

**DATE:** January 26, 2023

**TIME:** 3:00 pm – 4:30 pm

**LOCATION:** One Capitol Hill, Providence, RI

**VIRTUAL LINK:** <https://us02web.zoom.us/j/89787026515>

**Present Board Members:**

- Melissa Studzinski
- Caleb Borchers
- Linda Katz
- Mark Kolligian
- Jamie Moran
- Director Thorsen
- Don Wineberg

**In-Person Attendees:**

- Lindsay Lang
- John Cucco
- Katie Hall
- Ben Gagliardi
- Allison Shippee
- Denise Ramirez
- Yvonne Wingard
- Estephany Jacinto
- Christina O'Reilly
- Kilah Walters-Clinton
- Chris Bresko

**Virtual Attendees:**

- Matt Goupil
- Sonia Millsom
- Bill Wray

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## MINUTES

### I. Call Meeting to Order – Melissa Studzinski

- The meeting was called to order at 3:06 PM.
- Minutes from September 8, 2022 were approved.
  - No members present opposed the minutes.

### II. Board Chair Transition

- Director Lang provided updates on HSRI's transition of Advisory Board Chair.
  - Bill Wray will remain on the Advisory Board but will step down as Chair and the Chair position will be transitioned to Melissa Studzinski. Director Lang thanked Bill for his time as Chair of the Advisory Board and welcomed Melissa into the Chair position.

### III. Updates from Director Lang

- Director Lang provided updates on HSRI's Office Move, Staffing, and Federal Policy Changes.
  - Director Lang updated the advisory board and attendees on HSRI's transition from working hybrid to moving into the DOA with employees working in person two days a week. HSRI has also done a lot of hiring both internally and externally. Internal hires are Brett Quinn stepping into Deputy Director of Technology Operations and Derek Tevyaw stepping into the Senior Policy Analyst role. External hires are Estephany Jacinto as Executive Assistant and Christina O'Reilly as Communications Director. Lastly, regarding the "family glitch" – the Biden administration has taken a new view of the law and regulations which have restricted families' ability to go onto the exchange marketplaces and tap into Federal tax credits. This restriction applies to

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families who had access to employer coverage through one adult in the household; if that employer coverage is affordable to that individual employee, the rest of the family would have been ineligible for tax credits in the exchange. For the first time, these families will have the ability to choose whether to select that employer-sponsored coverage and enroll the whole family or choose the exchange for the rest of the family with a different plan with tax credits, though this may incur a different out-of-pocket or deductible cost. HSRI is currently processing this manually and is working on incorporating this into their system in March.

#### **IV. Medicaid Unwinding**

- Chris Bresko and Kilah Walters-Clinton, staff from the Executive Office of Health and Human Services (EOHHS), presented on Medicaid Unwinding.
  - The decoupling of renewals for Medicaid from the Public Health Emergency came from the signing and passing of the Omnibus Bill in December 2022. On January 5<sup>th</sup> CMS released guidance with key dates related to Medicaid Continuous Enrollment and advised that regardless of the ongoing PHE, states may begin redetermining Medicaid enrollment as of March 31<sup>st</sup>. States were allowed to choose February 1<sup>st</sup>, March 1<sup>st</sup>, or April 1<sup>st</sup> to start notice of the renewal process and Rhode Island chose April. Therefore, resumptions of annual redeterminations must be started by regulation no later than April 1<sup>st</sup> of 2023, and the first Benefit Decision/Termination Notices will go out mid-May anticipating a 5-day mailing period and a 30-day appeal process if customers decide to appeal it. Once the appeal process starts customers will not lose their coverage until the appeal process is complete and they are determined eligible or ineligible. If a customer is determined ineligible, customers will be handed off directly to HSRI so they can

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enroll in a qualified health plan. Enrollees will be broken into 12 monthly groups, and the process for each group is 60-days from start to finish, not including the appeal process, making it a 14-month program overall. PHE Renewals will only focus on financial eligibility determination based on existing financial eligibility rules set forth for renewals for the different programs in the Medicaid hierarchy. This may include RI residency, income, and assets/resources. No clinical determination reviews at this time.

