Rhode Island KIDS COUNT

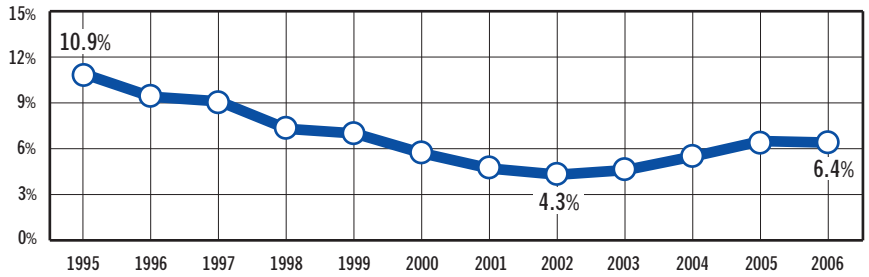
Issue Brief

HEALTH INSURANCE FOR CHILDREN AND FAMILIES IN RHODE ISLAND

Access to regular medical care and preventive services is critical to the physical, educational and social well-being of children and to the overall health of the community. Children with health insurance coverage are more likely than uninsured children to receive medical treatment for common childhood illnesses, to have a regular source of health care, to receive recommended childhood immunizations and other preventive medical services and to obtain medications prescribed to treat acute and chronic health problems, such as asthma and ear infections.[1]

Health insurance coverage for parents promotes health, improves access to health care and protects families against unexpected health care costs. Uninsured adults are less likely than those with insurance to receive preventive services, appropriate routine care for chronic conditions, or health services for serious conditions.[2] Covering parents increases the likelihood that children will receive preventive care, reduces unmet health needs and improves health care access for both parents and children.[3]

CHILDREN WITHOUT HEALTH INSURANCE, RHODE ISLAND, 1995-2006



Source: US Census Bureau, Current Population Survey, 1994-2007, three-year averages, compiled by Rhode Island KIDS COUNT. Data are for children under 18 years of age.

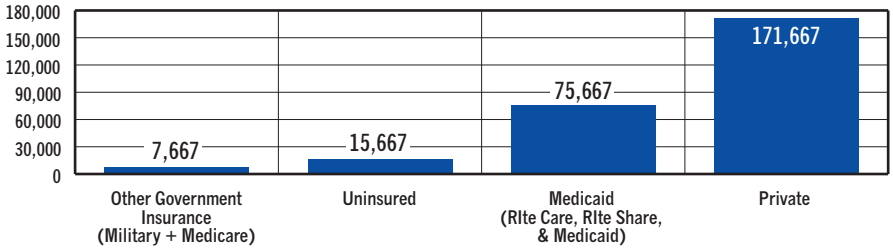
◆ Rhode Island is a leader in children's health insurance coverage. Rhode Island's rate of uninsured children (6.4%) was the 10th lowest in the U.S. in 2006. The U.S. rate of uninsured children is 11.1%.[4]

MAY 2008

THE INTERPLAY BETWEEN PUBLIC AND PRIVATE INSURANCE

◆ The health insurance system in the U.S. is fundamentally one in which most children and families receive health insurance through an employer. While Medicaid programs (including RIte Care) play a significant role by insuring approximately one-third of Rhode Island's children, the majority of children in Rhode Island are covered by private insurance, most of which is employer-sponsored.

TYPES OF HEALTH INSURANCE AMONG CHILDREN IN RHODE ISLAND, 2006



Source: US Census Bureau, Current Population Survey, 2005-2007, three-year average, compiled by Rhode Island KIDS COUNT. Data are for children under 18 years of age.

CHANGES IN EMPLOYER-SPONSORED COVERAGE IN RHODE ISLAND

◆ In 2006, 64% of Rhode Islanders (children and adults) had employer-sponsored health insurance (ESI), down from a high of 68% in 2001. In the past three years, this decline has moderated and the percentage of the population with ESI has remained fairly stable at approximately 64%.[5]

◆ The decline in ESI has resulted in an increase in the number of children without health insurance. An estimated 14,600 fewer children in Rhode Island had employer-sponsored health coverage in 2004 than in 2000.[6]

