



# **Rhode Island Health Insurance Survey (HIS): 2018 Executive Summary Report**

**Freedman HealthCare**  
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# SECTION 1. Introduction

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## **The Rhode Island Health Information Survey (RI HIS)**

- The RI HIS collects information on Rhode Islanders' insurance status, experience getting care, use of medical services, and relevant demographic variables.
- Four separate surveys were conducted via land-lines and cell phones between July and October 2012, March and June 2015, June and September 2016, and June and December 2018. Surveys were conducted in English and Spanish.
- Market Decisions Research of Portland, ME conducted the surveys on behalf of the Rhode Island Executive Office of Health and Human Services (EOHHS) and HealthSource RI (HSRI). Freedman HealthCare provided project management and oversight.
- The respondent sample was drawn from RI residents, excluding those in institutional settings (e.g. jails and hospitals), group quarters (e.g. dormitories and military barracks), and non-permanent residences.
- In 2018, a total of 8,789 residents were interviewed from 3,806 households.
- Results were weight adjusted and normalized to the actual Rhode Island state population distribution using demographic information and population counts from the Census Bureau's American Community Survey, as well as plan enrollment and benefits data from HSRI.

## **This Report**

- The Executive Summary Report highlights key findings from the data regarding the uninsured population, the underinsured population, Medicaid and HSRI enrollment, and cost of care and access.
- Findings are based on data from the 2012, 2015, 2016, and 2018 surveys.
- Select demographic analyses are limited by the relative size, diversity, and populations of Rhode Island's counties. Some trend analyses are limited by the available years of data.
- The intent of this report is to guide dialogue on potential areas of future data and policy analyses. This report does not include operational and policy recommendations.

# SECTION 2. Report Highlights

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## 2018 Report Highlights

- The **uninsured** rate in Rhode Island declined to 3.7%, down from 4.2% in 2016, 4.8% in 2015, and 10.9% in 2012.
  - The majority of the uninsured population were non-elderly adults, childless, of good to excellent health, employed part or full-time, and lived in Providence County. Hispanic/Latino males were overrepresented among the uninsured.
  - For the first time since 2012, the uninsured rate in RI rose among households with an annual income of between 139 – 250% FPL and over 400% FPL.
  - Ineligibility for Medicaid and the cost of employer-sponsored insurance premiums were the most common reasons for being uninsured.
- The **underinsured** rate increased slightly from 31.9% in 2016 to 34.5% in 2018.
  - Underinsurance rose among both low (<139% FPL) and high (>400% FPL) income households.
  - In line with national trends, the underinsurance rate rose most significantly among those with work-based insurance.
  - The cost of deductibles was the primary cause of underinsurance among those with private coverage, while out-of-pocket costs were the primary cause among those with government sponsored insurance.
- The cost of **premiums**, **deductibles**, and **out-of-pocket** medical expenses continued to rise.
  - 41.0% of insured residents paid a monthly premium of over \$500, in comparison to 24.6% in 2016.
  - 47.3% of insured residents paid an annual deductible of \$2,000+, in comparison to 37.7% in 2016.
  - The average out-of-pocket spend for medical expenses rose to \$2,454.
  - While individual **HSA contributions** remained relatively unchanged, employer contributions fell. The proportion of employers who contributed \$0 rose from 45% in 2016 to 51% in 2018.
- Despite the rise in costs, the proportion of residents who reported foregoing care because they could not afford it remained relatively unchanged from 2016 to 2018, across all care types.

# SECTION 3. Demographic Overview

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## Rhode Island Demographics, July 2018

- **Gender:** 51.4% of Rhode Islanders identified as female, compared to 50.8% of the US population.
- **Race:** 72.5% of the RI population identified as non-Hispanic White, compared to 60.7% of the US population. 8.2% of Rhode Islanders identified as Black or African American, compared to 13.4% of the national population.
- **Ethnicity:** Though Hispanics and Latinos comprised a smaller proportion of the RI population compared to the US, Hispanics/Latinos made up 15.5% of the RI population.
- **Income:** The median household income among Rhode Islanders was \$61,043 compared to the US median household income of \$57,652. RI's poverty rate was 11.6% compared to the US poverty rate of 12.3%.
- **Seniors:** The average age of RI's population exceeded the US' average. Adults ages 65 or above made up 16.8% of RI's population, compared to 15.6% of the US population.
- **Children:** Children ages 18 or younger made up 19.6% of the state's population, compared to 22.6% of the US population.
- **Population Growth:** RI's population grew by a slower rate from 2010 to 2018. Over this period, RI grew by 0.4% whereas the national population increased by 6.0%. In 2018, the estimated number of residents in Rhode Island was 1,057,315.

**Source:** 2018 US Census Report

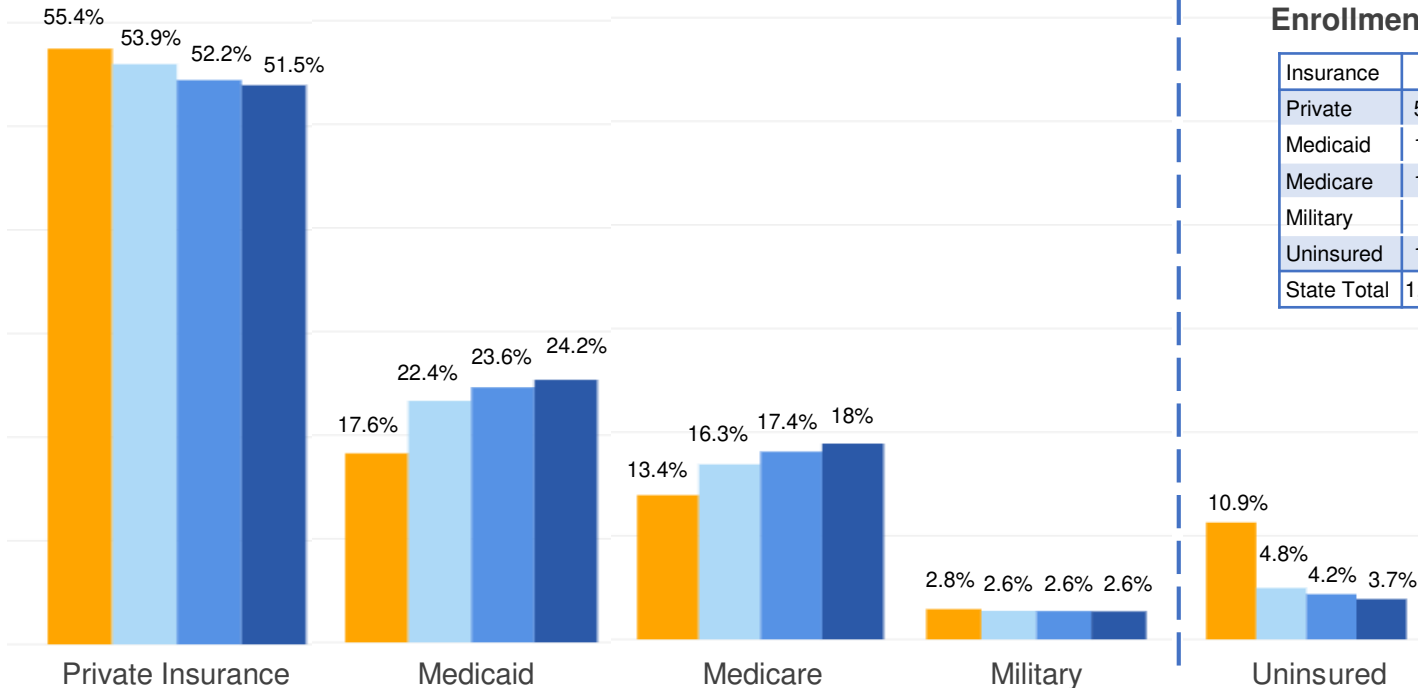
# SECTION 4. Coverage Trends

From 2012 through 2018, RI's uninsured rate continued to decline with increasing reliance upon public payers for coverage

- In this period, Medicare and Medicaid coverage rates increased as private coverage rates decreased.
- In 2018, the overall uninsured rate dropped to an all time low since the ACA was passed.

