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**ARTICLE 19 AS AMENDED**

RELATING TO MEDICAID REFORM ACT OF 2008

SECTION 1. *Rhode Island Medicaid Reform Act of 2008.*

WHEREAS, The General Assembly enacted Chapter 12.4 of Title 42 entitled “The Rhode Island Medicaid Reform Act of 2008”; and

WHEREAS, A Joint Resolution is required pursuant to Rhode Island General Laws § 42-12.4-1, et seq.; and

WHEREAS, Rhode Island General Law § 42-12.4-7 provides that any change that requires the implementation of a rule or regulation or modification of a rule or regulation in existence prior to the implementation of the global consumer choice section 1115 demonstration (“the demonstration”) shall require prior approval of the general assembly; and further provides that any category II change or category III change as defined in the demonstration shall also require prior approval by the general assembly; and

WHEREAS, Rhode Island General Law § 42-7.2-5 provides that the Secretary of the Office of Health and Human Services is responsible for the “review and coordination of any Global Consumer Choice Compact Waiver requests and renewals as well as any initiatives and proposals requiring amendments to the Medicaid state plan or category I or II changes” as described in the demonstration, with “the potential to affect the scope, amount, or duration of publicly-funded health care services, provider payments or reimbursements, or access to or the availability of benefits and services provided by Rhode Island general and public laws”; and

WHEREAS, In pursuit of a more cost-effective consumer choice system of care that is fiscally sound and sustainable, the Secretary requests general assembly approval of the following proposals to amend the demonstration:

(a) *Medicaid Managed Care Plan Refinements – New Components.* The Medicaid single state agency proposes to reduce hospital readmissions, promote better health and nutrition and encourage non-invasive approaches to address obesity by incorporating a nutritional education and exercise component into the benefit package offered to certain Medicaid beneficiaries. Establishing a targeted benefit requires amendments to or new rules, regulations and procedures pertaining to coverage for the Medicaid populations affected as well as a Category II change to the Global Consumer Choice Compact Waiver in those areas where additional authority is

1 warranted under the terms and conditions of the demonstration agreement;

2 (b) *Medicaid Rate Change – Durable Medical Equipment.* The Medicaid single state  
3 agency proposes to reduce the payment for durable medical equipment provided to beneficiaries  
4 to 85 percent of the Medicare payment rate. Implementation of this change requires a Category II  
5 change under the terms and conditions of the Global Consumer Choice Waiver. The Medicaid  
6 single state agency is instructed to review the appropriateness and relevance of its current  
7 package of approved durable medical equipment (DME) to ensure the equipment is accessible  
8 and reliable. The Medicaid single state agency is to consider the purchase of any additional or  
9 alternative equipment and is to explore group purchasing opportunities to access DME. The  
10 Medicaid single state agency is to review agreements with DME providers to ensure standards  
11 governing the maintenance and durability of DME are established and monitored; and

12 (c) *Medicaid Requirements and Opportunities under U.S. Patient Protection and*  
13 *Affordable Care Act (ACA) of 2010.* The Medicaid agency proposes to pursue any requirements  
14 and/or opportunities established under the ACA that may warrant a Category II or III change  
15 under the terms and conditions of the Global Consumer Choice Waiver. Any such actions the  
16 Medicaid agency takes shall not have an adverse impact on beneficiaries or cause there to be an  
17 increase in expenditures beyond the amount appropriated for state fiscal year 2013; now  
18 therefore, be it

19 RESOLVED, That the general assembly hereby approves proposals (a) through (c) listed  
20 above to amend the demonstration; and be it further

21 RESOLVED, That the secretary of the office of health and human services is authorized  
22 to pursue and implement any waiver amendments, category II or category III changes, state plan  
23 amendments and/or changes to the applicable department’s rules, regulations and procedures  
24 approved herein and as authorized by § 42-12.4-7; and be it further

25 RESOLVED, That this joint resolution shall take effect upon passage.

26 SECTION 2. The executive office of health and human services shall provide a report to  
27 the chairpersons of the house and senate finance committees by January 1, 2013 that analyzes and  
28 evaluates the current dental benefits program for Medicaid eligible individuals and includes the  
29 number of recipients, types of services provided, reimbursement rates and the settings. The report  
30 shall also examine the opportunities for improved quality, access and value of potential  
31 partnerships with private entities and shall propose a five (5) year plan for dental services for  
32 Medicaid-eligible adults.

33 SECTION 3. This article shall take effect upon passage.