

FOLLOW UP QUESTIONS FROM EOHHS VERBAL/WRITTEN TESTIMONY

1. Provide update to Figure II-3 that reflects the first month of actual renewals initiated.

Below is an update to the renewals and their distribution. Please note that EOHHS’ estimate reflected the underlying individual-level data of the original plan submitted to CMS in March. This individual level data was provided to fiscal staff from RI Bridges, which in turn was matched to MMIS records. Based on the member’s eligibility criteria and whether the member fell into the “Category 1” group (i.e., members who had previously been identified as ineligible but protected by the continuous coverage requirement), EOHHS assigned a proportional count of the total potential termination activity to the month.

The original plan included 12,967 “cases” that matched to 14,000 individual-level renewals for May (Figure 1).

These counts were used to allocate the total count of anticipated terminations across the 12 months. EOHHS’ forecast assumed a total of 2,255 terminations associated with the May batch of renewals. This represents about 16% of the total renewals. Nearly all of whom were expected to be Expansion. Given the change in total renewals: from 12,967 to 9,865 cases, the number of terminations is likely to be reduced to 1,600-1,800 terminations (depending on how many of the cases were individuals or multi-member cases) with the other 550-750 terminations then redistributed over the other months.

However, this remains an estimation of termination activity and actual terminations may be more or less than the 1,600. EOHHS will continue to monitor net change in enrollment and total effective terminations as the unwinding proceeds.

Figure 1. Original Unwinding Schedule Submitted to CMS (and basis of EOHHS forecast)

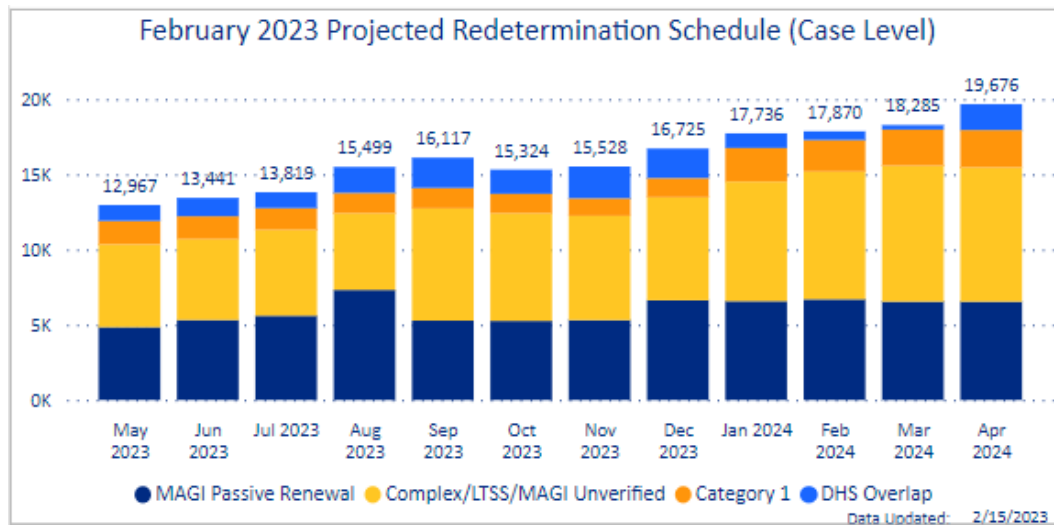
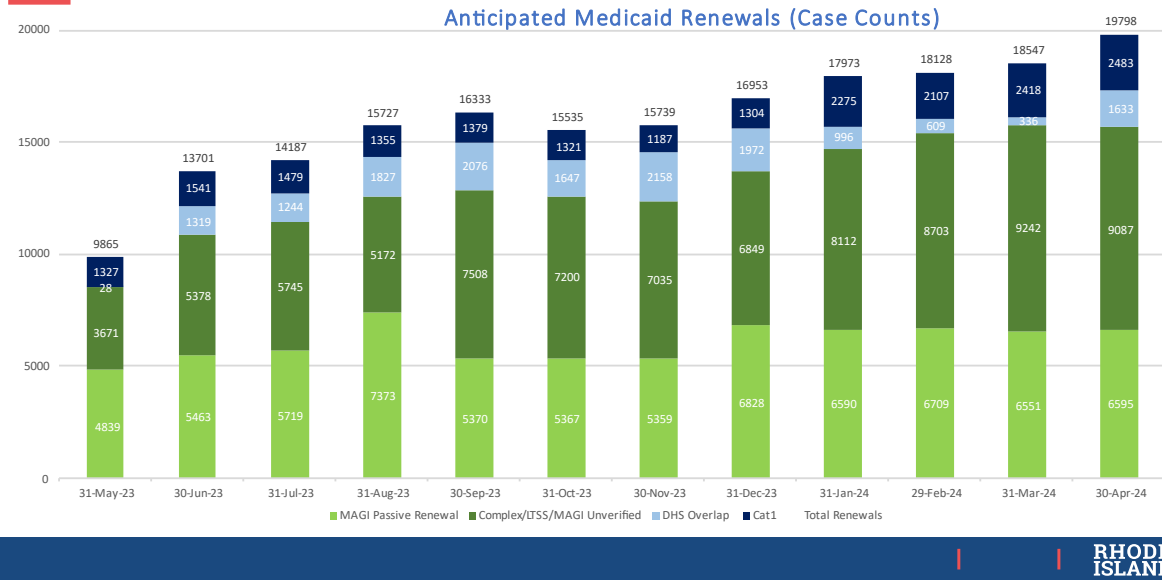


