



# Rhode Island Medicaid Program Overview

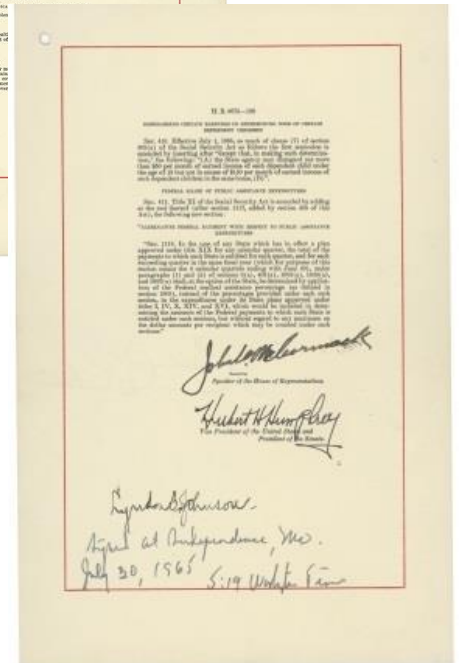
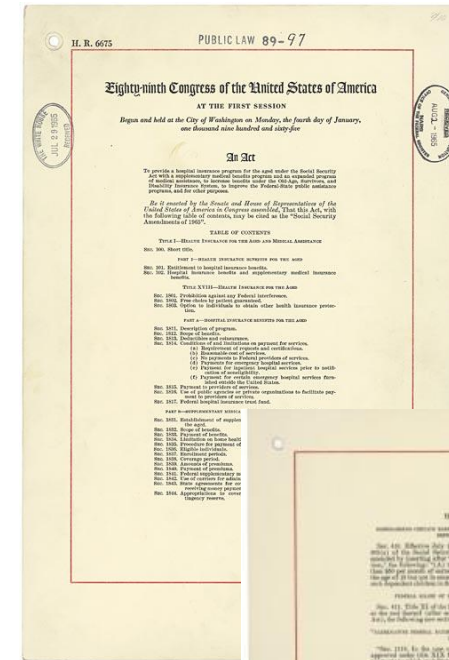
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May 28, 2024

**RHODE  
ISLAND**

# A Brief History of Medicaid

- Medicaid is the single largest source of health coverage for Americans. The program was enacted into law by Title XIX of the Social Security Act of 1965, the same law that created Medicare. Unlike Medicare, which provides healthcare to older adults regardless of income, Medicaid is a means-tested program.
- While there are mandatory populations and services, each state administers its own Medicaid program and is granted flexibility in establishing some eligibility criteria (optional populations, income counting rules, etc.), scope of services, and payment rates. Because of this flexibility, state programs can vary widely from one another. All are coordinated and overseen by the federal Centers for Medicare and Medicaid Services (CMS).



# A Brief History of Medicaid

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- **1989:** The Omnibus Budget Reconciliation Act (OBRA 89) mandated coverage for pregnant women and children under age 6 in families with incomes at or below 133% FPL.
- **1990:** the Omnibus Reconciliation Act (OBRA 90) added the Medicaid Drug Rebate Program to assist with the rising costs of outpatient drugs.
- **1997:** A major provision of the Balanced Budget Act of 1997 established the State Children's Health Insurance Program or SCHIP (Title XXI of the Social Security Act), which expanded coverage to children not previously eligible for state health care.
- **2010:** The Patient Protection and Affordable Care Act was signed by President Barack Obama. Among other things, this legislation allowed states to expand Medicaid coverage to low-income adults who were not otherwise covered by Medicaid.

# A Brief History of Medicaid

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- Under the Patient Protection and Affordable Care Act (ACA), states could elect to expand Medicaid eligibility to include nearly all low-income adults. This particularly benefits individuals without children, who were previously ineligible for the program regardless of their income level.
- RI was one of the first states to take advantage of the passage of ACA to expand Medicaid to individuals without children at or below 138% of the Federal Poverty Level (133% plus a 5% disregard).
- Medicaid is jointly funded by the state and the federal government and accounts for more than 40 percent of all federal assistance to states. The federal share of spending is determined by the federal medical assistance percentage (FMAP), which varies by state based on each state's per capita income. CMS offers enhanced FMAPs for certain services or populations to fund capacity development or incentive program innovation

