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TITLE 210 - EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

CHAPTER 30 - MEDICAID FOR CHILDREN, FAMILIES AND AFFORDABLE CARE ACT (ACA) ADULTS

SUBCHAPTER 05 - SERVICE DELIVERY OPTIONS

Part 3 - Rlte Share Premium Assistance Program

3.1 Overview / Legal authority

Under the terms of Section 1906 of Title XIX of the U.S. Social Security Act, states are permitted to pay an eligible individual's share of the costs for enrolling in employer-sponsored health insurance coverage if it is cost effective to do so. R.I. Gen. Laws § 40-8.4-12 authorized the Medicaid agency to establish the Rlte Share Premium Assistance Program to subsidize the costs of enrolling Medicaid eligible individuals and families in employer-sponsored health insurance (ESI) plans that have been approved as meeting certain cost and coverage requirements. The Executive Office of Health and Human Services (EOHHS), the Medicaid Single State Agency, uses cost-effective criteria to determine whether ESI plans meet these requirements.

3.2 Scope and Purpose

- A. This Part applies to individuals and families determined to be Medicaid eligible under Section 1301, "Coverage Groups" (Medicaid Affordable Care Coverage "MACC" groups). It also applies to specified individuals determined to be Medicaid eligible under Part 2 of this Subchapter (non-MAGI or non-Medicaid funded). If these individuals or families have access to insurance provided through an employer (ESI), EOHHS must conduct a review of the coverage to determine if the benefits are comparable to Medicaid benefits and if the cost of the ESI is less expensive than full Medicaid coverage. When ESI is found to be cost-effective, the State will pay the employee's premium.
- B. The purpose of this rule is to set forth the provisions governing participation in the Rlte Share Program, the buy-in requirement and the process for determining whether an ESI plan meets the cost-effectiveness criteria established by EOHHS, the Medicaid agency. The rule also identifies the respective roles and responsibilities of Medicaid-eligible individuals and families and the Medicaid agency.

3.3 Definitions

- A. For the purposes of this section, the following definitions apply:

1. “Applicant” means a person seeking Medicaid coverage under this Part, in accordance with the provisions established in Rhode Island General Laws and Public Laws.
2. “Cost-effective” means that the portion of the ESI that the State would subsidize, as well as wrap-around costs, would, on average, cost less to the State than enrolling that same individual/family in a managed care delivery system.
3. “Cost-sharing” means any co-payments, deductibles or co-insurance associated with ESI.
4. “Employee premium” means the monthly premium share an individual or family is required to pay to the employer to obtain and maintain ESI coverage.
5. “Employer-Sponsored Insurance” or “ESI” means health insurance or a group health plan offered to employees by an employer. This includes plans purchased by small employers through HealthSource RI.
6. “Group health plan” means an employee welfare benefits plan as defined in Section 3(1) of the Employee Retirement Income Security Act of 1974 as qualified in R.I. Gen. Laws §§ 27-50-3(T)(1) and 27-18.6-2(15).
7. “Health insurance coverage” or “health benefit plan” means a policy, contract, certificate or agreement offered by a health insurance carrier to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services as defined and qualified in R.I. Gen. Laws §§ 27-18.5-2(7), 27-18.6-2(14) and 27-50-3(U)(1).
8. “Medicaid member” means a person who has been determined to be an eligible Medicaid beneficiary.
9. “Modified Adjusted Gross Income” or “MAGI” means income, adjusted by any amount excluded from gross income under section 911 of the IRS Code, and any interest accrued. Social Security benefits are not included in gross income. The MAGI is the standard for determining income eligibility for all Medicaid affordable care coverage groups (MCAR Section 1301, “Coverage Groups”).
10. “Policy holder” means the employee with access to ESI.
11. “RIte Share-approved employer-sponsored insurance” or “ESI” means an employer-sponsored health insurance plan that meets the coverage and cost-effectiveness criteria for RIte Share.
12. “RIte Share buy-in” means the monthly amount a parent or caretaker of a Medicaid-eligible child or young adult must pay toward RIte Share-

approved ESI that covers the parent or caretaker with access to the ESI and his/her Medicaid-eligible children. The buy-in only applies in instances when household income based on the MAGI is above 150% of the Federal Poverty Level (FPL).