Enrollment by Insurance Type

Year ● 2012 ● 2015 ● 2016 ● 2018



Enrollment by Insurance Type (count)

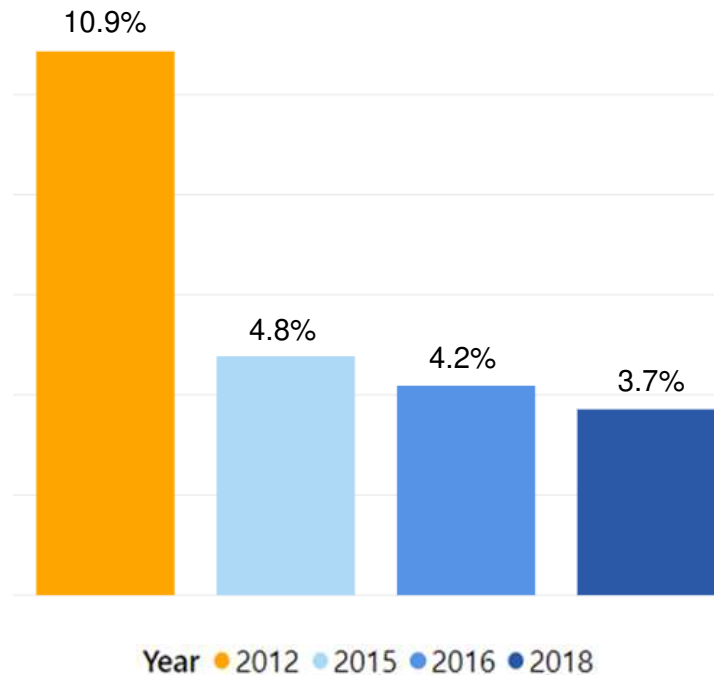
Insurance	2012	2015	2016	2018
Private	574,863	559,954	544,558	539,630
Medicaid	182,394	233,017	246,100	253,353
Medicare	139,162	168,911	181,199	188,935
Military	29,177	27,458	27,288	27,035
Uninsured	112,774	49,591	43,609	38,887
State Total	1,038,370	1,038,930	1,042,754	1,047,840

# SECTION 5. The Uninsured Population

**In 2018, RI's uninsured rate ranked among the lowest nationally**

- Drops in the State's uninsured rate post-ACA implementation were sustained through 2018.
- In 2012, the overall uninsured rate in RI was 10.9%. Post Medicaid expansion, the uninsured rate dropped to 4.8% in 2015, 4.2% in 2016, and 3.7% in 2018.

**Rhode Island Uninsured Rate**



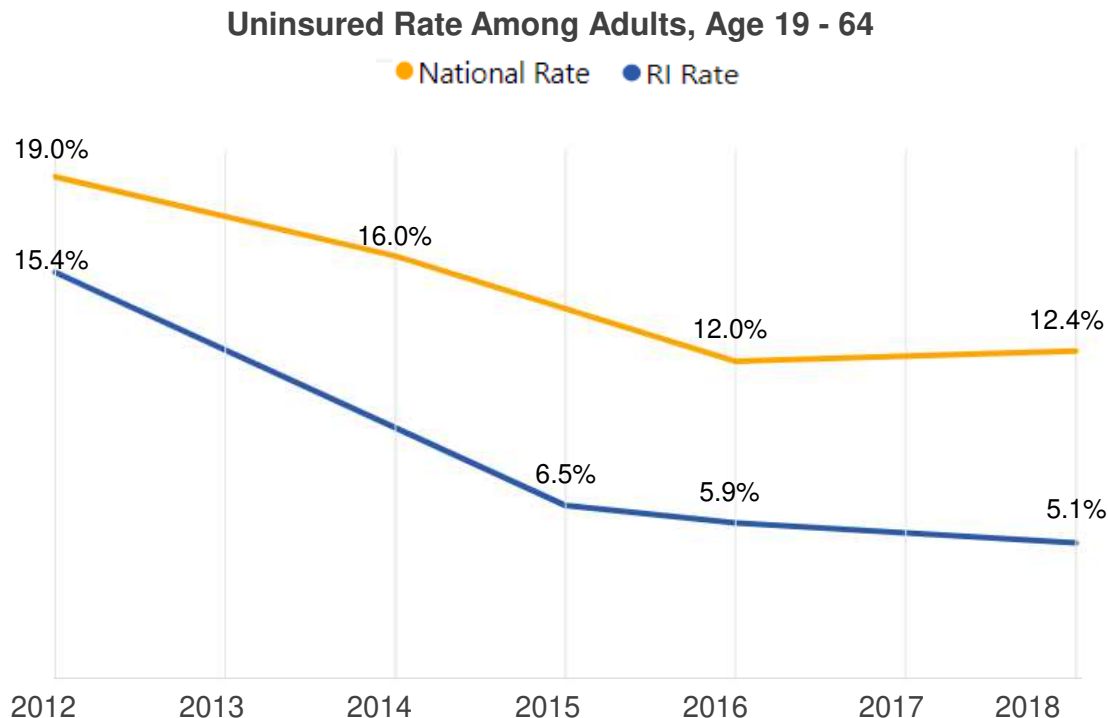
**Total Uninsured**

Year	Count
2012	112,774
2015	49,591
2016	43,609
2018	38,887

# Uninsured Rate Among Adults Aged 19 – 64

**From 2016 to 2018, the national uninsured rate among adults aged 19-64 years increased slightly, while RI's adult uninsured rate continued to decline**

- In 2018, the national uninsured rate among non-elderly adults was 12.4%, whereas RI's adult uninsured rate was 5.1%.
- The adult nonelderly population is of particular interest because the majority are ineligible for Medicare and Medicaid, and reliant on subsidies and private plans for coverage. This is the uninsured population that is most addressable by EOHHS and HSRI sponsored programs.



**Total Uninsured in RI Aged 19-64**

Year	Count
2012	102,535
2015	43,897
2016	39,459
2018	34,116

**National Statistic Source:** Commonwealth Fund Biennial Health Insurance Surveys

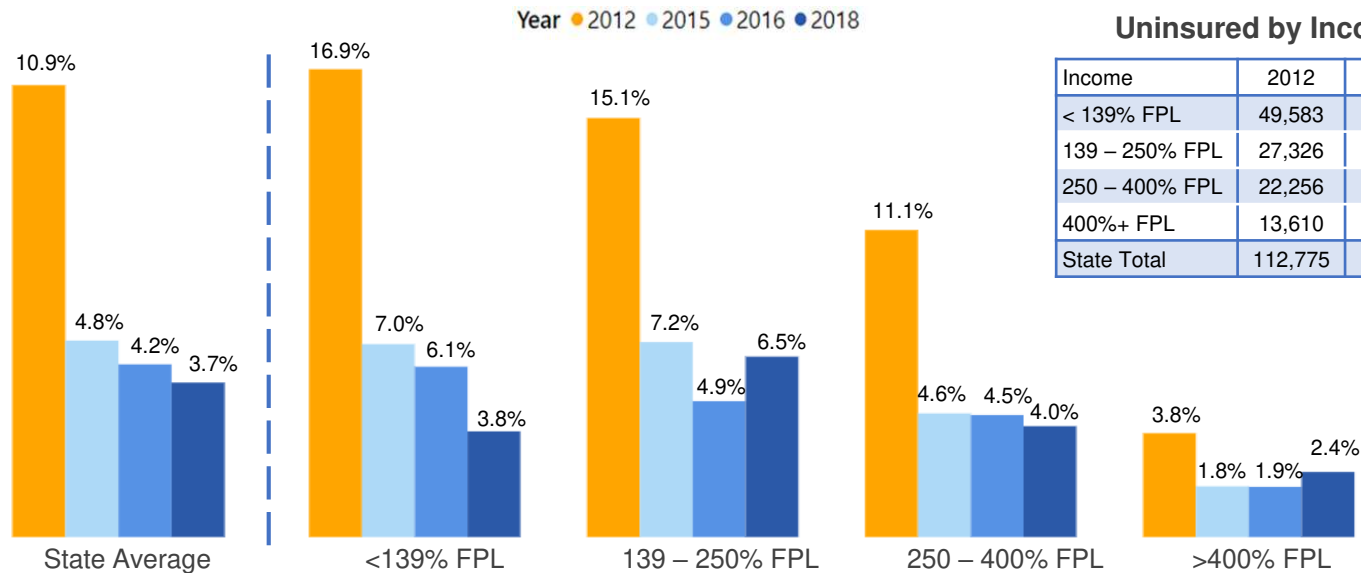


# Uninsured Rate Among Different Income Groups

**For the first time since 2012, the uninsured rate in RI rose among households with an annual income of between 139 – 250% FPL and over 400% FPL**

- From 2012 to 2016, those with household incomes of <139% FPL experienced the highest uninsured rates. In 2018, those with household incomes of 139 – 250% FPL experienced the highest uninsured rate.
- Those with household incomes of >400% FPL experienced the lowest uninsured rates across all years.
- From 2016 to 2018, the uninsured rate decreased most significantly among those with household incomes of <139% FPL and increased most significantly among those with household incomes of 139 – 250% FPL. Unlike prior years, both groups constituted a fairly equal portion of the uninsured population in 2018.