# 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.

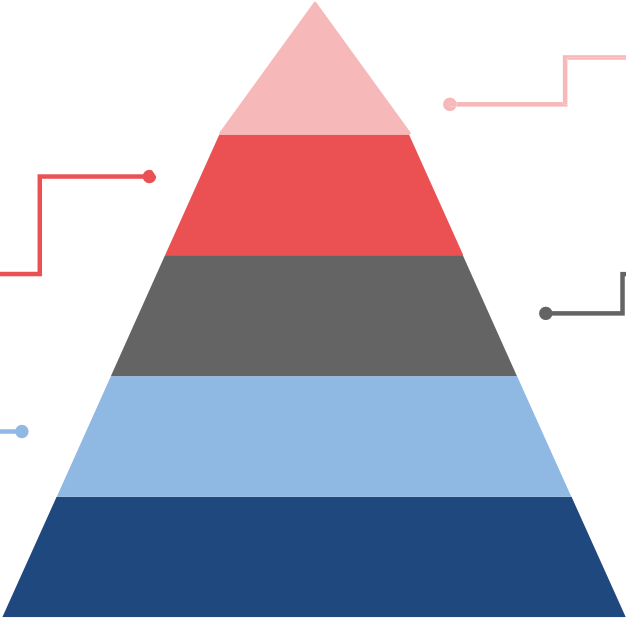
### Managed Care

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.

