



Rhode Island Health Insurance Survey (HIS): 2022 Executive Summary Report

Freedman HealthCare
2022

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SECTION 1. Introduction

The Rhode Island Health Information Survey (RI HIS)

- The RI HIS collects information on Rhode Islanders' insurance status, healthcare costs, experience of accessing care, use of medical services, and relevant demographic variables. HealthSource RI (HSRI) uses this information to inform policy and view the impacts of insurance on an individual level.
- Market Decisions Research conducted the surveys on behalf of HSRI. Freedman HealthCare provided project management and analytical support.
- Surveys were conducted via land-lines and cellphones between July and October 2012¹, March and June 2015, June and September 2016, June and December 2018, April and September 2020², and January and May 2022³.
- RI residents excluded from this survey included those in group homes of nine or more, such as institutional settings (e.g., jails, and hospitals), group quarters (e.g., dormitories, and military barracks), and non-permanent residences.
- In 2022, the survey interviewed 3,012 households and collected information on 6,990 residents.
- Results were weight adjusted and normalized to Rhode Island's 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.⁴

This Report

- This report highlights key findings from the data regarding the uninsured population, the underinsured population, Medicaid and HSRI enrollment, and cost of care.
- Findings are based on the data from the 2012, 2015, 2016, 2018, 2020, and 2022 surveys.
- Select demographic analyses are limited by the relative size, diversity, and populations of the 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. See Glossary for acronyms and explained terms.

¹ The 2012 survey was conducted pre-ACA and Medicaid expansion. See 'Glossary' for additional information on the impact of the ACA in Rhode Island. All 2012 data points are a distinctly different color than the other years throughout the report.

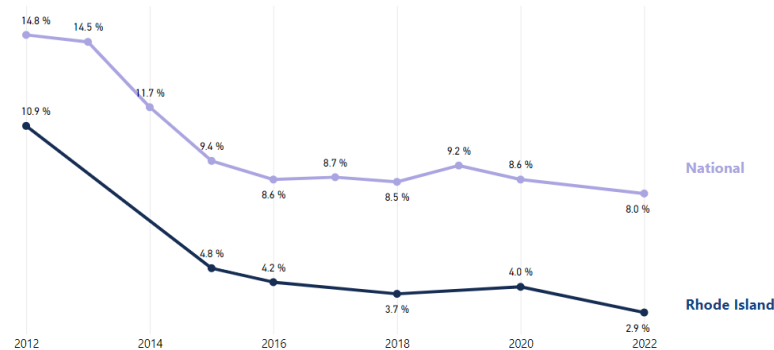
² The 2020 and 2022 surveys occurred during the COVID-19 pandemic. Where appropriate, as in prior years, respondents were explicitly asked to answer many questions based upon their experiences over the past 12 months. Despite these instructions, it is important to note that some responses may be unconsciously biased based on the pandemic which has had a profound impact upon most communities.

³ During the public health emergency, individuals have been able to retain Medicaid eligibility for an extended period.

⁴ Sample sizes are reduced when the data is sliced by additional variables; observed changes are not necessarily statistically significant. We present this data to show directional trends; it should not be over-interpreted.

SECTION 2. Report Highlights, 2022

- The **uninsured** rate in Rhode Island is 2.9%, compared to the 2020 reported rate of 4.0%. (See Slide 5)



- The 2022 uninsured rate decreased 1.1% from 2020, which is statistically significant from the prior survey year. After steady declines between 2012 and 2018, the rate increased slightly in 2020.
- The uninsured rate in RI remained highest among households with an annual income of 250% to 400% FPL. Compared to 2020, households with an annual income of 400%+ FPL experienced an increase in uninsurance.
- The uninsured population comprises primarily non-elderly, childless adults, and reported household income of 250% to 400% FPL, (approximately equal to a household income of \$20,000 to \$39,000).
- Males, Hispanic/Latinos, racial minorities, and foreign-born residents are overrepresented among the uninsured.
- RI's uninsured rate continued to be consistently below the national uninsurance rate.
- The **underinsured** rate increased from 25% in 2020 to 28% in 2022. (See Slide 15)
 - Nearly all incomes groups experienced an increased rate of underinsurance. The exception was individuals with household incomes below 139% FPL.
 - The underinsured rate decreased for work-based insurance and increased for direct purchase private coverage.
- Deductible costs, average monthly **premium** costs and **out-of-pocket** medical expenses increased.
 - 72% of insured residents paid a monthly premium of \$500 or less, compared to 74% in 2020.
 - 51% of insured individuals paid an annual deductible of \$2,000 or more, in comparison to 47% in 2020.
 - The average out-of-pocket spend for medical expense increased to \$2,569, likely in part due to the continued increase in all types of health care. This is an increase of 21% from the 2020 amount of \$2,124.

Report Highlights, 2022

- The percentage of residents who reported foregoing care because they could not afford it decreased by 0.5% for routine medical care.
 - 2.1% residents reported foregoing mental health care, up from 2020's reported 1.6%.
 - 6.3% of residents reported foregoing dental care, up from 5.6% in 2020.
 - 2.4% of residents reported foregoing diagnostic testing, up from 1.9% in 2020.
 - 3.8% of residents reported forgoing prescription medicine, up from 3.1% in 2020.
- ❑ From 2018 to 2020, reports of foregoing all types of care except mental health care decreased.
 - ❑ In 2022, increased reports of foregone care may be connected to lack of access during the COVID-19 pandemic. Many physicians and health care professionals were only seeing urgent patients. Patients also delayed care due risk of COVID exposure, allowing medical concerns to become worse.¹
- In 2022, 3.3% of residents skipped or took smaller amounts of prescription drugs to make them last longer, an increase from 2.1% in 2020.
- In 2022, 12% of residents received at least one medical bill for more than \$500 out-of-pocket, an increase from 11% in 2020.
- RI residents who reported receiving mental health care more than doubled, from 7.1% in 2020 to 18.1% in 2022.
 - 14% paid more than \$250 out-of-pocket for mental health care in 2022, compared to 6% in 2015.
 - RI Residents ages 65 and up receiving mental health care increased to 9% in 2022, up from 3% in 2020.
- Over the past year, 35% of RI residents had at least one telehealth visit.
 - About 46% of RI residents ages 65 and up had at least one telehealth visit.
- Overall, compared to prior years, member satisfaction remained steady in 2022.

¹ Chen, J., & McGeorge, R. (Oct. 2020) Spillover effects of the COVID-19 pandemic could drive long-term health consequences for non-COVID-19 patients. *Health Affairs*. <https://www.healthaffairs.org/doi/10.1377/forefront.20201020.566558>

SECTION 3. Demographic Overview

Rhode Island Demographics, July 2021¹

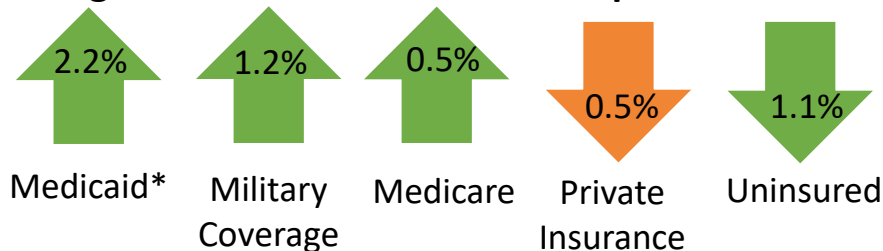
- **Race:** White (83.1%), Black or African American (8.8%), Asian (3.7%), Two or More Races (3.0%), American Indian or Alaska Native (1.2%), Some Other Race (0.2%)
- **Ethnicity:** Hispanic or Latino (16.6%), Not Hispanic or Latino (83.4%)
- **Foreign Born:** 14.0% of Rhode Islanders were born outside the U.S., about 0.5% above the national rate.
- **Income:** The median household income among Rhode Islanders was \$70,305 compared to the U.S. median household income of \$64,994. RI's poverty rate was 10.6% compared to the U.S. poverty rate of 11.4%.
- **Seniors:** 18.1% of RI is 65 years or older, higher than the national rate of 16.8%.
- **Children:** 19.1% of RI's population is under the age of 18, lower than the 22.2% national average.
- **Population Health:** RI's population grew at a slower rate from 2010 to 2020. Over this period, RI grew by 4.3% whereas the national population increased by 6.3%. In 2020, there were 1,097,379 residents in Rhode Island and that number was estimated to decrease 0.2% to 1,095,610 in 2021.

¹ Data Source: US Census Bureau. (2020). Most current statistics, based on 2021 estimates available from this source.

SECTION 4. Coverage Trends

The Covid-19 pandemic affected insurance coverage trends.

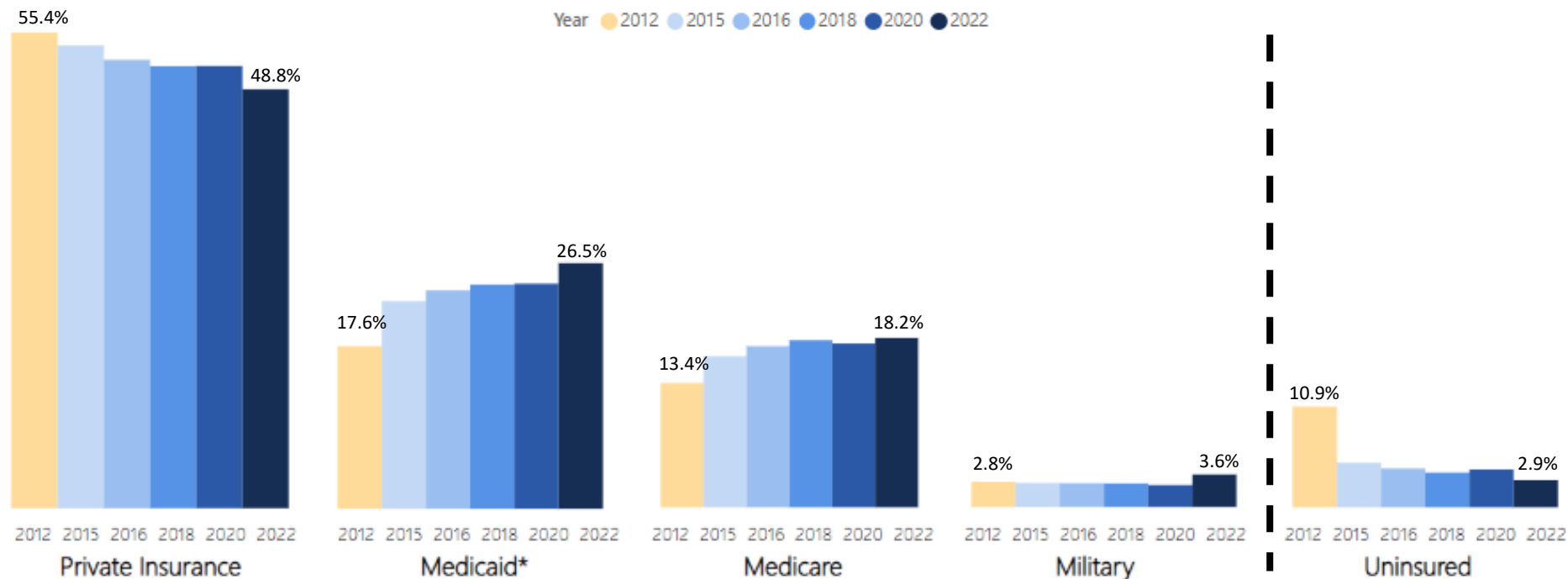
Change of overall rate in 2022 compared to 2020



Enrollment by Insurance Type (count)

Insurance	2012	2015	2016	2018	2020	2022
Private	574,863	559,954	544,558	539,630	538,611	510,856
Medicaid**	182,394	233,017	246,100	253,353	254,206	277,613
Medicare	139,162	168,911	181,199	188,935	184,938	191,010
Military	29,177	27,458	27,288	27,035	25,463	37,896
Uninsured	112,774	49,591	43,609	38,887	42,305	30,282
State Total	1,038,370	1,038,930	1,042,754	1,047,840	1,045,523	1,047,657

Enrollment by Insurance Type



*Individuals have retained Medicaid eligibility for extended periods during the public health emergency.