13. “Rlte Share Premium Assistance Program” means the Rhode Island Medicaid premium assistance program in which the State pays the eligible Medicaid member’s share of the cost of enrolling in a Rlte Share-approved ESI plan. This allows the State to share the cost of the health insurance coverage with the employer.
14. “Rlte Share Unit” means the entity within EOHHS responsible for assessing the cost-effectiveness of ESI, contacting employers about ESI as appropriate, initiating the Rlte Share enrollment and disenrollment processes, handling member communications, and managing the overall operations of the Rlte Share program.
15. “RIWorks” means the State’s Temporary Assistance for Needy Families (TANF) program that provides assistance to low income needy families on the path to full employment and financial independence. The program is administered by the Rhode Island Department of Human Services, one of the four State agencies under the Executive Office of Health and Human Services (EOHHS) umbrella.
16. “Third party liability” or “TPL” means other health insurance coverage. This insurance is in addition to Medicaid and is usually provided through an employer. Since Medicaid is always payer of last resort, the TPL is always the primary coverage.
17. “Wrap-around services or coverage” means any health care services not included in the ESI plan that would have been covered had the Medicaid member been enrolled in a Rlte Care or Rhody Health Partners plan (Part 2 of this Subchapter). Coverage of deductibles and co-insurance is included in the wrap. Co-payments to providers are not covered.

3.4 Rlte Share Populations

- A. The income of Medicaid members affects whether and in what manner they must participate in Rlte Share as follows:
 1. Income at or below 150% of FPL – Individuals and families determined to have household income at or below 150% of the Federal Poverty Level (FPL) based on the modified adjusted gross income (MAGI) standard – in accordance with MCAR Section 1307, “Determination of Income Eligibility” – are required to participate in Rlte Share if a Medicaid-eligible adult or parent/caretaker has access to cost-effective ESI. Enrolling in ESI through

Rlte Share is a condition of maintaining Medicaid eligibility. The buy-in requirement described in § 3.8 of this Part does not apply, however.

2. Income above 150% FPL and policy holder is not Medicaid-eligible – Premium assistance is available when the household includes Medicaid-eligible members, but the ESI policy holder, typically a parent or caretaker, is not eligible for Medicaid. Premium assistance for parents/caretakers and other household members who are not Medicaid-eligible is provided when:
 - a. Enrollment of the Medicaid-eligible family members in the approved ESI plan is contingent upon enrollment of the ineligible policy holder; and
 - b. It is cost-effective to provide a subsidy to family coverage compared to the cost of enrolling Medicaid eligible family members in a Medicaid managed care plan, using methodology described in § 3.8 of this Part.
3. Medicaid-eligible children and young adults – Eligible children and young adults remain eligible for Medicaid if the person with access to Rlte Share-approved ESI does not enroll as required.

3.5 Rlte Share Enrollment as a Condition of Eligibility

- A. For Medicaid members over the age of nineteen (19), enrollment in Rlte Share is a condition of eligibility. This requirement also applies to any individuals who have or previously had the option to waive ESI coverage to receive financial compensation, including but not limited to, an increase in hourly wage, an increase in weekly salary, and/or a lump sum payment. (An increase in wages for waiving coverage is also known as "pay in lieu of benefits.")
 1. Exemptions – In certain circumstances, Medicaid members with access to ESI are exempt from enrolling as condition of maintaining eligibility:
 - a. Under age 19. Medicaid-eligible children and young adults up to age nineteen (19) are not required to enroll in a parent/caretaker relative's ESI as a condition of maintaining Medicaid eligibility.
 - b. RIWorks. There is a limited six (6) month exemption from the mandatory enrollment requirement for RIWorks program participants. See § 3.5 of this Part below.
 - c. Pregnant women.
 2. Mandatory ESI Enrollment – Once it has been determined by EOHHS that the ESI offered by a particular employer is Rlte Share-approved, all Medicaid members with access to that employer's plan are required

participate in Rlte Share. If the policy holder, that is, an employee in the household, is a Medicaid-eligible parent/caretaker age nineteen (19) or older, the policy holder is responsible for enrolling any Medicaid-eligible family members (spouse, caretaker, and children) in the Rlte Share–approved ESI plan.

3. Non-compliance – Failure to meet the mandatory enrollment requirement results in the termination of the Medicaid eligibility of the policy holder and other Medicaid members nineteen (19) or older in the household that could be covered under the ESI until the policy holder complies with the Rlte Share participation and enrollment procedures established by EOHHS in this rule. (See § 3.20 of this Part).
4. Reinstatement – The period of ineligibility may be shortened and Medicaid eligibility reinstated if the policy holder complies with Rlte Share’s request to enroll in ESI, or if participation in Rlte Share by the policy holder is no longer required either due to a change in the status of the ESI, such as the employer’s plan is no longer Rlte Share-approved, or access to the employer’s plan, such as, the policy holder changes jobs or is no longer qualified for ESI as a result of a decrease in work hours.