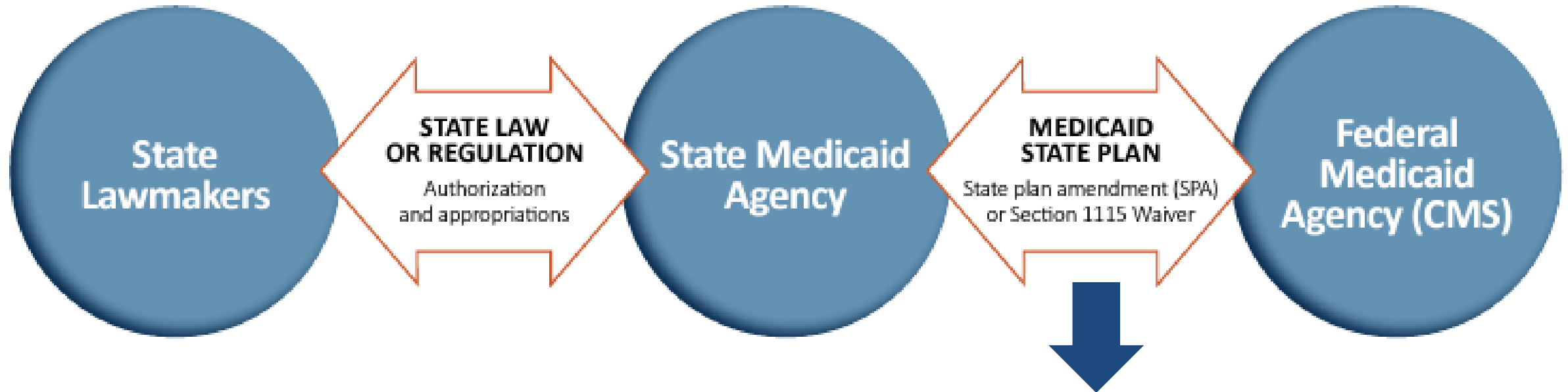
### Federal Authority



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

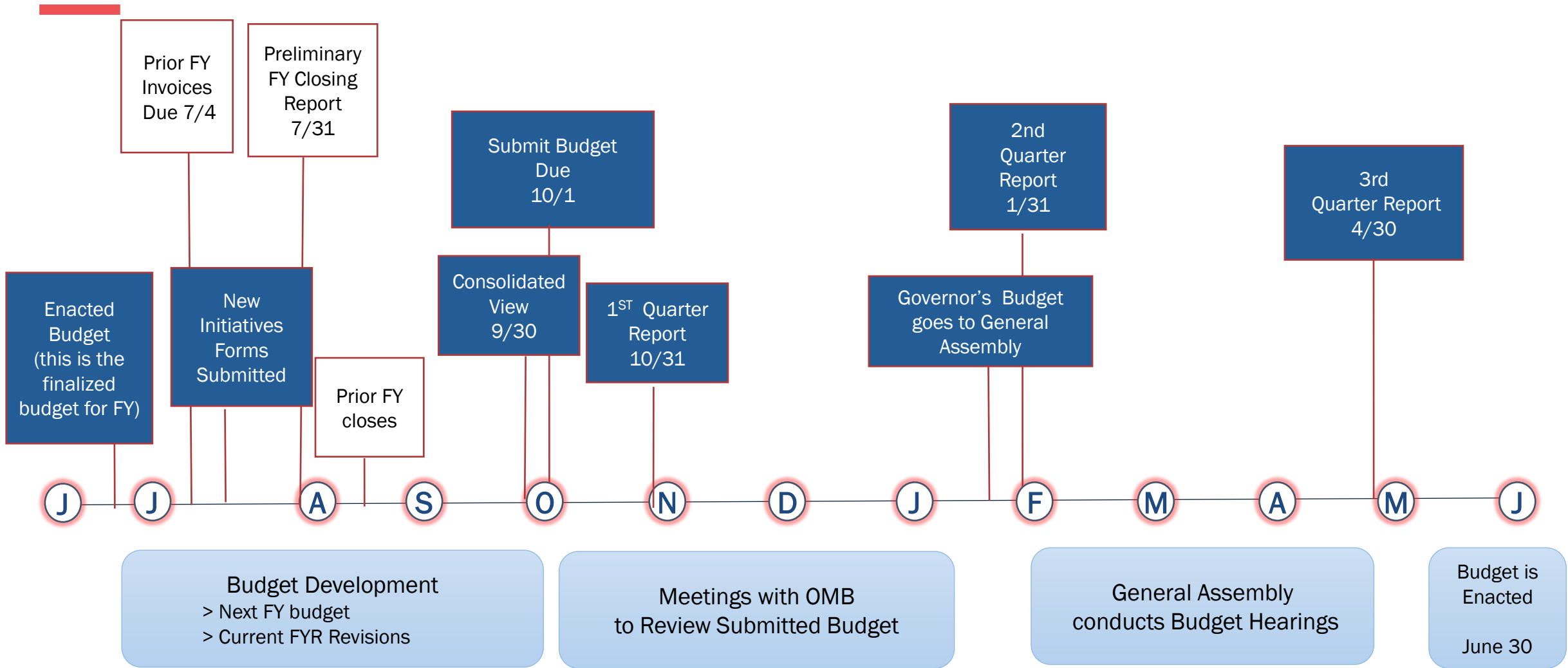