◆ Rhode Island workers who lack ESI generally fall into one of three categories: (1) employees who work for employers that do not offer health insurance as a benefit; (2) employees who work for employers that offer health insurance but who cannot enroll due to employer eligibility requirements, such as waiting periods or restrictions on part-time employee eligibility or other employee categories; and (3) employees who work for employers that offer health insurance and who are eligible for their employer's insurance plan but elect not to enroll.[7] Some of these employees may be covered under a spouse's coverage and others may find the premium unaffordable.[8]

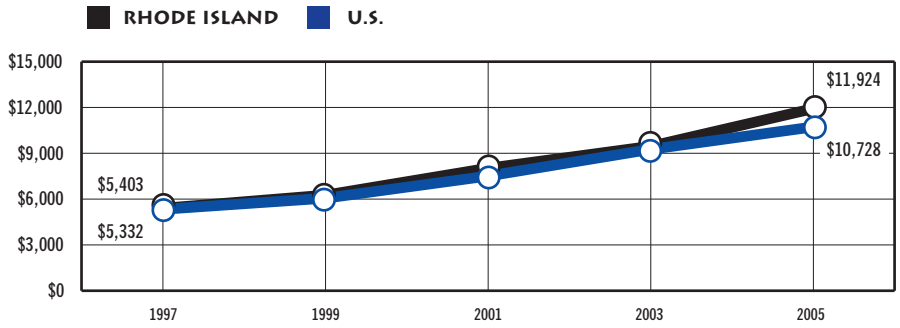
◆ The proportion of Rhode Island employees who work for private-sector employers that offer health insurance has remained virtually unchanged since 1997 at approximately 90%.[9] The exception is small group employers, who have been offering health coverage at declining rates.[10] The percentage of employees who choose to enroll in coverage if it is offered and they are eligible (the "take-up" rate) also has remained steady, at approximately 80%.[11]

◆ There has been variation, however, in the eligibility rate for ESI (i.e., the percentage of employees who work at an offering employer and who meet the employer's eligibility requirements for coverage). In 1997, Rhode Island's eligibility rate stood at 83% but, by 2001, it had dropped to 69%. However, by 2005, the rate rose to 79%.[12] These changes suggest that access to employer-sponsored coverage in Rhode Island for employees and their families has varied in part because of changes in eligibility rules or changes in a worker's eligibility status under their employer's benefit rules.

THE COST OF EMPLOYER-SPONSORED HEALTH INSURANCE IN RHODE ISLAND

◆ One reason workers do not take up health insurance offered by their employer is cost. Families and their employers have been facing consistently rising premium costs in the U.S. and in Rhode Island. The annual cost for a family premium in Rhode Island has risen 121%, from $5,403 in 1997 to $11,924 in 2005.[13]

AVERAGE ANNUAL FAMILY PREMIUM AT PRIVATE-SECTOR EMPLOYERS, RHODE ISLAND AND U.S., 1997-2005



Source: US Department of Health and Human Services, Agency for Healthcare Research and Quality, *Medical Expenditure Panel Survey, Insurance Component,* 1997-2005.

◆ On average, employers in Rhode Island contribute 78% of health insurance premiums for their employees. Therefore, Rhode Island families with employer-sponsored insurance are responsible for approximately 22% of their total health insurance premium. This is slightly less than the national average of 24%.[14]

◆ However, national trends indicate that more families with employer-sponsored insurance are facing high out-of-pocket financial burdens for total health care costs in recent years due to a combination of rising health care costs and stagnating incomes.[15] The median family income of family health insurance policy holders in Rhode Island rose less than 1% between 2001 and 2005, during which time family health insurance premiums rose nearly 35%.[16] Rhode Island families may find it increasingly difficult to pay for their share of health insurance premiums if costs continue to rise and incomes do not keep pace.

◆ While the vast majority of low-income parents work either full-time or part-time, they do not always have access to affordable health insurance.[17] Nationally, just over half (53%) of the low-income children with employed parents are offered health insurance through their parents' employers, compared with 91% of higher-income children.[18]

THE FINANCIAL RISKS OF BEING UNINSURED

◆ Medical debt is a burden for both medical providers as well as for individuals who need to seek medical care but have inadequate health insurance coverage. In the U.S., medical debt accounts for 42% of unsecured debt and is a factor in 80% of bankruptcies among low-income individuals and families.[19] By providing comprehensive medical coverage for otherwise uninsured families, RIte Care contributes to the economic stability of low-income Rhode Island families.