3.6 Rhode Island Works Participants

- A. RIWorks participants who are Medicaid-eligible are not required to enroll in a Rlte Share-approved ESI plan for the first six (6) months of employment. This six month exemption also applies to families losing eligibility for RIWorks due to employment. Specifically, to be subject to enrollment in a Rlte Share approved ESI plan, the RIWorks participant must be:
 1. Age nineteen (19) or older; and
 2. Employed for a period of six (6) consecutive months or more by the same employer.
- B. RIWorks participants who do not meet both of these criteria at the time Medicaid eligibility is renewed in accordance with § 3.16 of this Part are exempt from participating in Rlte Share.

3.7 Rlte Share Premium Assistance

- A. Under the Rlte Share Premium Assistance Program, the State pays the policy holder’s premium. In some cases, the State will also pay for cost-sharing requirements. Medicaid members also receive wrap-around services.
 1. Premium payments – EOHHS pays for ESI premiums as follows:

- a. EOHHS pays the premium the policy holder must pay to the employer for ESI for his or her own individual coverage, such as a parent/caretaker who is a pregnant woman.
 - b. EOHHS pays the premium the policy holder must pay to the employer for ESI for family/dependent coverage. See § 3.17 of this Part.
2. Cost-sharing – Medicaid beneficiaries enrolled in ESI are not obligated to pay any cost-sharing that is not otherwise applicable to Medicaid. EOHHS pays for any ESI co-insurance and deductibles in such instances. Co-pays are not covered by EOHHS, but Rlte Share enrollees are not required to pay co-payments to Medicaid certified providers. The health care provider may not bill the Rlte Share member for any cost-sharing required by the ESI, including co-payments.
 3. Wrap-around coverage – Services and benefits that are covered by Medicaid, but are not offered through the ESI plan, are made available through the Medicaid program. Wrap-around services/coverage ensures that Rlte Share enrollees receive health coverage comparable in scope, amount and duration to Medicaid members enrolled in Rlte Care or Rhody Health Partners. Medicaid covers these services for Medicaid members participating in Rlte Share enrollees when using Medicaid providers.
 4. Repayment and recoupment – EOHHS has the authority to recover Medicaid benefit overpayment claims and cost-share arrearages through offset of the individual State income tax refund in accordance with R.I. Gen. Laws §§ 44-30.1-1, 44-30.1-3, 44-30.1-4 and 44-30.1-8 in Chapter 44-30.1 entitled ‘Setoff of Refund of Personal Income Tax.’

3.8 Rlte Share Buy-in Requirement

A. In certain instances, Medicaid beneficiaries participating in Rlte Share are subject to a buy-in requirement. This requirement applies only when a Medicaid-eligible child is residing in a household with MAGI-based income above 150% of the FPL and must enroll in the Rlte Share-approved ESI plan of a parent/caretaker – “the policy holder” – who is not eligible for Medicaid.

1. Buy-in amount – The parent/caretaker is required to pay a monthly buy-in amount that varies with income as follows:

Monthly Family Income	Monthly Buy-In Amount
Over 150% and not greater than 185% FPL	\$ 61.00
Over 185% and not greater than 200% FPL	\$ 77.00

Over 200% and not greater than 250% FPL	\$ 92.00
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2. Notice – EOHHS must provide the adult in the family subject to the buy-in requirement with timely notice. This may be done separately or in conjunction with the notice of Rlte Share participation. The notice must include the amount of the buy-in, the process for making payments, the consequences for non-payment and a statement of the right to appeal and request a hearing.
3. Payment – Buy-in amounts are not prorated. Therefore, a full monthly buy-in amount is due if Rlte Share enrollment is effective for any portion of a coverage month.
4. Method of payment – The parent/caretaker pays the monthly Rlte Share buy-in amount to EOHHS. Further information about the payment method is provided in the notice of the buy-in requirement sent to the parent/caretaker.
5. Non-compliance – If the parent/caretaker fails to pay the buy-in amount as required, eligibility may be terminated for failing to cooperate in accordance with § 3.22 of this Part. Children and young adults in the family who are eligible for Medicaid will be enrolled in a Rlte Care plan. Only individuals over age nineteen (19) are subject to the disenrollment sanction.

3.9 Basis for Approving ESI Plans

- A. Only ESI or group health plans that meet the cost-effectiveness and benefits criteria specified in this Part are approved for the Rlte Share Premium Assistance Program.
 1. Sources of information for determining cost-effectiveness – Determinations of ESI cost-effectiveness is based on information gathered from the following sources:
 - a. Application materials. When applying for Medicaid, applicants must indicate: current health insurance coverage status; relationship to policy holder; plan name; policy number; eligibility for and type of coverage and individuals covered by the plan. MCAR section 1303, “Application Process,” explains the process for applying for Medicaid through the State’s affordable care eligibility system and the manner in which this information is collected and maintained.
 - b. The Rlte Share Unit. This EOHHS Unit collects employer data about ESI plans for Medicaid-eligible individuals/households. Information from employers includes data necessary to determine

whether the employer's ESI offerings meet EOHHS's cost-effectiveness and benefits criteria.

