Executive Summary

Options Available Through Medicaid for Covering the Uninsured

Rhode Island has an unprecedented opportunity to use the tools and momentum of national health care reform to reverse local trends of increasing numbers of uninsured and assure affordable, quality health insurance for all. Health reform is being implemented in stages over the next ten years and several options are available through Medicaid for officials to consider. Rhode Island families will benefit if the state makes decisions soon on which eligibility and enrollment options are best, and then swiftly enacts programs that begin covering the uninsured.

Rhode Island has a long tradition of working to make sure everyone has access to affordable, high-quality health care. Businesses continue to provide quality coverage to employees despite the rising cost of insurance. RIte Care covers 120,000 low-income children and families who would otherwise be uninsured. Community Health Centers serve over 36,000 uninsured patients every year. Hospitals provide tens of millions of dollars of uncompensated care. The Department of Health runs dozens of programs bringing preventive services to every community. Community Mental Health Centers care for the uninsured with behavioral health care needs. Rhode Islanders volunteer their time and energy at free clinics. And private not-for-profit agencies across the state help to keep children and families healthy.

But, it is not enough. More than 140,000 Rhode Islanders are now uninsured, more than double the number only ten years ago. Community Health Centers and not-for-profit hospitals are straining to meet the needs of this population. Business owners are seeing revenues swallowed by rising insurance premiums. Families are falling into bankruptcy due to medical debt. And, health disparities between different socio-economic groups and ethnicities continue to rise.

The Patient Protection and Affordable Care Act (ACA) and the Medicaid Global Waiver make it possible for Rhode Island to reverse these trends. New options and revenues exist to help address the growing uninsured problem. Rhode Island has the resources to make a difference in the lives on tens of thousands of families.

There are initiatives and options Rhode Island should consider in order to expand affordable health insurance coverage to Rhode Islanders with low-income. Each of these has different cost and implications associated with it and should be evaluated in light of economic conditions and ACA timing.

Today, the state's planning efforts need to address:

Increased Outreach, Enrollment and Retention - Thousands of children and adults are eligible for Rhode Island Medicaid programs, yet are not enrolled. Additionally, every month, thousands of Medicaid members "churn" out of coverage for administrative reasons, with the majority returning to the program within a month or two. This interruption in care harms the well being of members, and increases the administrative cost to the state due to reprocessing unnecessary applications. Through more aggressive outreach efforts, improved enrollment processes and better retention methods, Rhode Island could enroll and keep continuously covered many of the currently uninsured. Some key options to achieve these goals include on-line and telephonic enrollment, data sharing between state departments, multi-program application forms, and 12-month continuous eligibility. Integration of these efforts into planning for health care reform will create a robust eligibility and retention process, a foundation of health insurance coverage.

For 2014, Rhode Island needs to consider:

Basic Health Program - States have the option, as their Exchanges become operable in 2014, to enroll adults with low-income into a Basic Health Program. Using the dollars that would otherwise be available to individuals to purchase commercial coverage through the Exchange, Rhode Island can fund a RIte Care expansion for adults between 133 percent and 200 percent of the Federal Poverty Level (FPL). This option would result in more people choosing to become covered since RIte Care expansion would be less expensive for enrollees than Exchange plans. Members would benefit from having health plans and providers that understand their needs, from being enrolled in the same coverage as their children, and receiving enhanced Medicaid-like services commercial insurers are unlikely to offer.

Before 2014, Rhode Island can begin to reduce the number of uninsured by enacting the following:

Primary Care Program for Adults - The ACA expands Medicaid to all individuals at or below 133 percent of FPL and full coverage for this population is now a state option. However, given Rhode Island's challenging budget landscape, comprehensive coverage for those newly eligible for Medicaid, while preferable, may need to be delayed until 100 percent federal financing makes it affordable for the state to offer. Many states – including Maryland, Arizona, Utah, Michigan and more – operate programs that provide primary care services to adults who do not qualify for traditional Medicaid. Rhode Island could design a limited benefits program offering primary care services program through a CHC-based network. Savings in other parts of the Medicaid program, due to reduced maternity and delivery costs and lower utilization, could pay for the program in part or in full. The Medicaid Global Waiver gives Rhode Island the flexibility to implement new ideas, and the new leadership at CMS is expected to embrace and approve such a program.