# Medicaid in Context

**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

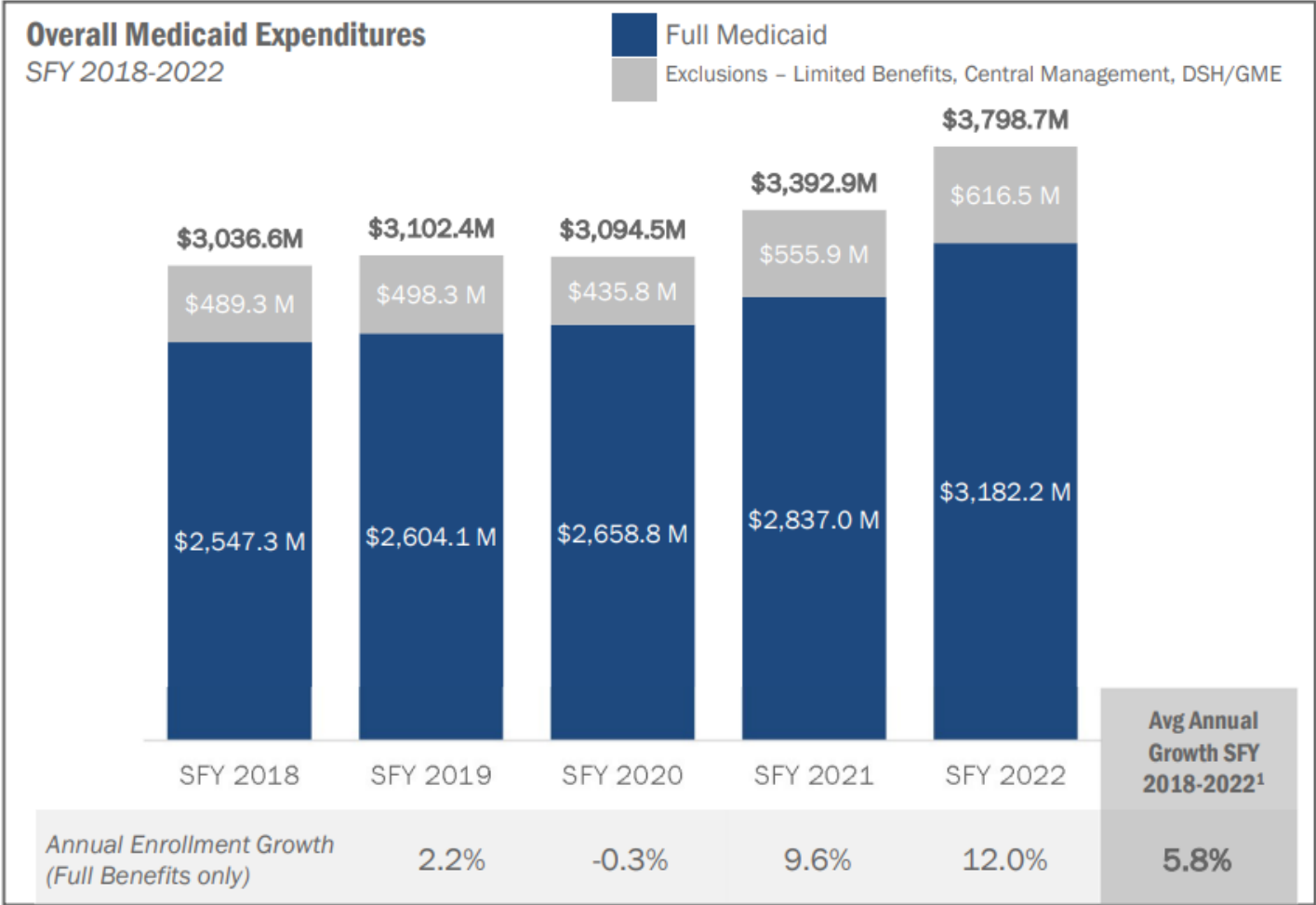


# Medicaid Expenditures – SFY 2022

- 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.