2. EOHHS reserves the right to request additional information about the ESI plan from the Medicaid beneficiary, the policy holder, even if not an eligible Medicaid member and, where appropriate and necessary, the employer or insurance carrier.

3.10 Methodology for Determining Cost-Effectiveness

- A. The RItte Share Unit uses the information about the ESI plan to compare the enrollment cost, that is, payment of the employee's share, for the Medicaid members in the family, and any ineligible policy holder, in a Medicaid managed care plan versus RItte Share. An ESI plan is determined to be cost-effective when on the aggregate, the total cost of medical coverage through RItte Share is less than the average cost to cover them through a Medicaid managed care plan. RItte Share participants receive coverage comparable in scope, amount, and duration to coverage provided in a Medicaid managed care plan.
 1. Cost-effectiveness test – To be cost-effective, the policy holder's monthly ESI premium share, deductibles, co-insurance plus any Medicaid covered services not covered by the ESI plan, such as services covered under the RItte Care Health Plan contract but not under the ESI plan) must be less than the average capitation payment for an average individual/family enrolled in a Medicaid managed care plan. These average costs must be actuarially determined at such intervals as deemed appropriate by EOHHS.
 2. There are three cost effectiveness determinations for each employer plan:
 - a. Family coverage where all family members are Medicaid-eligible with income less than or equal to 133% of the FPL based on the MAGI standard;
 - b. Family coverage where only children and pregnant women in the family are Medicaid eligible with income greater than 133% of the FPL and less than or equal to 250% of the FPL based on the MAGI standard; and
 - c. Individual coverage where only the employee is Medicaid-eligible such as pregnant women.
- B. The figures used as the basis for assessing cost-effectiveness shall be made available, upon request, by EOHHS.

3.11 Scope and Consequence of Approving an ESI Plan

Rlte Share-approved ESI plans are reevaluated on an annual basis to ensure that all Medicaid beneficiaries who are enrolled receive coverage comparable in scope, amount, and duration to that provided in a Medicaid managed care plan. From the date an ESI plan is approved until the date it is reevaluated, any Medicaid beneficiaries who work for that employer, and their Medicaid-eligible dependents, must enroll in the ESI through Rlte Share. Parents/caretakers of a Medicaid-eligible child who have access to a Rlte Share-approved ESI plan must enroll the child in the plan irrespective of their own Medicaid eligibility. In either case, failure of the parent/caretaker to enroll in the Rlte Share-approved plan does not affect the eligibility of the child.

3.12 Enrollment Process

- A. Medicaid beneficiaries who are required to participate in Rlte Share must enroll in the ESI plan as directed by EOHHS. Enrollment into Rlte Share may occur upon initial determination or at the time of Medicaid annual renewal, or as deemed appropriate by EOHHS. Enrollment in Rlte Share is deemed to be a “qualifying event” and may occur at any time, including outside the open enrollment period.
1. Eligibility determination and Rlte Share referral – The referral for Rlte Share participation is based on information provided by the Medicaid beneficiary in conjunction with an initial Medicaid application or annual Medicaid renewal; and documented in the EOHHS database as to whether an employer offers Rlte Share-approved coverage.
 2. Notice Rlte Share participation required – A notice must be sent by EOHHS indicating that participation in Rlte Share is a condition of retaining Medicaid eligibility as follows:
 - a. Fourteen days’ notice. Upon determining that a Medicaid member is qualified for coverage through Rlte Share, EOHHS provides a written “Notification of Eligibility for Enrollment” stating the employee must select a Rlte Share-approved ESI plan through their employer’s personnel or human resources office within fourteen (14) calendar days.
 - b. Thirty days’ notice. Written notice will be sent to the Medicaid beneficiary approximately thirty (30) days prior to the date that enrollment in Rlte Share is required, but only in instances when approval of the ESI plan is the impetus for the requirement to enroll rather than a determination/renewal of Medicaid eligibility; and the employer is not participating in Rlte Share.

3. Prior agreement – In certain circumstances, EOHHS may have a prior agreement with the employer which permits the Rlte Share Unit to enroll an eligible individual/family in the ESI plan upon receipt of an acknowledgment or written consent from the policy holder. The notification of enrollment sent from the Rlte Share Unit to the Medicaid-ineligible policy holder as well as to any Medicaid recipients in such cases shall explain any such prior arrangements and any additional appeal and hearing rights that follow therefrom.

