



August 9, 2013

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

**ADDITIONAL 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 once again on Rhode Island's 1115 waiver extension request. On February 26, 2013, we submitted extensive comments on the initial draft application that was posted for comment. After reviewing the application that was submitted to CMS, we wrote a letter to you on April 30, 2013, which I attach here. The state posted an amended application for comment on July 10, 2013. The Rhode Island Health Center Association (RIHCA) continues to support the overall efforts of the state in this comprehensive proposal for the state Medicaid program. RIHCA has the following additional comments at this time.

*p. 4 – Reduction in Parent/Relative Caregiver eligibility from 175% FPL to 133% FPL*

While we understand that this particular waiver request comports with the budget passed by the Rhode Island General Assembly, RIHCA continues to oppose this policy. We are disappointed that at this time of expansion of access to Medicaid for those who have not been eligible in the past, Rhode Island is at the same time eliminating Medicaid coverage for some who have been eligible, namely approximately 7,100 parents and relative caregivers with family incomes between 133% and 175% FPL.

RIHCA looks forward to working closely with Medicaid to ensure that the parents and relative caregivers who might lose Medicaid eligibility through the RIte Care and RIte Share programs will have every opportunity to learn about their options, whether they might be eligible for Medicaid when the new MAGI income calculation is used, whether they might be eligible for Medicaid through some other qualifying reason (e.g. pregnancy or disability), or how they might access state assistance and federal tax credits to purchase health insurance through the health benefits exchange.

*p. 5 – Affordable Coverage and Personal Responsibility*

This provision is very complicated and it is difficult to understand exactly what the state is proposing. However, we believe that the right policy is a simple one, that there should be no premiums in Medicaid. We further appreciate the law and policy behind the proposal to create a premium assistance program and support the part of the waiver request that establishes this authority. We hope that the operation of this program and communication about it to potentially eligible parents is simple and clear.

*Eligibility Waiver Request # 10 – p. 24 – Outstationing Eligibility Workers*

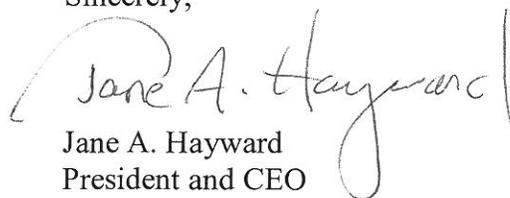
RIHCA believes that is important to align multiple programs aimed at outreach and enrollment for Medicaid and health insurance, either currently in operation or gearing up to begin. However, we also believe that it is important to maintain the current level of Medicaid funding allocated for outstationed eligibility workers, even if the program changes in its particulars.

Since the time we wrote our letter to you specifically addressing this proposal (April 30, 2013, see attached letter), additional funding has become available for outreach and enrollment, which will help identify and enroll Rhode Islanders who are eligible for Medicaid or insurance purchased through the health benefits exchange. The extra resources are imperative at this time so that Rhode Island can ensure as many people as possible know about their health coverage options. However, federal funding allocated to federally qualified health centers (FQHCs) for the purpose of outreach and enrollment is time limited, and additionally there is no guarantee that funds from the state health benefits exchange for the navigator program will continue indefinitely.

RIHCA continues to believe that current federal regulations have set forth an adequate process in place in 42 CFR § 435.904 to facilitate flexibility of the outstationed workers requirement and to maximize the state's ability to integrate all outreach and enrollment efforts. RIHCA recommends that the state to propose a more specific alternative plan for providing outstationed workers, hopefully one that includes maintaining Medicaid's financial commitment to Medicaid enrollment assistance. The state then would be required to "demonstrate that the alternative plan for outstationing is equally effective as, or more effective than" the otherwise mandated program of outstationed workers at FQHCs and disproportionate share hospitals. This process would require CMS approval of the specific proposal, and should include public discussion and comment on the specific proposal prior to any change to the fulfillment of the outstationed workers requirement here in Rhode Island.

Thank you very much once again for the opportunity to comment on the draft application for the Rhode Island 1115 Waiver Extension Request. RIHCA and the community health centers look forward to continued partnership with the state as we move forward to ensuring that Rhode Islanders have access to important health care coverage and services.

