emergency Medical Transportation (NEMT) services for Medicaid and individuals over the age of 60**

Program provides transportation to Medicaid beneficiaries for:

- For non-emergency medical transportation only
- For scheduling of medical appointments

To receive transportation services, member contracts

- Contact MTM at **1-855-330-9131 (TTY: 711)**
- <https://www.mtm-inc.net/rhode-island/>

# Long Term Services & Supports

**Eligibility is based on Medicaid guidelines - both financial and clinical standards that must be met**

- Available to individuals who qualify for Medicaid (SSI/SSP, Expansion, EAD, Special Income, etc.) and require long-term care - levels of care include nursing home, I/DD, and hospital
  - May require cost share with LTSS and transfer penalty rules apply
- Individuals with the *Highest* Level of care can choose institutional or home & community-based care
- Individuals with a *High* level of care are not eligible for institutional care, but *are* eligible for home & community-based care, including:

Case Management

Home care, including personal care & homemaker services

Personal Emergency Response Systems

Home Delivered Meals

Assisted Living

Shared Living

Community-based Residential Services

Employment Supports

Day Programs

Self-directed Care

Respite

# Elders & Adults with Disabilities

For older adults (65+) and adults with disabilities, there are five general pathways for Medicaid eligibility

Pathway One	Pathway Two	Pathway Three	Pathway Four	Pathway Five
<p>Automatically qualify if receiving Supplemental Security Income (SSI) and/or State Supplemental Payment (SSP) benefits</p> <p>LTSS is available if clinical criteria are also met</p>	<p>If income is at or below 100% of FPL and resources (savings/assets) are less than \$4,000 (single) or \$6,000 (couple)</p> <p>LTSS is available if clinical criteria are also met</p>	<p>If a person is over income/resources for EAD, but 19-64 and not eligible for Medicare, they may qualify for Expansion (up to 138% FPL) if they otherwise meet the criteria for this population</p>	<p>If a person is seeking coverage of LTSS, they may qualify if their income is below 300% of the SSI standard (\$2,829 in 2024) and within the \$4,000/\$6,000 asset limit</p>	<p>If income is above 100% of FPL (EAD) or 300% SSI (LTSS), but high monthly health care expenses, individual may qualify for medically needy eligibility (“flex” or “spend down”)</p> <p>Medical expenses are subtracted from income and the person must spend down to the MNIL</p> <p>Flex test eligibility is re-determined monthly for LTSS, otherwise every 6 months</p>



# Adults with Disabilities: Sherlock Plan

## Medicaid eligibility for working adults with disabilities

To be eligible, a person must:

- Be at least age 18 and
- Meet current Medicaid requirements for eligibility based on a disability. Individuals who meet this disability requirement are not required to be unable to work, and
- Have proof of active, paid employment such as a pay stub or current quarterly IRS tax statement (for those who are self-employed)
- Have countable earned net income no greater than 250% of FPL
  - Countable income is defined as the total earned income remaining after all SSI-related disregards are applied; and
- Have countable assets no greater than \$10,000 (individual) or \$20,000 (couple)
  - Medical savings accounts or retirement accounts are not counted
  - Approved items necessary for an individual to remain employed are not counted as (i.e., wheelchair accessible van).

# Adults with Disabilities: Sherlock Plan

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People eligible under this category are entitled to the full scope of Medicaid benefits, plus LTSS (such as home and community-based services, and services needed to facilitate and/or maintain employment) if the person meets the clinical requirements for LTSS

Some participants may be required to pay a monthly premium, depending on their income

These individuals are not eligible for managed care plans; services are delivered via fee-for-service

# Medicaid Office of Community Programs

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The Medicaid Office of Community Programs (OCP) is comprised of administrative staff, nurses, and social caseworkers

OCP oversees and monitors LTC and HCBS programs described on the following slides

# Habilitation Program

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- A very small program with very limited enrollment
- A person needs to have a hospital level of care to be enrolled in this program
  - Often the members have experienced a Traumatic Brain Injury (TBI)
- Services may be provided in a TBI group home or the community
- Most participants are short term and have complex medical problems resulting from accidents

**To make a referral: Call OCP at 401-462-6393**

# Assisted Living

- An individual receives personal care, meals, light housekeeping, medical oversight and recreational activities. Some Assisted Living residences also provide medication management and care coordination
- The resident is responsible for the cost of room and board, which the state caps
  - The resident pays the amount based on their income
  - They are allowed to keep \$120.00/month for personal needs
- The participant must be residing in the facility to start an application for Medicaid coverage
- The state pays the Assisted Living facility a daily tiered rate based upon the needs of a resident
  - This payment structure began on 11/1/2021
  - Tiers depend on certification of a facility, which is based on services provided.
- Find a list of Assisted Living facilities at RI Assisted Living Association website: <https://www.riala.org/finding-assisted-living>

To make a referral: Call The Point at 401-462-4444

# Self Directed Programs

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Self Directed programs allow individuals that wish to oversee their own care to become an employer of record, choose their caregivers, and in some cases oversee the use of the budget assigned to them

There are two different programs available:

- Personal Choice
- Shared Living

# Personal Choice Program (PC)

- The Personal Choice program (PC) allows an individual to control the delivery of their HCBS
  - Member becomes the employer of their home care provider with the ability to hire, fire, arrange hours of services, and control use of their budget (determining rate of pay and purchase of goods and services)
  - Provider may be a family member, friend, or a person independently hired (ex. through advertising)
  - Budget can be used for purchases that improve the health and independence of the individual
  - Training is at the discretion of the individual
- There are support agencies to assist with oversight
  - Referrals can be made directly to the Service Advisement agency of choice

To make a referral: Call the OCP at 401-462-6393, or call a partner agency

- AccessPointRI at 401-941-1112
- Seven Hills at 401-229-9700
- TriCounty Community Action Program at 401-351-2750