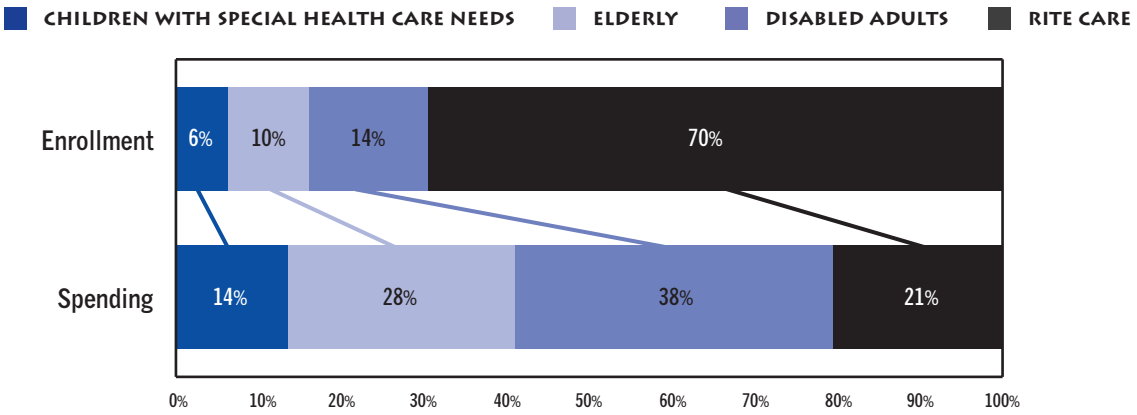
MEDICAID IN RHODE ISLAND

◆ Medicaid is a federal-state health care program for individuals and families with limited income. The program was established by the federal government in 1965 as Title XIX of the U.S. Social Security Act. Medicaid is both the primary payer and purchaser of health care for many individuals and families in need.[20]

◆ In Rhode Island, Medicaid is the chief source of funding for long-term care for elderly individuals with limited means; health care services for low-income adults with disabilities; and RIte Care health coverage for low-income children and their parents, children with special health care needs (CSHCN), and children in substitute care (foster care) through the Department of Children, Youth and Families.[21]

◆ In State Fiscal Year (SFY) 2006, $1.7 billion in state and federal Medicaid funds was spent to provide health care services to 186,964 people in Rhode Island.[22] Because the Medicaid program is a federal-state partnership, the costs are shared. As of Federal Fiscal Year 2007, Rhode Island pays 47.65% of each Medicaid dollar spent while the federal government pays 52.35% as determined by the Federal Medical Assistance Percentages (FMAP) formula.[23]

RHODE ISLAND MEDICAID ENROLLMENT AND SPENDING, SFY 2006

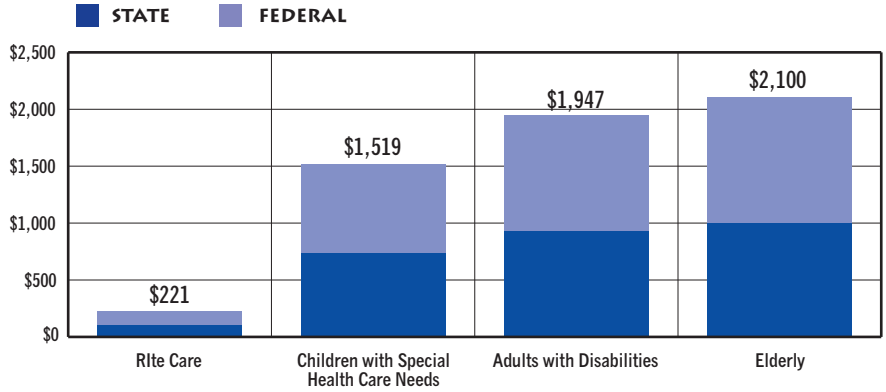


Source: *The future of Medicaid.* (2007). Cranston, RI: Executive Office of Health and Human Services.

