

February 26, 2013

Elena Nicolella
Associate Director
Rhode Island Executive Office of Health and Human Services
600 New London Avenue, LP Building
Cranston, RI 02920

Comments of Rhode Island Health Center Association
Rhode Island Executive Office of Health and Human Services
Rhode Island 1115 Waiver Extension Request
Research and Demonstration Waiver Project No. 11-W-00242/1

Dear Ms. Nicolella:

Thank you for the opportunity to comment on the waiver extension request. The Rhode Island Health Center Association (RIHCA) strongly supports the efforts of the Executive Office of Health and Human Services in their intention to request a waiver extension, and supports changes proposed in the waiver renewal application.

Rhode Island's community health centers and Medicaid have a long standing and important partnership. In a state with no public primary care delivery system, like county or municipal health clinics, this partnership is even more critical. The community health centers in Rhode Island fill the role of the public community safety net delivery system here, and are the largest network of primary care providers in the state for over 123,000 insured, uninsured, underinsured and publicly insured Rhode Islanders.

Together, the nine community health centers with 29 locations throughout the state provide high-quality low-cost primary Medicaid, behavioral health and dental care for over 53,000 Medicaid patients. These patients are a significant portion of all community health center patients (43%), as well as a significant portion of Rhode Islanders insured by Medicaid. Together, the state and community health centers create and manage systems of care that serve many Rhode Islanders well.

While RIHCA was initially concerned about the implementation of the Global Waiver here in Rhode Island, many of those concerns were formed due to the lack of information and public process around the development of the Global Waiver. The state has instituted a much improved process. In this application, community input and suggestions are already reflected in several of the proposed initiatives. It is our hope and expectation that this current round of hearings and written comments will lead to further strengthening and improvements of a waiver renewal application that starts off in a very good place.

While we strongly support the application, we do have several comments, both general and specific, which we hope will strengthen the renewal application even further.

Name of the Waiver

The Secretary has stated that it is his intention to rename what is now commonly known as the “Global Waiver.” RIHCA supports a new name. As we move forward into a new period of health care delivery and coverage in Rhode Island and around the country, we believe it is time to consider a new name for the “Global Waiver,” and have it reflect the policy goals of the state to cover all Rhode Islanders. We are certain there may be many good candidates for a new name, and propose “Healthy RI” as one among many possibilities.

Spending Cap

We strongly support EOHHS’s proposal to remove the federal funding cap, as discussed on page 2 and 3 of the renewal application. The cap was set so high as to be meaningless for any purpose other than to allow those seeking to transform Medicaid into a block-grant program the opportunity to attempt to style the Global Waiver as such, or at least as a step towards that particular policy goal. There will be no practical change in spending or process either for the state or for the federal government by removing the spending cap and continuing the requirement of budget neutrality, and therefore it is the right thing to do at this point in time.

Integration of Care

RIHCA strongly supports integration of health care in a variety of settings. The community health centers are actively working toward integrating behavioral health, medical and dental care. We know that even within organizations that provide all three modes of care, integration and coordination is challenging. Shared electronic health records, coordination and communication across departments, and integrated health care benefits patients and can lead to improved health outcomes. The waiver renewal application includes many policies that will help further the goal of streamlined care for patients.

Rhody Health Partners and Connect Care Choice Programs, p. 4

With improvements to these already successful programs, and inclusion of dually eligible Medicaid and Medicare beneficiaries, Rhode Health Partners and Connect Care Choice can be more effective than ever. RIHCA fully supports inclusion of long term services and supports within the managed care arrangements. We further recommend that EOHHS consider including dental benefits within the managed care benefit.

An increased effort to coordinate information and eligibility assistance across state agencies is still needed, p. 5

The state has been steadily moving towards a more integrated experience for Rhode Islanders accessing services. This integration is helpful and necessary within the Medicaid program itself across various departments, as well as across agencies and programs more broadly. The UHIP project to integrate eligibility systems for

Medicaid and the Exchange, as well as other programs like TANF and childcare is a giant step in the right direction, and we look forward to these and other tools increasing integration of information and eligibility assistance for Rhode Islanders.

Integrated Care Initiative, p. 37-38

As we commented on May 25, 2012, in response to the opportunity to comment specifically on the initiative to integrate care for individuals dually eligible for Medicaid and Medicare, RIHCA fully supports the efforts of RI Medicaid as it develops and initiates this program. The proposal for an integrated care initiative is a great step forward, and goes a long way to creating an integrated care system for Rhode Islanders eligible for both Medicaid and Medicare, and to further integrate care for Rhode Islanders in the Medicaid program.

At a meeting last year, a consumer who was a dually eligible woman with a disability commented with disappointment that when she became eligible for Medicare she lost her managed Medicaid plan. Here in Rhode Island, we have done an excellent job implementing managed Medicaid programs for Medicaid beneficiaries. Enrollment is mandatory for most, and consumer satisfaction is very high. RI Medicaid's proposal to integrate care for dually eligible beneficiaries is comprehensive, and builds upon this successful model of managed care for Medicaid beneficiaries.

At that time the initiative was first proposed, RIHCA had two primary recommendations as this proposal moves forward toward implementation, and we continue to have the same suggestions. First, we recommend streamlining care managers across programs so that patients and practices have access to excellent case management from a limited number of individuals. Second, we hope Medicaid will consider including dental benefits as an in-plan benefit.