# Shared Living

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- This program is offered as an alternative living situation
  - The participant may either live with a caregiver or the caregiver may reside with the individual
  - The waiver pays a stipend to the caregiver dependent upon the level of care that is determined by the DHS clinical team
  - The caregiver is responsible for all care the individual needs. Skilled nursing and hospice may be provided separately

To make a referral: Call the OCP at 401-462-6393, or call a partner agency

- Caregiver Homes at 401-473-2160
- Seven Hills at 401-229-9700



# Nursing Home Transition Program and Money Follows the Person

## Background

The Nursing Home Transition Program (NHTP) was established in RI in 2009 to support the state's goal to rebalance LTSS

The program offers nursing home residents an opportunity to return to the community with supports and services:

- Participants learn about options for receiving LTSS
- Transition coordinator works with participant to develop a care plan and assist with transition to the community
- The Medicaid Office Of Community Programs (OCP) provides transition coordination for FFS and Medicaid managed care members

Money Follows the Person (MFP) is a federal demonstration grant that is part of the NHTP. The program's goal is to increase use of home and community-based services (HCBS) and reduce reliance on institutionally-based services

- In RI, this grant serves individuals aged 65+ and adults with physical disabilities aged 18+ who are transitioning from nursing homes to the community
- RI receives an enhanced federal match for services provided to participants
  - This is used for expenditures that enhance or expand access to HCBS, build community infrastructure and capacity, or otherwise expand the system of community-based LTSS

NHTP Website and Referral Form - <https://eohhs.ri.gov/Consumer/NursingHomeTransitionProgram.aspx>

# Nursing Home Transition Program Eligibility

- Eligibility is simple:
  - ✓ Eligible for any form of Medicaid
  - ✓ Aged 18 or older
  - ✓ Residing in a nursing facility
  - ✓ Interested in learning about options to return to the community
- MFP has other requirements that the transition team reviews with participants to determine eligibility
  - ✓ Resided in the nursing facility for at least 60 days from date of admission
  - ✓ Moving to a qualified community residence
    - Apartment or home with living, sleeping, cooking, and bathroom areas
    - Owned or leased by the individual or family
    - Allows for unrestricted access by the individual
    - A group home with no more than four individuals residing in the home
  - ✓ Agrees to participate in the demonstration

# Nursing Home Transition Process

## Referrals

- Submitted to the Medicaid Office of Community Programs (OCP) by nursing homes, consumers, families or other advocates
- Received and assigned to a transition team
- Coordinated with the managed care plan

## Facilitate Transition

- Conduct assessment and review options
- Secure housing
- Identify needs and obtain household goods and adaptive equipment
- Develop and implement community service plan
- Arrange services to be provided at home, depending on eligibility:
  - Personal assistance with bathing, dressing, eating, toileting, and ambulation
  - Homemaker service for meal preparation, shopping, laundry, and light housekeeping
  - Personal emergency response system
  - LPN services
  - Home delivered meals
  - Adaptive equipment and minor home modification (e.g., grab bars)
  - Adult Day Program services
  - Assisted Living or Shared Living
  - Habilitative services

## Provide Community Support

- Contact the individual within the first 24 hours post discharge, typically making a visit to the person
- Provide regular contact, in person or by telephone for at least three months for NHTP and for 365 days for MFP
- Following the transition period, transfer the participant to a case manager, usually through the RI Department of Human Services or an Office for Healthy Aging case management agency, for ongoing case management support

# Referrals to the NHTP

## Why Refer Someone to the NHTP?

- ✓ **Transition coordination** includes information and support to develop a plan of care that meets what the individual wants.
- ✓ **Safe discharge planning** coordinated with the nursing facility and the managed care organization.
- ✓ **Special goods and services** to ensure a successful transition and to help set up a household. For example, a person may be able to get furniture, linens or kitchen supplies. Help is also available to pay a housing security deposit, utility deposit, or moving expenses.
- ✓ **Care plan coordination**, in collaboration with the managed care organization, including arranging home and community-based services, transportation, DME, and other individualized services
- ✓ **Support after transition**, from the transition coordinator who provides follow up assistance for 60 days for NHTP and 365 days for MFP

## Making a Referral

1. **Make a referral when planning discharge for an individual who has Medicaid eligibility and will require home care services.** An early referral assures the transition team can begin providing support immediately to facilitate a smooth return to the community.
2. **Refer individuals who were previously on HCBS to ensure that they return to their HCBS upon discharge.** The transition coordinator will collaborate with the community case manager.
3. **Complete the NHTP referral form and send by secure email or fax to the address on the form.**  
<https://eohhs.ri.gov/Consumer/NursingHomeTransitionProgram.aspx>. When we receive it, we will assign it to a transition team.
4. **The transition coordinator will contact you for your input** and to collaborate in transition and community plan of care.

Complete the NHTP referral form and send by secure email to the Medicaid Office for Community Programs

[Ohhs.ocp@ohhs.ri.gov](mailto:Ohhs.ocp@ohhs.ri.gov)

or, call OCP at 401-462-6393

# Other Programs for Older Adults and Adults with Disabilities

**There are other Medicaid programs which are not administered directly by EOHHS. The following HCBS and other programs are available through our partner agencies**

HCBS Programs:

- I/DD Waiver (BHDDH)
- Agency-based home care services (DHS)

Other Programs:

- Personal Care CNOM (DHS)
- Home Modifications CNOM (DHS)
- At Home Cost Share (OHA)

# Adults with Medicare (Dual Eligible)

Medicaid health coverage is available for adults that have Medicare and are also eligible for Medicaid

Currently, dual Eligible adults can enroll in one of the following service delivery options:

