



Rhode Island Executive Office of Health and Human Services  
 3 West Road, Virks Building, Cranston, RI 02920  
 phone: 401.462.5274 fax: 401.462.3677

Name of Regulation: **210-RICR-30-05-3 Rlte Share Premium Assistance Program**  
 Posted for Public Comment: **April 4, 2019**  
 Public hearing held: **N/A**  
 Comment Period Ended: **May 6, 2019**  
 Summary Response to Comments: **May 17, 2019**

	Nature of the Comments	EOHHS' Response
1.	<p>Individuals and parents of children eligible for Medicaid who are found eligible for Medicaid at application (i.e., meet the financial and non-financial eligibility requirements) must have Medicaid coverage start immediately through fee-for-service. State law (40-8.4-12) provides that enrolling in ESI is a condition of retaining eligibility, not gaining eligibility.</p> <p>Proposed language in the regulations - 3.5(A) can be read to mean that enrollment in ESI is a condition of accessing Medicaid coverage at the outset. Suggest adding the word "continued" Medicaid eligibility before "Medicaid" on line 3, to clarify that enrollment in ESI (if required) is not a condition of initial eligibility but is a condition of on-going Medicaid eligibility. Section 3.13 (B) should be changed - delete "the denial or".</p>	EOHHS has updated the language per this suggestion
2.	<p>If EOHHS fails to determine applicant's eligibility for ESI within 10 days of enrollment in Medicaid, the applicant should be enrolled in a Medicaid Managed Care plan.</p> <p>The determination of whether a new applicant is required to enroll in ESI instead of a managed care plan (MCP) should be made promptly by EOHHS, so that the applicant does not linger in fee-for-service. Accessing care with fee-for-service can be limited, compared to having ESI or being enrolled in an MCP. As part of the application, the individual indicates whether he/she works at a company that offers insurance and whether or not he/she is eligible. The responsibility is then on EOHHS to determine whether the ESI meets Rlte Share standards and confirms whether or not the employee is eligible for the insurance.</p> <p>Suggest providing in the rules at 3.12 Enrollment Process that EOHHS must notify the individual within 10 days of determining MA eligibility whether he/she is required to enroll in ESI. I have seen situations where the new enrollee is notified that the Rlte Share unit is determining whether she and family need to enroll in ESI, and weeks pass before the decision is made.</p>	EOHHS maintains its commitment to making timely eligibility decisions, however we will not be accepting this suggestion at this time.
3.	<p>When a parent is enrolled in a QHP and her children are enrolled in Rlte Care, if EOHHS determines that the parent's ESI is Rlte Share eligible, the parent should be informed that she may enroll in ESI/Rlte Share, but it should not be mandatory. There is no reason to make it mandatory, since if the parent refused to enroll in ESI, her children would remain in Rlte Care and parent would remain in QHP.</p>	This is correct, EOHHS has updated the language accordingly.
4.	<p>ESI may be determined to be an eligible Rlte Share plan and yet the coverage may have high co-payments. Co-payments can be a barrier to care for individuals, especially people with disabilities who may need to see a provider more frequently. There are many adults in the 'expansion population' who are now required to cooperate with Rlte Share who are disabled and may be working.</p> <p>The rules should provide that EOHHS will provide notice to Rlte Share enrollees explaining that they cannot be billed for co-payments by a Medicaid participating provider and how to know whether their provider is a Medicaid participating provider.</p>	The current Rlte Share notice does include information about obtaining care from Medicaid Participating providers. A supplementary fact sheet is currently being developed with additional information.
5.	<p>Section 3.7 (A)(3) The rule should list the wrap around coverage for which Rlte Share enrollees are eligible as well as how they access these services. Wrap around coverage includes transportation and interpreter services. Entitlement to all medically necessary services - without service limitation - should be specified.</p>	Wrap around coverage may vary by ESI plan and beneficiary. The state will add detail on the availability of wrap around services to the supplementary fact sheet to ensure beneficiaries are informed on how to access these services.
6.	<p>First, I suggest re-ordering Section 3.23, so there is a sub-section pertaining to Rlte Share/ESI and a</p>	EOHHS has re-ordered section 3.23 and added the



Rhode Island Executive Office of Health and Human Services  
3 West Road, Virks Building, Cranston, RI 02920  
phone: 401.462.5274 fax: 401.462.3677

	<b>Nature of the Comments</b>	<b>EOHHS' Response</b>
	<p>separate sub-section for Rite Share/Non-custodial parent. (Paragraphs numbered 2, 3 pertain only to subsection c - Rite Share noncustodial. For 'good cause/NCP: Add additional reason: NCP's health plan is an out-of-state plan with a limited number of providers in Rhode Island. In 3.23 (A)(2) add that the Family Violence Option program can provide corroborative evidence. Add "financial hardship". As discussed above, since co-payments are not covered, certain beneficiaries may have high out of pocket costs.</p>	<p>Family Violence Option Program to the organizations who can provide corroborative evidence, and the exemption for out of state ESI if it will negatively affect access to care.</p> <p>EOHHS has added language to clarify that individuals with chronic/severe medical conditions who have a standing relationship with a non-participating provider, may request a 'good cause' disenrollment from Rite Share.</p>