PUBLIC COMMENTSJuly - August 2013

Date	Organization	Issue/Topic	Response
		Extended Family Planning Benefit (in RIte Care)	
7/17/2013	Planned Parenthood of Southern New England	1. Supports a comprehensive EFP Program for eligible women as	We concur. The Waiver Extension proposal includes a
	P.Hodges, RI Director of Public Policy & Advocacy	previously stated in testimony on 1/28/13	comprehensive EFP program for eligible women.
		2. Recommends covering all women up to 250% FPL in EFP, not just	The Waiver Extension proposal includes eligible
		post-partum women.	post-partum women up to 250% FPL.
		3. Urges State to reconsider rollback of eligibility of RIte Care parents.	This was enacted by the RI General Assembly.
8/6/2013	Providence Community Health Centers	Request that Essure (CPT 58565) and HSG codes (CPT codes 58340 and	The request to include medically necessary
	E. White, MD	74740) be added to EFP Program.	family planning services is included in the
	A. Murray, MD		Waiver Extension proposal. Coverage for these
			two procedures is requested.
		Services for Adults with Disabilities through the Dept. of BHDDH	
7/27/2013	RI Governor's Commission on Disabilities	Concerned that agency budgets and reimbursements have been	Information regarding budget cuts are outside
	A.Plitt	slashed. Objects to "unfair" assessment tests being used as guide for	of the scope of the Waiver Extension request.
		supports, reductions in respite care.	
7/27/2013	N. Thomas, Tapestry Communications	Concern over obstacles to family members "who are facing community	Information regarding budget cuts are outside
	former member of RI Gov. Comm on Disabilities	based care vs. institutional care." With cuts to community based programs	of the scope of the Waiver Extension request.
		and respite care, families are already overwhelmed with care and may	
		have to make the decision to put family member in an institution.	
7/17/2013	Policy Director, Center for Self-Determination &	1. Seeking quality measures focused on outcomes for individuals rather	We concur that quality measures need to be
	Exec. Director, Institute for Health Quality & Ethics	than the system.	focused on outcomes for individuals.
	T. Nerney		
		2. The 1115 waiver should include phasing out adult and old-age segregation	The state concurs that there is a need to do a
		(in nursing homes); indicates there has been minimal activity in the last 5	better job in supporting people in the community
		years in getting individuals our of nursing homes.	including supporting individuals ability to return
			to the community
		Eligibility and Benefits	
8/9/2013	RI Disability Law Center	1. Supports expansion of eligibility and benefits specifically, budget	These are included in the waiver extension request.
	A. Mulready	population 20, 21, 17 and Waiver request item #6;	
		2. Supports state's recognition that social determinants (such as housing	
		& employment) can have a significant role in health outcomes;	
		3. Supports Waiver request item #7,8 and 9.	
		4. Will work with state on future evaluation efforts	EOHHS values input on evaluation measures from community
			stakeholders that work directly with Medicaid beneficiaries.