**This table was developed based on statistical analysis of reported coverage in this survey. Actual Medicaid enrollment amounts may differ.

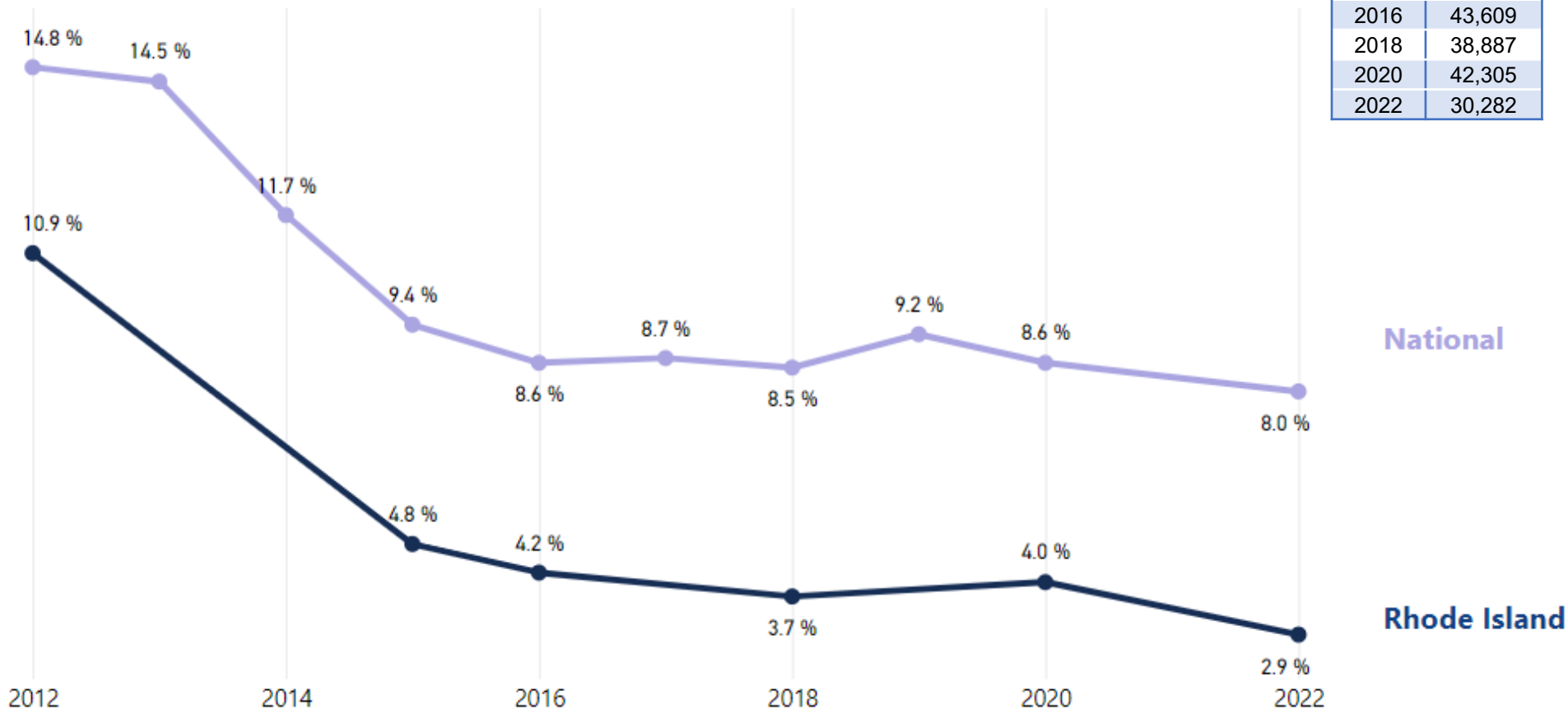
SECTION 5. The Uninsured Population

RI's uninsured rate is 2.9%, compared to the national rate of 8.0%.

- RI's uninsured rate is consistently below the national rate.
- The Uninsured population decreased before the COVID-19 pandemic, rose at the beginning of the pandemic and decreased in 2022.

Rhode Island	
Year	Count
2012	112,774
2015	49,591
2016	43,609
2018	38,887
2020	42,305
2022	30,282

National vs. Rhode Island Uninsured Rates



Uninsured Rate By Race

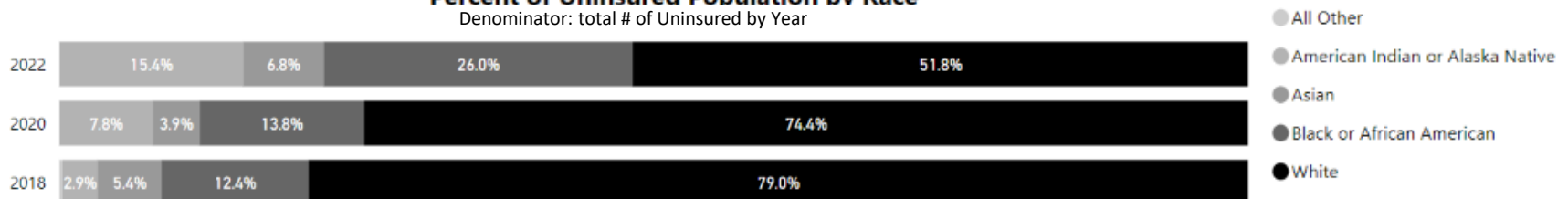
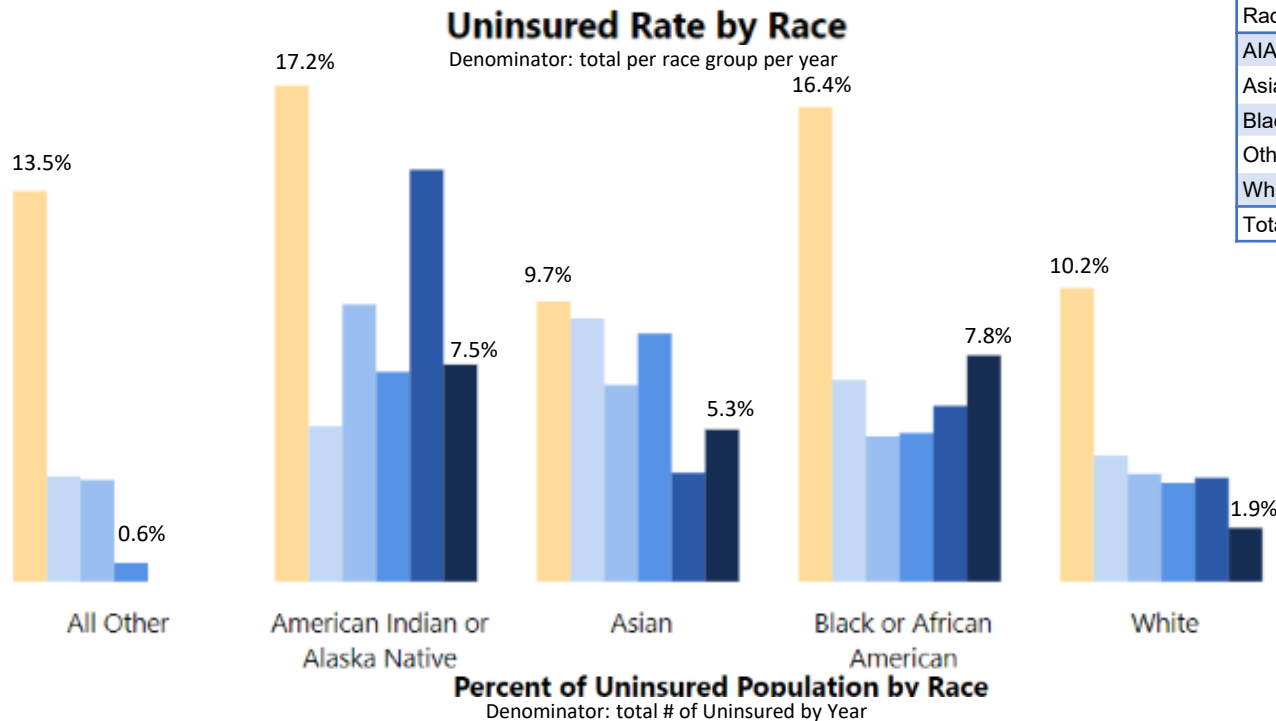
Minority populations have been disproportionately affected by uninsurance in RI.

- The RI uninsured rate for minorities is about triple that of white individuals.
- The RI uninsured rate for individuals who are Asian residents increased from 6.1 % to 7.8% between 2020 and 2022.
- The RI uninsured rate for Black or African American residents increased from 3.8% % to 5.3% between 2020 and 2022.
- The RI uninsured rate for American Indian or Alaskan Native residents decreased from 14.3% to 7.5% between 2020 and 2022.
- The RI uninsured rate for White residents decreased from 3.6% to 1.9% between 2020 and 2022.

Uninsured by Race (count)

Race	2012	2015	2016	2018	2020	2022
AIAN*	2,125	1,087	2,197	1,131	3,320	4,670
Asian*	2,687	2,913	2,683	2,098	1,670	2,068
Black	14,740	5,505	4,193	4,814	5,852	7,861
Other*	1,537	859	771	106	0	0
White	91,685	39,226	33,765	30,737	31,463	15,478
Total	112,774	49,590	43,608	38,887	42,305	32,282