Financing of Medicaid Programs, p. 42-44

We strongly support any efforts to improve the coordination of financing across all EOHHS agencies. We recommend that EOHHS consider pooling the funds for the Medicaid delivery system at EOHHS, and move funding from the agencies to EOHHS (where the former DHS Medicaid funding has already been situated). We believe that this will foster the goal of a more cohesive approach to policy development and implementation.

Extension of Health Home Enhanced FMAP, p. 49

The Health Homes initiative has been in place now for two years. We had been hopeful that there would have been significant partnering between community health centers and community mental health centers as a central element of this initiative in order to ensure integrated medical and behavioral health access to shared patients. It is our belief that, while some partnerships have been developed as a part of this initiative, this is not universal. We feel this was a missed opportunity to foster more integration of behavioral health and medical services in the context of a primary care health home. We support this request for an extension

of the enhanced FMAP for this program, but would ask that there be stronger requirements for the integration of care.

Medicaid Expansion, p. 20

We strongly support the Medicaid expansion plan as set forth in the answer to Question 1 and also support the use of the same benefit package for the expansion population. Rhode Island has a very successful track record of managed care, first for children and families, and more recently for disabled individuals. We should build on this program and use our successful Medicaid package of benefits. This is good policy, as the Medicaid benefit package specifically addresses the needs of this population, and has been developed over time to meet Rhode Island's needs.

Sobering Treatment Opportunity Program, p. 23

RIHCA supports the Sobering Treatment Opportunity Program (STOP). This program, aimed at providing services to inebriated individuals in a new alternative treatment setting that is not a hospital emergency room, is a much needed program, and likely to save money and ensure that individuals get the best treatment possible, in the right setting, rather than the most expensive treatment available in a hospital based setting. Hospital emergency rooms should be reserved for people who are having emergencies that cannot be treated elsewhere.

Rite Share, p. 27

The structure of the Rite Share program has always been good public policy, and support its continuation. We would encourage that this program be coordinated with other health reform efforts that provide subsidies, including the expanding Medicaid program and insurance sold through the Health Benefits Exchange.

Delivery System Reform Incentive Payment (DSRIP), p. 33

The DSRIP pilot project outlined in the waiver renewal application looks promising, and we support this effort. We would hope that a community health center might be identified as a natural partner for the hospital in this program. Strong partnerships between hospitals and community primary care providers like the community health centers will have a positive effect on the health care delivery system.

Rhode Island's community health centers have been participating in and in the forefront of many projects addressing transformation of the delivery of primary care services, including RI-CSI and other medical home projects in the state. Several of our community health centers are recognized by NCQA as patient centered medical homes, and others are working towards this recognition. DSRIP and other delivery system reform projects will continue to shape the future of health care in Rhode Island. This proposal looks to the future, and is a commendable project.

Dental Services for Older Children and Adults, p. 37

RIHCA supports the continued commitment of the RI Medicaid program to dental care for patients enrolled in Medicaid. We continue to look forward to opportunities to work together with Medicaid to ensure the availability of dental services to adults and children covered by Medicaid. We support efforts to expand

the RIte Smiles program for all children at this point in time, and look forward to conversations about whether such an approach would serve adults as well. We further recommend and hope to participate in a conversation regarding whether it makes sense to move dental benefits in-plan for adults or all Medicaid beneficiaries.

Dental benefits are currently provided to Medicaid beneficiaries as an out-of-plan, fee-for-service benefit. However, dental care is integral to overall health. A thorough oral examination can detect signs of numerous medical problems, such as nutritional deficiencies, systemic diseases, infections, and some cancers. Conversely, poor oral health has been associated with respiratory disease, cardiovascular disease and diabetes. See, e.g., *Advancing Oral Health in America*, Institute of Medicine of the National Academies, 2011. Because of the importance of oral health to overall health, and the connection between the two, RIHCA continues to recommend that RI Medicaid consider including the dental benefit as a part of the overall, in-plan, managed benefit for all Medicaid beneficiaries.

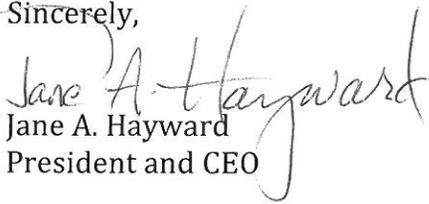
Costs not Otherwise Matchable (CNOMs), p. 49

RIHCA recognizes that, with the implementation of the ACA, the need for some of the services currently supported by CNOMs may disappear. We hope that the state will identify opportunities that may not have been possible under the original waiver to use this valuable tool that can support innovation. In addition, we hope that there will be a public process as the state eliminates specific CNOM expenditures and identifies other resources with which to meet the need.

We support the stated intention of the state to reduce CNOM funding where it is no longer necessary, and to continue CNOM services wherever they are still needed. Rhode Island's community health centers have been able to see additional uninsured patients because of the CNOM supporting the uncompensated care pool, and anticipate that this CNOM will continue to support care for uninsured Rhode Islanders in the future.

Once again, thank you for the opportunity to comment on the draft waiver renewal application. The Rhode Island Health Center Association and Rhode Island's community health centers support the waiver renewal application and look forward to continuing to work closely with RI Medicaid on these and other initiatives in order to ensure access to high-quality, affordable health care for low-income Rhode Islanders.

Sincerely,


Jane A. Hayward
President and CEO