- 1.) [Neighborhood INTEGRITY](#) - Three-way demonstration between CMS, RI, and NHPRI
- 2.) Program for All Inclusive Care for the Elderly ([PACE](#)) - integrated care option for older adults who qualify for Medicaid Long Term Care and have a 'high' or 'highest' level of care need
- 3.) Medicaid FFS and on the Medicare side:
  - Choice between Medicare FFS (Original Medicare), traditional Medicare Advantage, and/or Medicare Advantage Dual Eligible Special Need Plan (D-SNP)

# Medicare-Medicaid Plan (Integrated Care Initiative)

**Combines Medicare and Medicaid coverage into one plan, improving care for some of the state's most vulnerable residents**

Offered through Neighborhood Health Plan – INTEGRITY

- Offers all covered services through a single point of contact and care coordination
- Enrollment is voluntary
- Also referred to as the CMS Demonstration

## Covered Benefits

- Medicare services (Part A and B)
- Medicare Prescription Drugs (Part D)
- Medicaid services (including Long-Term Services and Supports for those who qualify)
- Some additional plan covered supplemental benefits. Additional information can be found on the Plan's [website](#)

*Some services will be covered out-of-plan, members will use their white Medicaid “anchor” card to receive those services.*



To be eligible, member must:

- Be a Rhode Island resident age 21+
- Have full Medicare benefits (Part A, Part B & eligible for Part D) and full Medicaid benefits

## **Mission is to sustain the independence of older adults who have significant health needs and wish to remain in the community**

- Must be age 55 or older and certified by the state to need nursing home care
- If a person meets the income and assets limits to qualify for Medicaid, Medicaid pays for a portion of the monthly PACE premium
  - Medicare pays for the rest
- PACE program contracts with specific doctors, home health and other agencies to provide care
  - For Medicaid beneficiaries who have the highest level of need, PACE offers skilled nursing care
  - Adult day care, home care, and nursing and rehabilitation services, and nursing home care are covered when necessary
- For more information, click here: [PACE website](#).



# Dual Eligible Special Need Plans (DSNPs)

**D-SNP's are Medicare Advantage plans for individuals who have both Medicare and Medicaid**

Rhode Island offers “coordination only” D-SNP’s for full dually eligible and partial dually eligible beneficiaries

- A partial dually eligible beneficiary is someone who has Medicare and does not have full Medicaid eligibility but the State pays for the beneficiary’s Medicare premiums as part of the Medicaid Premium Payment (MPP) program

“Coordination only” D-SNPs have no financial arrangement with RI Medicaid but do have information sharing arrangements and are required to help coordinate a beneficiary’s Medicare and Medicaid FFS benefits

Currently four health plans offer D-SNP plans in Rhode Island:

- UnitedHealthcare
- Blue Cross Blue Shield of RI
- WellCare
- Commonwealth Care Alliance

# Health Plans Offering D-SNP's in Rhode Island

Plans listed are currently offered in CY 2024



- Service area all counties in Rhode Island
- Offering three HMO/PPO plans in CY 2024
  - Dual Complete HMO: FBDE, QMB, QMB+, SLMB+
  - Dual Complete Choice PPO: FBDE, QMB, QMB+, SLMB+
  - Dual Complete Select HMO: FBDE, QMB, QMB+, SLMB, SLMB+, QI, and QWDI
- Member Services Information:
  - 1-866-480-1086, 8am to 8pm, 7 days a week
- Plan Website:
  - [uhcommunityplan.com](http://uhcommunityplan.com)



- Service area all counties in Rhode Island
- Offering two PPO plans in CY 2024
  - Dual Liberty Open PPO: FBDE, QMB+ and SLMB+ eligible
  - Dual Access Open PPO: FBDE, QMB Only, QMB+, and SLMB+ eligible
- Member Services Information:
  - 1-833-444-9089, between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.
- Plan website:
  - [wellcare.com/Rhode-Island](http://wellcare.com/Rhode-Island)

# Health Plans Offering D-SNP's in Rhode Island

Plans listed are currently offered in CY 2024



- Service area all counties in Rhode Island
- FBDE, QMB Only, QMB+ and SLMB+ eligible
- Member Services Information:
  - 1-800-267-0439, between October 1 - March 31, seven days a week, 8:00 a.m. to 8:00 p.m.; April 1 - September 30, Monday through Friday, 8:00 a.m. to 8:00 p.m.; Saturday 8:00 a.m. to noon.
- Plan website:
  - [BCBSRI.com/Medicare/duals](https://BCBSRI.com/Medicare/duals)



- Service area all counties in Rhode Island
- FBDE, QMB Only, QMB+ and SLMB+ eligible
- Member Services Information:
  - 1-833-346-9222, between October 1 - March 31, seven days a week, 8:00am to 8:00 pm; April 1 - September 30 Monday through Friday 8:00am to 8:00pm and 8:00am to 6:00pm Saturday and Sunday.
- Plan website:
  - [commonwealthcarealliance.org/ri/members/special-needs-plan/](https://commonwealthcarealliance.org/ri/members/special-needs-plan/)

# Current Dual Eligible Managed Care Delivery System Options in RI

	Medicare-Medicaid Demonstration Plan (MMP)	Program of All Inclusive for the Elderly (PACE)	Medicare Advantage Dual Eligible Special Need Plan (D-SNP)
Medicare A, B, and D	✓	✓	✓
Medicaid LTSS	✓	✓	N/A in RI under current traditional D-SNP agreement
Supplemental Benefits*	✓	✓	✓
Rate Structure	Blended, capitated for Medicaid and Medicare	Blended, capitated for Medicaid and Medicare	N/A for RI EOHHS & Capitated for Medicare
Authorization (CMS)	12/31/2025	Permanent	Permanent Annual agreement w/Medicaid
Current Enrollment (as of 1/1/2024)	12,842	408	17,145

\* Vary by Health Plan and CY

# Medicare Premium Assistance

**Medicare Premium Payment Program (MPP) is available for low-income older adults and adults with disabilities with Medicare coverage but who are over income for Medicaid**

Helps pay all or some of the costs of Medicare Part A and Part B premiums, deductibles and co-payments. Medicaid also covers Medicare premiums for full dual eligible populations.