Given the many changes associated with national health reform, health care delivery systems in our state are destined to change over the next several years. Rhode Island and its health care community must be deliberate in its investments, build upon its successful infrastructure and recommit to affordable health care for all.

Issue Brief

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Introduction

Rhode Island has long been a leader in making sure residents have health insurance. Public programs, including the Medicaid programs RIte Care and Rhody Health Partners, cover 20 percent of all the people in Rhode Island. Commercial insurance is regulated in an effort to make it more affordable to employers and families. An individual-payer market helps individuals buy coverage on their own. The Office of the Health Insurance Commissioner oversees the insurance carriers to ensure premiums are not inflated. Hospitals and community health centers offer high-quality services to both the insured and uninsured and encourage primary care programs.

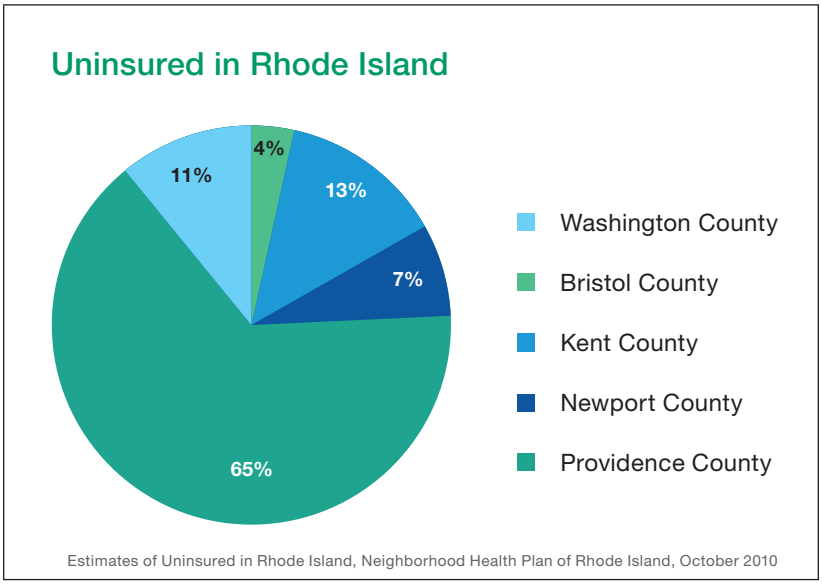
Lack of health coverage, however, is a serious problem. Not having quality coverage for medical services is a leading contributor to poor health outcomes. People without health insurance – public or private – are less likely to have a usual source of care, to receive primary and preventive care, and to receive timely services for acute and chronic conditions. Babies born to uninsured mothers often have lower birth weight, higher mortality rates, and lead lives with more health problems. Over half of all personal bankruptcies in the United States are due to medical debt.[1] The most staggering statistic comes from the Institute of Medicine, who in 2002 released a series of reports on the crisis in the American health care system and concluded that at least 18,000 people die in America each year because of lack of health insurance.[2]

The Growing Number of Uninsured In Rhode Island

In 2000, only 7 percent of all Rhode Islanders under age 65 were uninsured – one of the lowest rates in the country. Thanks to the successful RIte Care program, by 2002, we limited uninsurance for children to only 4.3%, and ranked number one in the nation for covering children. Sadly, we have quickly reversed direction. Today, according to Mathematica, we have 140,000 people under 65 (16% of total population) uninsured in any given month of 2010, but 187,000 (21%) lack insurance for at least part of the year, and 88,000 (10%) remain uninsured for a year or more. 89,000 (64% of the uninsured) are adults without dependent children, meaning they do not qualify for RIte Care, which is offered to children and sometimes their parents.[3]

The number of children who are uninsured has almost doubled, to 38,000 (7.7%) according to Rhode Island KIDS COUNT. Poverty trends are sliding in the same direction, with nearly 38,000 (16.9%) of children living in poverty, and almost half of those living in extreme poverty.

According to the US Census, the majority (65%) of the uninsured are located in Providence County, encompassing four of the six the "core" cities: Providence, Pawtucket, Central Falls and Woonsocket. Kent County has 13% of the uninsured including the core city of West Warwick, and Newport County has 7% of the uninsured including the core city of Newport.