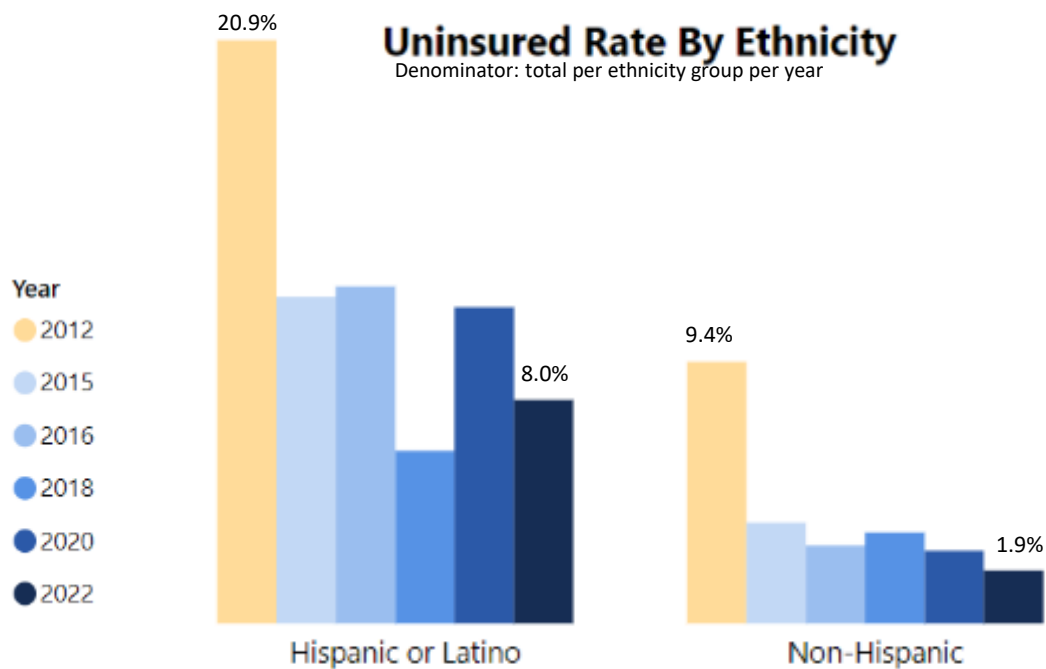
*unweighted counts <15



Uninsured Rate By Ethnicity

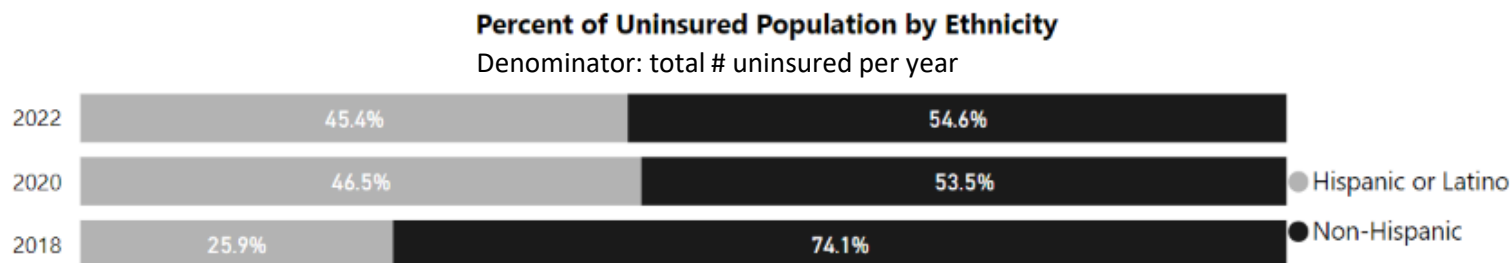
Across all years, Hispanic/Latino residents were more likely to be uninsured than non-Hispanic/Latino residents.

- In 2022, 45% of the uninsured population identified as Hispanic/Latino, but only 17% of all Rhode Islanders identified as a member of this ethnic group.
- From 2020 to 2022, the uninsured rate decreased 3.3% among Hispanic/Latino while it decreased by 0.7% among Non-Hispanic/Latino.



Uninsured by Ethnicity (count)

Hispanic/Latino	2012	2015	2016	2018	2020	2022
Yes	27,607	16,626	18,335	10,085	19,672	13,748
No	85,167	32,964	25,274	28,802	22,633	16,534
Total	112,774	49,590	43,608	38,887	42,305	30,282



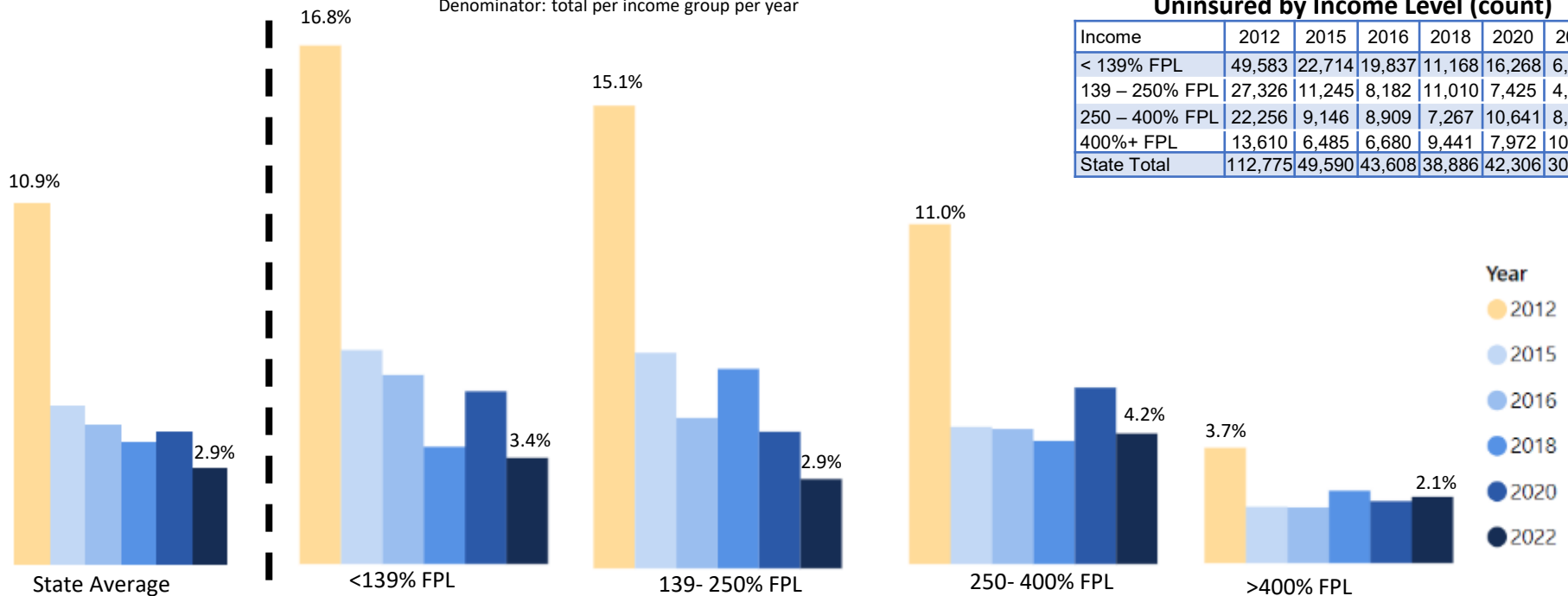
Uninsured Rate Among Different Income Groups

In 2022, the uninsured rate in RI decreased to under 3%, the lowest rate since 2012.

- In 2020, those households with 250-400% FPL* experienced the highest uninsured rate.
- In 2022, 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.

Uninsured Rate Among Income Groups (% FPL)

Denominator: total per income group per year

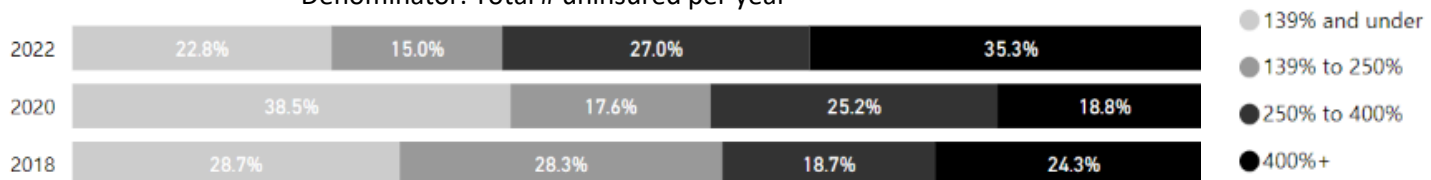


Uninsured by Income Level (count)

Income	2012	2015	2016	2018	2020	2022
< 139% FPL	49,583	22,714	19,837	11,168	16,268	6,890
139 – 250% FPL	27,326	11,245	8,182	11,010	7,425	4,535
250 – 400% FPL	22,256	9,146	8,909	7,267	10,641	8,177
400%+ FPL	13,610	6,485	6,680	9,441	7,972	10,690
State Total	112,775	49,590	43,608	38,886	42,306	30,282

Percent of Uninsured Population by Income Level

Denominator: Total # uninsured per year



* See Glossary for FPL Breakouts

Coverage Gap

Between 2012 and 2022, the number of residents who reported a coverage gap steadily declined.

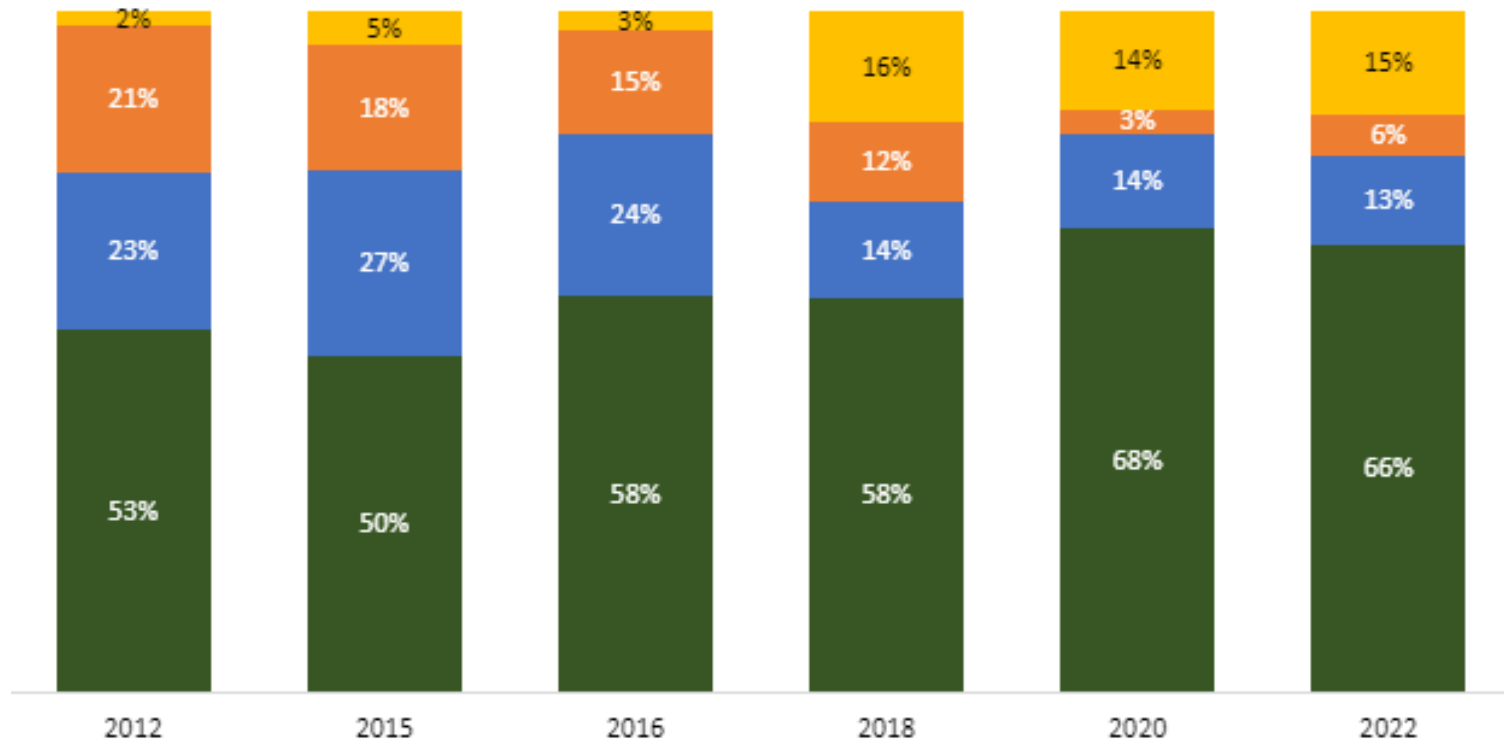
- From 2018 to 2022, the rate of individuals experiencing longer-term gaps decreased for all lengths of time.
- In 2022, 66% of individuals with a coverage gap were uninsured for 3 months or less.

