

**RHODE ISLAND RITE CARE  
SECTION 1115 DEMONSTRATION FACT SHEET**

March 31, 2009

<b>Name of Section 1115 Demonstration:</b>	Rhode Island RItE Care
<b>Waiver Number:</b>	11-W-00004/1
<b>Date Proposal Submitted:</b>	July 20, 1993
<b>Date 1115(a) Proposal Approved:</b>	November 1, 1993
<b>Date 1115(a) Implemented:</b>	August 1, 1994
<b>Date 1115(e) Extension Submitted:</b>	March 17, 1998
<b>Date 1115(e) Extension Approved:</b>	September 17, 1998
<b>Date 1115(e) Extension Expired:</b>	July 31, 2002
<b>Date 1115(f) Extension Submitted:</b>	April 16, 2002
<b>Date 1115(f) Extension Approved:</b>	July 29, 2002
<b>Date 1115(f) Extension Expired:</b>	July 31, 2005
<b>Date 1115(a) Extension Submitted:</b>	April 1, 2005
<b>Date 1115(a) Extension Re-Submitted:</b>	May 25, 2005
<b>Date 1115(a) Extension Approved:</b>	August 31, 2005
<b>Date 1115(a) Extension Expired:</b>	July 31, 2008
<b>Date 1115(e) Extension Submitted:</b>	July 20, 2007
<b>Date 1115(e) Extension Approved:</b>	June 18, 2008
<b>Date 1115(e) Extension Effective:</b>	October 1, 2008
<b>Date 1115(e) Extension Expires:</b>	September 30, 2011

**SUMMARY**

The Rhode Island RItE Care demonstration is a statewide initiative that seeks to increase access to, and the delivery of, primary and preventive health care services for all Family Independence Program families (formerly known as AFDC families) and certain low-income women and children through a fully capitated managed care delivery system. In August 1994, Rhode Island implemented the RItE Care section 1115 demonstration to:

- Increase access to and improve the quality of care for Medicaid families;
- Expand access to health coverage to all eligible pregnant women and all eligible uninsured children; and
- Control the rate of growth in the Medicaid budget for the eligible population.

RItE Share is the State's mandatory family premium assistance program which helps low-income families obtain health insurance coverage through their employer, rather than direct public coverage, by paying the employee's share of monthly premiums for family coverage. If an applicant is eligible for RItE Share, the applicant will be enrolled in that program, rather than

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direct coverage under RItE Care.

In order for an applicant to be enrolled in RItE Share:

- The parents and/or their children are determined eligible for Medicaid/CHIP (RItE Care), and
- One of the parents has access to employer-sponsored insurance (ESI) and works for an employer that offers an approved plan.

RItE Share members are eligible for “wrap around” services, which are Medicaid-covered services not included in the employer’s health plan, as well as for coverage of commercial insurance deductibles, coinsurance or co-payments.

**AMENDMENTS**

Amendment #1:	Expands RItE Care coverage to children up to age 8 in households with incomes up to 250 percent of the FPL who are uninsured.
Date Amendment #1 Submitted:	October 1, 1995
Date Amendment #1 Approved:	February 12, 1996
Date Amendment #1 Effective:	March 1, 1996
Amendment #2	Changes payment methodology for Federally Qualified Health Centers (FQHCs)
Date Amendment #2 Submitted:	March 25, 1996
Date Amendment #2 Approved:	December 26, 1996
Amendment #3	Expands RItE Care coverage to children between the ages of 8 and 18 in households with incomes up to 250 percent of the FPL who are uninsured
Date Amendment #3 Submitted:	March 25, 1996
Date Amendment #3 Approved:	February 27, 1997
Date Amendment #3 Effective:	May 1, 1997
Amendment #4	Window replacement initiative for lead poisoned children
Date Amendment #4 Submitted:	June 23, 1998
Date Amendment #4 Approved:	December 9, 1998
Amendment #5	Amendment to expand increase total dollar amount spent on supplemental transitions payments made to CHCs that are chosen as primary care providers
Date Amendment #5 Submitted:	February 17, 2000
Date Amendment #5 Approved:	August 10, 2001
Amendment #6	Amendment to implement numerous firewalls and provisions to keep people in employer sponsored insurance

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	(ESI)
Date Amendment #6 Submitted:	June 18, 2001
Date Amendment #6 Approved:	August 31, 2001
Amendment #7	To enroll children with special health care needs in RIte Care on a mandatory basis
Date Amendment #7 Submitted:	July 10, 2002
Date Amendment #7 Approved:	January 29, 2003
Date Amendment #7 Effective:	January 29, 2003
Amendment #8	To exempt pregnant women from a \$10,000 liquid resource test in order to determine eligibility
Date Amendment #8 Submitted:	August 29, 2006
Date Amendment #8 Approved:	November 21, 2006
Technical Corrections (TC) Letter	Correct waiver language regarding eligibility standards for Title XIX and Title XXI
Date TC Request Submitted:	December 11, 2006
Date TC Request Granted:	May 31, 2007

**ELIGIBILITY**

The following groups are eligible under the demonstration.