Estimates of Uninsured in Rhode Island, Neighborhood Health Plan of Rhode Island, October 2010

Why is this happening?

First, the economic recession took its toll. Rhode Island has been hit harder than most states by the recession – at one point RI had the second highest unemployment rate in the nation. According to the U.S. Bureau of Labor Statistics the latest unemployment rate for the state is 11.5 percent a small decrease compared to the previous month but, still well above the national rate of 9.6 percent. As people lose jobs, they often lose employer sponsored health insurance, and lose the ability to buy insurance on their own. Many workers have also seen their hours cut, making affording insurance, or qualifying for employer sponsored insurance, more difficult.

Second, health care costs are skyrocketing. The cost of medical care for Americans has grown to 16% of our Gross Domestic Product (GDP). That compares unfavorably to all other industrialized nations, who have universal coverage while spending significantly less per person on health care. England spends 7.85 GDP on health care, while France is at 10.4 percent.[4] Cost is rising for many reasons, including regular inflation, increasing utilization, new products and new services.

Third, employer sponsored insurance is eroding. Between 2001 and 2008, the number of Rhode Islanders working in jobs that offered coverage fell from 73 percent to 67 percent. Employers are struggling with increasing costs of commercial insurance and trying to maintain coverage for employees while protecting their businesses. Some small businesses are making it harder for an employee to qualify for coverage, and asking employees to contribute more to the cost.[5] In addition, recent job creation in the state has been in industries that often do not provide coverage to employees, including hospitality and other service sector employment.[6]

As health care services become more expensive, health insurance coverage, both public and private, becomes more expensive. Both employers and employees are struggling to afford health insurance. In a 2005 report, the Office of the Health Insurance Commissioner reported that 49 percent of RI businesses saw their insurance premiums rise at least 20 percent per year in the previous three years, and 90 percent saw their premiums rise at least 6 percent per year. Employers have no choice but respond by increasing the employee

share of the cost, reducing covered benefits or eliminating coverage altogether. Between 2001 and 2007, Rhode Island workers saw their average wages rise 30 percent, but the price of employer sponsored insurance rose 69 percent for a family plan, and employers increased employee cost sharing by 77 percent. Today, the average family plan costs $8,000 a year, representing 24 percent of the average income of a Rhode Islander. Simply put, business and families are paying more and more of their income to health care, leaving less for other things like housing, investment in growing one's business, and savings.[7]

Finally, public programs are under increasing pressure as the economy, and years of budget deficits, are taking their toll. After years of expanding RIte Care and other coverage for low-income residents, Rhode Island enacted cuts for the first time in 2008. In that year, eligibility ended for children who were not citizens or who had been in the US legally for less than five years, as well as lowering parent eligibility to 175 of the FPL.[8] Rhode Island imposed premium increases on families in 2008, though these increases were quickly rescinded due to the federal stimulus legislation, which granted extra Medicaid money to states as long as they did not cut eligibility. Coverage for some immigrant children was restored in 2010 after the CHIP program was renewed and allowed states to receive federal matching dollars for this population. Undocumented children remain ineligible, as well as do most parents who are legal residents but have been so for fewer than five years. Today, as the stimulus money is set to run out at the end of SFY 2011, RI faces a gaping budget hole and pressure will increase to cut RIte Care.

A Look at the Uninsured

Across the nation, the uninsured are less wealthy, more likely to be sick, and far more likely to have delayed care than the insured. In Rhode Island, 103,000 adults are uninsured. These adults are often working in jobs that do not offer health insurance or aren't eligible for Medicaid because either their income is too high, they do not have dependent children, or do not a health condition or disability severe enough to qualify them. Among these adults, 53,000 have incomes below 200 percent of FPL.

