

Carcieri extends Medicaid help, but won't declare emergency

Meanwhile, the General Assembly's Joint Committee on Health Care Oversight holds its second evening of hearings on Medicaid in Rhode Island.

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PROVIDENCE -- Advocates for the elderly yesterday called on Governor Carcieri to declare a state of emergency over the new Medicare Part D prescription drug benefit, which has left many baffled as they weigh dozens of coverage options and left some temporarily without any coverage whatsoever.

"It was the federal government that created this disaster, but it's going to be up to the governor to determine a disaster response," said Elizabeth Earls of the Rhode Island Council of Community Mental Health Organizations, one of eight groups at yesterday's State House news conference. "We hope he will do so soon. . . . We feel lives are at risk."

The governor did not accede to the request. "The Emergency Management Agency was designed to deal with natural disasters and terrorist attacks and events of that type," Carcieri spokesman Jeff Neal said. "I do not believe the EMA has any Medicare or Medicaid specialists on staff."

However, Carcieri did extend, for one more month, his executive order authorizing prescription drug coverage for the elderly and adults with disabilities who previously had prescription coverage through Medicaid -- the federally subsidized health insurance program for the poor, disabled and medically needy -- but whose coverage did not automatically transfer to the new Medicare drug benefit as was supposed to happen.

As of Sunday, Carcieri estimated Rhode Island had processed about 10,500 claims from pharmacists who dispensed prescriptions to 4,452 people, for a cost of \$454,829. At least two dozen states have put in place similar emergency programs; the federal government has promised to work with the private insurance plans that administer Medicare Part D to make sure states get their money.

The advocates also asked Carcieri to roll back the deadline to reapply for the Rhode Island Pharmaceutical Assistance for the Elderly, or RIPAE, program. Even in the request for the delay, there was confusion: the advocates said the deadline was Jan. 15 to apply and avoid having benefits terminated on March 15. Carcieri's office said the application deadline was March 15. Neal said the governor would examine the situation and make a decision about extending the benefits.

The confusion about dates, eligibility, and overlap with Medicare Part D has reached massive proportions, the advocates said. Senior Services Inc. of Woonsocket received 800 inquiries about RIPAE and Medicare Part D in two months, said Jill E. Anderson, executive director of the group, which operates at the Woonsocket Senior Center. At one time, the waiting list for appointments there reached 350 people.

"Every time I get another phone call, it's slightly different, what people are being told when they go to a pharmacy," Johnson said. "The way they're stating it to seniors is scaring the heck out of them."

Meanwhile, the General Assembly's Joint Committee on Health Care Oversight held its second evening of hearings on Medicaid in Rhode Island, listening as state department heads gave an overview of how the state spends its money.

Sen. Elizabeth H. Roberts, D-Cranston, who chairs the committee with Rep. Steven M. Costantino, D-Providence, said the hearings aimed to give lawmakers the information they'll need to process the governor's budget and make decisions on the raft of health-care proposals for this legislative session. All states must offer services to Medicaid-eligible people at a minimum level set by the federal government; Rhode Island also covers some optional services and insures some optional populations. For example, covering children with family income below the federal poverty level -- \$19,350 a year for a family of four -- is mandatory, but Rhode Island covers children in families with income up to 250 percent of the poverty level, or \$48,375 a year for a family of four.

At the opening of yesterday's 3 1/2-hour hearing, advocates for several groups of Medicaid recipients gave impassioned responses to the feverishly flying rumors about Carcieri's approaching budget presentation.

"We all recognize that the [Medicaid] program has put pressure on the state budget, but we believe the focus should be on how the delivery of

services can be more efficient, not on making arbitrary cuts that will only harm vulnerable beneficiaries, as we have heard may be proposed by the governor later this week," said Kate Brewster, executive director of the Poverty Institute at Rhode Island College.