3.13 Access to ESI

- A. All Medicaid applicants and beneficiaries are required to provide information about access to ESI. For the purposes of Rlte Share, “access” to ESI is as follows:
 1. A Medicaid-eligible individual, age nineteen (19) or older who is, or has the option to be, enrolled in an employer-sponsored health insurance or group health benefit plan;
 2. A Medicaid-eligible individual who is, or has the option to be, enrolled in an employer-sponsored health insurance or group health benefit plan as the spouse, dependent or family member of a Medicaid-ineligible policy holder.
- B. Failure to provide this information as required may lead to the denial or termination of Medicaid eligibility, unless there is good cause for non-compliance as specified in § 3.23 of this Part.

3.14 Non-custodial Parents with TPL

- A. Medicaid is always the payer of last resort. Accordingly, EOHHS considers all other health insurance or coverage provided to a Medicaid-eligible individual as third-party liability (TPL) coverage. EOHHS reserves the right to require Medicaid beneficiaries to transition to the TPL coverage in instances it meets the cost and coverage effectiveness criteria for Rlte Share. Special rules for handling this transition when a parent who does not have custody of the Medicaid-eligible child has access to ESI or other TPL are as follows:
 1. TPL coverage through the non-custodial parent – Children who are enrolled in both Rlte Care and ESI through a non-custodial parent (NCP), will be transitioned into Rlte Share unless the custodial parent shows good cause for not making the transition. Once enrolled in TPL coverage, the child must retain access to all applicable Medicaid covered services the entire time that they are in Rlte Share. Should the NCP lose their ESI, the Rlte Share Unit must be notified at least ten (10) days prior to the child’s disenrollment to meet established reporting requirements and assure the child is transitioned back into Rlte Care without coverage gaps.

2. Custodial parent non-compliance – If the custodial parent refuses to allow the child to be enrolled in the NCP’s ESI or TPL coverage more generally, then the custodial parent’s Medicaid eligibility is terminated until the parent complies with the Rlte Share participation requirement. Good cause exemptions to Rlte Share are permitted under § 3.23 of this Part.
3. Notice and enrollment – Medicaid beneficiaries who are potential candidates for Rlte Share must be provided with notice from EOHHS explaining their rights and responsibilities including:
 - a. Rlte Share participation. The requirement to participate in Rlte Share is a condition of Medicaid eligibility for adults in the household. The Medicaid member with TPL must receive the notice fourteen (14) or thirty (30) days, as appropriate (see § 3.11 of this Part), prior to the required transition from a Medicaid managed care plan.
 - b. Grace period. Parents/caretakers are given a fourteen (14) day grace period to report any changes in the NCP’s coverage and/or report any difficulties with using the NCP’s coverage.
 - c. Failure to respond. If the parent/caretaker does not respond, the Medicaid beneficiaries who are covered under the NCP's policy will be transitioned from Rlte Care to Rlte Share, and sent appropriate documentation. Those who are not covered under the NCP's coverage, such as a custodial mom, children not related to the NCP, will remain on Rlte Care.
 - d. Cost-sharing. The notification must indicate clearly that EOHHS will not make payment for coinsurance, cost sharing obligations, or wrap-around coverage to or for the NCP policy holder or any other Medicaid-ineligible family member/dependent enrolled in the approved ESI plan.
 - e. Buy-in. If income is above 150% of the FPL, the notice must state the basis for the buy-in and the amount that must be paid per month in accordance with § 3.7 of this Part and the consequences for non-compliance in § 3.22 of this Part.

3.15 Continuing Eligibility – Medicaid Renewals

- A. For Medicaid beneficiaries renewing eligibility, EOHHS must assess as part of the redetermination process whether anyone in the household is a Rlte Share participant and if there has been any change in access to ESI.

1. Notice of renewal – Medicaid beneficiaries must be provided with a notice at the time of renewal specifying the terms for continuing eligibility. The terms for continuing coverage vary as follows:
 - a. Medicaid managed care enrollees without access to ESI continue enrollment in the Medicaid managed care plan that provided coverage in the previous period of eligibility in accordance with Part 2 of this Subchapter.
 - b. Medicaid managed care enrollees who have gained access to a RItte Share-approved ESI plan continue to be enrolled in the Medicaid managed care plan that provided coverage in the previous period of eligibility pending review by the RItte Share Unit. In such cases, EOHHS sends a notice stating that eligibility is continued and that coverage in a Medicaid managed care plan continues pending action on the ESI plan by the RItte Share Unit. A referral to the RItte Share Unit is made accordingly.
 - c. RItte Share participants who retain access to the RItte Share-approved ESI plan that provided coverage during the during the previous period of eligibility, continue to be enrolled in the ESI plan pending review by the RItte Share Unit of any changes that might result in withdrawal of approval of the ESI plan, disenrollment, and subsequent enrollment in a Medicaid managed care plan.
2. Loss of ESI – RItte Share participants who involuntarily lose access to an approved ESI plan that provided coverage during the previous period of eligibility for any of the reasons stated in § 3.21 of this Part receive coverage as follows:
 - a. Any Medicaid-eligible individuals in the family will receive coverage through fee-for-service pending either enrollment in a Medicaid managed care plan, or if the Medicaid members have gained access to another ESI plan, approval of that plan by the RItte Share Unit.
3. Notice of renewal – In all such cases, the notice of renewal for continuing eligibility sent by EOHHS to the Medicaid beneficiaries shall include a statement of the applicable terms for continuing eligibility including any buy-in requirement, the reason(s) for establishing the terms, and the right to appeal and request a hearing with respect to either (See Part 10-05-2 of this Title), as well as all other information required in this section. The enrollment referral transmitted to the RItte Share Unit shall also indicate which terms apply and shall be sent at the time the redetermination is made.