Among children, 37,000 remain uninsured, including an estimated 28,600 below 250 percent of FPL.[9] While many of these uninsured are income eligible for RIte Care, other factors, including immigration status, prevent them from enrolling. Many of the children may be citizens or legal residents, but live in "mixed families" where the parents are undocumented, and so often do not enroll their children out of fear. Additionally, there are many who have not signed up because they don't know about the program, can't afford the monthly premiums, or are willing to risk being uninsured.[10]

Reports from the Kaiser Family Foundation, the Center for Health Care Strategies and the Connector in Massachusetts give a sense of the level of poor health and unmet need existing in the uninsured. One in six uninsured adults is in fair to poor health. Unmet needs (known as pent up demand) are extensive, as evidenced by states that have expanded Medicaid to previously uncovered adults. Arizona, after enrolling previously ineligible adults (up to 200 percent of FPL) into their Medicaid program,[11] found these members cost three times the average parent who was already enrolled in Medicaid. In Oregon, when Medicaid was expanded to cover childless adults up to 185 percent of FPL in 1994,[12] it was found this group used the ER twice as often as previously insured adults, and

when the first several months of coverage for uninsured adults and new parents were compared, utilization was much higher among the previously uninsured adults. Other states have had less drastic experiences, but overall the indication is the uninsured, and especially the lower-income members of this group, have higher rates of morbidity than the general population.

In particular, the uninsured have high rates of behavioral health and substance abuse issues. In Massachusetts, when Commonwealth Care was created to cover childless adults below 300 percent of FPL who were ineligible for Medicaid as part of their 2006 health care reform effort,[13] the use of behavioral health services among CommCare members was three times the rate for individuals covered in small group plan, and the utilization of substance abuse services 13 times higher.[14] These rates were also considerably higher than the previously covered Medicaid adults.

Caring for the Uninsured: The Rhode Island Safety Net

Rhode Island has a strong safety net to help care for those without health insurance. However, this care is sometimes fragmented, delayed, ineffective due to lack of follow up, and often happens too late to avoid dire outcomes. As a state, there are a variety of organizations and programs from community health centers, to hospitals, free clinics, government institutions and social service agencies that help to meet the needs of the uninsured.

Central to this system are the Rhode Island Community Health Centers (CHCs). Over the past several decades, Rhode Island's 10 CHCs have served as the dedicated, high quality, public primary care delivery system in the State of Rhode Island. The CHCs provide over 120,000 residents (with more than 500,000 total visits) with culturally competent primary and preventive care as well as dental, behavioral health and other services and are a foundation for expanding access to high-quality affordable care. Unlike some states, Rhode Island does not have public hospitals or clinics to serve this population and the CHCs continue to serve as the state's public primary care delivery system. Uninsured patients receive services on a sliding fee scale, allowing many who otherwise wouldn't be able to afford it to receive high quality primary care. CHCs also maintain relationships with specialists and other service providers to help their patients receive care outside of the center. Federally Qualified Health Centers receive support in the form of federal "330" grants to help provide care for the uninsured. In addition, the CHCs receive a small amount of funding from the State of Rhode Island.

However, the resources of the CHCs are continually stretched thinner, and in the current economic downturn, CHCs are seeing greater number of uninsured patients, especially adults. In 2009, CHCs provided more than $15 million in uncompensated care, and saw 36,000 uninsured patients, a number that grew 26 percent in the last two years.

At several CHCs, uninsured patients accounted for over one-third of the total patient population, and over 70 percent of the uninsured they see are adults. The CHCs with the highest percentage of uninsured patients include: Blackstone Valley Community Health Center (serving Pawtucket and Central Falls), the Providence Community Health Centers, Family Health Services (Cranston), East Bay CAP Community Health Center

(East Providence, Newport) and Thundermist Health Center (Woonsocket, West Warwick, Wakefield). WellOne, serving the West Bay and northwest Rhode Island, saw the number of uninsured patients grow an astounding 88 percent between 2008 and 2009. The number of uninsured presenting at CHCs is likely to continue to grow until the economy is fully recovered and recently enacted national health care reform expands eligibility for Medicaid and commercial insurance.

