

NASHP's
Premium Assistance Webinar
September 29th @ 12:00pm

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Medicaid Landscape in RI

Combined Medicaid/SCHIP program

Three health care delivery systems for children and families:

- RItE Care
 - Medicaid Managed Care through 1115 waiver
 - Enrollment 113,484
- RItE Share
 - Premium Assistance through 1906 State Plan Amendment
 - Enrollment 8,000
- Medicaid fee-for-service

A Bit of History

- Late 1990s, outreach to uninsured and expanded eligibility caused significant increase in RItE Care enrollment
- In 2000, Health Reform Legislation directed stabilization of growth
 - mandatory participation in premium assistance
 - cost-sharing

RItE Share

A Public/Private Partnership

- Medicaid dollars *subsidize* employee's share of employer-sponsored insurance (ESI); maximizing private dollars, preserving public dollars
- Ensures Medicaid is payer of last resort
- Minimizes crowd-out
- Must be cost-effective

Cost Effectiveness

ESI premium + wrap must be less than RIte Care capitation

Considerations:

- Comprehensiveness of benefit package
- Employee's share of premium
- Member cost sharing
- Benefit tier structure
- Prescription co-pay structure

RItE Share Enrollment

RItE Share maintains employer database

- Employers are flagged as “approved,” “unapproved,” or “unknown”
- Person applies/recerts for Medical Assistance
- If employer is “approved,” case reviewed for RItE Share
- If employer is “unapproved,” case enrolled in RItE Care
- If employer is “unknown,” case enrolled in RItE Care, request for ESI information sent to both member and employer

RItE Share Enrollment (cont.)

Child or family is determined eligible
for Medical Assistance...



If unemployed or
has no access to
cost-effective
ESI

If employed and
has access to cost-
effective
ESI



Enroll in
RItE Care



Enroll in
RItE Share

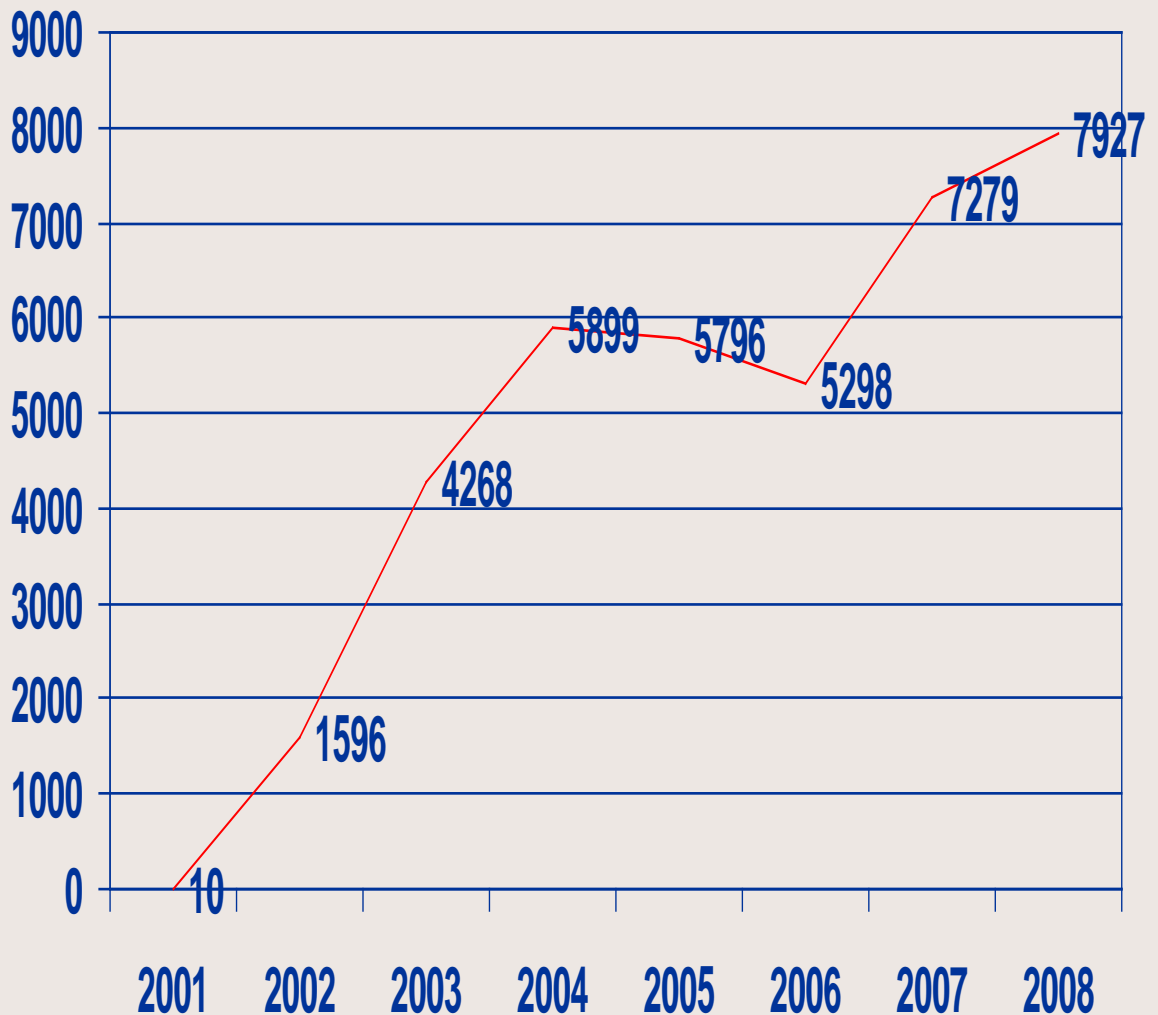
Enrollment is also triggered by “other insurance” information

- Data matching with Commercial Insurance Carriers
- When other insurance is identified, member removed from RItE Care
- Other insurance is primary, Medical Assistance is secondary

RItE Share Savings

- RItE Share Benefit Savings = RItE Care expenditures avoided minus RItE Share expenditures
- Saving during SFY07 = \$8,256,375
- For every 1,000 full year RItE Share enrollees, total gross savings are \$1.2 million

Rite Share Enrollment History



Enrollment as of June each year

Rite Share: Challenges

- Increasing cost of insurance causing employers to drop coverage, cost-shift to employees, or restrict eligibility criteria
- Employers purchasing high deductible plans and self-insuring deductibles
- ERISA laws preempt state laws
- Federal rules mandate different levels of benefits for family members
- Medicaid and ESI churning

Steps Towards Improved Cooperation

- Recent success - RI law now requires employers who are Medicaid providers or state vendors to cooperate with DHS
- Still needed – changes to ERISA to require employer cooperation
- Federal support that premium assistance be used as the effective crowd-out strategy that it is

Related Links

Medical Assistance Health Care for Families

<http://www.rilin.state.ri.us/Statutes/TITLE40/40-8.4/INDEX.HTM>

Health Reform

<http://www.rilin.state.ri.us/Statutes/TITLE40/40-8.4/40-8.4-12.HTM>

Health Reform amendment- Employer cooperation

<http://www.rilin.state.ri.us/PublicLaws/law08/law08100-10.htm> sections 40-8-27, 40-8-28

Data Matching

<http://www.rilin.state.ri.us/Statutes/TITLE40/40-6/40-6-9.1.HTM>

Public Health Beneficiary Employer Report

<http://www.rilin.state.ri.us/Statutes/TITLE40/40-8.4/40-8.4-18.HTM>

Reports and Publications on RItE Care and RItE Share

<http://www.ritecare.ri.gov/>