Qualified Medicare Beneficiary (QMB)	Specified Low-income Medicare Beneficiary Program (SLMB)	Qualified Individual (QI)
<p>People age 65+ and adults with disabilities may qualify if their income is less than 100% of FPL and if their resources are less than \$9,430(single) or \$14,130 (couple)</p> <p>If eligible, Medicaid will pay for Medicare Part A and B.</p>	<p>People 65 + and adults with disabilities may qualify if their income is between 100% - 120% of FPL and if their resources are less than \$9,430 (single) and \$14,130 (couple)</p> <p>If eligible, Medicaid will pay for Medicare Part B.</p>	<p>People 65+ and adults with disabilities may qualify if their income is between 120% -135% of FPL and if their resources are less than \$9,430 for (single) and \$14,130 (couple)</p> <p>If eligible, Medicaid will pay the Medicare Part B premium. Funds for this program are limited and eligibility is on a first come, first serve basis.</p>

# How Do We Deliver Health Care to People?

Medicaid Fee-for-Service (FFS) - the delivery system in which the member sees a RI Medicaid enrolled provider and that provider bills the State directly through the Medicaid Management Information System (MMIS)

- Individuals who are not eligible to enroll in a Medicaid managed care organization (MCO)
  - LTSS and other complex Medicaid eligibility categories
- Individuals approved for Medicaid and pending enrollment in an MCO
- Same benefit package as offered in managed care
- FFS also provides coverage of out-of-plan benefits, for those enrolled in an MCO, such as dental and home and community-based services (HCBS)



# How Do We Deliver Health Care to People (continued)?

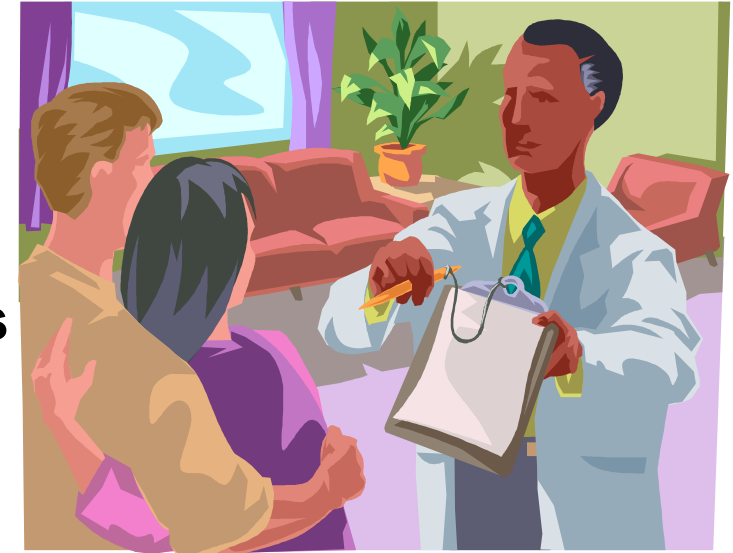
## Medicaid Managed Care for MAGI eligible Children, Families, Adults

- Rlte Care
- Rhody Health Partners
- Expansion members
- Rlte Smiles (children's dental)