◆ In SFY 2006, RIte Care members made up 70% of the state's total Medicaid recipients, yet comprised only 21% of the state's Medicaid spending. Adults with disabilities and the elderly account for 24% of the Medicaid population and 66% of total expenditures.[24]

◆ Since SFY 2003, Medicaid expenses in Rhode Island (paid for by federal and state funds) have seen an average annual increase of 8.72% going from approximately $1.2 billion in 2003 to nearly $1.7 billion in 2006. Services provided to disabled adults are responsible for 39% of the total increase in Medicaid spending since SFY 2003 and services provided to the elderly account for an additional 22%. The major cost driver for both of these populations is inpatient hospital utilization.[25]

RHODE ISLAND MEDICAID BUDGET BY PER CAPITA PER MONTH COST, STATE FISCAL YEAR 2006



Source: *Rhode Island annual Medicaid expenditure report.* (2007). Cranston, RI: Executive Office of Health and Human Services.
Note: These totals do not include out-of-plan expenditures.

◆ In State Fiscal Year (SFY) 2006, comprehensive coverage for children and parents through RIte Care cost an average of $221 per person per month. Of this, Rhode Island paid an average of $105 for each member each month while the federal government paid $116.

◆ The average cost per member per month for children with special health care needs was $724 for the state and $795 in federal funding. By allowing families to voluntarily move children with special health care needs into RIte Care managed care, these children benefit from a system of coordinated care with increased access to health services in community-based settings, rather than institutionally-based care.

◆ Coverage for adults with disabilities cost the state an average of $928 and the federal government $1,019 on average per person per month. The average cost for the elderly was $1,001 in state funding and $1,099 of federal funding per person per month.[26]

MEDICAID IS AN ECONOMIC STIMULUS

◆ In addition to providing health care services, Medicaid plays an important role in stimulating the Rhode Island work force, the health care industry and the broader economy of the state as well.[27] For every state dollar spent on Medicaid, federal dollars are pulled into the state's economy. In SFY 2005, federal funding for Medicaid in Rhode Island spurred $1.75 billion in business activity and created 16,596 new jobs that led to $617 million in additional salaries and wages.[28] Besides its general economic stimulus effect, Medicaid (including RIte Care) serves as an economic development engine for Rhode Island in a number of ways, including:

– A reduction in the public burden of paying for free care.

– A reduction in emergency room overcrowding.

– Fewer personal bankruptcies.

– Allows household spending on basic needs including food, transportation and shelter.[29]

◆ Reductions in Medicaid expenditures negatively impact the state economy. For example, a budgetary cut of $10 million from Medicaid would mean the loss of more than $24 million in business activity, the loss of approximately 230 jobs and $8.5 million in lost salaries and wages.[30]

RITE CARE

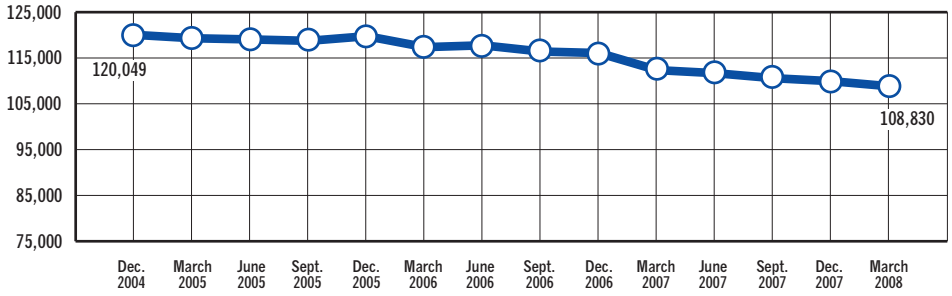
◆ RIte Care is Rhode Island's combined Medicaid/SCHIP health insurance program for low-income children and families. RIte Care provides comprehensive quality health care to low-income children up to age 19 with family incomes up to 250% of the federal poverty level (FPL), parents of eligible children up to 185% FPL, and pregnant women up to 250% FPL. Eligibility is based on family size and income. Children with special health care needs (CSHCN) and children in substitute care (foster care) are two special populations enrolled in RIte Care. Enrollment in RIte Care has improved access to services, care coordination, overall quality of care and helped to control costs for these populations.