Total with Coverage Gap (Count)

2012	2015	2016	2018	2020	2022
40,176	40,108	32,477	26,534	19,358	17,573

Length of Time Uninsured

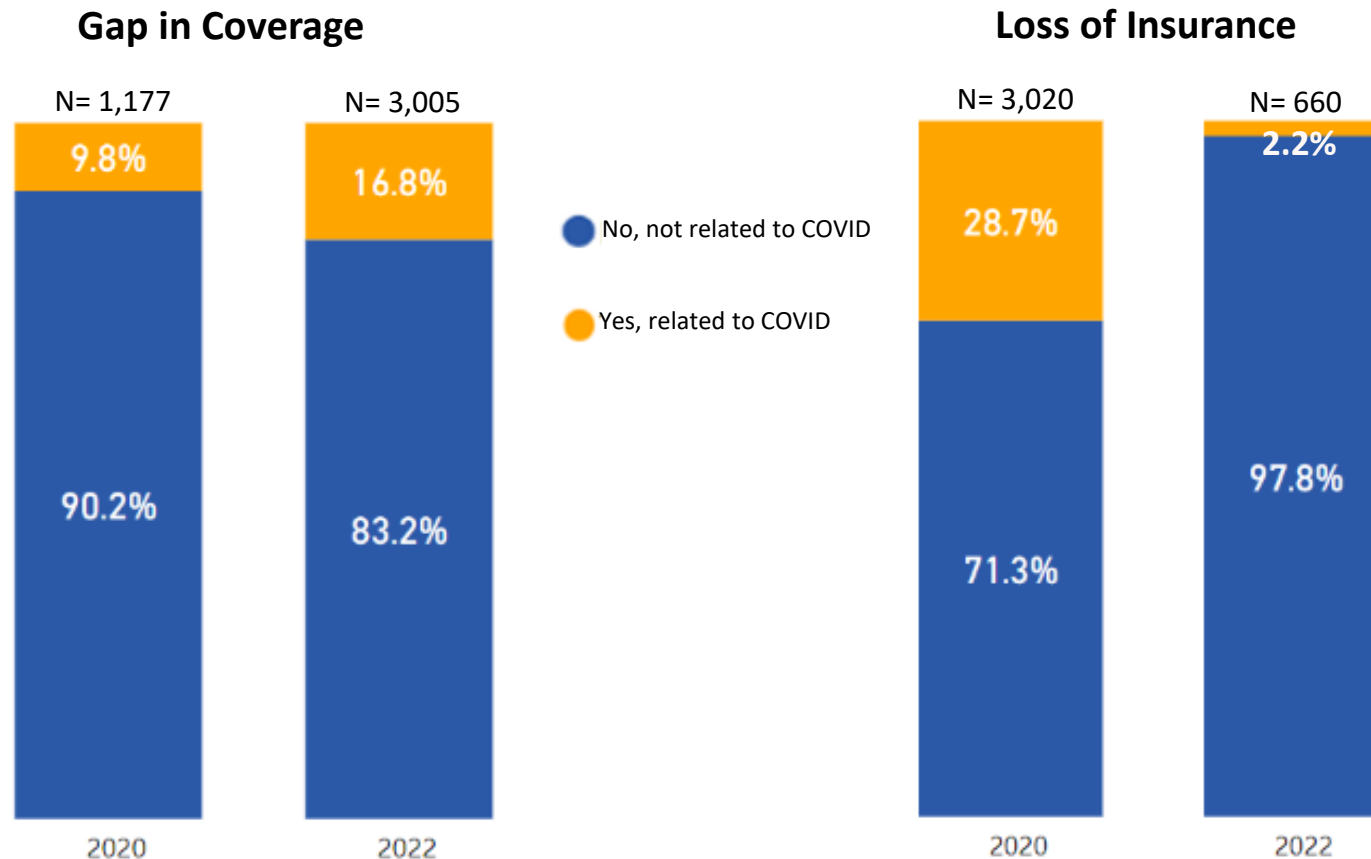
■ 1-3 months ■ 4-6 months ■ 7-12 months ■ Over 1 Year



Impact of COVID on Insurance Coverage

Short-term gaps in insurance or recent losses of insurance were mostly unrelated to the COVID-19 pandemic.

- 16.8% of people who experienced a short-term gap in coverage in the past year attributed the gap to COVID.
- 2.2% of those who experienced a recent loss of insurance attributed the loss to COVID.



*Gap in Coverage: question was asked of all respondents currently with coverage, but without coverage at some time in the past 12 months for 2 months or less

**Loss of coverage: question was asked of all respondents currently without coverage and who have been uninsured for 2 months or less.

Reasons for Uninsurance

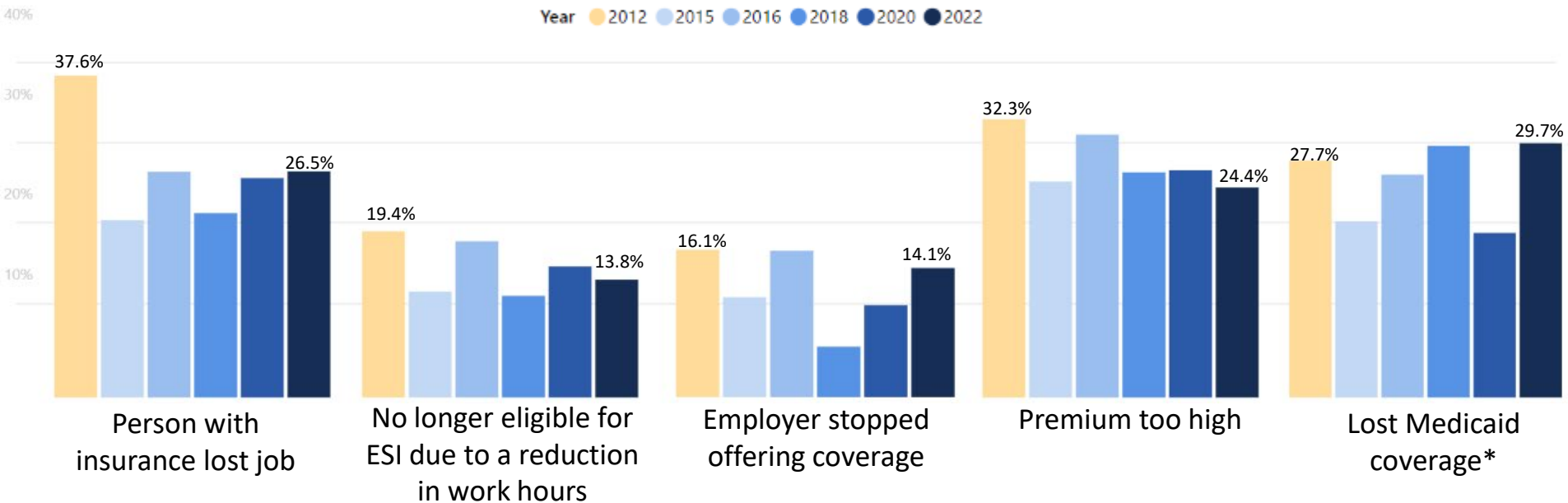
High premium costs and job loss were the most common reasons for uninsurance.

- In 2022, the most frequently reported reasons for being uninsured were unaffordable premiums, loss of a job, and loss of Medicaid coverage. This is on par with the top three reasons reported in 2020.
- Compared to prior years, 2022 had an increased number of respondents reporting that their employer stopped offering coverage.
- Fewer people cited a reduction in work hours as the reason for loss of employer-sponsored insurance.

Total Uninsured (Count)

2012	2015	2016	2018	2020	2022
112,774	49,591	43,609	38,887	42,305	30,282

Reported Reasons for Uninsurance



*Please note, that due to the COVID-19 emergency, all Medicaid coverage in effect or beginning after March 18th, 2020 has remained active throughout the emergency unless enrollee died, moved out of state or requested to end their coverage. As such, "Lost Medicaid" reason listed above is based on respondent answers but does not match known enrollment trends for RI Medicaid.

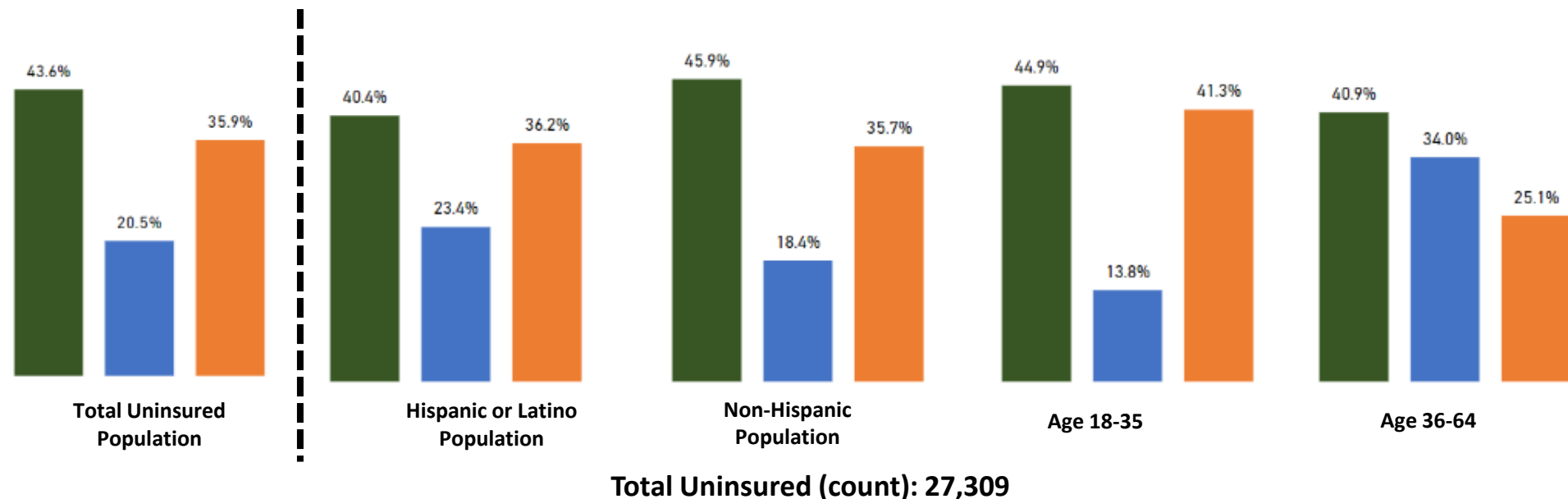
Eligibility for Medicaid and HSRI Coverage

Of those who were uninsured in 2022, 44% were potentially eligible for a subsidy on the Exchange and 21% were potentially eligible for Medicaid.

- 45% of those aged 18-35 were potentially eligible for a subsidy on the Exchange compared to 41% of those aged 36-64.
- Among Hispanics/Latino residents, 40% were potentially eligible for a subsidy and 23% were potentially eligible for Medicaid. Among non-Hispanics, 46% were potentially eligible for a subsidy and 18% were potentially eligible for Medicaid.
- Potential eligibility is based on reported household income.

Potential Eligibility for Medicaid or Exchange Subsidies Among the Uninsured

● Potentially Eligible for Subsidy on Exchange ● Potentially Eligible for Medicaid ● FPL 400%+ *



*Some portion of the 400%+ FPL group may be eligible for American Rescue Plan Act (ARPA) subsidies.