- TANF and TANF-related parents, children and pregnant women eligible for Medicaid under Rhode Island's existing state plan up to 250 percent of the FPL;
- Children ages 8 through 18 who meet the definition of "optional targeted low income child" up to 250 percent of the FPL;
- Parents and relative caretakers with income up to 175 percent of the FPL;
- Women up to 200 percent of the FPL who lose Medicaid eligibility 60 days post partum and are eligible for extended family planning services; and
- Children with special health care needs eligible for Medicaid under Rhode Island's existing state plan and enrolled in RIte Care on a mandatory basis.

As of July 1, 2008, there were approximately 112,900 people enrolled in RIte Care and 7,900 individuals enrolled in Rite Share.

**DELIVERY SYSTEM**

Individuals who are eligible for the RIte Care program are required to enroll in fully capitated, prepaid health plans under contract with the State to provide comprehensive health services to participants for a fixed cost per enrollee per month. Eligible individuals must be offered a choice of at least two plans in which they may enroll. Currently, individuals have a choice of 3 plans.

The State encourages the participation of both existing managed care organizations and new entities formed by traditional providers of services or coalitions of providers, including Federally

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Qualified Health Centers.

The plans are responsible for ensuring that each enrollee has a primary care provider and is afforded access to all medically necessary health care services included in the benefit package. Children with special health care needs have full access to managed care organization (MCO) provider networks as well as the option to access specialty providers as their primary care providers (PCPs) or to access providers out of network, if needed.

**BENEFITS**

Health plans under contract to the State are required to offer a comprehensive benefits package which includes most services currently covered under Medicaid. Services which are currently covered under the State plan, but which are not included in the prepaid benefit package, continue to be provided and reimbursed on a fee-for-service basis.

Women up to 200 percent of FPL who would otherwise lose Medicaid eligibility at the end of the 60-day post receive family planning related services only for a maximum of 24 months.

The State also covers expenditures for window replacement for homes with children who have tested positive for lead levels above the normal limit.

**QUALITY AND EVALUATION PLAN**

Under the demonstration, the State and participating health plans are required to develop comprehensive quality assurance monitoring programs. Only State-licensed health maintenance organizations (HMOs) participate in RItE Care, and because NCQA accreditation is a requirement of State law, all three RItE Care health plans are NCQA-accredited.

Quality monitoring consists of the use or review of the following:

- Annual Site Visit
- Disenrollment Grievance Log
- Informal Complaints and Grievance and Appeals Log
- Primary Care Provider (PCP) Survey
- Member Satisfaction Survey
- Mandatory HEDIS® reporting
- NCQA Accreditation reports
- External Quality Reviews by IPRO.

In its fourteen years of operations, some of the quality outcomes of RItE Care include:

- Decreased hospital emergency department (ED) visits and hospital utilization by more than one third-from 1993 levels;
- Reduced the gap between the public insurance infant mortality rate and private insurance infant mortality rate by over 50 percent;
- RItE Care enrollees had a smaller percentage of short interbirth interval births (less than 18 months) than did commercially-insured women in 2004; and

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- The number of women on Medicaid receiving adequate prenatal care increased significantly from 55 percent in 1993 to 82 percent in 2004.

Rite Care health plans outscore national Medicaid benchmarks on a number of quality indicators, including breast cancer screening, controlling high blood pressure, and managing diabetes. Finally, all three of the Medicaid health plans serving Rhode Island Rite Care enrollees are among the top five in the country, as ranked by US News and World Report.

**COST-SHARING**

Population	Premiums Per Month	Co-Payments
All enrollees, except those eligible for family planning only services, with incomes above 133 percent of the FPL	Up to 5% of income  NOTE: Premiums are not charged to pregnant women and children under 1 below 185% FPL	<ul style="list-style-type: none"> <li>• Prescription Drugs:               <ul style="list-style-type: none"> <li>• \$5 Generic</li> <li>• \$10 Brand-name</li> </ul> </li> <li>• Non-emergent Use of the ER: \$25</li> </ul>
Women who lose Medicaid eligibility 60 days postpartum	None	<ul style="list-style-type: none"> <li>• \$2 Health care provider visits</li> <li>• \$1 30-day supply of contraceptives</li> <li>• \$15 voluntary sterilization procedures</li> </ul>

**STATE FUNDING SOURCE**

The demonstration is funded with Title XIX funds.

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Updated 3/31/2009