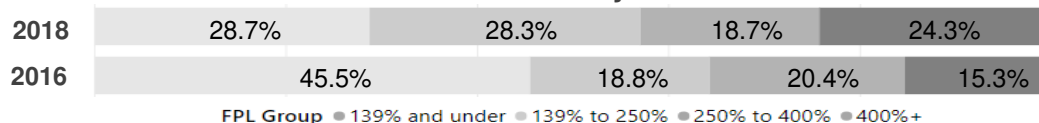
**Uninsured Rate by Income Level (% FPL)**



**Uninsured by Income Level (count)**

Income	2012	2015	2016	2018
< 139% FPL	49,583	22,714	19,837	11,168
139 – 250% FPL	27,326	11,245	8,182	11,010
250 – 400% FPL	22,256	9,146	8,909	7,267
400%+ FPL	13,610	6,485	6,680	9,441
State Total	112,775	49,590	43,608	38,886

**Share of Uninsured by Income Level**

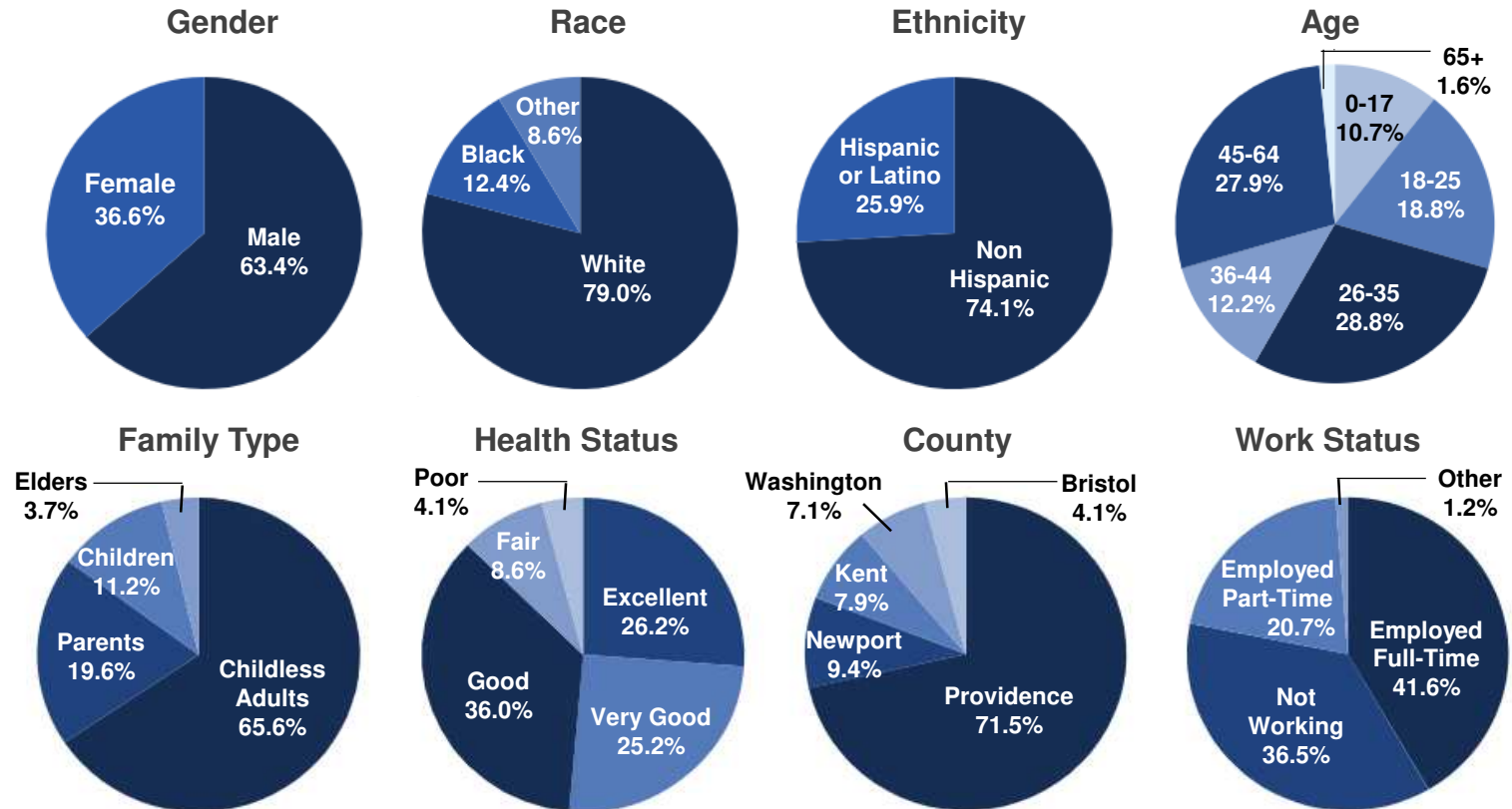


# Demographic Characteristics of the Uninsured

## Adult Hispanic/Latino males were overrepresented among the uninsured in 2018

- The majority of the uninsured population were childless, of good to excellent health, and resided in Providence.
- Over half of the uninsured population were employed part or full-time.

Uninsured Population, 2018



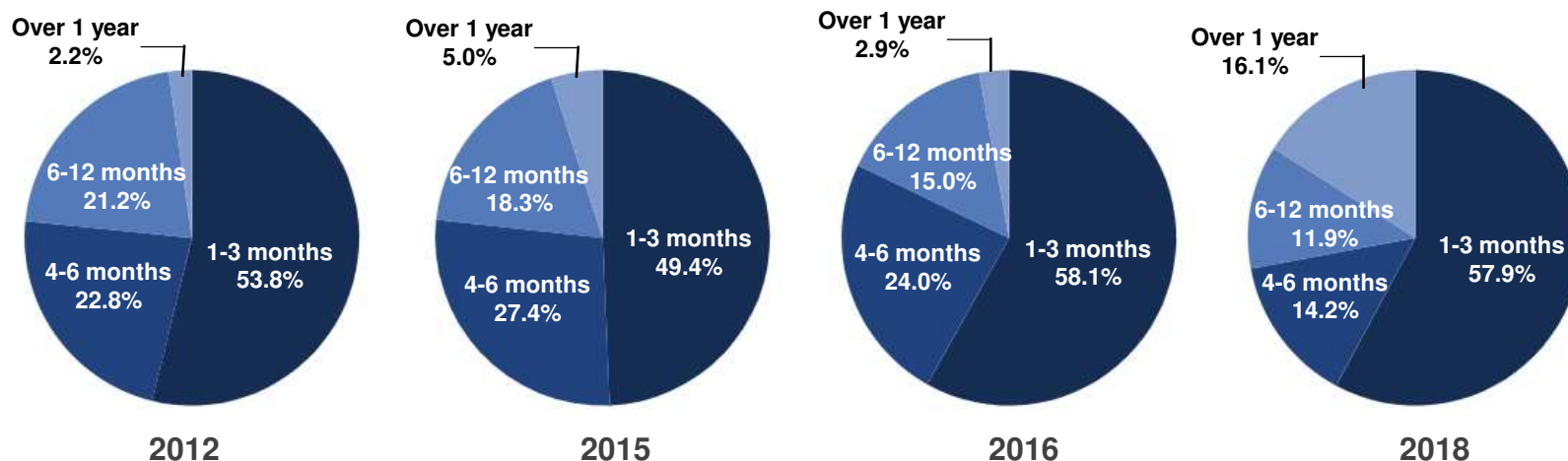
Total Uninsured (count): 38,887

# Coverage Gap

**From 2016 to 2018, the proportion of residents who reported being uninsured for over 1 year grew**

- From 2016 to 2018, the number of RI residents who reported a coverage gap of a year or less continued to decline. However, the number of residents who reported a coverage gap of more than a year grew over this period.
- In 2018, 16% of residents who reported an interruption in coverage in the past 12 months were without coverage for over a year, in comparison to only 3% in 2016.