## Medicaid Managed Care for non-MAGI eligible Full and Partial duals

- Medicare Medicaid Program (Integrity)
- PACE
- Coordination only D-SNPs

## Rlte Share (RI Medicaid's premium assistance program)

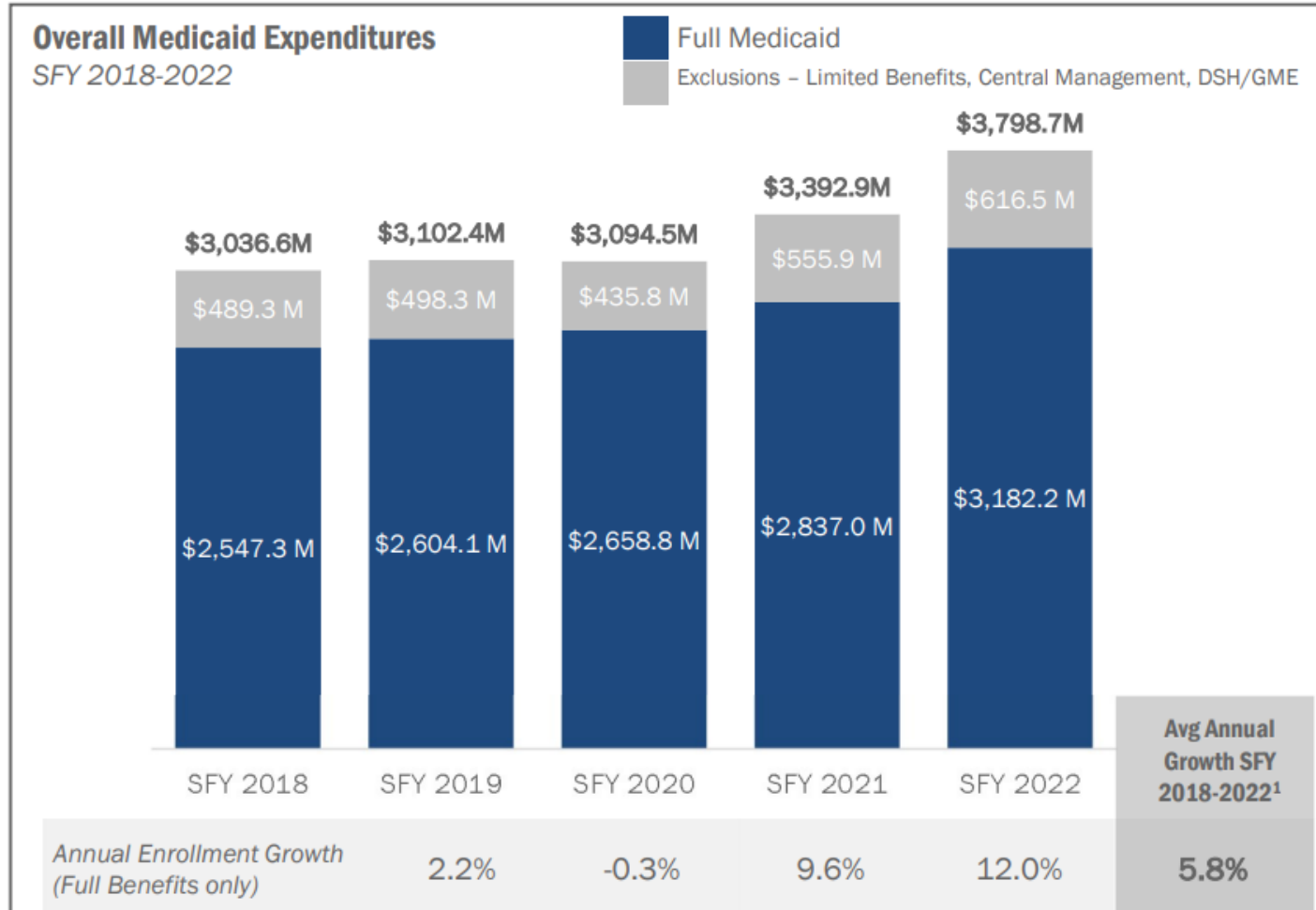


# Medicaid Expenditures – SFY 2022

- Overall, medical expenditures totaled **\$3.8 billion (at a state cost of \$1.3 billion)**, with nearly **\$3.2 billion in spending on benefits** for members receiving full benefits in the state fiscal year.
- The effective **Federal Medicaid Assistance Percentage (FMAP)** was approximately **65% across the Medicaid program**, with the remaining 35% paid with State dollars.
- Medicaid expenditures for fully covered populations are divided among several state agencies:
  - **\$2.8 billion:** Executive Office of Health & Human Services (EOHHS)
  - **\$301 million:** Behavioral Healthcare, Developmental Disability & Hospitals (BHDDH)
  - **\$59 million** – Department of Children, Youth & Families (DCYF)
  - The Office of Healthy Aging (OHA) within Department of Human Services (DHS) and Ryan White Program within EOHHS also provide benefits to members with limited benefits.



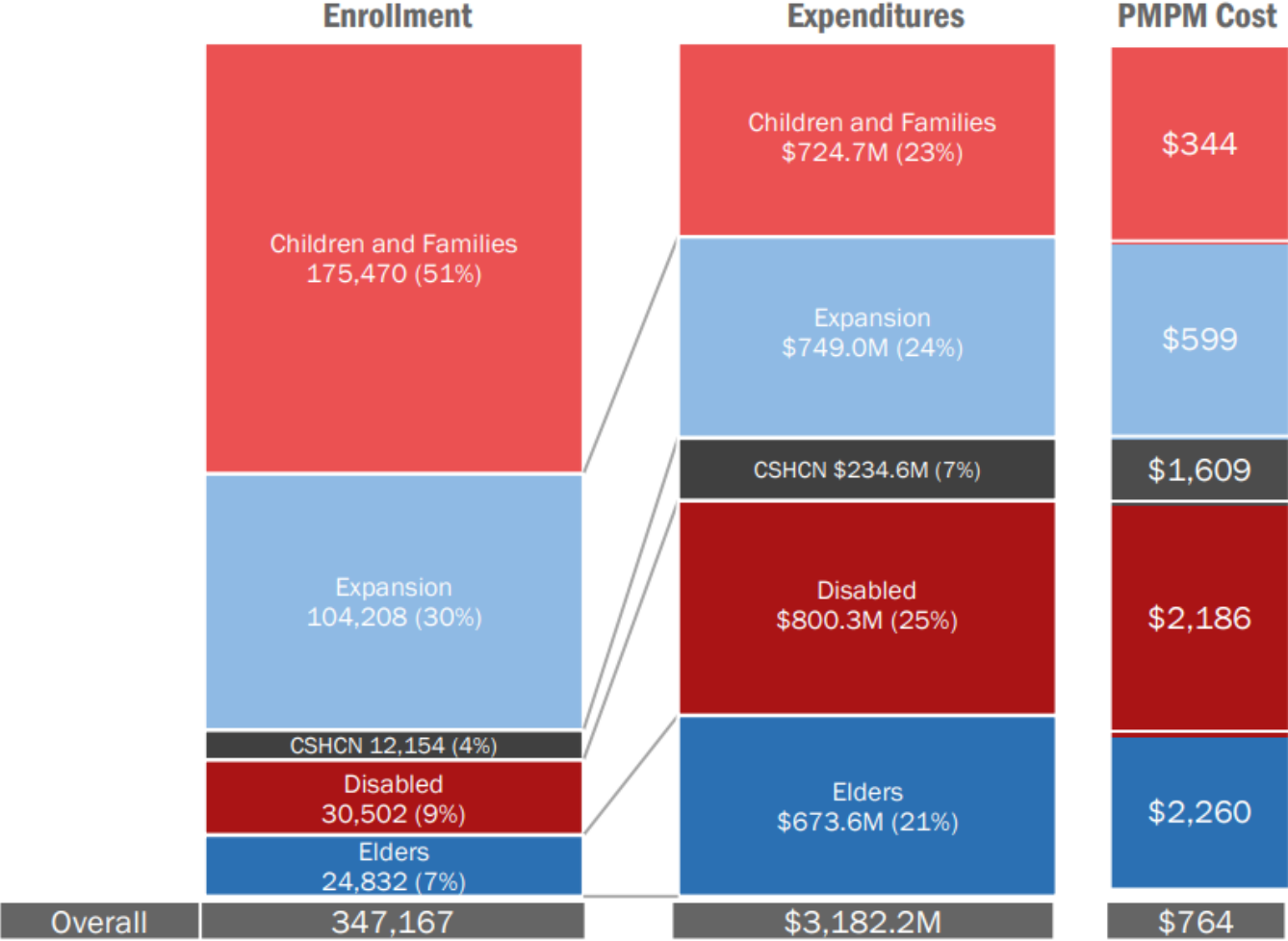
# Medicaid Expenditures SFY 18-22\*



<sup>1</sup> Calculated as compounded annual growth rate (CAGR) over period SFY 2018-2022 as shown.