Figure 2. Updated Unwinding Schedule based on May Mailings

**RTNO Update:
Planned Renewal Distribution Over Time**



2. Cover all Kids

- a. Provide any additional information that offers more certainty or clarity about potential full enrollment or a steady state enrollment amount for cover all kids.**

EOHHS’ revised estimate is based on the most current data available to the agency. The original estimate that informed the Enacted budget reflected reasonable assumptions around the universe and take-up rate. Our understanding is that these assumptions were derived from third-party estimates, including the American Community Survey, on the number of undocumented children in the State and the total number of uninsured children in the State. As noted in EOHHS oral testimony, at the time of its November testimony (in October and based primarily upon September data) there was no data that suggested a change to those underlying assumptions was necessary: only 2 children were enrolled in Rite Care as of September 2022. While EOHHS was aware that there were approximately 200 eligible children as of early October, that remained consistent with the original budgeted amount.

Outreach efforts that occurred upon passage of the initiative help to contextualize the growth and offer some validation for EOHHS’ assumptions for FY 2024.

Once the law became effective in July, the community health centers reached out to their patients who were uninsured (and undocumented) and helped them enroll. There was also an outreach initiative from community-based organizations and the larger pediatric community. Therefore, once the necessary system updates to RI Bridges and MMIS were completed in late October there was an immediate pipeline of eligible members.

Due to such outreach the pace of growth is not surprising. Additionally, because of such successful outreach efforts, EOHHS assumes that enrollment should not change dramatically because the State is ‘all in’ already with respect to the anticipated universe of eligible children.

Although, EOHHS will continue to monitor enrollment over time given general uncertainty built into any estimate.

As requested, below, **Table 1**, reflects eligibility and enrollment by Age. We expect that those children who are 19 will lose eligibility in the month following 19th birthday.

The ramp up in enrollment into Rite Care is reflected in **Figure 3**. Please note that the high counts of members in FFS during the first half of the fiscal year reflects the retroactive eligibility provided to members following completion of upgrades to MMIS and RI Bridges. The “last change date” of the records for these eligible children suggests that most of these members remaining in FFS were determined eligible in November and December.

Table 1. Cover-All-Kids by Age, April 1, 2023 Snapshot

Members, by Age		
	FFS	Rite Care
0	5	5
1	14	20
2	13	58
3	30	53
4	27	74
5	36	99
6	28	117
7	32	103
8	25	104
9	33	112
10	44	107
11	27	95
12	24	97
13	34	91
14	32	94
15	28	100
16	41	94
17	33	101
18	32	53
19	2	21
Grand Total	540	1598

Figure 3. Cover-All-Kids Eligibility, by Delivery System



b. Provide any assurances or information on steps that are being taken to confirm enrollees in cover all kids are deemed ineligible for any other eligibility pathway.

Rhode Island resident children under the age of nineteen are not subject to the eligibility requirements related to citizenship and immigration status and are not required to provide proof of legal immigration status or to have a SSN. If an application for a Rhode Island resident child under the age of nineteen does not include this documentation, and they meet income eligibility thresholds, they are enrolled in Rite Care (or other applicable coverage). It would not benefit an applicant to omit citizenship and immigration status proof given it would limit their applications from being deemed eligible for other potential state benefits.

The RIBridges eligibility system maintains a Master Client Index (MCI) which is a repository of the members in the integrated health ecosystem. The MCI stores each member's basic information and provides a unique Health ID to the client. This Health ID is referenced in all the other systems to uniquely relate information regarding a client.