## Length of Time Uninsured



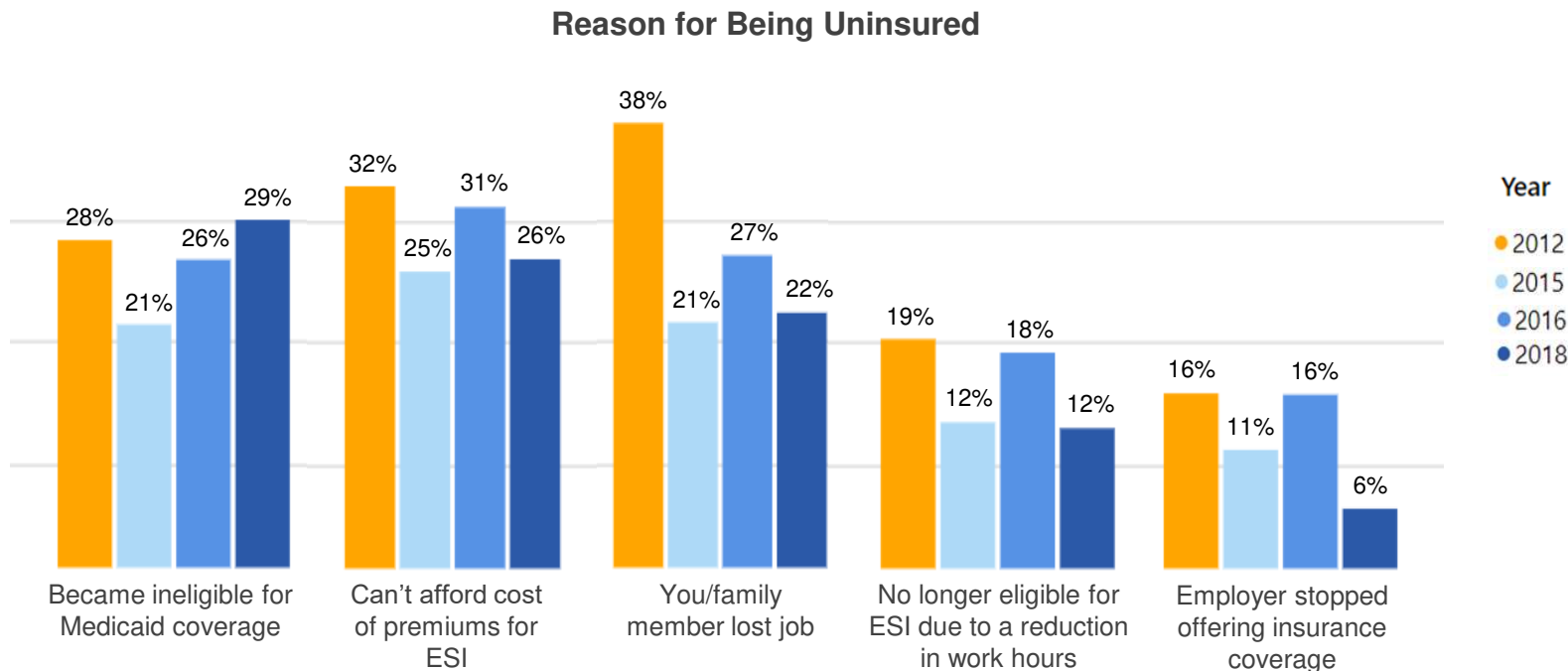
## Total with Coverage Gap (Count)

2012	2015	2016	2018
40,176	40,108	32,477	26,534

# Reasons for Uninsurance

**Among all uninsured residents, ineligibility for Medicaid and cost of ESI premiums were the most common reasons for being uninsured**

- In 2018, the most commonly reported reasons for being uninsured were loss of eligibility for Medicaid, unaffordability of premiums for ESI, and loss of a job. This is on par with the top three reasons reported in 2016.
- For the first time since Medicaid was expanded in RI (2014), the primary reason for being uninsured was due to ineligibility for Medicaid coverage. This is in alignment with the observed upswing in loss of coverage among those household incomes of 139 – 250% FPL.



**Total Uninsured (Count)**

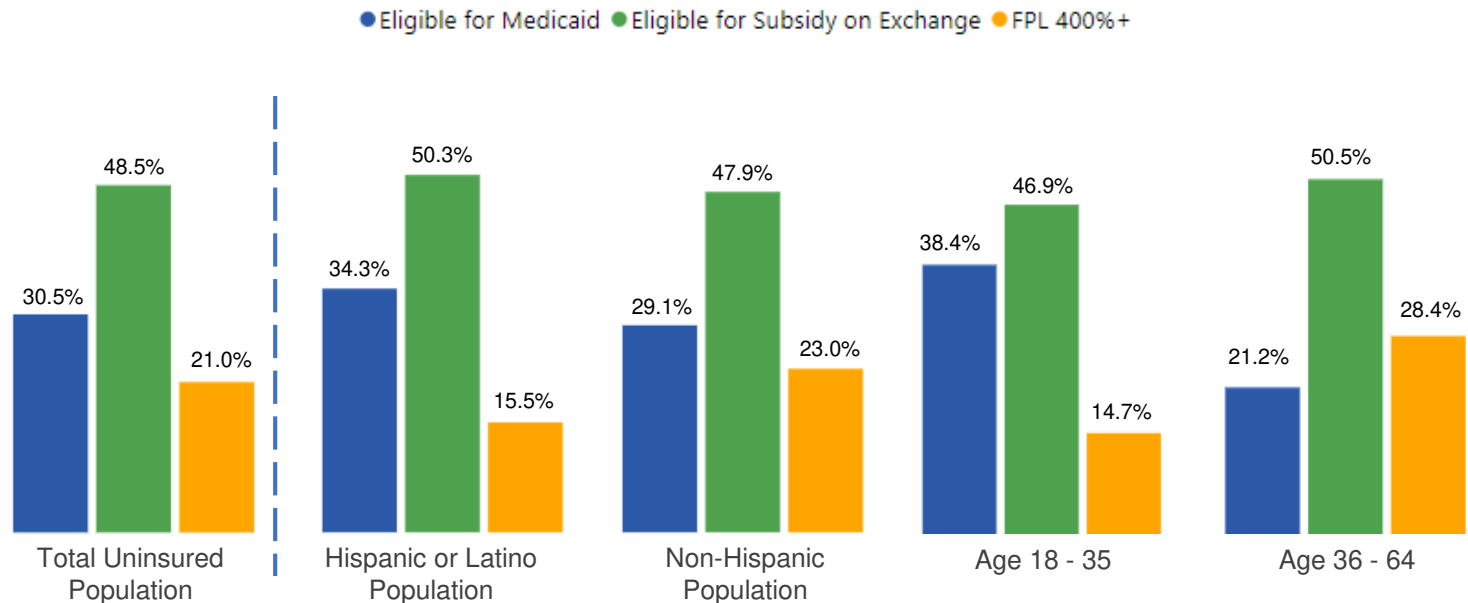
Year	2012	2015	2016	2018
Count	112,774	49,591	43,609	38,887

# Potential Eligibility for Medicaid and HSRI Coverage

**Of those who were uninsured in 2018, 31% were potentially eligible for Medicaid and 49% were potentially eligible for a subsidy on the Exchange**

- Segmenting out the uninsured non-elderly adult population, 38% of those aged 18-35 were potentially eligible for Medicaid, in comparison to 21% of those aged 36-64. Nearly half of both age groups were potentially eligible for a subsidy on the Exchange.
- Although the uninsured rate was disproportionately higher among Hispanic/Latinos, there were no meaningful differences in the percent of uninsured individuals who were potentially eligible for Medicaid or subsidies across ethnicities. Among Hispanic/Latinos, 34% were potentially eligible for Medicaid and 50% were potentially eligible for a subsidy. Among non-Hispanics, 29% were potentially eligible for Medicaid and 48% were potentially eligible for a subsidy.

## Potential Eligibility for Medicaid or Exchange Subsidies among Uninsured



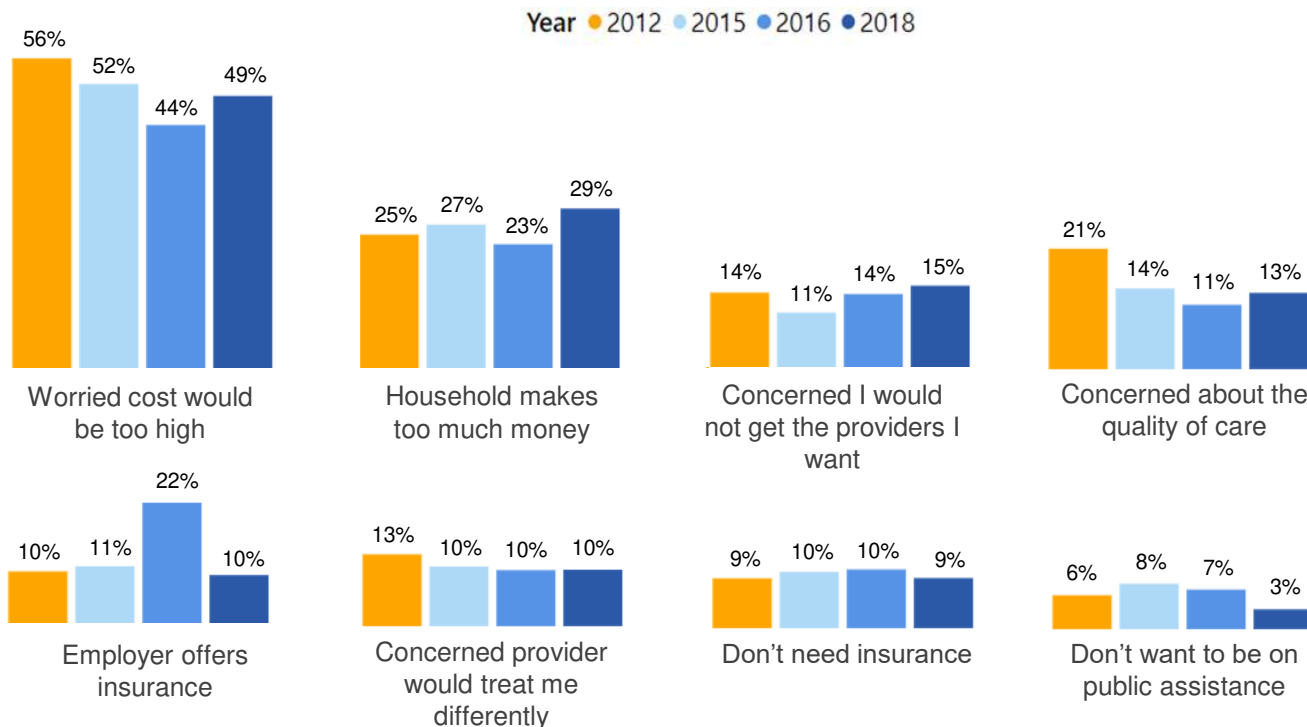
Total Uninsured (count): 38,887

# Reason for Non-Enrollment in Medicaid or HSRI

In 2016 and 2018, concerns about the ‘cost of coverage’ and ‘household income being too high’ were the primary reasons for non-enrollment in any State sponsored insurance program among those who were uninsured and potentially eligible

- Among all uninsured who were potentially eligible for Medicaid or an HSRI subsidy, nearly half cited concerns about the ‘cost of coverage’ as the reason for non-enrollment. This trend persisted across all years.