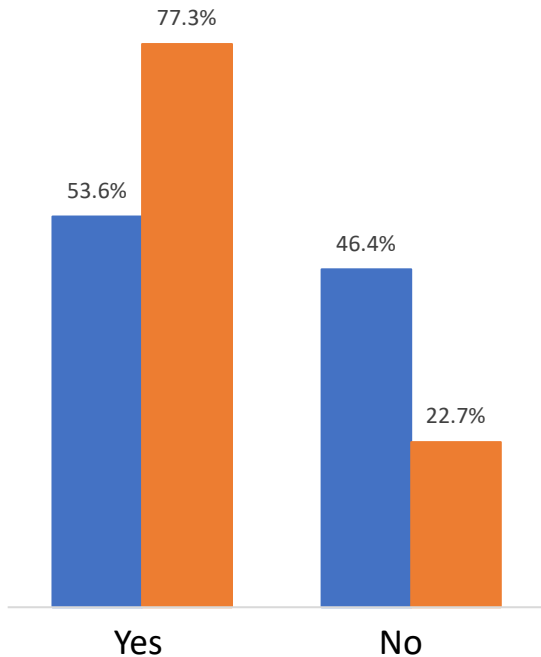
SECTION 6. State Mandate

Respondents are aware of the 2020 Rhode Island state coverage mandate

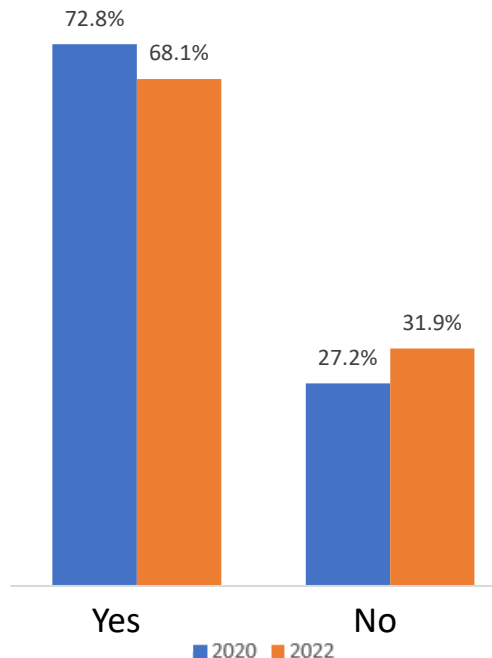
- In 2022, 77% of those who are currently uninsured were aware of the mandate, and 68% said it would influence their decision to obtain health insurance in the future.
- Most of the uninsured population was aware of the state mandate.

Questions asked of those currently uninsured...

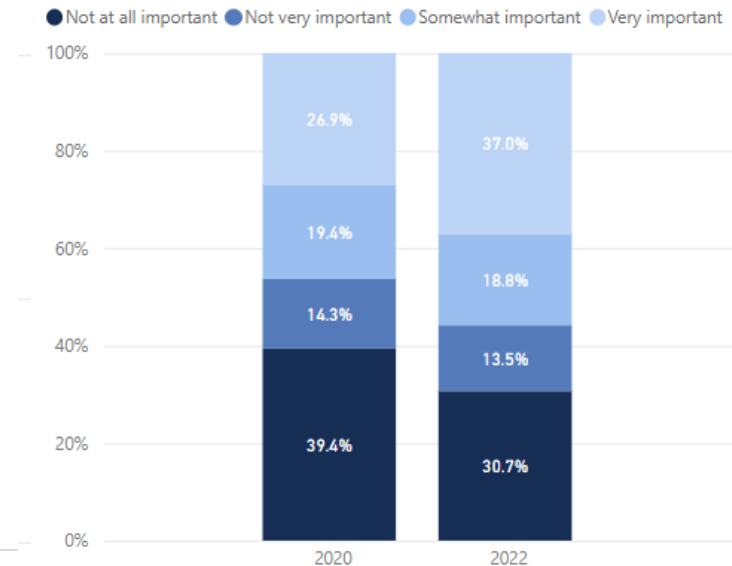
Are you aware of the new state mandate that all residents must have health insurance coverage or pay a penalty?



Will the mandate influence your decision to obtain health insurance in the future?



How important was the penalty in your decision to buy (or not buy) health insurance for uninsured family members?



SECTION 7. Underinsurance

What is Underinsurance?

- The [Commonwealth Fund](#) defines underinsurance as those who have health insurance coverage and experience high out of pocket costs for copays and deductibles:
 - For Families with incomes of 200% FPL or greater, out-of-pocket costs over the past 12 months, excluding premiums, were equal to at least 10% of household income; OR
 - For families with incomes of less than 200% FPL, out-of-pocket costs, excluding premiums, were equal to 5% of household income; OR
 - The deductible was at least 5% of household income.
- Underinsurance was calculated from survey responses for income, out-of-pocket cost, and deductible cost.
- Underinsurance calculation for 2012 differs from the methodology used for 2015-2022; only more recent years are shown.

Household Income for a Rhode Island Family of Four, 2022

	% of FPL			
	100%	200%	300%	400%
Total Household Income	\$26,500	\$53,000	\$79,500	\$106,000
5% of Total Household Income	\$1,325	\$2,650	\$3,975	\$5,300
10% of Total Household Income	\$2,650	\$5,300	\$7,950	\$10,600

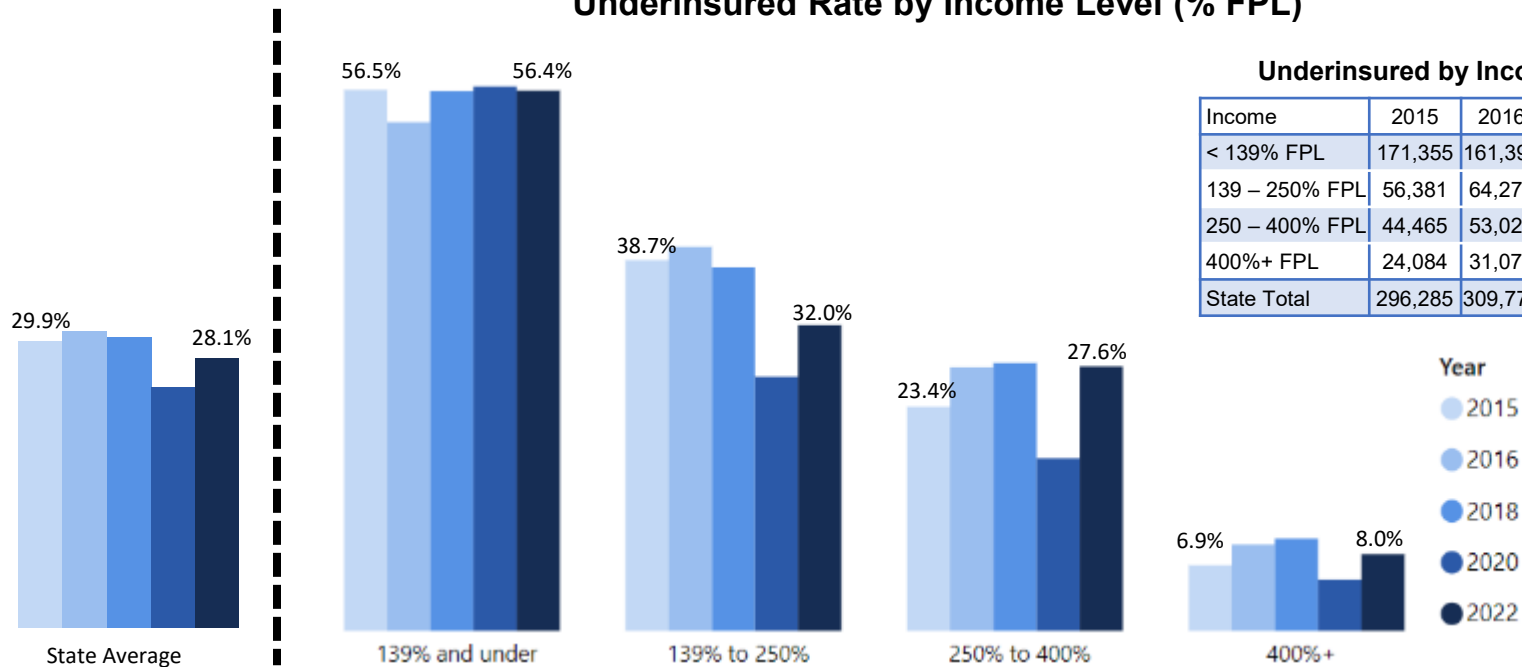
*Source: EOHHS

Underinsurance

In 2022, the underinsurance rate in RI increased to 28%, up from 25% in 2020.

- Most income groups experienced a meaningful increase in underinsurance in 2022.
- 44% of households with incomes of <139% FPL were underinsured in 2022, down from 62% in 2020.
- Underinsured rates increased, from 2020 to 2022, for households with incomes over 139%FPL.

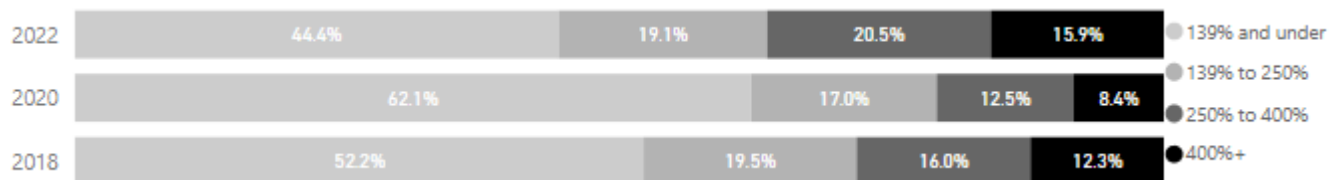
Underinsured Rate by Income Level (% FPL)



Underinsured by Income Level (count)

Income	2015	2016	2018	2020	2022
< 139% FPL	171,355	161,399	160,143	156,045	110,062
139 – 250% FPL	56,381	64,275	59,884	42,843	47,453
250 – 400% FPL	44,465	53,022	48,924	31,525	50,879
400%+ FPL	24,084	31,077	37,664	20,998	39,455
State Total	296,285	309,773	306,615	251,411	247,849

Income Level of All Respondent Insurance Statuses (%FPL)

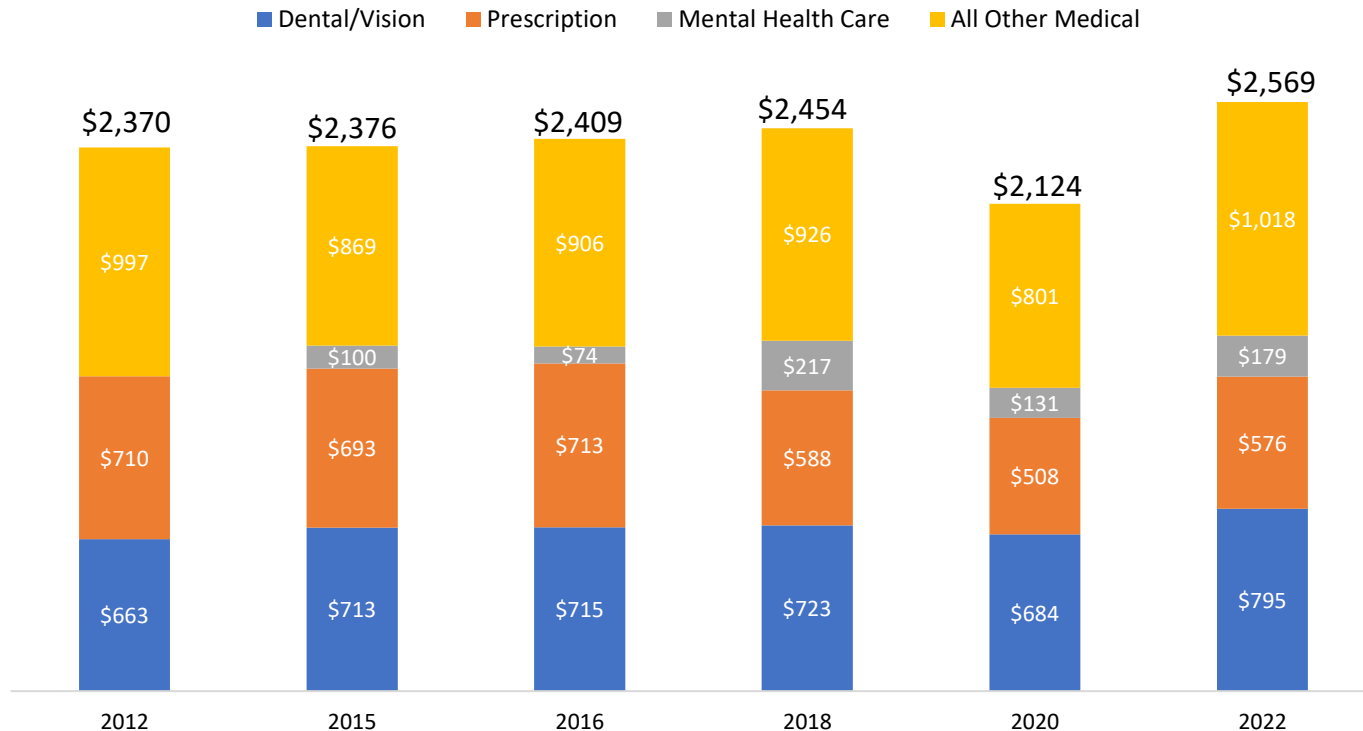


Out-of-Pocket Costs

Out-of-pocket costs rose to \$2,569 in 2022, increasing 21% from 2020.