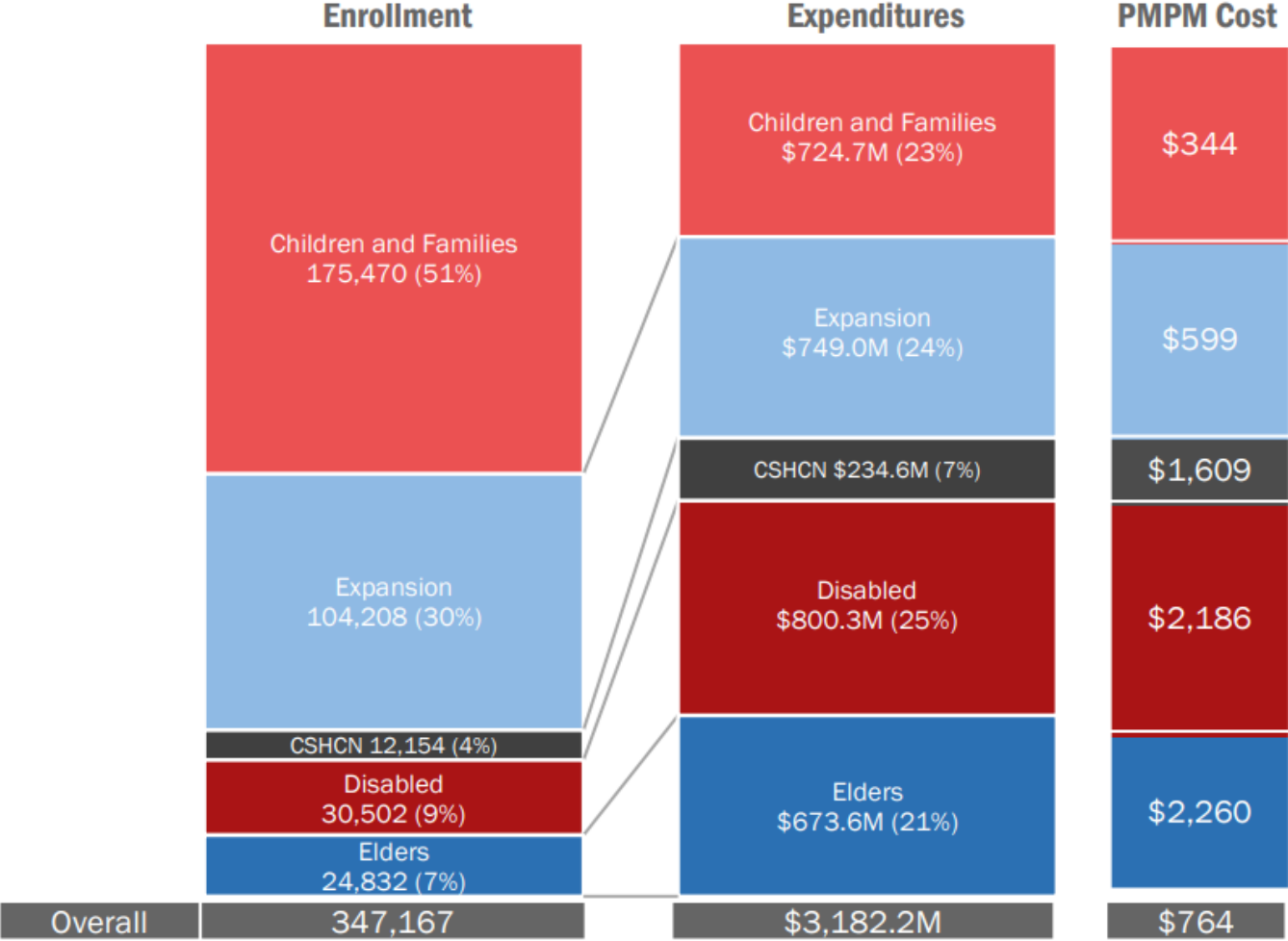
# Medicaid Expenditures SFY 18-22\*



<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



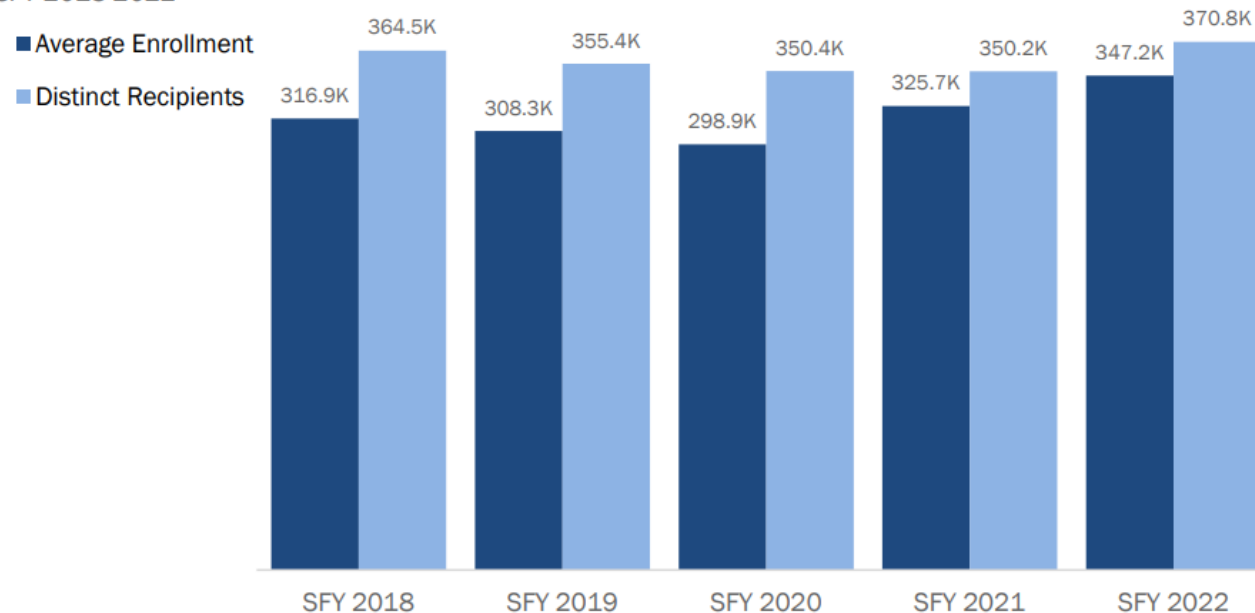
# RI Medicaid Today - Enrollment

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)