Rhode Island's hospitals also play a key role in serving the uninsured. Unlike many states, RI does not have public hospitals, relying instead on private not-for-profit hospitals, whose missions include serving the public good and providing charity care. Licensing regulations established in 2007 require hospitals to provide full charity care to uninsured Rhode Islanders with incomes to 200 percent of FPL and discounted care (partial charity care) to patients with incomes to 300 percent of FPL. Patients presenting at hospitals can apply for charity care, and receive most hospital services without charge. The Hospital Association of Rhode Island (HARI) estimates that RI hospitals provided $131 million in uncompensated care (defined as charity care and unpaid debt from patients) in 2008.[15] In 2007, uncompensated care represented 2.84 percent of net revenues of hospitals in RI, a stark increase from 1.4 percent in 2005. The rate of uninsured seeking care in hospital emergency departments (ED) is also a strain. In 2005, 14.4 percent of all ED patients were uninsured, as compared to 3.1% of all inpatient stays.[16] This suggests that hospital ED's far too often serve as the main point of care for uninsured Rhode islanders.

According to 2009 DOH report,[17] hospitals receive support for uncompensated care in three main ways: 1) Disproportionate Share Hospital (DSH) payments, a type of Medicaid funding for hospitals that serve a disproportionately large share of Medicaid and low-income persons;[18] 2) earnings from their charitable endowments; and 3) Medicare "gap" payments to help pay for services provided to Medicare patients who do not fulfill their co-payment obligations. Altogether, in 2007, RI hospitals received $30 million in offsets for their uncompensated care: $19.9 million in DSH payments, $2.6 million in funds from endowments restrictions, and $7.8 million in Medicare bad debt payments. This amount helps, but is far short of the gap faced by hospitals between the uncompensated care they provide and the public and charitable funding they receive.

A small number of the uninsured receive care at two free health care clinics. The Rhode Island Free Clinic is located in South Providence and Clinica Esperanza/Hope Clinic just opened in the Olneyville section of Providence. These clinics operate with funding from government and private foundation grants. The RI Free Clinic had over 4,000 patient visits in 2009 and 45 percent of those visits were by patients who were employed but did not receive insurance through their workplace. Clinica Esperanza has seen nearly 500 patients in its first few months of operation. In addition, many private practice physicians see a few uninsured patients, offering low cost or even free services, sometimes in coordination with a hospital.

Another investment in the well-being of the uninsured comes through public health programs run by the Department of Health. These programs include: the Childhood Immunization Program, free flu and pneumonia vaccines for some uninsured adults; the Women's Cancer Screening program; family planning services; HIV testing and

counseling; school nurse teachers; hepatitis programs; and Successful Start behavioral health screenings for young children.

The final piece of the safety-net for the uninsured is the work of private agencies, funded though government or private grants as well individual donors. Community Mental Health Centers (CMHCs) play a vital role in providing behavioral health and substance abuse services for low-income and uninsured populations. Rhode Island has a network of 11 CMHCs, serving nearly 70,000 adults and children.[19]

Other examples of the good work these agencies do includes: wellness programs like the one at Progreso Latino; health education classes at places like the International Institute of RI and Family Service or RI; health services at homeless agencies such as Crossroads RI and Amos House; disease specific services such as those provided by AIDS Care Ocean State, the American Lung Association, and the Autism Project; and more.

Taken together, CHCs, hospitals, free clinics, government institutions and social service agencies create a strong and vital network of help for the uninsured. But it is not enough. Too many Rhode Island residents still don't see a doctor until they are acutely ill and far too many go into debt if they do get sick or injured, often losing their savings and their homes and limiting future options. Those who do receive services often have trouble accessing specialty care and certain medications leading to fragmented and inconsistent care.

Health Care Reform: Covering the Uninsured

On March 23, 2010, Congress passed the first health care reform legislation in many decades. A central goal of this legislation is to reduce the number of Americans who are uninsured. The specific estimate is that the Patient Protection and Affordable Care Act (ACA) will reduce the number of uninsured by 32 million by the year 2019. There are several mechanisms in the legislation aimed at achieving this goal.

The first – and biggest – is the expansion of Medicaid to individuals with incomes under 133 percent of FPL. This expansion will add about 16 million people to Medicaid nationally, which becomes effective in 2014. Rhode Island expects to see up to 54,000 new enrollees, including as many as 40,000 who previously had no insurance. This growth in the Medicaid program will be paid for almost entirely by new federal funds, with only a slight increase of around 1 percent in the state-funded portion of the cost of the program.[20] The small increase in state spending comes from the cost of currently eligible but unenrolled individuals coming into the program. These new enrollees will be matched at the current federal level, rather than the full federal financing of newly eligible enrollees. Federal funding of new enrollees will decrease between from 100% in 2014 to 90% in 2019 and beyond, well above the current federal match Rhode Island receives.