Reasons Uninsured did not Enroll in Medicaid or the HSRI Subsidy Program



Total Uninsured and Eligible for Medicaid or HSRI Subsidy (Count)

Year	Count
2012	89,555
2015	36,675
2016	31,644
2018	26,795

# SECTION 6. Underinsurance

## What is Underinsurance?

- This term applies to an individual covered by insurance and fulfills one of three criteria, as defined by the [Commonwealth Fund](#):
  - Out-of-pocket costs over the past 12 months, excluding premiums, for families with incomes of 200% FPL or greater, was equal to at least 10% of household income;
  - Out-of-pocket costs over the past 12 months, excluding premiums, for families with incomes less than 200% FPL, was equal to at least 5% of household income; OR
  - The deductible was at least 5% of household income.
- Residents were not asked whether or not they were underinsured. Instead, the determination was made based upon responses to questions on income, out-of-pocket costs, and deductible costs.
- This report does not include underinsurance data from 2012. The criteria used in that year to identify the underinsured differed from the criteria used in 2015, 2016, and 2018.

Household Income for a US Family of Four, 2018				
	% of FPL			
	100%	200%	300%	400%
Total Household Income	\$25,100	\$50,200	\$75,300	\$100,400
5% of Total Household Income	\$1,255	\$2,510	\$3,765	\$5,020
10% of Total Household Income	\$2,510	\$5,020	\$7,530	\$10,040

\*For the 48 contiguous States and the District of Columbia

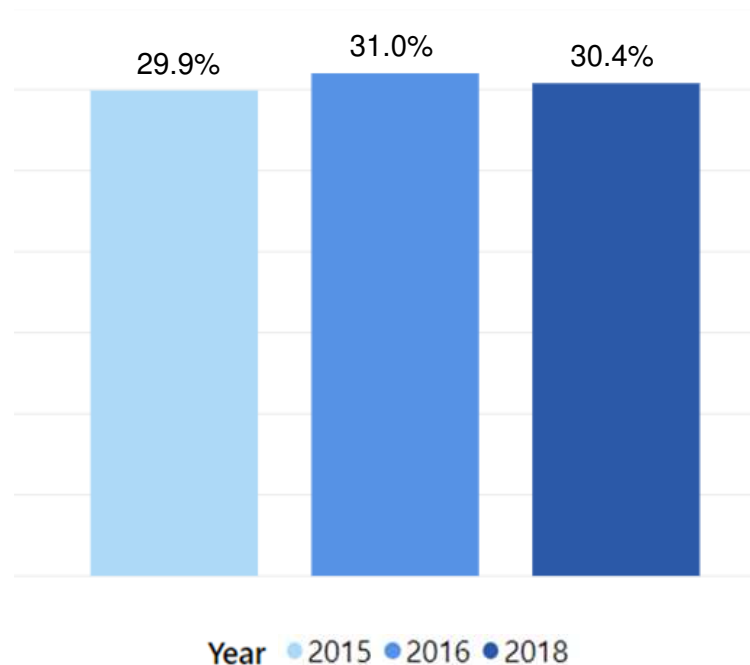
**Source:** US Department of Health and Human Services

# The Underinsured Population

## RI's underinsurance rate has decreased since 2016

- From 2016 to 2018, the underinsurance rate among all covered residents fell by 0.6%.
- 30.4% of residents with coverage were considered underinsured by the Commonwealth Fund criteria in 2018, in comparison to 31.0% of residents in 2016.

Rhode Island Underinsured Rate



Total Underinsured

Year	Count
2015	296,285
2016	309,773
2018	306,615

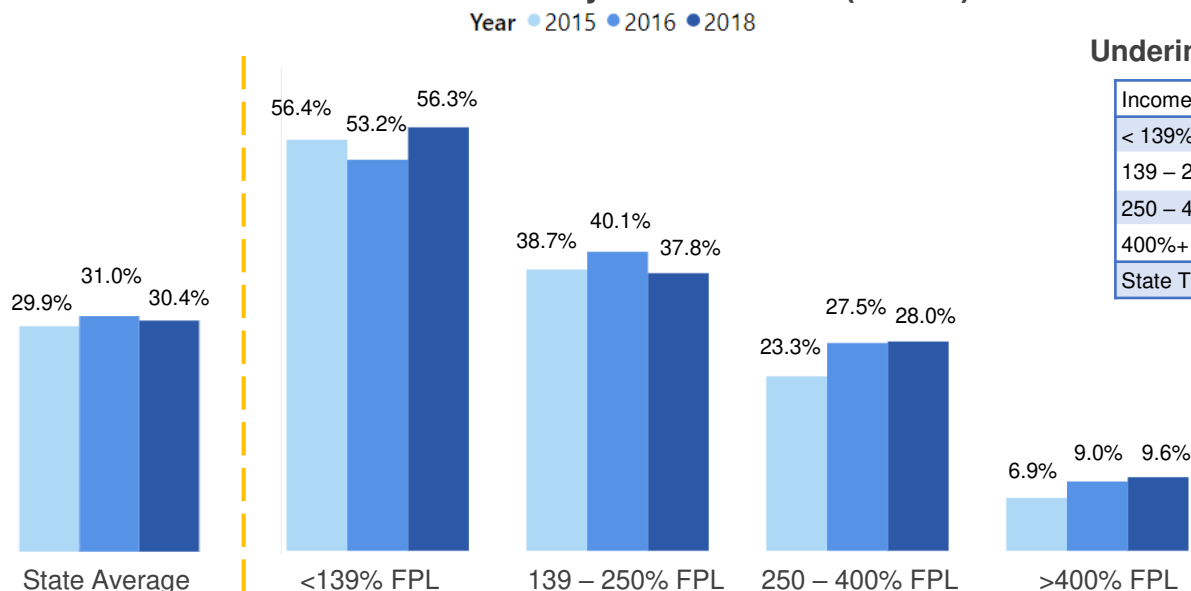


# Underinsured Rate Among Different Income Groups

**In 2018, the underinsured rate in RI rose across both low and high income households**

- Across all years, those with household incomes of <139% FPL experienced the highest rates of underinsurance. While the rate declined from 2015 to 2016, it increased from 2016 to 2018. Those with incomes less than 139% FPL represented over 50% of the underinsured population in both 2016 and 2018.
- In comparison to 2016, nearly all income groups experienced an increased rate of underinsurance in 2018. The exception was individuals with household incomes of 139 – 250% FPL. Of note, this group experienced the highest uninsured rate in 2018.
- Those with incomes less than 139% FPL represented over 50% of the underinsured population in both 2016 and 2018.

