

## CEC Medical May 2022 Testimony Questions- Follow-Up Items

### Non-Emergency Medical Transportation Program

1. The \$600,000 penalty assessed against MTM was not included in the submitted estimate. EOHHS will verify how/when this should be captured in the caseload estimate.

The \$600,000 recoupment occurred over February, March and April. EOHHS' estimates also omitted an additional \$550,000 in liquidated damages and withholds assessed against MTM in FY 2022.

These unintended exclusions should have been reflected as a below the line reduction of \$1,152,857 to the transportation expense included within "Other Service" budget line.

MTM PENALTIES ASSESSED AND COLLECTED SFY22				
As of 4/27/22				
	Liquidated Damages	Performance Standards Withhold	Safety Failures-Accident	Total
7/21		57,143		57,143
8/21	53,450			53,450
9/21				-
10/21				-
11/21	59,900			59,900
12/21				-
1/22		28,571		28,571
2/22	96,650	57,143	200,000	353,793
3/22		142,857	200,000	342,857
4/22		57,143	200,000	257,143
<b>TOTAL</b>	<b>210,000</b>	<b>342,857</b>	<b>600,000</b>	<b>1,152,857</b>

An updated Attachment 1a/1b is included here:



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Attch 1a 1b

### LTSS "Undetermined Medical Backlog"

2. Please clarify what this item refers to. It is found under responses to the questions, on page 10, question 4.

The bottom row of the table labeled "LTSS" is the relevant row in the original table (pasted below) to answer the question about the LTSS applications that are overdue.

There were 279 total complete pending LTSS applications. Of these, 35 of them are overdue due to the state (and are thus eligible for interim payments if requested by the facilities) and the remainder are not. Additionally, there are ~721 applications pending initial review for completion. None of these cases are overdue.

For reference, “Undetermined Medical” applications are applications for affordable health care coverage received and recorded in the RIBridges system either electronically via the Customer Portal or through receipt of a paper DHS -2 that are in pending status awaiting an eligibility review to determine which type of coverage through the Medicaid program is appropriate. These become overdue after 30 days.

It is possible that some of the “undetermined medical applications” could become designated as LTSS applications; however, we have a mitigation process in place between DHS & EOHHS to prevent potential interim payments. The EOHHS Escalation Unit flags cases requesting interim payments to DHS, and these cases are escalated for processing. If any of those applications were initially registered under this bucket instead of the LTSS RFB bucket, this process would flag the application for immediate processing to prevent a potential interim payment.

### PENDING NEW APPLICATIONS

The State continues to prioritize access to benefits. As of **March 14, 2022**, the number of pending new applications across all programs was **4,355**. The total of overdue, pending applications awaiting State action was **1,895**

	Not Overdue			Overdue			Total
	Client	State	Total	Client	State	Total	
SNAP Expedited	62	46	108	5	33	38	146
SNAP Non-Expedited	534	314	848	53	27	80	928
CCAP	9	165	174	6	44	50	224
GPA Burial	0	16	16	0	2	2	18
SSP	0	17	17	0	3	3	20
GPA	9	51	60	1	1	2	62
RIW	113	92	205	13	14	27	232
Undetermined Medical	16	189	205	121	1335	1456	1661
Medicaid-MAGI	39	43	82	94	88	182	264
MPP	13	109	122	13	115	128	250
Complex Medicaid	4	48	52	21	198	219	271
LTSS	22	218	240	4	35	39	279
<b>Totals</b>	<b>821</b>	<b>1308</b>	<b>2129</b>	<b>331</b>	<b>1895</b>	<b>2226</b>	<b>4355</b>

### Rate Increase

- EOHHS will clarify that the nursing home rate increase included in the Governor’s recommended budget is properly allocated between programs.

The allocation used in the Governor’s recommended budget is correct (based on November CEC Adopted). The rate increase will affect all managed care rates as well as Medicaid FFS. For members in the pre-enrollment period, FFS costs are posted to either the Managed Care, Medicaid Expansion, or Nursing Facility/Hospice line sequence depending on their aid category. In general, FFS activity does not post to the Rhody Health Partners line sequence, so costs for any members pending enrollment into that program would occur in the FFS line sequences. The costs budgeted to the Rhody Health Partners line

sequence in the Governor’s recommended budget are associated with members enrolled in managed care and associated with acute care nursing home costs (i.e., stays less than 30 days).

**Subsequent Follow-Up**

- Should a federal determination of the duration of the public health emergency differ from what is assumed in the submitted conference documents, EOHHS will submit revised estimates that capture the additional federal match. Conferees would like those as soon as is feasible, but request them no later than May 4.

EOHHS will help the conferees update assumptions should a federal determination of the PHE occur before the estimates are adopted. If we do NOT get 60 days’ notice by May 1, the only change or new assumptions would be revising our current assumption that the PHE will end on June 30. If this notification of the end of the PHE does not occur, the “current law” assumption would be that the PHE will continue until mid-July as it was extended mid-April for up to 90 days. Compared to our testimony, this would mean there would be one additional month of the moratorium on terminations, and an additional quarter of enhanced FMAP.

EOHHS does not anticipate a significant change in either its average caseload for SFY 2023 or All Funds budget as a result of this one month delay.

The GR savings based on the additional quarter of claiming the Enhanced FMAP by budget line is \$44.0 million and is delineated by budget line in the table below (see Page 19 of EOHHS Testimony). Please note that the GR savings for Clawback reflects maintaining the current multiplier for one more quarter and for DSH it reflects the application of the enhanced FMAP to the entire total computable DSH amount consistent with the allocation supplied to Rhode Island in January 2022.

Overall, were the enhanced FMAP extended through September 30, 2022, EOHHS revised forecast for FY 2023 would include \$1,121,674,357 GR. This reflects a \$10.7 million GR surplus compared to November CEC Adopted.

**Table II-11. General Revenue Savings from one-Quarter Extension of PHE in SFY 2023**

CEC Budget Line	SFY 2023
Managed Care	\$ (13,513,389)
Rhody Health Partners	(4,838,380)
Rhody Health Options	(2,726,450)
Expansion	0
Hospitals - Regular	(1,060,200)
Hospitals - DSH	(8,994,952)
Nursing and Hospice Care	(4,873,200)
Home and Community Care	(2,164,575)
Pharmacy	(3,875)
Clawback	(3,484,999)
Other Services	(2,308,892)
<b>Subtotal - CEC Benefits</b>	<b>\$ (43,968,912)</b>

EOHHS acknowledges this is a simplification as it does not assume a further enrollment increase beyond what was assumed in our testimony. However, there remains sufficient uncertainty in both the month-

over-month gain over for the next 5 months (i.e., April through August 2022) that EOHHS feels would cover any additional member months especially given that an additional delay could favorably impact health plan expenditures as occurred in SFY22 and thereby extend gain share recoupments seen during the quarter fiscal year.