Upon entering new application information, the RIBridges system will reference the MCI to see if the member is already known to the system. This process uses a weighted algorithm to determine possible matches using the name, date of birth, sex, etc. The DHS worker processing the application will be prompted to review any existing member records if there's a likely or potential match. These steps could identify applications that were submitted without SSNs when one exists and is already known to Rhode Island Health and Human Services.

Additionally, for all applicants under 19, the system verifies citizenship/immigration status against federal data sources. We utilize both the CMS Hub and Verify Lawful Presence (VLP) interfaces. The system utilizes the data from external sources, in combination with information received from the applicant, to determine whether they're eligible under Cover all Kids or the standard Medicaid pathway that receives Federal Financial Participation. While this check doesn't impact eligibility, it does impact whether a case is placed in a State-only funded aid category code.

3. Provide supplemental information on Tab 6, Table C.

Please see below for an exhibit that illustrates payments by month of payment (columns) and month of service (rows). As a reminder, EOHHS's forecast uses claims based upon dates of service within SFY 2023, adjusted for an estimated amount of incurred but not paid claims.

Attachment 6 Table C; By Month of Payment and Month of Service

Nursing Facility and Hospice Claims

Nursing Facility and Hospice Claims: By Paid Month and Month of Service
Excluding Medicaid Expansion

FUND_SRC_CDE (Multiple Items) -- excludes expansion
 CL_REPROCESSED_IND (All)
 PR_TYP_CDE (All)

Month of Payment -->

Month of Service

Sum of PAID	Column Labels	202207	202208	202209	202210	202211	202212	202301	202302	202303	Grand Total
Pre-FY 2023		\$ 23,881,968	\$ 5,590,592	\$ 3,943,604	\$ 1,817,587	\$ 1,574,448	\$ 1,509,786	\$ 958,055	\$ 1,035,006	\$ 385,581	\$ 40,696,627
202207		\$ 777	\$ 19,380,405	\$ 1,537,934	\$ 739,190	\$ 694,916	\$ 698,503	\$ 477,366	\$ 558,831	\$ 197,783	\$ 24,285,704
202208				\$ 20,109,272	\$ 802,099	\$ 805,326	\$ 835,671	\$ 650,435	\$ 653,897	\$ 278,485	\$ 24,135,184
202209					\$ 18,822,875	\$ 1,220,855	\$ 943,276	\$ 725,583	\$ 766,604	\$ 458,987	\$ 22,938,179
202210						\$ 19,977,581	\$ 1,874,309	\$ 942,503	\$ 1,009,154	\$ 662,182	\$ 24,465,729
202211							\$ 18,861,384	\$ 843,336	\$ 2,053,684	\$ 916,941	\$ 22,675,345
202212							\$ 4,051	\$ 18,280,943	\$ 3,231,051	\$ 1,279,866	\$ 22,795,912
202301									\$ 20,390,769	\$ 1,165,886	\$ 21,556,654
202302										\$ 16,879,022	\$ 16,879,022
Grand Total		\$ 23,882,744	\$ 24,970,997	\$ 25,590,809	\$ 22,181,752	\$ 24,273,125	\$ 24,726,979	\$ 22,878,220	\$ 29,698,996	\$ 22,224,732	\$ 220,428,356
\$ Paid >1 Mo Prior to Current Month			\$ 5,590,592	\$ 5,481,538	\$ 3,358,876	\$ 4,295,544	\$ 5,861,545	\$ 4,597,277	\$ 9,308,227	\$ 5,345,710	\$ 43,839,310
			22%	21%	15%	18%	24%	20%	31%	24%	
\$ Paid >1 Mo Prior to Current Month w/in SFY				\$ 1,537,934	\$ 1,541,289	\$ 2,721,097	\$ 4,351,759	\$ 3,639,222	\$ 8,273,221	\$ 4,960,129	\$ 27,024,650.81
				7%	8%	12%	19%	17%	29%	23%	



snf&hospice - by paid and dos.xlsx

Comments:

Claims are assigned to a paid month based upon transaction date of the claim. If a claim was subsequently re-adjudicated and paid out at a different amount, only the difference is assigned to the subsequent transaction date. For example, if a claim for July dates of service was paid out at \$100 in August, but subsequently revised to \$110 in September, the \$100 is assigned to August and \$10 is assigned to September.

As noted in testimony, the month of February saw a larger than typical share of claims paid out for dates of service greater than 1 month in arrears. Typically, each month about 80% of claims paid are for the dates of service in the immediately preceding month. In February, this dropped to just under 70% as claims for prior periods were submitted and paid out. On an incurred basis, claims have been fairly consistent month-over-month during FY 2023.