**Underinsured Rate by Income Level (% FPL)**



**Underinsured by Income Level (count)**

Income	2015	2016	2018
< 139% FPL	171,355	161,399	160,143
139 – 250% FPL	56,381	64,275	59,884
250 – 400% FPL	44,465	53,022	48,924
400%+ FPL	24,084	31,077	37,664
State Total	296,285	309,773	306,615

**Share of Underinsured by Income Level**



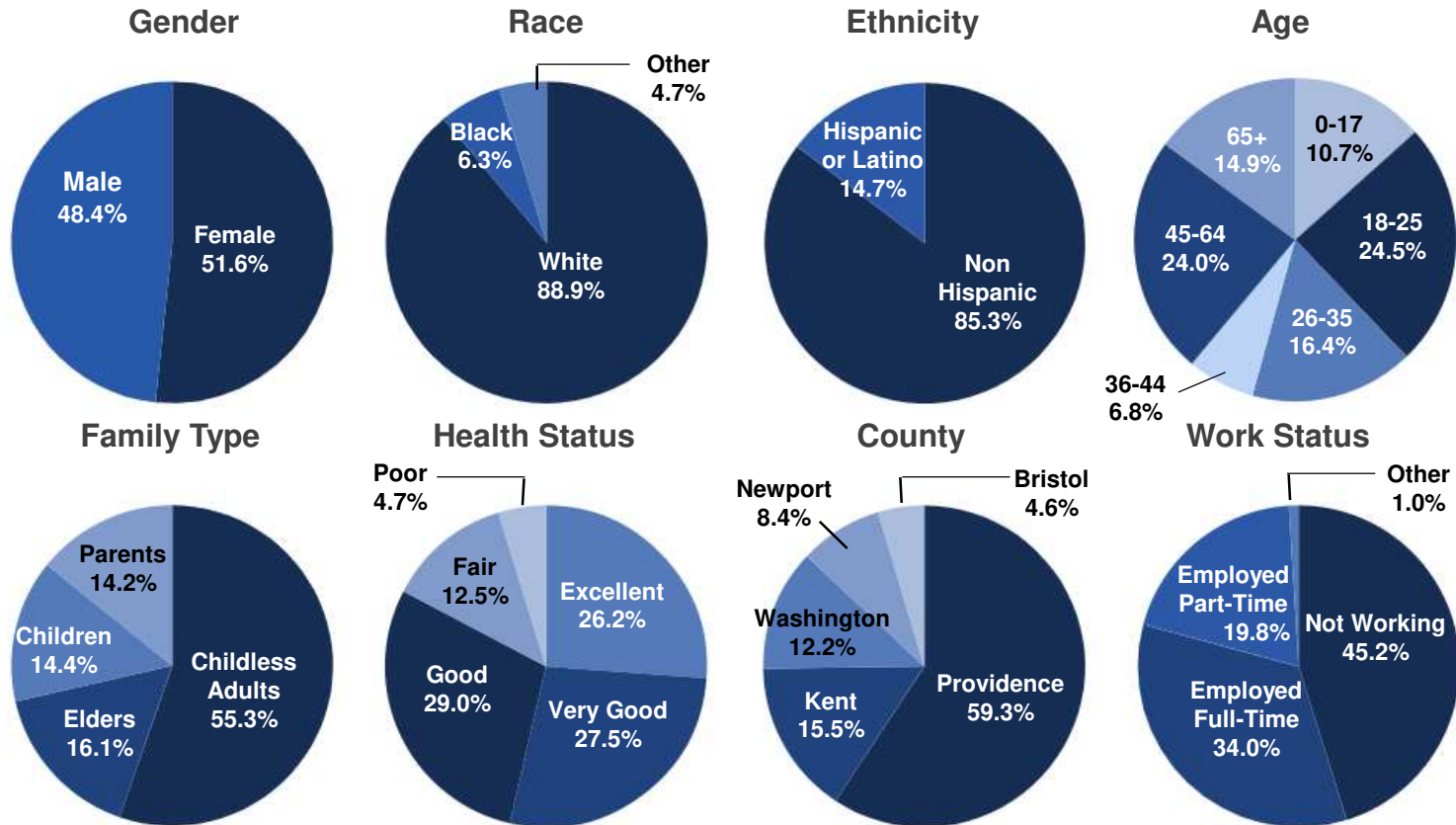
FPL Group ● 139% and under ● 139% to 250% ● 250% to 400% ● 400%+

# Demographic Characteristics of the Underinsured

Most who were underinsured in 2018 were aged 18-25 and employed part or full time

- The majority of the underinsured population were childless, of good to excellent health, and lived in Providence county.

Underinsured Population, 2018



Total Underinsured: 306,615

# Reasons for Underinsurance

**From 2012 to 2018, the majority of those with private coverage who were underinsured attributed it to deductible cost**

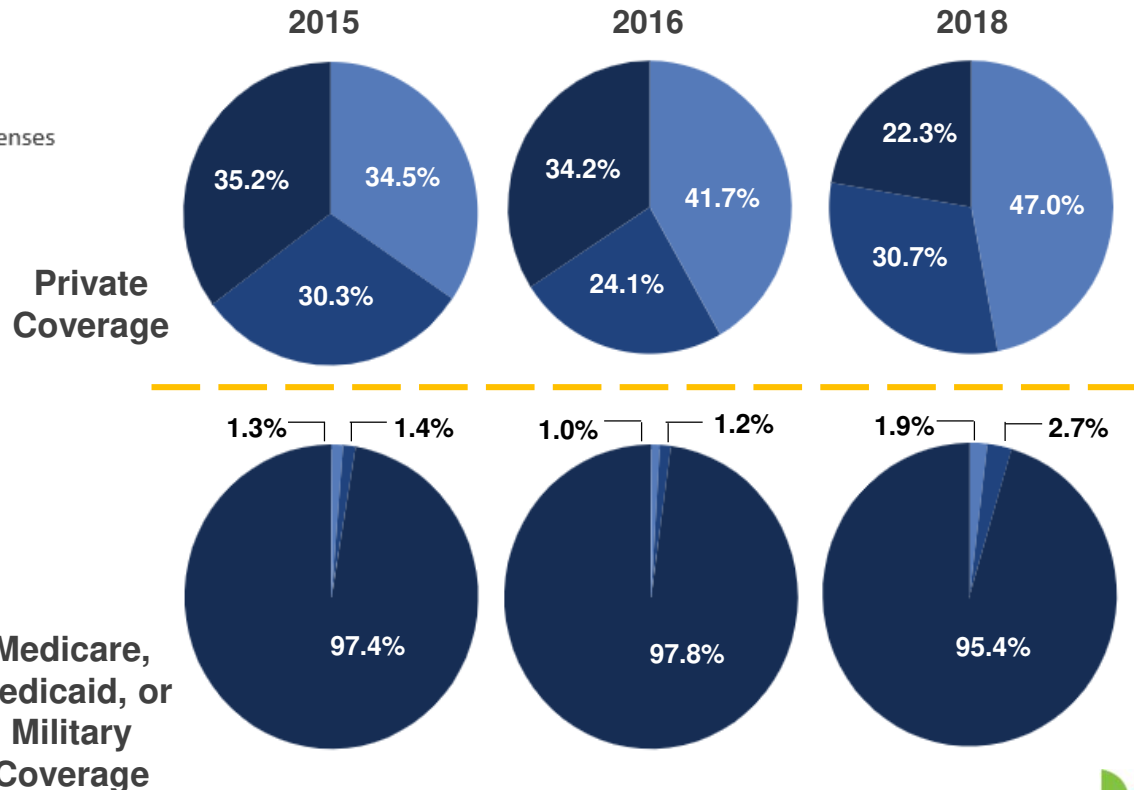
- Comparatively, the majority of underinsured residents with government sponsored insurance attributed it to the cost of out-of-pocket expenses.
- From 2016 to 2018, underinsurance due to deductible costs increased among the privately insured while underinsurance due to expenses decreased among those with government sponsored insurance.

**Reason for Being Underinsured**

- Underinsured due to deductible
- Underinsured due to both deductible and expenses
- Underinsured due to expenses

**Total Underinsured (Count)**

Insurance Type	2015	2016	2018
Private	171,696	173,877	186,240
Govt sponsored	124,589	135,896	120,374
State Total	296,285	309,773	306,615



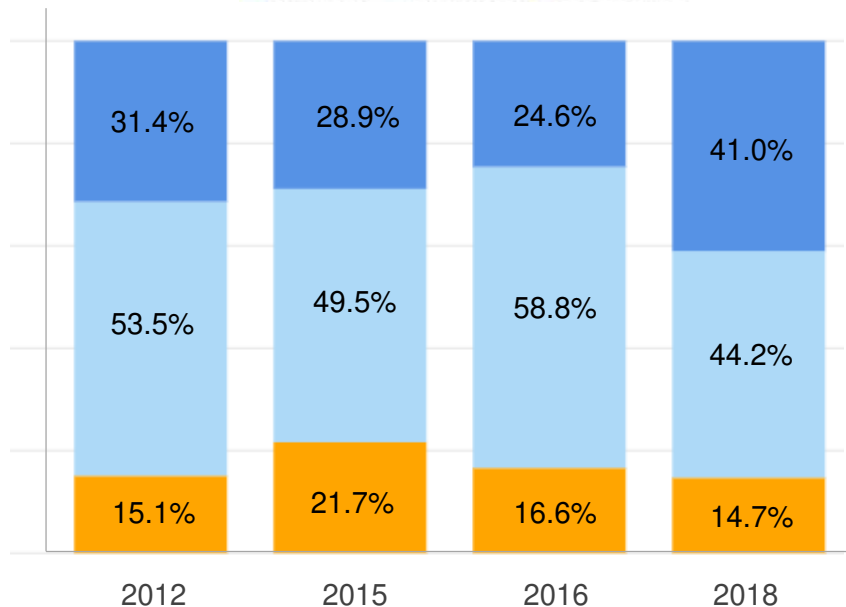
# SECTION 7. Rising Cost of Care

## Premium and deductible amounts continued to rise through 2018

- Monthly premium amounts have continued to rise from 2012 to 2018. In 2018, 41.0% of insured residents paid a monthly premium of \$501 or more, in comparison to 24.6% in 2016.
- In tandem, deductible amounts have also risen through this same period. In 2018, 47.3% of insured residents paid an annual deductible of \$2,000 or more, in comparison to 37.7% in 2016.

