

Rhode Island Progress Report

STATE ACTIONS PROTECTING PATIENTS IN THE EXCHANGE

OVERVIEW

States vary in terms of the patient-centeredness of their health insurance markets. While federal rules set minimum requirements for consumer protections, some states have acted to make their markets more patient-focused. This scorecard evaluates states based on five key areas that assess patient-friendliness of their insurance markets to promote policies that best protect patients.

FIVE PATIENT-FOCUSED PRINCIPLES

NON-DISCRIMINATION

To ensure cost sharing and other plan designs do not discriminate or impede access to care.

- No state action to limit discrimination.
- No unique platinum offerings in the 2015 exchange.
- No state action on provider network requirements.
- The premium for the 2nd lowest cost silver plan is 11% lower in 2015, than it was in 2014.²

For non-discrimination metrics, relative to other states, Rhode Island is an



TRANSPARENCY

To promote better consumer access to information about covered services and costs in exchange plans.

- Rhode Island's website allows consumers to filter plan options and has links to plans' provider directories and formularies. The website also features a provider search tool, and a calculator to help estimate tax credit amounts. However, the website lacks a formulary search tool.
- No state action regarding contracting requirements for plan information transparency.

For transparency metrics, relative to other states, Rhode Island is an



RHODE ISLAND HIGHLIGHTS

Rhode Island established a state-based exchange, called [HealthSource RI](#).

In the 2014 plan year, 28,500 Rhode Islanders selected an exchange plan through [HealthSource RI](#). About 39% of Rhode Island residents who are eligible for exchange coverage enrolled in an exchange plan in 2014.¹

Rhode Island expanded Medicaid, effective in 2014.

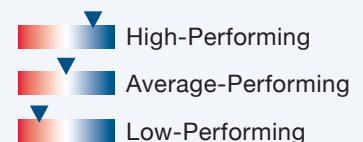
PROGRESS LEGEND

This report measures states using two methods of evaluation:

First, the report measures a state's performance on a series of metrics related to the five principles.

- Beneficial for Patients
- Neutral for Patients
- Negative for Patients

Second, the report compares a state's aggregate performance on all metrics within each principle to other states' performance on these same metrics.



STATE OVERSIGHT

To ensure all health insurance exchange plans meet applicable requirements.

- Active purchasing—the state actively negotiates with plans to participate in the exchange.
- No state action regarding contracting requirements for exchange.
- Its effective rate review program allows the state to manage premium increases.³
- Three carriers in the 2015 exchange.

For state-oversight metrics, relative to other states, Rhode Island is an



UNIFORMITY

To create standards to make it easier for patients to understand and compare exchange plans.

- No state action to standardize benefit designs.
- Rhode Island is developing quality rating measures for use in future plan years.
- No state action on standardized display of plan information.

For uniformity metrics, relative to other states, Rhode Island is an



CONTINUITY OF CARE

To broaden sources of coverage and protect patients transitioning between plans.

- No state action on continuity-of-care requirements.
- Rhode Island expanded Medicaid, which now covers an estimated 73,000 people.⁴

For continuity-of-care metrics, relative to other states, Rhode Island is an



A MORE PATIENT-FOCUSED RHODE ISLAND MARKETPLACE

Rhode Island has achieved some success in fostering a patient-focused market, as they have taken several state actions, beyond the federal requirements, that better protect patients.

However, Rhode Island has not exercised its full authority to regulate the exchange to promote patient protections. Through legislative or other state action, Rhode Island could standardize benefit designs or plan benefit materials. The state also could consider oversight activities to screen exchange plans for discrimination, and enhance network adequacy requirements. Patients would benefit from the development of quality rating measures to better inform plan selection. Further, the state has very few platinum plans, which limits options for the people who would benefit most—those with chronic conditions and disabilities. Contracting requirements could encourage, or potentially require, carriers to offer a platinum plan.

METHODOLOGY

Data by Avalere Health as of January 1, 2015. Avalere maintains a proprietary database of state policy developments for all 50 states and DC. Avalere also used key resources from publicly available websites, cited where applicable. Avalere conducted a focused review of state exchange insurance markets; this assessment is not intended to be a comprehensive review of state insurance markets. Avalere only included finalized actions established in the state, and did not include proposed measures or actions.

For definitions of key terms, see the [National Health Council's Putting Patients First® glossary](#).

- 1 Kaiser Family Foundation, "Estimated Number of Individuals Eligible for Financial Assistance through the Marketplaces," November, 2014, accessed via: <http://kff.org/other/state-indicator/estimated-number-of-individuals-eligible-for-premium-tax-credits-through-the-marketplaces/>
- 2 Kaiser Family Foundation, "Analysis of 2015 Premium Changes in the Affordable Care Act's Health Insurance Marketplaces," January 06, 2015, accessed via: <http://kff.org/health-reform/issue-brief/analysis-of-2015-premium-changes-in-the-affordable-care-acts-health-insurance-marketplaces/>
- 3 The Center for Consumer Information & Insurance Oversight, "State Effective Rate Review Programs," April 16, 2014, accessed via: http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/rate_review_fact_sheet.html
- 4 Families USA, "Standards for Health Insurance Provider Networks: Examples from the States," November 2014, accessed via: http://familiesusa.org/sites/default/files/product_documents/ACT_Network%20Adequacy%20Brief_final_web.pdf