Date	Organization	Issue/Topic	Response
		Application Process for Medicaid/CHIP	
8/9/2013	RI Free Clinic	1. Agrees with goal to provide streamlined, efficient application process.	The state concurs with a streamlined application process
	M.Ghazal	2. Supports In-Person Assistors , i.e. individualized personal support.	and support for those that cannot complete the process
			without help.
		Reduction in parent/caretaker eligibility from 175% to 133% FPL	
8/9/2013	Economic Progress Institute, L.Katz	Given the state's expectation that these individuals will be able to access insurance through the Exchange, recommendations are made as to processes the state should implement to facilitate this happening; given the state's request for federal funds for the new health insurance financial assistance program, EOHHS should track whether this occurs.	EOHHS will implement processes to facilitate coverage through the Exchange and will monitor the experience to determine who does and does not take up coverage.
8/9/2013	RIHCA, J. Hayward	Opposes reduction in parent/relative caretaker eligibility in RIte Care from 175 to 133 % FPL.	This was enacted by the RI General Assembly in 2012. The state will work with community partners to ensure that parents/relative caretakers understand their options for coverage through the Exchange and about premium assistance programs.
		Affordable Coverage and Personal Responsibility	
8/9/2013	Economic Progress Institute, L.Katz	1. Disagrees with the requirement that the parent be enrolled in commercial insurance as a condition of the elimination of cost sharing for children.	In considering how to treat the existing Medicaid premiums in the context of eligibility change, the state needs to balance two goals: the first is to ensure that overall health coverage is affordable and the second is to continue to require households at certain income levels participate in the cost of care.
		2. States that there should be no cost sharing requirement for children enrolled in RIte Care; cost sharing should not be affected by the parent's enrollment in employment sponsored coverage.	Same as above.
		3. Supports additional assistance to help parents with incomes below 175% FPL to purchase coverage in the Exchange. Asks that impact of this assistance be evaluated.	EOHHS agrees.
8/9/2013	RIHCA, J. Hayward	Believes there should be no premiums in Medicaid; however, supports waiver authority for premium assistance program.	EOHHS will work with community partners to figure out how to best to communicate to members about the premium assistance program.
		Requirement to appy for health insurance prior to receipt of services provided under CNOM authority	
8/9/2013	Economic Progress Institute	The comments seeks clarification as to how this provison will be implemented with respect to covered services and poulations.	The intent of this provision is that, where applicable, other available sources of payment for services be pursued prior to CNOM dollars. This applies whether the prior source of funding is Medicaid or commercial coverage. This is the basis for the requirement to apply for health insurance. EOHHS concurs with the need to provide clear communication as this provision is implemented.

Date	Organization	Issue/Topic	Response
		Improve coverage and eligibility policies to achieve timely appropriate coverage and intervention to prevent higher cost care and forestall the need for Medicaid coverage.	
8/9/2013	Economic Progress Institute	Suggests "forestalling the need for Medicaid coverage" should not be a goal. Alternative language proposed would be to "Improve coverage and eligiblity policies and procedures to achieve timely, appropriate coverage; implement interventions to prevent higher cost care and provide services to forestall the need for Medicaid-funded long term care services."	EOHHS agrees that goals for the program include ensuring that eligible Rhode Islanders can easily enroll in the program and to maintain coverage as well as forestalling the need for Medicaid-funded long term care services. Additionally, EOHHS seeks to pursue health initiatives that can enhance the ability of individuals to successfully participate in the labor force and live safely in a community setting.
		Plan for Evaluation Activities	
8/9/2013	Economic Progress Institute	Suggests that plans for evaluation activites be more fully articulated for each initiative.	EOHHS' evaluation activities will be futher elaborated in the context of waiver discussions with CMS.
		Outstationing Eligiblity Workers	
8/9/2013	Economic Progress Institute	Opposes the State's request to waive the requirement for outstationed eligiblity workers.	EOHHS is committed to achieving coverage for all eligible Rhode Islanders and believes that the initiatives currently being put in place (e.g. including the contact center, the navigator program, in-persons assistors, and the functionality of the web portal) will effectively meet the objectives of the outstationing requirement.
8/9/2013	RIHCA, J. Hayward	Recommends the state develop an alternative plan for providing outstationed workers, have a public process to review plan and compare it against requirement to have outstationed workers at FQHCs and disproportionate share hospitals. Requests maintaining the current level of Medicaid funding allocated for outstationed eligibility workers since federal funds to FQHCs are time limited.	Same as above. The state will have to assess the need after the grant-funded period is over.
		Coordination of state efforts	
7/25/2013	M.Harris, interested citizen	Is supportive of state's efforts regarding health care reform, especially CSI, SIMs, 1115 waiver, ACA. Asked if all these initiatives are being coordinated.	It is the state's intent to coordinate efforts and maximize all state and federal resources to improve health outcomes for Rhode Islanders.