Sincerely,



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President and CEO

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April 30, 2013

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Re: Rhode Island 1115 Waiver Extension Request  
Research and Demonstration Waiver Project No. 11-W-00242/1

Dear Ms. Nicolella:

We last wrote to you on February 26 regarding the state's waiver renewal application in response to the public opportunity to comment on the draft application. Since then, the state has filed its application with CMS.

We remain in strong support of the overall state efforts to transform the Medicaid program through this waiver renewal application. However there was one addition to the final waiver extension request that was not included in the initial draft that compels us to write today, the state's request to waive the outstationed eligibility worker requirement. While we intend to comment to CMS once the public comment period opens, we did not want to wait any longer before going on record with our serious concerns regarding this request. The Rhode Island Health Center Association (RIHCA) strongly supports the state's efforts to integrate outreach and enrollment activities of Medicaid and the Health Insurance Exchange. However, we believe that the request to waive the requirement for outstationed eligibility workers is premature and unnecessary at this time.

The Rhode Island Health Center Association represents Rhode Island's nine community health centers that care for over 123,000 insured, uninsured, underinsured and publicly insured Rhode Islanders. RIHCA has also administered the Family Resource Counselor (FRC) program since its inception. The FRC program trains and manages staff at community health centers, disproportionate share hospitals and community agencies to serve as application assisters for Medicaid, fulfilling the outstationed eligibility worker requirement. There are currently about 100 FRCs at over 40 locations throughout the state.

Page 24 of the waiver extension request filed with CMS requests a waiver of the requirements for outstationed eligibility workers as set forth in 42 CFR 435.904. Medicaid seeks this waiver in order to have more flexibility in outreach and enrollment activities, in the expectation that these will be coordinated with the Health Insurance Exchange. The state envisions that the call center, navigator program and in person assisters that will be established through the Health Insurance Exchange will fully satisfy the requirements of 42 CFR 435.904.

RIHCA wholeheartedly supports state efforts to integrate ACA and Exchange-related navigator, call centers and assister programs with the obligation to help patients apply for Medicaid and CHIP at FQHCs

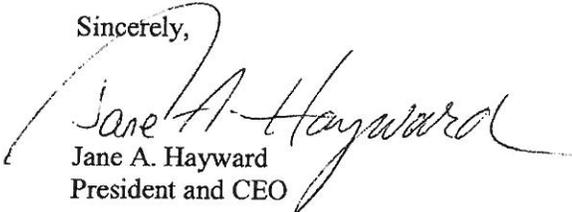
and DSH hospitals. However, at this time, Medicaid has not adequately explained any need to waive the outstationed worker requirement in order to achieve efficient integration of all programs and people applying for health insurance (of any sort, public or private) through the exchange. Without additional information, we are concerned that waiving the requirement might open the door to the possibility that (1) Medicaid dollars will not be dedicated to support enrollment activities; and (2) there might be no navigators or assisters available at safety net health care organizations. The outstationed worker requirement was included in order to ensure that help enrolling in Medicaid would be available where many patients are. We should be expanding access to assistance by using all available resources while continuing to ensure that access is available in locations like community health centers and disproportionate share hospitals that serve many underserved patients.

Current regulations have adequate process in place to facilitate flexibility of the outstationed workers requirement and to maximize the state's ability to integrate all outreach and enrollment efforts. If the state wants to propose an alternative plan for providing outstationed workers, the state would be required to "demonstrate that the alternative plan for outstationing is equally effective as, or more effective than" the otherwise mandated program of outstationed workers at FQHCs and DSH hospitals. There would then be a process in place, involving public comment and CMS approval, prior to any change to the fulfillment of the outstationed workers requirement here in Rhode Island.

Currently, there is no detail available from the Rhode Island Health Insurance Exchange regarding the plan for the navigator and assister programs. We certainly hope and expect that the programs will be effectively integrated and maximize Medicaid and Health Insurance Exchange resources to achieve a successful outreach and enrollment program for Rhode Island. However, if the outstationed enrollment requirement were waived at this time, there is no assurance that there would be any opportunity for public comment or input regarding changes to assisting patients at safety net providers in their applications for the Medicaid program.

RIHCA looks forward to continued partnership with Medicaid, and with the Rhode Island Health Insurance Exchange, as we implement ACA here in Rhode Island.

Sincerely,



Jane A. Hayward  
President and CEO

Cc: Richard McGreal, Regional Administrator, CMS  
Secretary Steven Costantino, RI EOHHS