◆ Of the approximately 16,000 children currently uninsured in Rhode Island, more than half (9,000) are income-eligible for RIte Care (under 250% FPL) but are not enrolled in the program. The other 7,000 uninsured children in Rhode Island are not currently eligible for RIte Care benefits based on their family income (over 250% FPL).[31]

◆ Once enrolled in RIte Care, families receive services through one of three participating health plans: Neighborhood Health Plan of Rhode Island, UnitedHealthcare of New England, and Blue Cross Blue Shield of Rhode Island. Each plan is under contract with RIte Care to provide comprehensive medical and dental services to all enrollees. All participants are entitled to services to help them access health care, including interpreter services and transportation services. Dental care is provided to Medicaid-eligible children born after May 1, 2000 through the RIte Smiles dental benefits program. Other Medicaid-eligible children and adults receive dental services through the Medicaid fee-for-service program.

◆ All of Rhode Island's RIte Care insurers ranked among the top ten Medicaid managed care plans for quality in the United States in 2007. Neighborhood Health Plan of Rhode Island ranked #2, Blue Cross Blue Shield of Rhode Island ranked #3, and United HealthCare ranked #9.[32]

RITE CARE ENROLLMENT, DECEMBER 2004-MARCH 2008



Source: RIte Care/RIte Share Enrollment Recaps, December 2007 and March 2008, Rhode Island Department of Human Services, Center for Child and Family Health.

◆ RIte Care's enrollment has exhibited a steady downward trend in recent years. Between December 2004 and March 2008, total enrollment in the program has declined by 9%, from 120,049 to 108,830.[33]

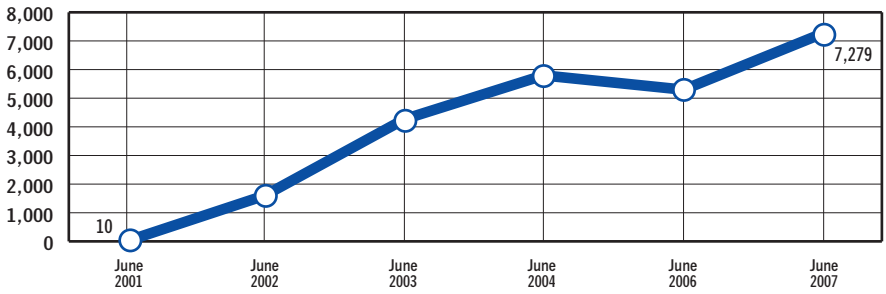
◆ The largest declines in RIte Care enrollment have been seen since January 2007 and are a result of a combination of administrative changes, including federally-imposed documentation requirements for enrollment of U.S. citizens. In addition, there was a Rhode Island change that resulted in the loss of RIte Care eligibility for some non-citizen children (including some legal permanent residents who have been in the U.S. for fewer than five years).[34]

RITE SHARE

◆ RIte Share is a public-private partnership that helps low-income and middle-income families obtain health insurance coverage through their employers. The program was instituted as a part of Health Reform Rhode Island 2000. Families who meet RIte Care income eligibility guidelines are enrolled in RIte Share if a parent works for an employer who offers a qualifying health plan. The family is enrolled in the employer's plan and the state pays the employee's share of the premium. RIte Care and RIte Share participants are entitled to the same scope of coverage. Services not available through the employer's plan are covered by Medical Assistance.

◆ In implementing RIte Share, the Department of Human Services creatively addressed several administrative barriers that hindered implementation of similar programs in other states. These include qualifying health plans for RIte Share on an employer-by-employer basis instead of family-by-family and broad standards for qualifying health plans (so that the majority of health plans offered in Rhode Island are included).

RITE SHARE ENROLLMENT, 2001-2007



Source: RI Department of Human Services, 2001-2007.

◆ RIte Share has had its intended effect of increasing enrollment in employer-sponsored health insurance through RIte Share, while stabilizing RIte Care enrollment. RIte Share has experienced slow but steady growth since its implementation in April 2001. A total of 781 employers were participating or offering approved plans as of July 2007.[35]

◆ All families enrolled in RIte Share are working, yet close to 90% of them have incomes less than 185% FPL.[36] Low-income working families without health insurance coverage are at greater risk for unstable employment than higher-income workers, which creates a barrier to economic opportunity and impacts community economic well-being. RIte Share provides low-income working families access to stable health insurance coverage.

◆ It is estimated that for every 1,000 persons enrolled in RIte Share, there is approximately $1,000,000 in gross savings. In SFY 2007, the RIte Share program saved an estimated $8.2 million, of which $3.3 million was returned to the state and $4.9 million was returned to the federal government.[37]

RITE CARE TIMELINE

1994 General Assembly enacts RIte Care and implementation begins. Covers children up to age 6; pregnant women up to 250% FPL; and families enrolled in AFDC.