# Medicaid Expenditures by Population

Medicaid Enrollment/Expenditures/PMPM by Population  
SFY 2022



# Medicaid Programs in Progress



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Programs that are authorized & in process of development/implementation

# Conflict Free Case Management (CFCM)

EOHHS is under a **Corrective Action Plan (CAP)** with CMS to deliver CFCM and person-centered planning (PCP) in accordance with CMS's HCBS Final Rule (42 CFR 441.301)

Background:

- Approximately 75% of Rhode Island's Medicaid HCBS participants, receive case management that is not "conflict-free"
  - Remaining 25% receive no or limited service planning and case management
- Goal is to establish a single case management system for all HCBS participants.

Status Update:

- certification standards were posted in January 2024 and EOHHS has received applications
  - 3 of the 4 currently providing case management under OHA certification standards have applied for CFCM
  - Applications will be accepted on a rolling basis; a transition plan will be developed in accordance with provider capacity
  - Finalizing CFCM Program Manual to provide additional guidance for providers.

# Ticket to Work

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**The SFY24 budget directs EOHHS to establish a new Medicaid eligibility pathway for working people with disabilities, called Ticket to Work (TTW)**

TTW allows states to enroll working disabled individuals regardless of income and assets, and to charge premiums on a sliding scale based on income only

- Existing eligibility pathway for working disabled individuals, (Sherlock Plan)
  - EOHHS will maintain the Sherlock Plan for the 65+ population only
  - Those under 65 will be eligible for Ticket to Work instead

Status Update:

- RI EOHHS has engaged with stakeholders and received feedback on how to develop TTW
- Systems updates in Bridges and MMIS are underway to build TWW and update Sherlock Plan

# FAQ



**RHODE  
ISLAND**

# FAQ

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What is the difference between Medicaid and HealthSource RI?

- HealthSource RI is the state’s marketplace for buying and comparing health insurance plans
  - Individuals apply for health coverage through HSRI and depending upon their income, they may be eligible for Medicaid or eligible to purchase an insurance plan (possibly with financial assistance)

What is the “look back” period?

- In Rhode Island (and most other states), the application process involves a 60 month (5 years) “Lookback Rule,” which means that the state will review any transfers or gifts given within five years of your application and take those into account

What happens if a member is no longer eligible for Medicaid?

- HealthSource RI can help find affordable healthcare coverage
- Depending on household size and income, they may qualify for:
  - Auto-enrollment in a qualified health plan (QHP) and two months’ premium assistance
  - Two months’ premium assistance and federal premium tax credits
  - Federal premium tax credits to help make health coverage more affordable

# FAQ

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How can Members update their contact information?

- Online or in the mobile app: Visit [healthyrhode.ri.gov](https://healthyrhode.ri.gov) to access account information online or download the HealthyRhode mobile app
  - HealthSource RI (HSRI) also hosts a live web chat during business hours on [healthsourceri.com](https://healthsourceri.com)
- Contact health insurance managed care organizations (information on the back of member ID card)
- By phone: Call HSRI at 1-855-840-4774 (Monday through Friday, except holidays, from 8 a.m. to 6 p.m.)
- In person: Staff at the DHS offices can assist customers in person ([dhs.ri.gov/about-us/dhs-offices](https://dhs.ri.gov/about-us/dhs-offices))

What should a member do if they miss their renewal deadline?

- Sign the renewal form and submit your documents right away
  - If the State receives the packet within 90 days of the date benefits stopped (according to their Benefit Decision Notice), the documents will be accepted, and eligibility will be reviewed.
  - If the State receives the documents within 90 days and determines the individual is eligible for Medicaid, coverage will be reinstated and they will receive a white Anchor Card to use if provider accepts FFS. Member will then be re-enrolled into their managed care plan
  - If the State receives the documents within 90 days and determines the member is no longer eligible for Medicaid, they may be given information about how to get low-cost health insurance through HealthSource RI
    - The Benefit Decision Notice will include information on how to appeal
    - To learn more about coverage options while late documents are being reviewed, call HealthSource RI



# FAQ

## How to file an appeal?

- 4 ways to file:
  - Online. Log into account at [healthyrhode.ri.gov](https://healthyrhode.ri.gov) and click on "file an appeal"
  - By phone: Call HealthSource RI at 1-855-840-4774
  - In person. For a list of DHS offices, visit [dhs.ri.gov/about-us/dhs-offices](https://dhs.ri.gov/about-us/dhs-offices).
    - Bring appeal form included in every Benefit Decision Notice
  - By mail: Fill out appeal form included in Benefit Decision Notice and mail it to
    - ATTN: Appeals State of Rhode Island
    - P.O. Box 8709,
    - Cranston, RI 02920-8787.
- Instructions on how to file an appeal are also in your Benefit Decision Notice
  - For more information, visit [staycovered.ri.gov/medicaid-members/file-appeal](https://staycovered.ri.gov/medicaid-members/file-appeal).

## What happens to a child's coverage if the parent is no longer eligible for Medicaid?

- A child may still be eligible for Medicaid coverage even if their parent or legal guardian is no longer eligible because the household income eligibility for children is much higher than for parents and caregivers

## Does a child "age out" of Medicaid?

- When a young adult turns 19, they're no longer eligible for Medicaid as a dependent in a Medicaid household. But they may be eligible for health coverage in a different Medicaid category or through a HealthSource RI insurance plan

# FAQ

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What should a 19-year-old do next?