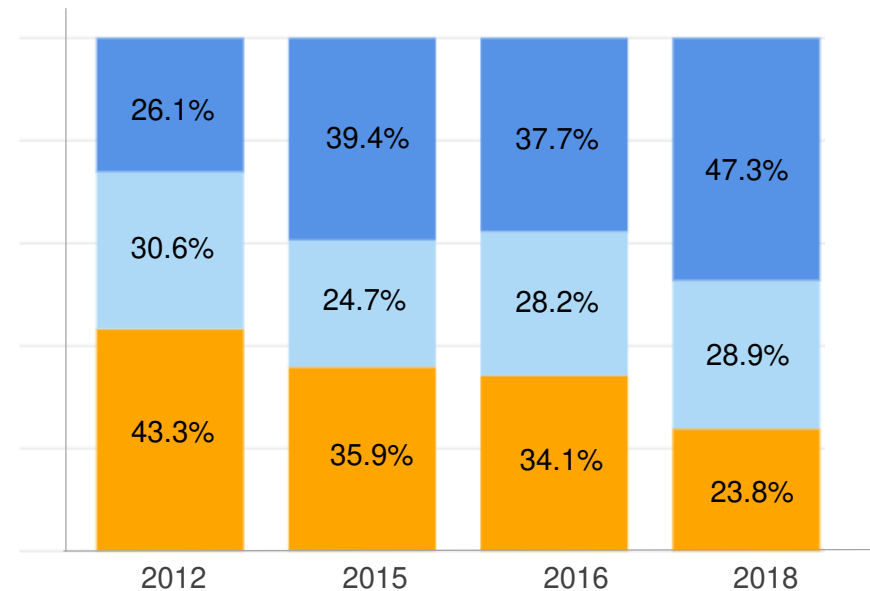
Monthly Premium Amount (count)

● \$0 to \$100 ● \$101 to \$500 ● \$501 or more



Annual Deductible Amount (count)

● \$0 - \$500 ● \$500 to \$2000 ● Over \$2000

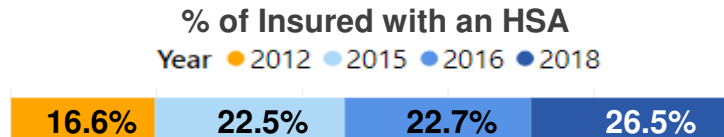


Year	2012	2015	2016	2018
Count of Insured with a Premium or Deductible	590,330	574,666	558,111	558,322

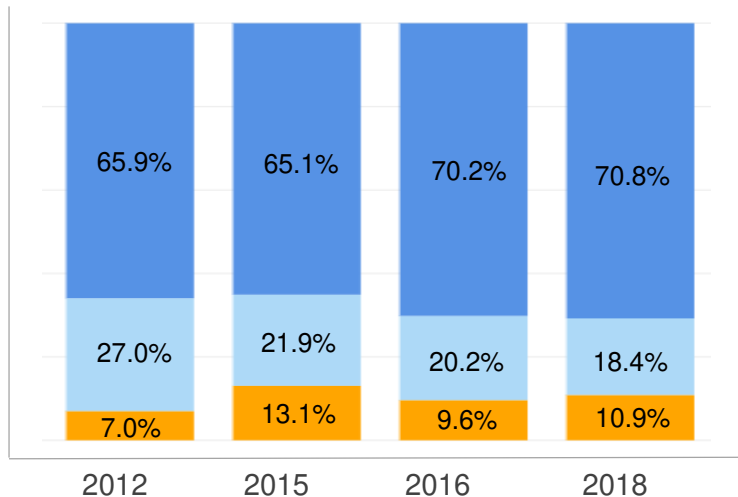
# HSA Contributions

**From 2016 to 2018, the portion of insured individuals with HSAs grew; while individual contributions remained relatively unchanged, employer contributions have fallen**

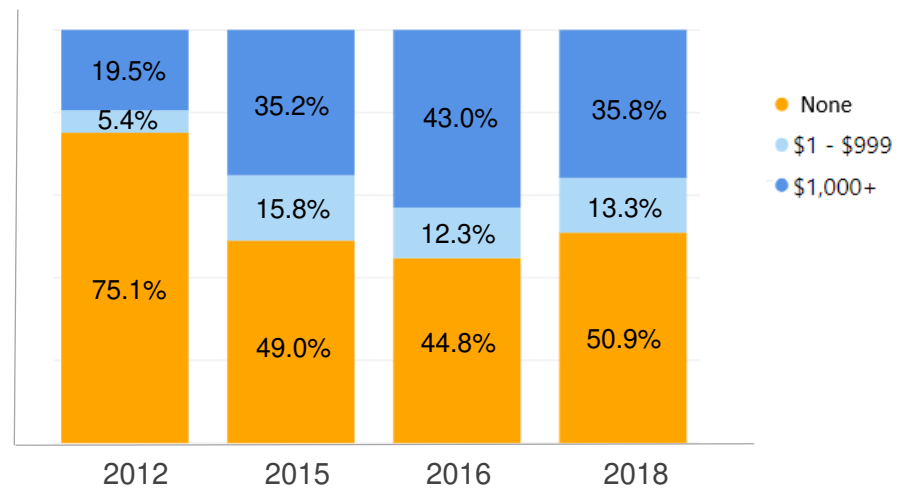
- In 2018, around 11% of insured residents with a HSA contributed nothing to their HSA, 18% contributed \$1-999, and 71% contributed \$1,000 or more. This is fairly on par with the rates observed in 2016.
- From 2016 to 2018, the percent of employers contributing \$0 to residents' HSAs increased from 45% to 51%. The percent contributing \$1-999 increased from 12.3% to 13.3% while the percent contributing \$1,000 or more decreased from 43.0% to 36%.



**Individual HSA Contribution Amounts**



**Employer HSA Contribution Amounts**



Year	2012	2015	2016	2018
Count of Insured with an HSA	94,358	124,679	122,173	137,116

# Out-of-Pocket Costs

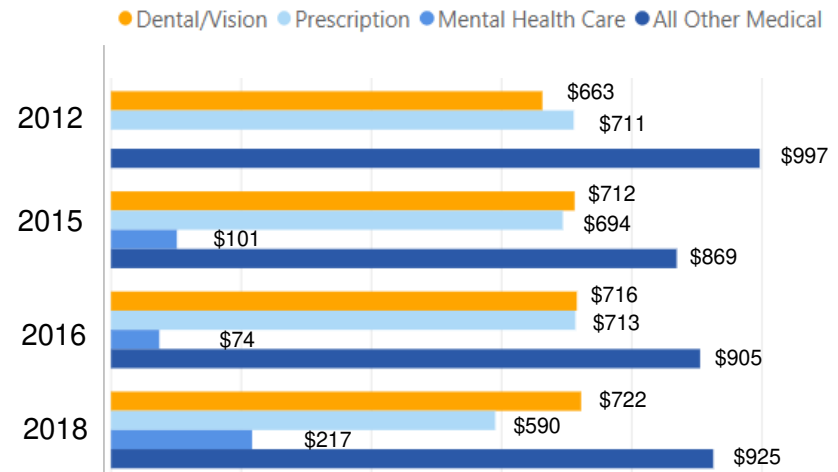
## Out-of-pocket medical costs have steadily risen from 2012 to 2018

- In 2018, Rhode Island residents spent an average of \$2,454 out-of-pocket for all medical expenses. Outside of general medical expenses, residents spent the most out-of-pocket for dental and vision care, followed by prescriptions, and mental health services.
- The average out-of-pocket cost for dental and vision care has consistently grown across all years, from \$663 in 2012 to \$722 in 2018.
- From 2016 to 2018, the average out-of-pocket cost for prescriptions fell from \$713 to \$590, while the average out-of-pocket cost for mental health services rose from \$74 to \$217.