1996 Coverage expands to children up to age 8 with household incomes up to 250% FPL.

1997 Coverage expands to children up to age 18 with household incomes up to 250% FPL. U.S. Congress passes federal legislation to create the State Children's Health Insurance Program (SCHIP).

1998 DHS implements the simplified mail-in application to replace face-to-face interviews previously required to apply. Coverage expands to parents of eligible children in families with incomes to up to 185% FPL.

1999 Coverage expands to all children up to age 19 in households with incomes up to 250% FPL.

2000 Health Reform RI 2000 signed into law – instituting RIte Care premiums and health insurance reform.

Children in foster care transferred from Medicaid fee-for-service to RIte Care.

2001 RIte Share begins and DHS begins to charge premiums to RIte Care members.

2003 Children with Special Health Care Needs begin voluntarily transitioning from Medicaid fee-for-service into RIte Care.

2006 RIte Smiles dental benefit begins for children enrolled in Medical Assistance who were born on or after May 1, 2000.

2007 RIte Care eligibility ends for children who are not U.S. citizens, including children who are legally present in the U.S. but have been here less than 5 years and those who are undocumented. Children in these two groups who had ever previously been enrolled are grandfathered into coverage.

The Federal Deficit Reduction Act imposes increased identity and citizenship documentation requirements for all U.S. citizens applying to Medicaid.

Children "aging out" of DCYF care at age 18 are extended RIte Care eligibility until their 21st birthday.

3 RIte Care health plans ranked #2 (Neighborhood Health Plan of Rhode Island), #3 (Blue Cross Blue Shield of Rhode Island) and #9 (UnitedHealth Care of New England) among Medicaid managed care plans by the National Committee for Quality Assurance and reported in *U.S. News and World Report*.

2008 RIte Care eligibility ends for all non-citizen children (those legally present and those who are undocumented) allowed to remain in RIte Care in 2007.

RIte Care eligibility ends for family child care providers and center-based providers lose health insurance premium assistance.

Beginning October 1, 2008, the federal government will no longer provide enhanced federal matching SCHIP rates for parents of children enrolled in RIte Care (an estimated 12,000) and pregnant women between 185% FPL and 250% FPL (an estimated 200 women).

Current Proposals

As part of proposed Medicaid Reform, the Rhode Island Department of Human Services is planning to submit a Global Medicaid Waiver, which could result in major changes to RIte Care.

The General Assembly is considering proposals by the Governor to: (1) reduce RIte Care eligibility for parents from 185% FPL to 133% FPL; (2) institute a new monthly family premium at 133% FPL; and (3) increase current monthly premiums for families over 150% FPL from 3% to 5% of family income, while instituting co-pays for certain health services and populations.

RITE CARE RESULTS

RIte Care has resulted in greater access to health care and improvements in health outcomes for children and adults. RIte Care also has high levels of member satisfaction and strong public support.

POSITIVE HEALTH OUTCOMES

◆ ***Fewer Emergency Hospital Admissions for Children and Adults.*** Emergency admissions for children and adults who are uninsured have increased 28% in four years, from 64% in 2001 to 82% in 2004, while the trend among RIte Care members and the privately insured has been stable at approximately 24% and 35%, respectively. Children and adults enrolled in RIte Care have the lowest percentage of emergency admissions to the hospital.[38]

◆ ***Fewer Preventable Hospitalizations for Adults.*** Adults enrolled in RIte Care have the lowest rates of preventable hospitalizations. The percentage of preventable hospitalizations for Rhode Island adults who are uninsured (16%) is more than triple the rate for adults insured through RIte Care (5%).[39]

◆ ***Fewer Preventable Hospitalizations for Children.*** Children in Rhode Island who have either RIte Care (10%) or private health insurance (9%) have fewer preventable hospitalizations than uninsured children (15%). The percentage of preventable hospitalizations for children who were uninsured in Rhode Island more than doubled between 2001 and 2004, while preventable hospitalizations for children enrolled in RIte Care decreased slightly.[40]

◆ ***Improved Access to Prenatal Care.*** Eighty-four percent of women enrolled in RIte Care now begin prenatal care in the first trimester, up from 77% in 1993.[41,42]