- After a drop in medical spending between 2018 and 2020, out-of-pocket costs rose by over \$400 in 2022, for a total average out-of-pocket cost of \$2,569. This is the highest reported out-of-pocket spending since the survey began in 2012.
- Out-of-pocket costs for all categories increased between 2020 to 2022. The highest increase (\$217) was for “All Other Medical,” which includes doctors, hospitals, tests, and common medical expenses like over the counter medications, first aid materials, etc.

Average Out-of-Pocket Spending



Cost Burden

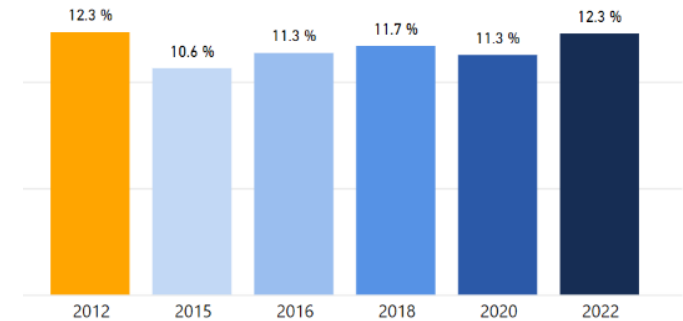
The number of residents with high medical bills increased in 2022.

- 12% of RI residents reported receiving a medical bill over \$500, compared to 11% in 2020.
- Residents who reported difficulties paying medical bills increased from 14% in 2020 to 15% in 2022.

More families with catastrophic medical bills were forced to forego necessities, use savings or increase debt.

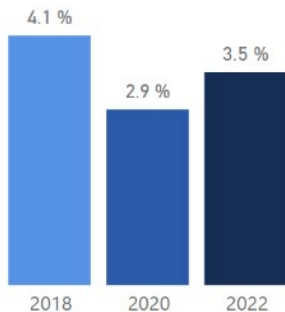
- In 2022, those with catastrophic medical bills who were unable to pay for necessities increased 0.6% to 3.5%. Those who used up all or most of their savings increased 0.5% to 5.2%, and those who had large credit card debt or had to take out a loan or debt against their home increased from 3.6% in 2020 to 5.3% in 2022.

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

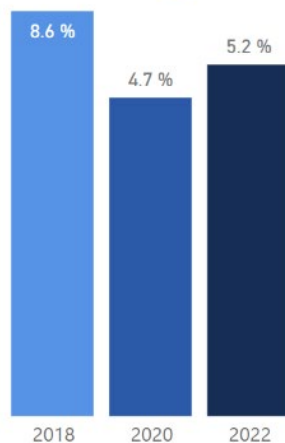


Because of medical bills, in the last 12 months our family has...

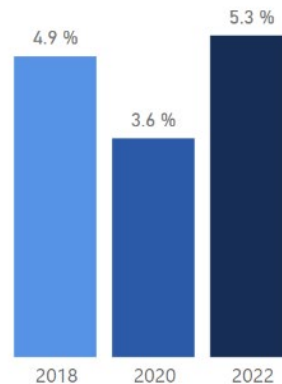
...been unable to pay for basic necessities like food, heat or rent



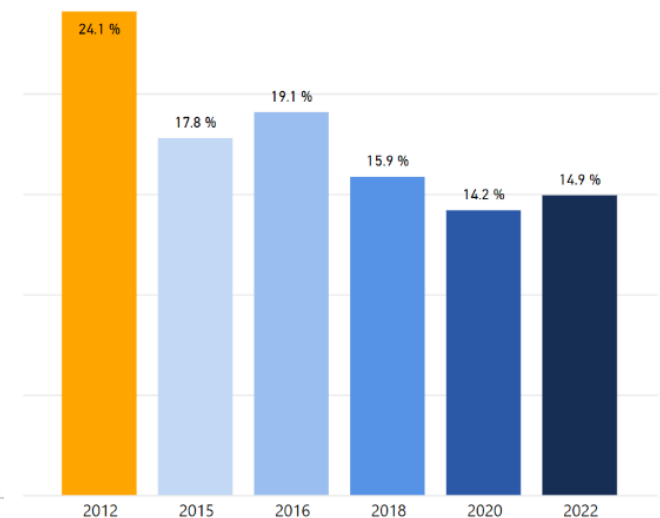
...used up all or most of savings



...had large credit card debt or had to take a loan or debt against the home



Had Problems Paying Medical Bills



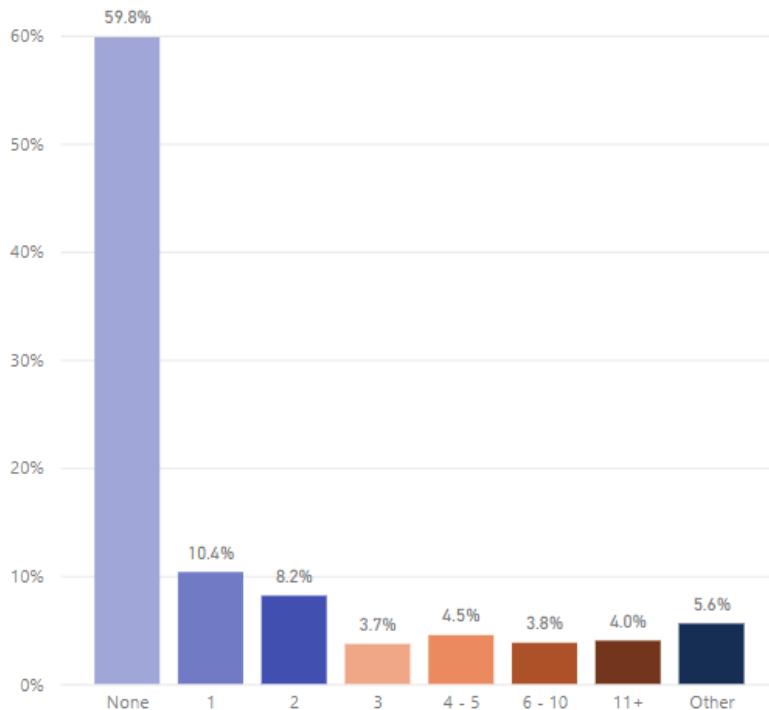
Telehealth

Over the past year, 35% of RI residents had at least one telehealth visit.

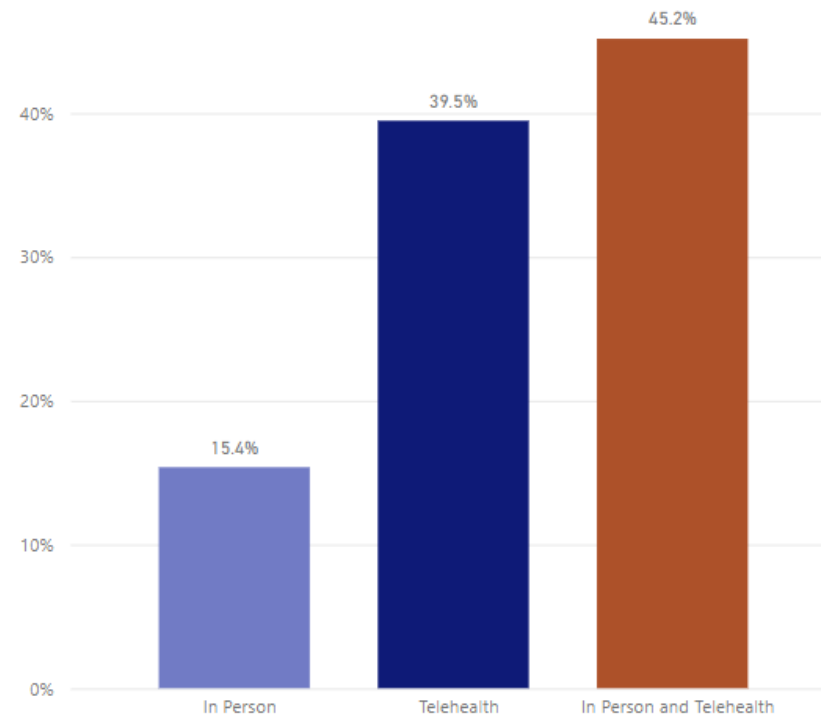
- Coverage for telehealth visits expanded during COVID-19.
- Telehealth visits expanded access to mental health services, comprising 40% of reported telehealth-only mental health visits.
- Of those who used telehealth, most had at least two telehealth visits during the past 12 months.

Telehealth Services for 2022

Number of Times Person Has Seen a Provider Via Telehealth in the Past 12 Months



Mental Health Services Over the Past 12 Months - In Person, Telehealth, or Both



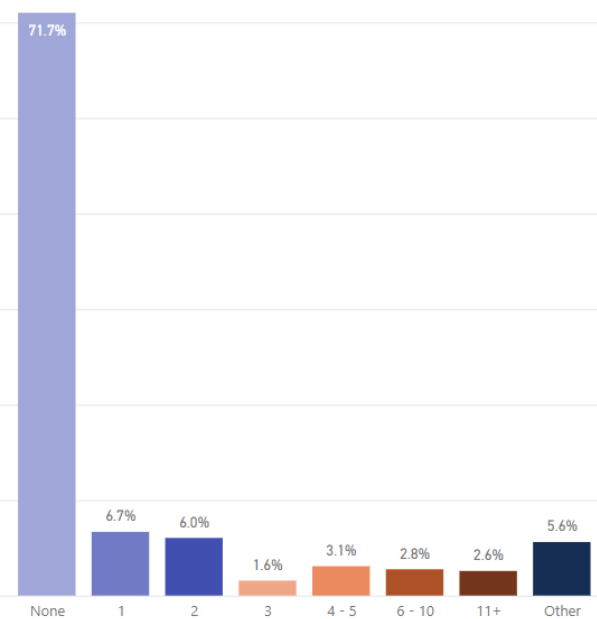
Telehealth care by Age Groups

46% of RI residents ages 65 and up participated in telehealth over the past 12 months.

- 29% of RI residents ages 65 and up had two or more telehealth visits in the past 12 months.
- 39% of RI residents ages 18 to 25 and 28% of RI residents ages 0 to 18 participated in telehealth over the past 12 months.
- 22% of RI residents ages 18 to 25 and 16% of RI residents ages 0 to 18 had two or more telehealth visits in the past 12 months.