- When a dependent in your household turns 19, their Medicaid status changes. The State checks our data sources to see if we have enough information to confirm the 19-year-old's Medicaid eligibility in another category (since they're not a dependent anymore)
  - If we can confirm eligibility in another category, the 19-year-old will remain eligible for Medicaid automatically
  - If the State doesn't have enough information, the individual will receive a Medicaid renewal that states "Action Required"
    - Follow the instructions on the notice to report changes in household status
    - The individual may receive a separate white notice stating "Additional Documentation Required"
    - If the information is not received by the due date, Medicaid coverage will be terminated
    - If the due date, the individual has 90 days from the due date to submit document for eligibility reconsideration

What if a dependent was in DCYF care but their case is no longer active?

- The dependent may no longer be in the care of DCYF because:
  - They're back with their family
  - They've turned 18 Children in DCYF care are automatically eligible for Medicaid
- A person who is no longer in DCYF care is no longer eligible for Medicaid in this category
  - If they want to stay covered by Medicaid, they must apply by completing a DHS-2 application for assistance for the State to determine eligibility

# Resources



# 2024 Federal Poverty Levels

Size of Family	100%	133%	138%	150%	175%	185%	200%	258%	266%
1	\$15,060	\$20,029.80	\$20,782.80	\$22,590.00	\$26,355.00	\$27,861.00	\$30,120.00	\$38,854.80	\$40,059.60
2	\$20,440	\$27,185.20	\$28,207.20	\$30,660.00	\$35,770.00	\$37,814.00	\$40,880.00	\$52,735.20	\$54,370.40
3	\$25,820	\$34,340.60	\$35,631.60	\$38,730.00	\$45,185.00	\$47,767.00	\$51,640.00	\$66,615.60	\$68,681.20
4	\$31,200	\$41,496.00	\$43,056.00	\$46,800.00	\$54,600.00	\$57,720.00	\$62,400.00	\$80,496.00	\$82,992.00
5	\$36,580	\$48,651.40	\$50,480.40	\$54,870.00	\$64,015.00	\$67,673.00	\$73,160.00	\$94,376.40	\$97,302.80
6	\$41,960	\$55,806.80	\$57,904.80	\$62,940.00	\$73,430.00	\$77,626.00	\$83,920.00	\$108,256.80	\$111,613.60
7	\$47,340	\$62,962.20	\$65,329.20	\$71,010.00	\$82,845.00	\$87,579.00	\$94,680.00	\$122,137.20	\$125,924.40

# Healthcare Portal

Rhode Island Executive Office of Health and Human Services  
Medicaid

Home

Home Friday 07/24/2015 07:54 AM EST

**Login**

\*User ID

Log In

[Forgot User ID?](#)  
[Register Now](#)  
[Where do I enter my password?](#)

**Protect Your Privacy!**  
Always log off and close all of your browser windows

**Would you like to enroll as a Provider?**  
[Provider Enrollment](#)

**Would you like to enroll as a Trading Partner?**  
[Click here to Enroll](#)

**What can you do in the RI Medicaid Health Care Portal**

Through this secure and easy to use internet portal:

- Healthcare providers and Billing Agents can **enroll as a Trading Partner** with RI Medicaid.
- Trading Partners can access eligibility, claim status, file exchange and other Interactive Web Services including the Electronic Health Record (EHR) Incentive Program - **MAPIR** - utilizing their Trading Partner ID as their User ID.

[Provider Enrollment User Guide](#) [Trading Partner Agreement](#) [Trading Partner Enrollment User Guide](#)

[Website Requirements](#)  
[Rhode Island Medicaid Providers](#)

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The Healthcare Portal is an interactive website that gives providers access to information needed to conduct business with RI Medicaid, including:

- Eligibility verification
- Claim searches
- Remittance Advice
- Prior Authorization
- and many other business functions

Access to the Healthcare Portal is available 24 hours per day, 7 days per week

Information on how to enroll as a new provider on the portal, including guides on how to use the portal can be found [here](#).

# Resources

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DHS Eligibility Information:

<https://dhs.ri.gov/programs-and-services/medicaid-medicare-programs>

<https://eohhs.ri.gov/Consumer/FamilieswithChildren/ChildrenwithSpecialNeeds/KatieBeckett.aspx>

<https://eohhs.ri.gov/Consumer/TheSherlockPlan.aspx>

<https://eohhs.ri.gov/Consumer/ProgramsServices/MedicarePremiumPaymentProgram.aspx>

EOHHS Medicaid Programs:

<https://eohhs.ri.gov/consumer>

<https://eohhs.ri.gov/consumer/fact-sheets-brochures>

# Commonly Used Terms & Abbreviations

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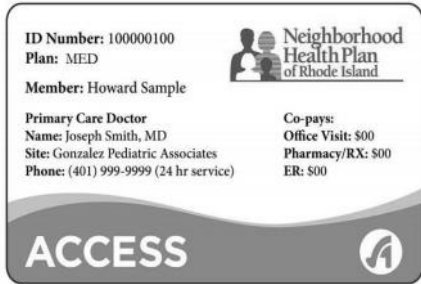
- ADA –American Dental Association
- AE – Accountable Entity
- AMA –American Medical Association
- BHDDH – Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
- CMS –Centers for Medicare and Medicaid Services
- CPT –Physician’s Current Procedural Terminology
- CSM –Community Supports Management
- DCYF –Department for Children, Youth and Families
- DHS –Department of Human Services
- DME –Durable Medical Equipment
- DOB –Date of Birth
- DOC – Department of Corrections
- DOH – Department of Health
- DOS –Date of Service
- EDI – Electronic Data Interchange
- EFT –Electronic Funds Transfer
- EOB –Explanation of Benefits
- EOHHS – Executive Office of Health and Human Services
- EOMB –Explanation of Medicare Benefits
- EPSDT –Early and Periodic Screening, Diagnosis and Treatment