3.16 Renewal of RIWorks Participants

- A. At the time eligibility renewals are completed, EOHHS is responsible for assessing whether RIWorks participants are subject to enroll in a Rlte Share-approved plan as a condition of Medicaid eligibility.
1. Employed under six (6) months – Only those RIWorks participants, age nineteen (19) or older, who have access to ESI and have been steadily employed for a period of six (6) consecutive months or more, shall be subject to enrollment in Rlte Share. All other RIWorks participants continue enrollment in the Rlte Care plan which provided coverage until the next scheduled redetermination of eligibility.
 2. Employed six (6) months or over – If the RIWorks participant has been employed for over six (6) months, the notice of renewal sent by EOHHS must state that enrollment in the Rlte Care plan that provided coverage during the previous period of eligibility is continued, pending review of the ESI plan by the Rlte Share Unit. If enrollment in an approved ESI plan is a condition of retaining continuing eligibility, Medicaid beneficiaries shall receive notice from the Rlte Share Unit at least fourteen (14) days prior to enrollment in an ESI plan.

3.17 Rlte Share Premium Assistance Payment

- A. It is the responsibility of EOHHS to establish the appropriate mechanism for transferring payment for the Rlte Share-approved ESI plan premiums.
1. The payment options include:
 - a. Enrollment costs are paid directly by the employer without any wage withholding from the policy holder. The Rlte Share Unit or its agent either mails a check or electronically transfers payment to the employer's bank or account, on a monthly basis, to cover the enrollment costs for any individuals/families on the ESI as a result of Rlte Share enrollment. These are called "participating" employers.
 - b. Enrollment costs are paid by the employer after wage withholding from the policy holder. The Rlte Share Unit or its agent mails a check or electronically transfers payment to the policy holder, on a monthly basis, to cover the enrollment costs for any individuals/families on ESI as a result of Rlte Share enrollment.
 - c. Enrollment costs (both the employer's premium share and the employee's premium share or employee's premium share only) are paid directly to the insurance carrier on a monthly basis by the Rlte Share Unit or its agent. (If both the employer and employee

enrollment costs are paid, EOHHS then bills the employer for the employee's enrollment costs).

2. Notice of payment method –The notification of Rlte Share participation sent to the beneficiaries shall clearly specify the method for paying enrollment costs.

3.18 Role of Rlte Share Unit

- A. The Rlte Share Unit is responsible for overseeing the operations of the program as follows:
 1. Eliciting information from employers about the health plans they offer to workers on an ongoing basis;
 2. Evaluating health plans for Rlte Share approval;
 3. Maintaining a database of Rlte Share-approved ESI plans; and
 4. Contacting employers to make Rlte Share enrollment decisions.
- B. Upon receipt of beneficiary referral information, the Rlte Share Unit verifies employment and access to a Rlte Share-approved ESI plan. Based on this review, the Rlte Share Unit determines:
 1. Whether the Medicaid beneficiary is approved for Rlte Share; and
 2. The date that individual or family must enroll in the ESI in order to maintain Medicaid eligibility.
- C. The specific procedures for making such determinations vary depending on the enrollment status of the Medicaid beneficiary and the employer's customary enrollment process.

3.19 ESI Enrollment Verification

- A. Verification of enrollment in a Rlte Share-approved ESI plan is required.
 1. Participating employer – For Medicaid beneficiaries working for a Rlte Share “participating” employer, the employer is required to submit verification to the Rlte Share Unit that initial enrollment in the ESI has been made in the manner prescribed by EOHHS.
 2. Approved plan – For individuals working for a Rlte Share-approved employer, the individual must provide verification of enrollment by completing the appropriate form, which requires the signature of a representative of the employer or submitting a copy of the official ESI

enrollment receipt. Once this verification has been received, EOHHS will initiate premium payment.