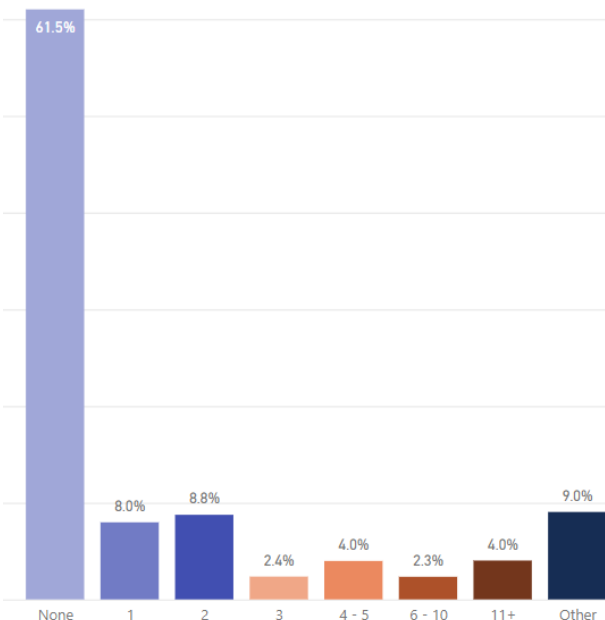
Ages 0 -17

Telehealth Encounters Per Person Over the Past 12 Months



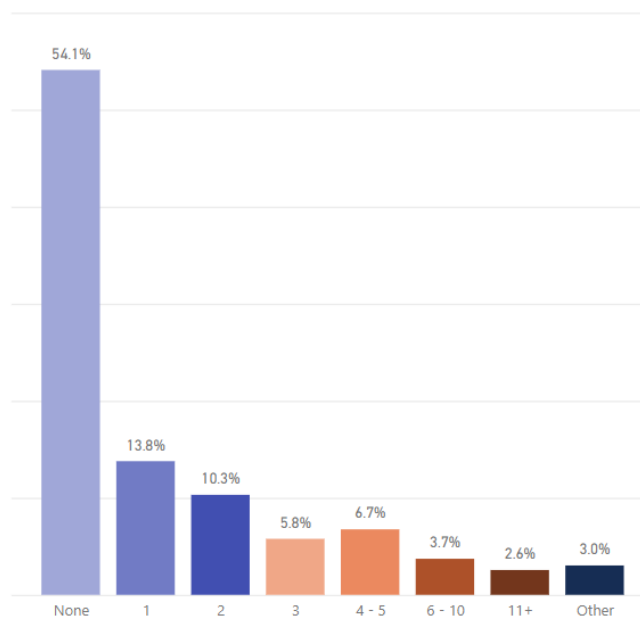
Ages 18-25

Telehealth Encounters Per Person Over the Past 12 Months



Ages 65+

Telehealth Encounters Per Person Over the Past 12 Months

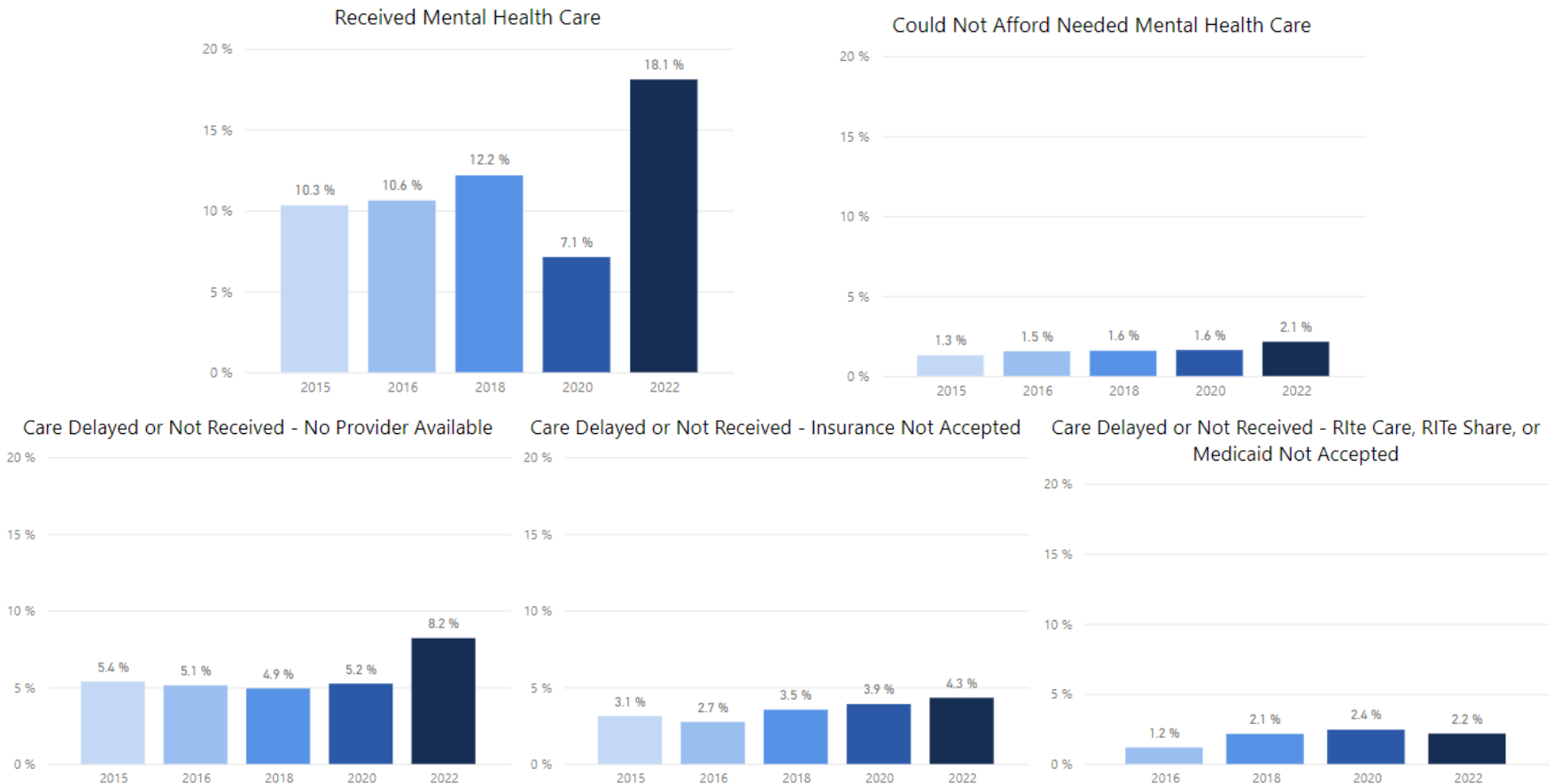


Behavioral Health

RI residents receiving mental health care more than doubled, from 7.1% in 2020 to 18.1% in 2022.

- Barriers and delays in care were attributed to lack of provider availability, insurance was not accepted, or could not afford mental health care.
- Care delayed or not received due to insurance not being accepted increased from 3.9% in 2020 to 4.3% in 2022.
- For Rite Care, Rite Share, or Medicaid members, care was delayed or not received because their insurance was not accepted decreased from 2.4% in 2020 to 2.2% in 2022.

Mental Health Services in the Past 12 Months

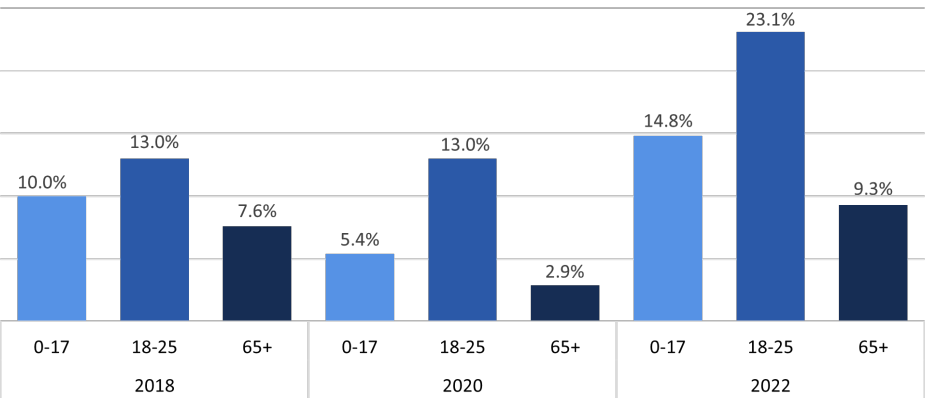


Mental Health Service Locations by Age

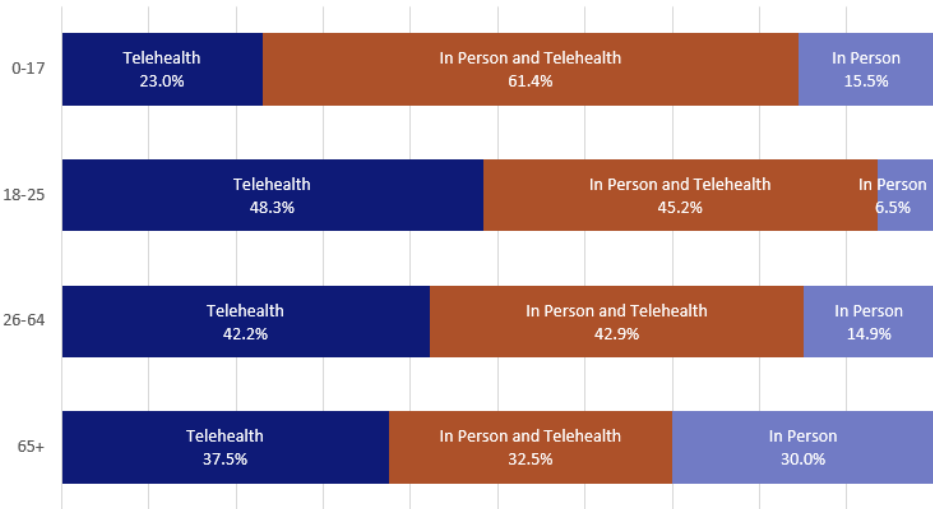
RI Residents ages 65 and up who reported receiving mental health care increased from 3% in 2020 to 9% in 2022

- 23.1% of RI residents ages 18 to 25 received mental health care in 2022, an increase from 13% in 2020.
- RI residents under the age of 26 used telehealth or a combination of In Person and Telehealth for Mental Health Services more than other age groups.
- About 70% of RI residents aged 65 and up used telehealth or a combination of In Person and Telehealth for Mental Health Services.
- About 93% of RI residents ages 18 to 25 use telehealth or a combination of In Person and Telehealth for Mental Health Services.