- Board members expressed their concerns on how the above will impact HSRI and DHS. Director Lang advised the board members that HSRI's goal will always be to serve anyone who needs coverage. Director Thorsen suggested that money from this year and last year's budget be used to alleviate the transition from Medicaid to coverage through HSRI. Linda Katz also expressed her concerns that DHS offices are not equipped for this either and her hopes that a bigger plan is set in place.
- Medicaid's goal is to educate and empower community partners and trusted messengers to share critical information and key actions that must be taken in a timely and linguistically appropriate manner to reach those most at risk of being left behind in benefits redetermination.

## **V. HSRI Auto Enrollment Planning**

- Katie Hall, Matt Goupil, and John Cucco reintroduce HSRI's auto-enrollment plan to help with the Medicaid unwinding process.
  - When a customer is terminated from Medicaid and is QHP eligible, they will broadly follow one of two paths. The first path is if a customer is under 200% of the federal poverty level HSRI will auto-enroll a customer into a QHP with tax credits, cost-sharing reductions, and the State will pay for two months of premium. The second path is if a customer is over 200% of the federal poverty

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level, they will receive a benefit decision notice including their eligibility information, and the customer will have a 60-day special enrollment period to enroll in a QHP.

- One of the main changes from the original auto-enrollment program design is that HSRI now has funding to pay for two months premium for customers under 250% FPL, instead of only one month. Additionally, HSRI was approved to expand the program as follows:
  - QHP eligible customers whose Medicaid is ending and have a household income between 200% and 250% FPL will not be automatically enrolled. But if they select a QHP and/or dental plan, the program will make payment for the first two months of QHP premium and dental premium. For auto-enrolled customers, if they select and enroll in a dental plan, the State will make payments for two months premiums as well.
  - On December 9, 2022, HSRI received approval from the Pandemic Recovery Office for Auto-Enrollment Program funding of 1.28 million dollars for the total funding over a couple of different fiscal years. Additionally, in consultation with Governor McKee and the Pandemic Recovery Office, the budget needs have grown because the program has expanded since it was first proposed. This expansion accounts for increased Medicaid enrollments over the time that has elapsed since the program was originally designed. Therefore, this year's FY 24 budget includes an additional 1.3 million dollars in funding. This will help to ensure that the State does not run out of funding for premium payments and HSRI can continue to operate the auto-enrollment program throughout the duration of the redetermination period. The Pandemic Recovery Office and the State's Fiscal Recovery Funds require HSRI to report our progress monthly through the Pandemic Recovery Offices and quarterly reporting to the US

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Department of Treasury. Four key performance indicators are being monitored: 1) the number of households served with a goal of 10,328; 2) the number of individuals auto-enrolled with a goal of 12,000 (1,000 per month); 3) the number of individuals served through premium assistance with a goal of 13,427; and 4) cumulative retention with a goal of 70% of program participants remaining covered by either HSRI or Medicaid at the end of the redetermination process.

- When an individual has gone through the renewal process and gets terminated from Medicaid, the individual will continue getting notices. The Benefits Decision Notice will advise an individual that their Medicaid coverage has been terminated and will also include HSRI's eligibility information and tell the individual if HSRI has auto enrolled them into coverage. Once enrollment has been processed an invoice for coverage will be sent the next day, it will include information on the auto-enrollment program, payments HSRI has made on their behalf, and the steps the individual will need to take or not take to keep their coverage. Once an individual's plan is paid by them or HSRI the individual will receive a notice reiterating the same points that were in the previous notice. HSRI has the ability to add or reiterate messages through non-official notices, such as by text, email, or auto-dial. John Cucco opened for discussion the question of what messages are most important to highlight? Director Thorsen noted that people who are not in the habit of paying may need reminders that they need to pay to remain enrolled. Linda Katz noted that we should stress the affordability of coverage, clear messaging to mixed households, and which plans cover abortion services.

## **VI. Improving Accessibility**

- Given short timing, this item will be pushed to the next meeting.

## **VII. Questions on Pre-Read Materials**

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- No questions.

### **VIII. Public Comment**

- There was no public comment.

### **VI. Adjourn**

- Due to the evolving situation, an ad-hoc Advisory Board Meeting will be held earlier than normal before April 1<sup>st</sup>.
  - The meeting was adjourned at 4:31 PM.

DRAFT