3.20 Failure to Enroll

- A. Failure to enroll in the ESI plan is grounds for termination of Medicaid eligibility for the non-pregnant parent(s) or caretaker over the age of nineteen (19) in the household.
 - 1. Discontinuation – EOHHS sends a “Notice of Discontinuation”, stating that Medicaid eligibility has been terminated for adults in the household due to the failure to enroll in the RItE Share-approved plan. Anyone in the household subject to the notice may reapply (for inactive cases) or request reinstatement (for active Medicaid cases) if they choose to comply with RItE Share, if an exemption from participation is granted, or if the individual no longer has access to the ESI. Please refer to § 3.5 of this Part.
 - 2. Disqualification – Procedures for handling cases in which the policy holder is not eligible for Medicaid are the same as for an eligible policy holder, with one exception: The Medicaid agency sends a “Notice of Disqualification” to the policy holder indicating that ESI costs will not be paid by EOHHS. Please refer to § 3.5 of this Part.
- B. Both the “Notice of Discontinuation” and the “Notice of Disqualification” shall include a statement indicating that any affected Medicaid-eligible individuals in the household have the right to appeal and to request a hearing to contest the change in eligibility and the enrollment decision.

3.21 Disenrollment from RItE Share-Approved Plan

- A. RItE Share beneficiaries who are voluntarily or involuntarily disenrolled from an approved ESI plan must report the change in enrollment status to EOHHS in no more than ten (10) days from the date the disenrollment action occurs. The type of disenrollment determines EOHHS’s response as follows:
 - 1. Voluntary disenrollment – Medicaid-eligible RItE Share beneficiaries age nineteen (19) or older who voluntarily disenroll from an approved ESI will be terminated for coverage based on the failure to meet the non-financial cooperation requirements set forth in this Part. Voluntary disenrollment includes, but is not limited to, instances in which a RItE Share beneficiary:
 - a. Requests that the employer drop coverage or cease enrollment for the entire family or a Medicaid-eligible individual in the family;

- b. Fails to meet the requirements established by the employer to maintain enrollment in the approved plan such as, submit required documentation or forms.
 - c. Engages in unlawful or fraudulent acts, such as submitting false claims that violate the terms for continuing enrollment in the ESI plan. Please refer to § 3.5 of this Part.
- 2. Involuntary disenrollment – Involuntary disenrollment includes the loss of access to ESI as a result of change in employment, termination of coverage by the employer for an entire class of workers, death, separation, divorce, disability of the policy holder, or any other factors that could be reasonably construed as involuntary disenrollment as defined in this Part.
- 3. Rlte Share Unit responsibilities – Upon receiving a report from the employer, the ESI plan insurance provider, or Medicaid beneficiary indicating that disenrollment has occurred, the Rlte Share Unit verifies the accuracy of the report and assesses whether it is voluntary or involuntary in nature.
 - a. Voluntary Disenrollment – Notice of Discontinuation. Once the report has been verified and it is determined to be voluntary disenrollment, EOHHS sends a “Notice of Discontinuance” noting termination of the Medicaid eligibility of the policy holder, parent(s) or caretaker relative in the applicant’s household until the individual demonstrates compliance with enrollment procedures established by EOHHS. The “Notice of Discontinuance” must also include any remedies for shortening the period of ineligibility as well as the right to request a hearing and appeal the decision:
 - (1) Medicaid-ineligible individuals are provided with a notice from EOHHS stating they are disqualified from Rlte Share.
 - (2) All Medicaid-eligible pregnant women and children must be automatically enrolled in a Rlte Care plan.
 - (3) This period of Medicaid ineligibility may be shortened and Medicaid eligibility established if such individual becomes exempt from Rlte Share enrollment or no longer has access to ESI for reasons such as a change in employment. (See § 3.21 of this Part).
 - b. Involuntary disenrollment – There is no adverse action taken against Medicaid beneficiaries required to participate in Rlte Share if disenrollment from an approved ESI plan is involuntary.