◆ ***Increased Intervals Between Births.*** In 2005, 73% of women enrolled in RIte Care waited at least 18 months between births, which improves maternal and infant health outcomes. Before RIte Care implementation, only 59% of women waited at least 18 months between births.[43,44]

◆ ***Reduction in Smoking During Pregnancy.*** The percentage of women enrolled in RIte Care who smoked during pregnancy, an important factor in preventing low birthweight infants, was reduced by half between 1993 and 2005 (from 32% to 16%).[45,46]

◆ ***Improved Access to Primary Care.*** RIte Care has steadily increased the percentage of children who get an annual checkup and who access primary care.[47]

◆ ***Up-to-Date Preventive Health Screenings.*** Children enrolled in RIte Care are more likely to have up-to-date immunizations and to be screened for lead poisoning than children enrolled in Medicaid nationally. Rates are comparable to those for children enrolled in commercial health plans.[48]

SATISFIED MEMBERS

◆ In 2007, 98% of RIte Care members reported that they were satisfied or very satisfied with RIte Care and 97% were satisfied or very satisfied with their personal physician. There were no significant differences in satisfaction rates between the three RIte Care health plans.[49]

STRONG PUBLIC SUPPORT

◆ Rhode Islanders who are not directly served by RIte Care recognize its importance. According to a 2007 survey, 94% of Rhode Island voters believe that RIte Care is an important program, with 78% believing that it is very important. Eighty-three percent favor expanding RIte Care to cover all uninsured children in Rhode Island, and 65% feel this way strongly.[50]

COST SHARING: RITE CARE PREMIUMS

◆ Families with incomes above 150% FPL have been required to pay a monthly premium for RIte Care since 2002. Currently, families in RIte Care are not required to pay any co-pays for office visits, specialty visits or medications. Current proposals to reform Medicaid in Rhode Island would both increase monthly premium rates and institute co-pays for prescription medications and emergency room use for certain RIte Care populations.[51]

◆ The Rhode Island Department of Human Services collects approximately $3.8-$4 million in premiums each year, approximately half of which is kept by the state and half of which is returned to the federal government.[52]

RITE CARE PREMIUMS, APRIL, 2008

2007 FEDERAL POVERTY LEVEL (FPL)	MONTHLY PREMIUM	TOTAL NUMBER OF FAMILIES REQUIRED TO PAY PREMIUMS	TOTAL NUMBER OF PEOPLE IN FAMILIES REQUIRED TO PAY PREMIUMS
150%-185%	$61	3,349	9,381
185%-200%	$77	722	1,242
200%-250%	$92	1,263	2,121
		5,361	12,797

Source: *RIte Care/RIte Share Cost Sharing Report: SFY 2008.* Rhode Island Department of Human Services. Data as of May 2, 2008.

◆ Failure to pay the RIte Care premium for two months in a row results in a penalty of four months of ineligibility for RIte Care (pregnant women and children under age 1 are not subject to the penalty). Between December 1, 2007 and May 2, 2008, an average of 133 families (including 210 children and 68 adults) lost their RIte Care health insurance each month as a result of failing to pay premiums.[53]

PREMIUMS FOR PUBLIC CHILDREN'S HEALTH COVERAGE, NORTHEAST STATES, JANUARY 2008

STATE	CHILDREN'S MEDICAID/SCHIP ELIGIBILITY LEVEL	INCOME LEVEL AT WHICH STATES BEGIN TO REQUIRE PREMIUMS	ANNUAL PREMIUM AT 151% FPL	ANNUAL PREMIUM AT 200% FPL
Connecticut	300%	235%	$0	$0
Maine	200%	151%	$192	$768
Massachusetts	300%	150%	$288	$288
New Hampshire	300%	186%	$0	$600
New Jersey	350%	150%	$222	$222
New York	250%	160%	$0	$216
Rhode Island	**250%**	**150%**	**$732**	**$924**
Vermont	300%	186%	$0	$180

Source: Cohen Ross, D., Horn, A. & Marks, C. (2008). *Health coverage for children and families in Medicaid and SCHIP: State efforts face new hurdles.* Washington, DC: Kaiser Commission on Medicaid and the Uninsured.