# Commonly Used Terms & Abbreviations

- EVV – Electronic Visit Verification
- FA –Fiscal Agent
- FFS –Fee–for–Service
- HCP – Healthcare Portal
- HCPCS –Common Procedure Coding System
- ICD – 10 International Classification of Disease
- ICI – Integrated Care Initiative (also see MMP)
- ICN –Internal Control Number
- MCO – Managed Care Organization
- MFP – Money Follows the Person
- MID – Recipient Medicaid Identification
- MMIS – Medicaid Management Information System
- MMP – Medicare Medicaid Plan (Neighborhood INTEGRITY)
- NDC –National Drug Code
- NHTP – Nursing Home Transition Program
- NPI – National Provider Identifier
- PA –Prior Authorization
- POS –Place of Service
- QMB –Qualified Medicare Beneficiary
- RA –Remittance Advice
- RHP – Rhody Health Partners
- SLMB –Specified Low–Income Medicare Beneficiary
- TPA – Trading Partner Agreement
- TPL –Third Party Liability
- UCR –Usual and Customary Rate
- YTD –Year to Date



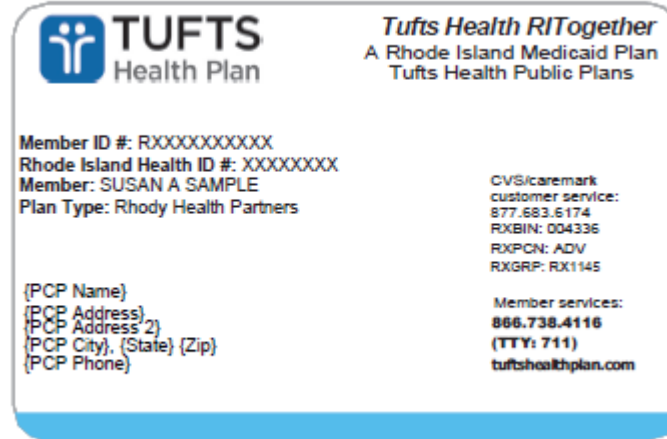
# ID Card Examples



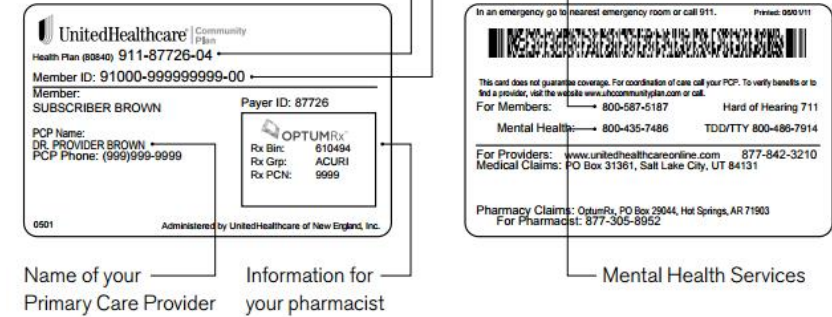
Your Neighborhood TRUST / Rhody Health Partners plan member ID card should look like this:




Your Neighborhood TRUST / Rhody Health Partners Expansion plan member ID card should look like this:



## Member ID Card



# RI Bridges



- **SNAP (Food Stamps)**
- **RI Works (TANF)**
- **Traditional Medicaid**
- **State Supplemental Payments**
- **Child Care**
- **General Public Assistance**
- **Medicare Premium Payments**

RI's integrated eligibility system for health and human service programs

- Individuals apply for benefits through HealthSourceRI
- RIBridges is the eligibility system for those benefits
- System communicates Medicaid eligibility to the Medicaid database - MMIS

# Medicaid Fiscal Agent

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- Fiscal agent services for RI Medicaid are provided by Gainwell Technologies:
  - Maintains the Medicaid database (MMIS)
  - Receives and reviews prior authorization requests
  - Verifies third party coverage
  - Processes all claims for Medicaid
    - Processes payments to FFS providers for services rendered to Medicaid beneficiaries
    - Processes capitation payments to health plans for beneficiaries enrolled in a managed care program
  - Provides Pharmacy Benefit Management
  - Processes enrollments and revalidation of fee for service providers
  - Provides education and outreach to providers
  - Maintains a call center for provider inquiries
  - Facilitates federal, state, and internal audits
  - Performs surveillance and utilization reviews, working with Program Integrity
  - Supports the reporting needs of EOHHS
  - Designs and implements new initiatives at the direction of EOHHS

# Medicaid Management Information System (MMIS)

Rhode Island Medicaid Management Information System

File Edit View MMIS System Tools Window Help

QUERY Recipient Eligibility - REEL

Header - REHD | Alias - REAL | Eligibility - REEL

Recipient Information

MID  Current  SSN  HOH MID  Record ID

XRef  Ext ID/ISN

Name

Case Number

Birth Date

HIC #

Changed  Clerk

Address Information

Address 1

Street

City  State  Zip

Query Detail

Lock-In  TPL  Prem  MCare Ben  Buy-In  LTC  MGC  WVR

Eligibility Detail

Error	Status	CAT	Start Date	Stop Date	Reason	CA	REL	CH	Changed	Clerk

Program Information

Enroll Info | Pgm Ind | Pgm Description

Retrieve Add Save Exit

Medicaid Management Information System (MMIS) is the Medicaid database

- Internal users who require access to perform their job functions can view:
  - Recipient eligibility
  - Claim information
  - Provider enrollment status
- System by which:
  - State verifies Medicaid services delivered to Medicaid members
  - Providers bill Medicaid and payment is processed