3.22 Cooperation Requirements

- A. All Medicaid applicants and beneficiaries must cooperate with the non-financial requirements for eligibility as follows:
1. Information – All individuals and families are required to provide information about other health coverage (TPL) and/or access to ESI when applying for initial or continuing eligibility. The required information relating specifically to access to ESI includes, but is not limited to:
 - a. The names of any family members in the household currently covered by, or with access to, ESI;
 - b. The name of the policy holder and the employer offering the ESI; and
 - c. Verification of monthly enrollment costs via a paycheck stub if the policy holder is currently enrolled or, if available, enrollment information provided by the employer indicating the policy holder's monthly premium for the appropriate family composition.
 2. Rlte Share participation – Medicaid beneficiaries required to enroll in the ESI must cooperate as follows:
 - a. Enroll in the ESI in the manner, and within the timelines, established by EOHHS. Failure to do so will result in the termination of Medicaid for any eligible parents/caretaker age nineteen (19) and older in the family. The eligibility of any other Medicaid beneficiaries in a family must not be terminated as the result of the refusal of an otherwise ineligible policy holder to enroll in the ESI. See § 3.20 of this Part.
 - b. Submit verification of enrollment in accordance with § 3.19 of this Part when the employer does not participate in Rlte Share.
 - c. Provide reports to EOHHS indicating any changes in enrollment status of Medicaid-eligible family members, enrollment costs, household composition, employment, income, residence, and access to ESI within ten (10) days from the date the change occurs.
 - d. Pay buy-in amounts – Medicaid beneficiaries subject to the buy-in requirements must cooperate in making monthly buy-in payments in accordance with § 3.7 of this Part to remain eligible for Medicaid. Failure to make a required premium payment, without good cause, as specified in § 3.23 of this Part, results in disenrollment from the Rlte Share Premium Assistance Program and loss of Medicaid eligibility.

3.23 Good Cause

- A. EOHHS is responsible for determining whether good cause exists for an exception to the non-financial cooperation requirements for Medicaid eligibility contained in Section MCAR 1305, "Eligibility Requirements" and, more specifically, for participation in RItE Share, except as noted below:
1. Extraordinary circumstances – EOHHS must exempt a Medicaid beneficiary from RItE Share participation only when there are extraordinary circumstances which preclude the individual from receiving medically necessary care through the RItE Share-approved plan. For purposes of this exemption, "extraordinary circumstances" may include but not be limited to:
 - a. The existence of an unusual and life-threatening medical condition which requires medical treatment that cannot be provided or arranged by the RItE Share plan whether it is provided through the custodial or non-custodial parent;
 - b. The existence of a chronic, severe medical condition for which the Medicaid beneficiary has a long-standing treatment relationship for that condition with a provider who does not participate in the RItE Share plan; or
 - c. Enrollment in the health plan of the non-custodial parent could result in reasonably anticipated physical and/or emotional harm to the child, custodial parent, or other relative with whom the child is living. Claims of physical and/or emotional harm must be determined by EOHHS to be of a genuine and serious nature. The emotional harm to the custodial parent or other relative with whom the child lives must be of such a serious nature that the capacity to care for the child adequately would be reduced.
 2. Corroborative evidence – Such evidence supporting a determination of good cause must be supplied to EOHHS. Corroborative evidence may include: court, medical, criminal, child protective services, social services, psychological, or law enforcement records which indicate that the non-custodial parent might inflict physical and or emotional harm on the child, custodial parent, or other relative with whom the child lives.
 3. Other programs – If good cause has been granted for any other benefit program administered by EOHHS or DHS, the good cause exemption will be honored by the RItE Share Program.
 4. Nature of request – Enrollment exemptions requested due to extraordinary circumstances must be in writing, with appropriate documentation (letter from physician, medical records, restraining orders, or others as

indicated), and signed by the Medicaid beneficiary, parent/caretaker or person designated to make the request on their behalf.

5. Basis of the determination – EOHHS makes RItE Share participation exemption determinations on a case by case basis after considering all required documentation and any other relevant information pertaining to the request. An exemption may be granted for any length of time during the period in which the extraordinary circumstances exist. When an exemption is granted, Medicaid beneficiaries are enrolled in the appropriate Medicaid managed care plan in accordance with Part 2 of this Subchapter.
6. Limits – An individual's preference to continue a treatment relationship with a doctor or other health care provider who does not participate in the RItE Share plan does not in and of itself constitute an "extraordinary circumstance."

3.24 Notice and Appeal Rights

Medicaid applicants and recipients shall receive timely notification of eligibility and enrollment determinations and the right to appeal. EOHHS shall also provide timely notification, including appeal rights, of any adverse decisions that reduce or terminate benefits. See Part 10-05-2 of this Title for full statement of these rights.

3.25 Information

A. For Further Information or to Obtain Assistance

1. Applications for affordable coverage are available online on the following websites:
 - a. www.eohhs.ri.gov
 - b. www.dhs.ri.gov
 - c. www.HealthSourceRI.com
2. Applicants may also apply in person at one of the Department of Human Services offices or by U.S. Mail. Request an application by calling 1-855-609-3304 and TTY 1-888-657-3173.
3. For assistance finding a place to apply or for assistance completing the application, please call: 1-401-462-0311, 1-855-609-3304 or 1-855-840-HSRI (4774).

3.26 Severability

If any provisions of these regulations or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of these regulations which can be given effect, and to this end the provisions of these regulations are declared to be severable.