Another major effort to expand coverage is a mandate that all people must buy coverage, if they can find affordable and comprehensive insurance. To facilitate this path to coverage, the law creates a subsidy program for people between 133 and 400 percent of FPL to buy commercial health insurance through state-based Health Benefits Exchanges. The Exchanges will be a marketplace of qualified, comprehensive insurance products that meet certain requirements around cost sharing and other aspects of coverage. Individuals who buy a product through the Exchange will receive help paying for the insurance based on income.

Small employers are helped under the law in two major ways. First, they have the option of buying plans through the Exchange, hopefully leading to better coverage for employees at lower cost to employers. The second way is a series of tax credits small employers can receive if they cover their employees.

One more effort to expand health insurance coverage is through increased regulation of health insurance companies. A series of new rules governing underwriting, children on parents plans, removing lifetime limits, banning discrimination based on pre-existing conditions, minimum medical loss ratios and other issues will help make commercial insurance more affordable and available to many currently uninsured.

Options for Rhode Island to Cover the Uninsured

The Patient Protection and Affordable Care Act (ACA) and the Medicaid Global Waiver make it possible for Rhode Island to reverse these trends. New options and revenues exist to help address the growing uninsured problem. Rhode Island has the resources to make a difference in the lives on tens of thousands of families.

There are initiatives and options Rhode Island should consider in order to expand affordable health insurance coverage to Rhode Islanders with low-income. Each of these has different cost and implications associated with it and should be evaluated in light of economic conditions and ACA timing.

Today, the state's planning efforts need to address:

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Before 2014, Rhode Island can begin to reduce the number of uninsured by enacting the following:

Primary Care Program for Adults - The ACA expands Medicaid to all individuals at or below 133 percent of FPL and full coverage for this population is now a state option. However, given Rhode Island's challenging budget landscape, comprehensive coverage for those newly eligible for Medicaid, while preferable, may need to be delayed until 100 percent federal financing makes it affordable for the state to offer. Many states – including Maryland, Arizona, Utah, Michigan and more – operate programs that provide primary care services to adults who do not qualify for traditional Medicaid. Rhode Island could design a limited benefits program offering primary care services program through a CHC-based network. Savings in other parts of the Medicaid program, due to reduced maternity and delivery costs and lower utilization, could pay for the program in part or in full. The Medicaid Global Waiver gives Rhode Island the flexibility to implement new ideas, and the new leadership at CMS is expected to embrace and approve such a program.

Conclusion

Rhode Island can build on its proud history of providing affordable quality care to its residents. By seizing the momentum of national health care reform, the state can begin to move towards the goal of universal coverage. The Medicaid Global Waiver gives the state Medicaid agency the flexibility to design new programs. The ACA gives states resources to expand coverage, both immediately and in 2014. Community health centers, hospitals, government departments and private social service agencies stand ready to help improve the health and well being of the thousands of families who struggle to pay for health care.

Notes:

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15. *Governor's Proposed Supplemental Budget is a Staggering $35.7 Million Blow to Hospitals, HARI (January 2009) http://www.hari.org/press/09supplemental.pdf*
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17. *"RI Uncompensated Hospital Care 2007" Rhode Island Department of Health (2009)*
18. *DSH funds are state funds matched by the federal government at the Medicaid rate; Rhode Island generates the state share via a "licensing fee" which assesses hospitals based on their outpatient revenue.*
19. *Rhode Island Council of Community Mental Health Organizations, http://www.riccmho.org/*
20. *"Medicaid Coverage and Spending in Health Reform: National and State-by-State Results for Adults at or Below 133% FPL," Holahan and Headenkaiser, Kaiser Commission on Medicaid and the Uninsured (May 2010) http://www.kff.org/healthreform/upload/Medicaid-Coverage-and-Spending-in-Health-Reform-National-and-State-By-State-Results-for-Adults-at-or-Below-133-FPL.pdf*