



July 3, 2024

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Re: Rhode Island 1115 Comprehensive Demonstration Addendum

Dear Secretary Becerra:

Thank you for the opportunity to provide feedback on the Rhode Island's Comprehensive Demonstration Addendum.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions. We have a unique perspective on what individuals and families need to prevent disease, cure illness and manage chronic health conditions. The diversity of our organizations and the populations we serve enable us to draw upon a wealth of knowledge and expertise that is an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves. We urge the Centers for Medicare and Medicaid Services (CMS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

Our organizations are committed to ensuring that Rhode Island's Medicaid program provides quality and affordable healthcare coverage. Our organizations support the state's updated request to provide up to 90 days of pre-release coverage for justice-involved populations. However, we remain concerned that the state did not mention its ongoing waiver of retroactive coverage for the general Medicaid population in this addendum or in the original extension request. Our organizations offer the following comments on the Rhode Island 1115 Demonstration:

Pre-Release Services for Justice-Involved Populations

Our organizations support the proposed coverage for incarcerated individuals up to 90 days prior to release, updated from 30 days. This is consistent with the goals of Medicaid and will be an important step in improving the continuity of care for justice-involved individuals. This proposal will help these high-risk populations access critical supports needed to treat physical and behavioral health conditions. For example, studies in Washington and Florida reported that people with severe mental illness and Medicaid coverage at the time of their release were more likely to access community mental health services and had fewer detentions and stayed out of jail longer than those without coverage.¹ CMS should work with the state to ensure that existing state spending on healthcare for this population is supplemented, not replaced when implementing this policy.

Additionally, our organizations urge CMS to encourage Rhode Island to provide 12 months of continuous eligibility after release to ensure that this high-risk population is protected from gaps in care that can worsen health outcomes. Research has shown that individuals with disruptions in coverage during a year are more likely to delay care, receive less preventive care, refill prescriptions less often, and have more emergency department visits.²

Waiver of Retroactive Coverage

Our organizations are opposed to the ongoing waiver of three months of retroactive eligibility. While neither this addendum nor the original extension request mention this waiver, the state's intent to maintain existing waiver authorities includes the waiver of retroactive coverage. Retroactive eligibility in Medicaid prevents gaps in coverage by covering individuals for up to 90 days prior to the month of application, assuming the individual is eligible for Medicaid coverage during that time frame. It is common that individuals are unaware they are eligible for Medicaid until a medical event or diagnosis occurs. Retroactive eligibility allows patients who have been diagnosed with a serious illness to begin treatment without being burdened by medical debt prior to their official eligibility determination, providing crucial financial protections to newly enrolled beneficiaries. For example, in Indiana, Medicaid recipients were responsible for an average of \$1,561 in medical costs with the elimination of retroactive eligibility.³ Given the crucial impact of retroactive coverage on patients, our organizations urge CMS to work with Rhode Island to reinstate retroactive eligibility for the general Medicaid population.

Our organizations further urge CMS to require states to include all requested or continuing waiver and expenditure authorities in its extension requests and subsequent addendums. Without the inclusion of all waiver authorities, particularly those that reduce coverage for enrollees, it is difficult to provide meaningful public comment on a state's request.

Conclusion

Our organizations support Rhode Island's efforts to expand access to quality, affordable coverage, and we urge you to approve the state's request to establish 90-day pre-release coverage for justice-involved populations. Our organizations urge CMS to require states to include all requested authorities in extension requests, and to deny Rhode Island's request to continue to waive retroactive eligibility.

Thank you for the opportunity to provide comments.

Sincerely,

American Heart Association
American Lung Association
CancerCare
Child Neurology Foundation
Hemophilia Federation of America
National Bleeding Disorders Foundation
National Multiple Sclerosis Society
National Patient Advocate Foundation
Susan G. Komen
The Leukemia & Lymphoma Society

¹ Joseph Morrissey et al. Medicaid Enrollment and Mental Health Service Use Following Release of Jail Detainees with Severe Mental Illness. *Psychiatric Services* 57, no. 6 (June 2006): 809-815. DOI: 10.1176/ps.2006.57.6.809, and Joseph Morrissey et al. The Role of Medicaid Enrollment and Outpatient Service Use in Jail Recidivism Among Persons with Severe Mental Illness. *Psychiatric Services* 58, no. 6 (June 2007): 794-801. DOI: 10.1176/ps.2007.58.6.794.

² Sugar S, Peters C, De Lew N, Sommers BD. Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the Covid-19 Pandemic. Assistant Secretary for Planning and Evaluation, Office of Healthy Policy. April 12, 2021. Available at: <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>

³ Healthy Indiana Plan 2.0 CMS Redetermination Letter. July 29, 2016. Available at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-lockouts-redetermination-07292016.pdf>