Average Out-of-Pocket Spending  
All Medical Expenses



Average Out-of-Pocket Spending

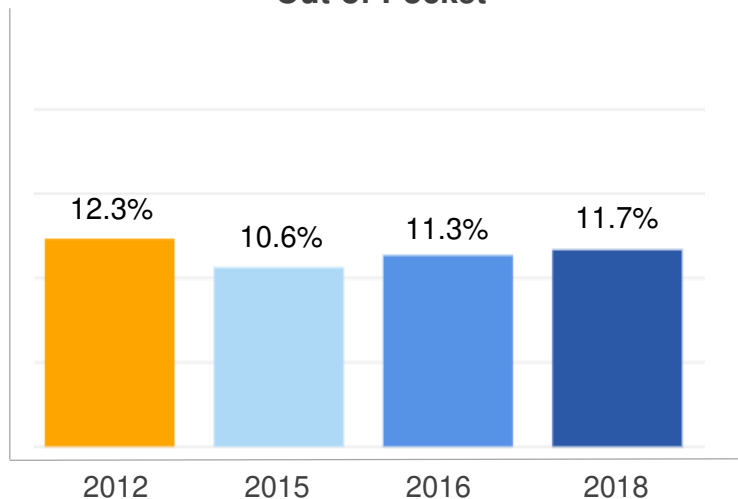


# Cost Burden

**Although the proportion of residents who received a medical bill greater than \$500 rose in 2018, the proportion who reported difficulty paying bills fell**

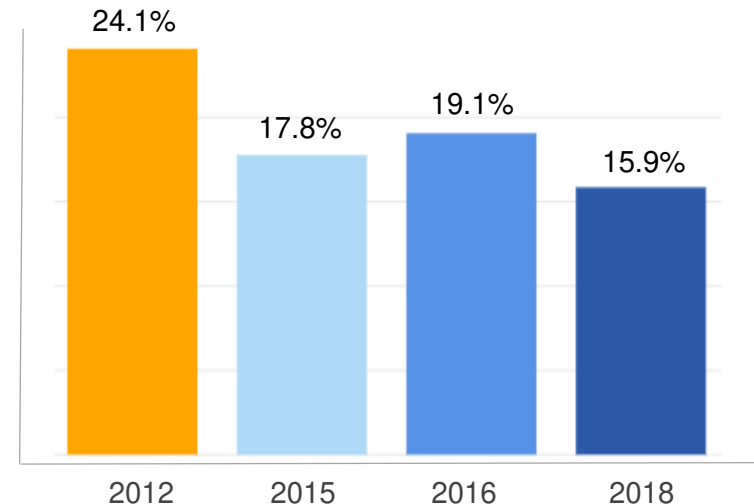
- In 2018, nearly 12% of residents reported receiving a medical bill greater than \$500 in the past year. This represented a modest decline since 2012, and a slight increase from both 2015 and 2016.
- The rise in costly bills did not however directly led to increased difficulty paying medical bills. From 2016 to 2018, the proportion of residents who reported difficulty paying a medical bill actually declined by around 3% from 19.1% to 15.9%.

**Received a Single Medical Bill Over \$500 Out-of-Pocket**



Year	2012	2015	2016	2018
Count of Individuals, Received Bill >\$500	128,047	110,363	118,250	122,269

**Had Problems Paying for Medical Bills**



Year	2012	2015	2016	2018
Count of Individuals, Problem Paying Bills	249,997	184,594	198,767	166,106

# SECTION 8. Impact of Cost on Access

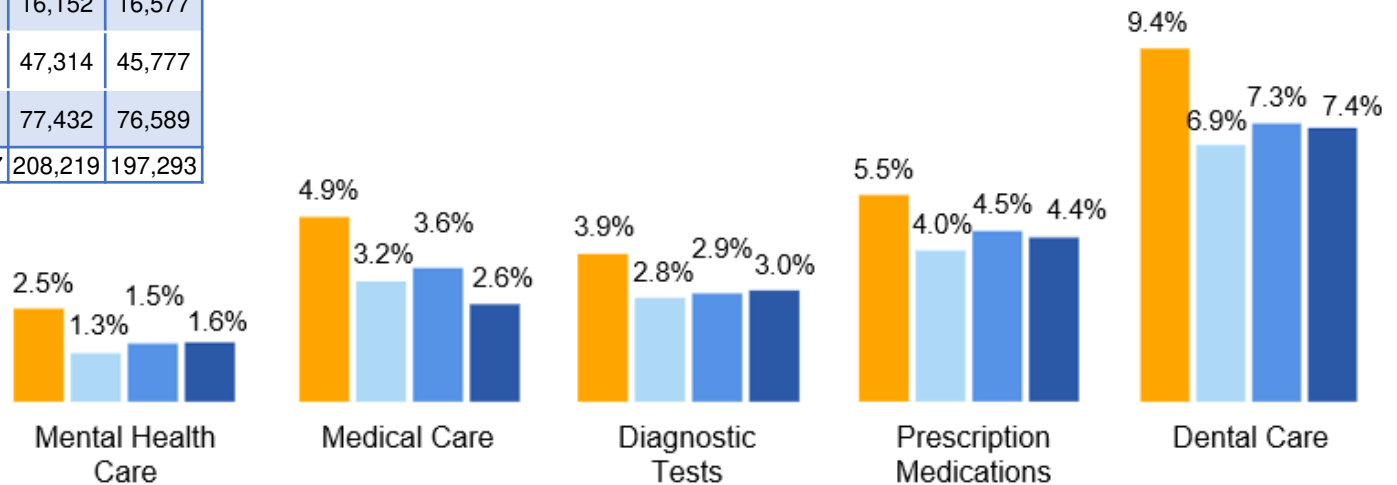
The proportion of residents who reported foregoing care because they could not afford it remained relatively unchanged from 2016 to 2018, across all care types

- Overall, only a small proportion of residents reporting foregoing any type of care due to expense in 2018, ranging from 1.6% for mental health care to 7.4% for dental care.
- Across all years, residents were the most likely to forgo dental care and the least likely to forgo mental health care due to expense.

	2012	2015	2016	2018
Diagnostic Tests	40,940	28,805	30,118	31,120
Medical Care	51,149	33,364	37,203	27,230
Mental Health Care	25,780	13,427	16,152	16,577
Prescription Medications	57,108	41,762	47,314	45,777
Dental Care	97,839	71,179	77,432	76,589
State Total	272,816	188,537	208,219	197,293

Percent of Residents Forgoing Types of Care due to Expense

Year ● 2012 ● 2015 ● 2016 ● 2018





# SECTION 9. Glossary

Term	Definition
ACA	The Affordable Care Act. Enacted in 2010, the ACA expanded coverage to millions of previously uninsured people through the expansion of Medicaid (implemented in RI in 2014) and the establishment of State Health Insurance Exchanges (implemented in RI in 2013).
Deductible	The amount of money an insured individual must pay out-of-pocket before an insurance provider will pay any expenses.
ESI	Employer-Sponsored Insurance
FPL	Federal Poverty Level. The incomes are set by the US Department of Health and Human Services.
HSA	Health Savings Account
HSRI	Health Source Rhode Island is the state-run exchange. The exchange negotiates directly with payors to establish health and dental insurance plans and enables RI residents to purchase coverage via a marketplace.
Medicaid	A joint federal and state program that provides healthcare coverage to some low-income people, families and children, pregnant women, the elderly, and people with disabilities. Rhode Island began its expansion of Medicaid in 2014.
Medicare	A federally funded, national health insurance program that provides coverage for Americans aged 65 and older.
Other (race)	A racial category that includes responses from those who identify as Native American, American Indian, Alaskan Native, Pacific Islander, Asian, or Other.
Out-of-Pocket Expenses	The amount of money an individual pays for healthcare services which are NOT covered by any insurance or special assistance programs. This DOES NOT include the premium that an individual pays for his/her insurance coverage.
Premium	The amount of money an individual pays for an insurance policy.
Private Insurance	Any health insurance plan or program that is sponsored by an employer or a company like Blue Cross. This DOES NOT include plans or programs that are state or federally sponsored, such as Medicare or Medicaid.
Underinsured	This term applies to an individual covered by insurance and fulfills one of the three criteria, as defined by the Commonwealth Fund <ul style="list-style-type: none"> <li>• The out-of-pocket costs over the past 12 months, excluding premiums, for families with incomes of 200% FPL or greater, was equal to at least 10% of household income.</li> <li>• The out-of-pocket costs over the past 12 months, excluding premiums, for families with incomes less than 200% FPL, was equal to at least 5% of household income.</li> <li>• The deductible was at least 5% of household income.</li> </ul>
Uninsured	This term refers to residents who did not have health insurance coverage at the time of the survey administration.

# SECTION 10. Appendix

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Data from the 2018 Survey can be found at <https://healthsourceri.com/surveys-and-reports/>. In addition to this summary, the following is available:

- Interactive Tool – Dig into the data, including the demographics of the uninsured and trends over time. Contains 14 different views of the data, with the ability to filter by sub-populations.
- Data Compendium – Download the survey results. This Excel worksheet has a tab for each question in the survey with demographic breakdowns.
- Data Compendium FAQs – A short guide for interpreting the data compendium.
- Technical Document – Find out more about the survey methodology, data analysis and weighting, and the survey questions.

**Other areas of HIS data exploration not highlighted in this summary include:**

- Preventive/routine care, ED, and mental health service utilization
- Quality of care
- Dental coverage
- Prescription medication coverage
- Medicaid coverage and enrollee experience