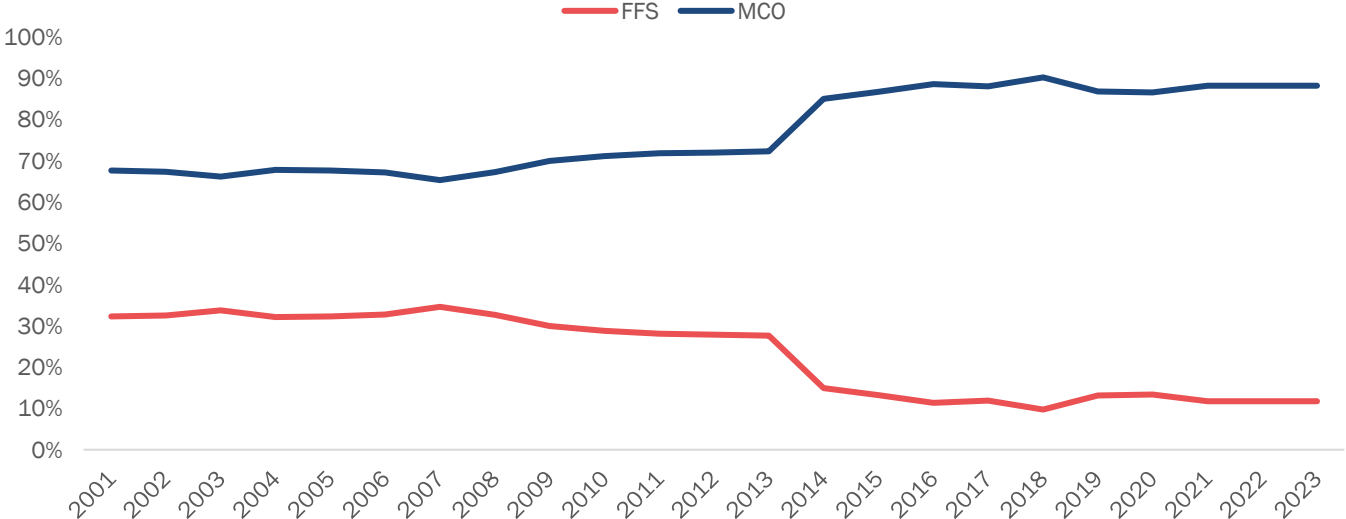
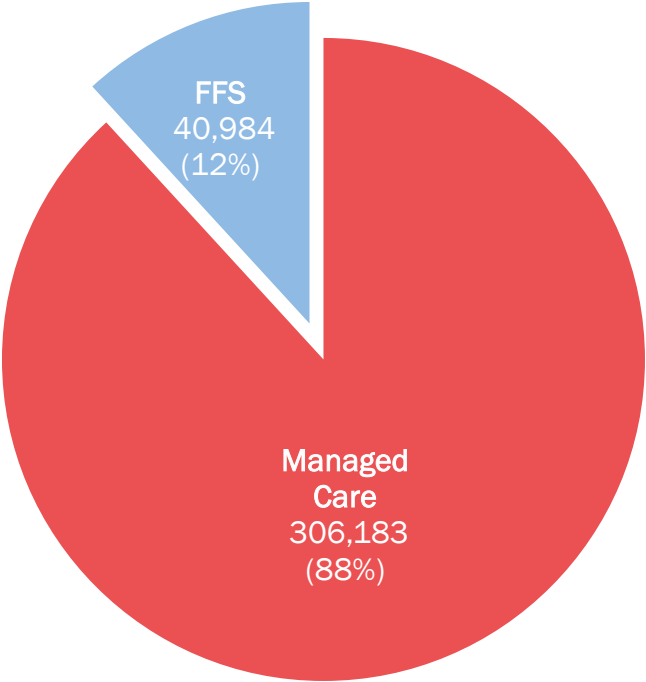
Medicaid Enrollment, including Full Medicaid Only  
SFY 2018-2022



# 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> |

# 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)

# 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)