Received Mental Health Care



Encounter Location for Mental Health Services



Patient Cost of Mental Health Care

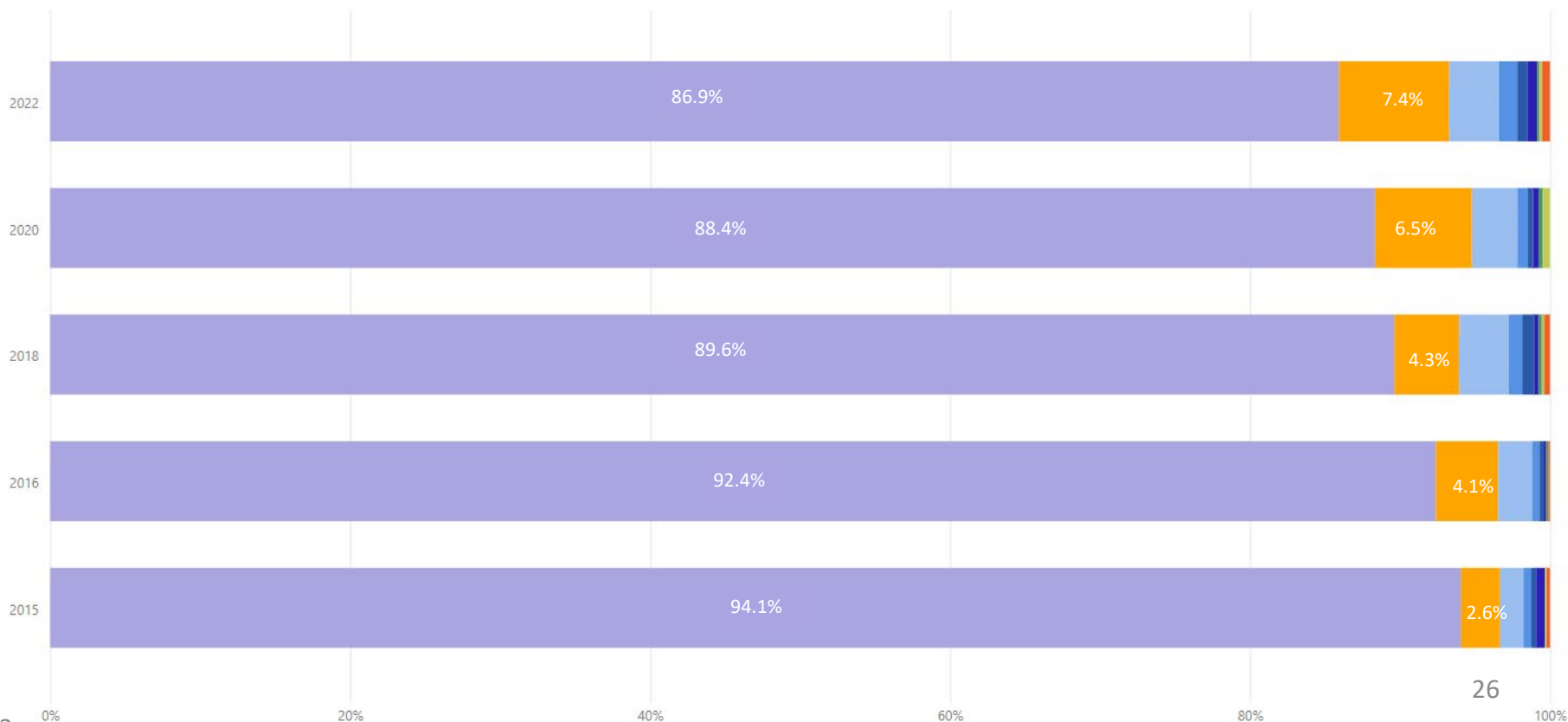
Out-of-pocket mental health care costs have risen since 2014.

- In 2022, 14% paid more than \$250 out-of-pocket for mental health care, compared to 6% in 2015.
- Those who pay more than \$250 out-of-pocket for mental health care has increased every year since 2015.

Yearly Out-of-Pocket Costs for Mental Health Care

Paid for Mental Health

- \$250 or less
- \$251 to \$500
- \$501 to \$1,000
- \$1,001 to \$1,500
- \$1,501 to \$2,000
- \$2,001 to \$3,000
- \$3,001 to \$4,000
- \$4,001 to \$5,000
- \$5,001 or more



Satisfaction with Care

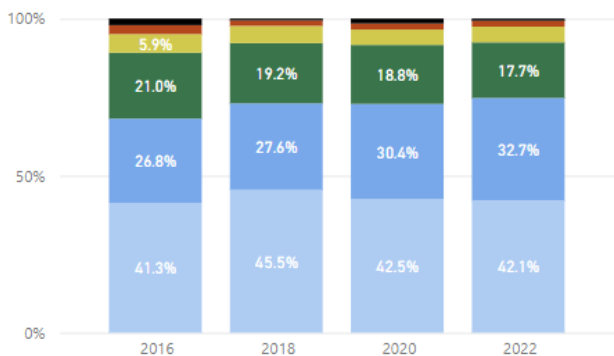
Overall, member satisfaction remained steady in 2022 compared to prior years.

- The majority of privately insured and Rite Care members gave "Good," "Very Good," or "Excellent" ratings for choice of providers, range of services and quality of care.
- 85.5% of Rite Care members gave "Good," "Very Good," or "Excellent" ratings for quality of care, compared to 86.5% in 2016.

Choice of Providers Available

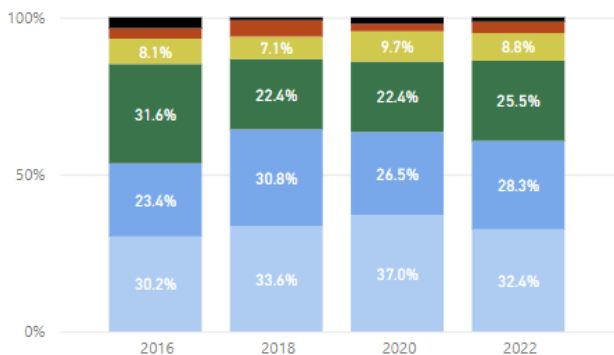
Private Insurance

Excellent Very Good Good Fair Poor Did Not Receive Care



Rite Care

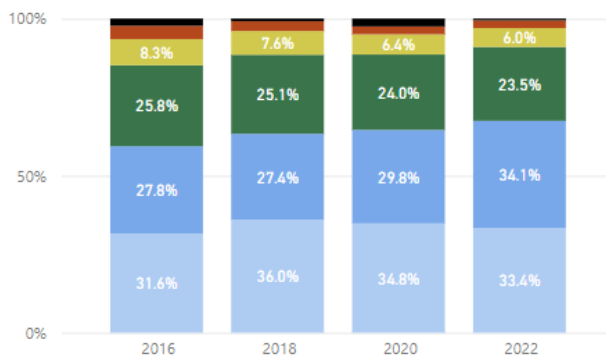
Excellent Very Good Good Fair Poor Did Not Receive Care



Range of Services Available

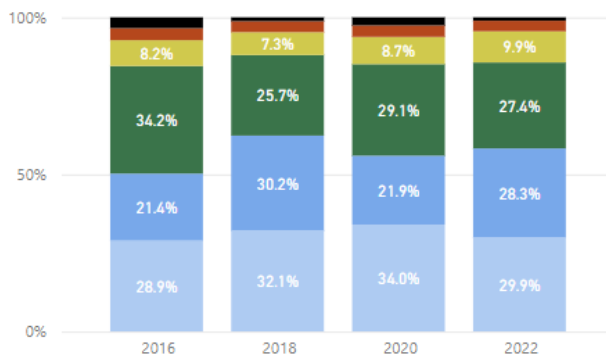
Private Insurance

Excellent Very Good Good Fair Poor Did Not Receive Care



Rite Care

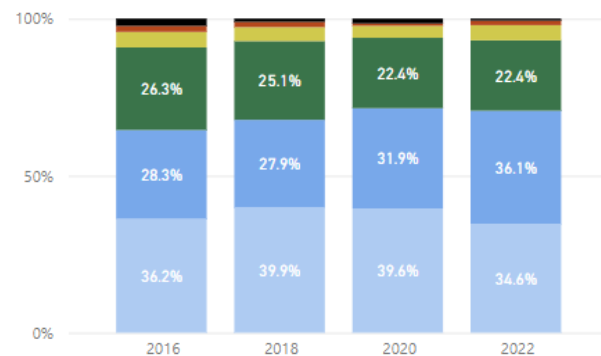
Excellent Very Good Good Fair Poor Did Not Receive Care



Quality of Care

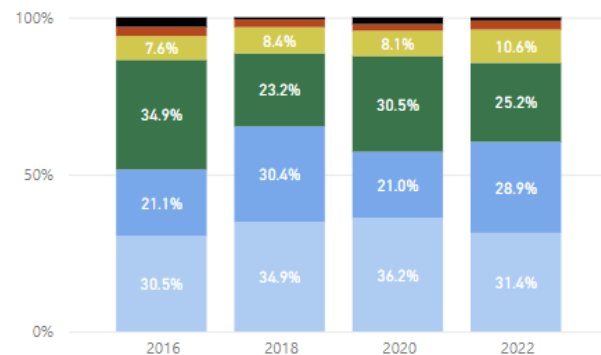
Private Insurance

Excellent Very Good Good Fair Poor Did Not Receive Care



Rite Care

Excellent Very Good Good Fair Poor Did Not Receive Care



SECTION 10. 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).																														
All Other (Race)	A racial category that includes responses from those who identify as Pacific Islander or Other. The responses for these racial categories are combined into on category called ‘Other’ given small cell sizes.																														
COVID-19	Coronavirus. An infectious disease first identified in December 2019 which resulted in a global pandemic, directly impacting the U.S. beginning in March 2020 with significant ongoing health, economic, and social impacts.																														
Deductible	The amount of money an insured individual must pay out-of-pocket before an insurance provider will pay any expense.																														
DHS	Rhode Island Department of Human Services																														
EOHHS	Rhode Island Executive Office of Health and Human Services																														
ESI	Employer-Sponsored Insurance																														
FPL	<p>Federal Poverty Level. The incomes are set by the U.S. Department of Health and Human Services: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines.</p> <table><tr><th colspan="5">Household Income for a Rhode Island Family of Four, 2022</th></tr><tr><th></th><th colspan="4">% of FPL</th></tr><tr><th></th><th>100%</th><th>200%</th><th>300%</th><th>400%</th></tr><tr><td>Total Household Income</td><td>\$26,500</td><td>\$53,000</td><td>\$79,500</td><td>\$106,000</td></tr><tr><td>5% of Total Household Income</td><td>\$1,325</td><td>\$2,650</td><td>\$3,975</td><td>\$5,300</td></tr><tr><td>10% of Total Household Income</td><td>\$2,650</td><td>\$5,300</td><td>\$7,950</td><td>\$10,600</td></tr></table> <p>*Source: EOHHS</p>	Household Income for a Rhode Island Family of Four, 2022						% of FPL					100%	200%	300%	400%	Total Household Income	\$26,500	\$53,000	\$79,500	\$106,000	5% of Total Household Income	\$1,325	\$2,650	\$3,975	\$5,300	10% of Total Household Income	\$2,650	\$5,300	\$7,950	\$10,600
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10% of Total Household Income	\$2,650	\$5,300	\$7,950	\$10,600																											
HIS	Health Insurance Survey																														
HSA	Health Savings Account																														

Glossary (Continued)

Term	Definition
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 provide 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 to American aged 65 or older.
Other (race)	A racial category that includes responses from those who identify as Pacific Islander or Other.
Out-of-Pocket Expenses (Cost)	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 their 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	<p>This term applies to individuals covered by insurance that fulfill one of the three criteria below, as defined by the Commonwealth Fund:</p> <ul style="list-style-type: none"> • 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 their household income. • 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 their household income. • The deductible was at least 5% of their household income.
Uninsured	The term refers to residents who did not have health insurance coverage at the time of the survey administration.
“Unwinding” from Medicaid	This term describes those individuals who have stayed eligible for Medicaid during the public health emergency and will lose eligibility when it ends.

SECTION 11. Appendix

For additional data resources, visit <https://healthsourceri.com/surveys-and-reports/>

- Interactive Data Dashboards
- Data Compendiums
- Compendium FAQs
- Technical Documents

Additional areas of data exploration include:

- Preventive/Routine Care, ED, and Mental Health Service Utilization
- Quality of Care
- Dental Coverage
- Prescription Medication Coverage
- Medicaid Coverage and Enrollee Experience