◆ Rhode Island currently has the highest premiums for children's coverage among Northeast states and RIte Care premiums are among the highest in the U.S.[54,55]

◆ Research has shown that premiums in Medicaid/SCHIP programs depress enrollment because of the financial burden they impose on low-income families. It is estimated that a $10 increase in monthly premiums will result in a loss of 10% of enrolled children. A 10% disenrollment in Medicaid/SCHIP would increase the costs of health care in the community by $2,121 for each disenrolled child due to higher emergency costs.[56] The average annual cost to cover a RIte Care member is $2,656.[57]

RECOMMENDATIONS

MAINTAIN RITE CARE

◆ **Maintain RIte Care at current eligibility levels for both children and parents.** It is cost effective for Rhode Island to maintain investments in RIte Care for low-income children and parents. Current RIte Care eligibility guidelines provide access to health care coverage that is critical if Rhode Island is to preserve the positive improvements in health outcomes. When parents are covered, children are more likely to be covered and to get health services. Working parents without access to employer-sponsored insurance would be uninsured without RIte Care.

◆ **Maintain RIte Care benefits and services for children and adults.** RIte Care's benefit package is comparable to the benefits in other New England states. Removing coverage for certain types of services dilutes the effectiveness of comprehensive health coverage and saves the state relatively few dollars.

IMPROVE ACCESS TO HEALTH CARE

◆ **Finish the job and cover all kids in Rhode Island.** Extend RIte Care eligibility to children from 250% FPL to 300% FPL and offer a RIte Care buy-in option for children in families over 300% FPL who have no other access to affordable health insurance. Offer RIte Care to all children who meet income eligibility guidelines regardless of immigration status.

◆ **Address important questions of Medicaid sustainability by focusing attention on higher cost populations.** Managed care has proved to be an effective model for providing high quality comprehensive services to populations with complex needs in Rhode Island, including children with special health care needs and children in foster care. Managed care is now being offered for other special populations, such as adults with disabilities. Track health outcomes and cost-efficiencies for the Rhody Health Partners program, as has been done with RIte Care.

KEEP HEALTH INSURANCE AFFORDABLE

◆ **Avoid additional increases in RIte Care premiums** that will make health insurance unaffordable for those eligible for RIte Care. RIte Care premiums are currently among the highest in the U.S. Maintaining RIte Care premiums at current levels (3-4% of income) will help to ensure that low-income families can afford to pay the premium.

◆ **Build on the success of the RIte Share program,** which depends on the participation of employers offering commercial health care coverage. Rising commercial rates can make it difficult for some businesses to offer family health coverage. Some may pass on unaffordable premiums to their employees.

IMPROVE RITE CARE RETENTION AND SIMPLIFY ENROLLMENT

◆ **Improve retention of RIte Care coverage.** Many families experience gaps in health coverage due to the administrative or programmatic barriers they face when they renew their application for RIte Care each year. This disrupts access to care for chronic health problems as well as preventive health care.

◆ **Provide information to youth aging out of foster care at age 18,** so that they know that they continue to be eligible for RIte Care until age 21 and that they must renew their RIte Care coverage annually.

◆ **Devote sustained resources to outreach efforts** aimed at ensuring all children and families eligible for RIte Care are enrolled in the program.

◆ **Ensure continued support for the Family Resource Counselor (FRC) Program.** Family Resource Counselors help the state meet its federal obligation to have outstationed eligibility workers at disproportionate-share hospitals and federally qualified health centers. FRCs assist families in completing RIte Care applications and renewals, and reduce the time and paperwork burden at DHS field offices.

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Rhode Island **KIDS COUNT** *Staff*

Elizabeth Burke Bryant, Executive Director
Catherine Boisvert Walsh, Deputy Director
Leidy Alves, Administrative Assistant
Leanne Barrett, Policy Analyst
Jill Beckwith, Policy Analyst
Dorene Bloomer, Finance Director
Elaine Budish, Research Analyst
Raymonde Charles, Communications Coordinator
W. Galarza, Executive Assistant/ Office Manager
Kathleen Keenan, Policy Analyst
Danielle Kraus, Intern, Providence College

Rhode Island KIDS COUNT

One Union Station
Providence, RI 02903
401-351-9400
401-351-1758 (fax)
rikids@rikidscount.org
www.rikidscount.org

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