Rhode Island

2021 Healthcare Affordability Policy Checklist

KEY
= implemented by state
= the state has implemented policies, but could improve
= not implemented by state

Polling data repeatedly shows that healthcare affordability is the number one issue that state residents, on both sides of the political aisle, want their policymakers to work on. This checklist identifies areas where Rhode Island is doing well and areas where it can improve.

1. Curb Excess Healthcare Prices:

• Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices.



• Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization.



• Create a permanently convened health spending oversight entity.1



Create all-payer healthcare spending and quality benchmarks for the state.²

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2. Reduce Low-Value Care:

Require validated patient-safety reporting for hospitals.³



Universally implement antibiotic stewardship programs using CDC's 7 Core Elements.⁴



• Analyze claims and EHR data to understand how much is spent on low- and no-value services.⁵

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3. Extend Coverage to All Residents:

Expand Medicaid to cover adults up to 138% of the federal poverty level.



• Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.⁶



Provide options for immigrants that don't qualify for the coverage above.



• Conduct strong rate review of fully insured, private market options.8



4. Make Out-of-Pocket Costs Affordable:

Protect patients from inadvertent surprise out-of-network medical bills.^{9,10}



• Limit the availability of short-term, limited-duration health plans.



• Waive or reduce cost-sharing for high-value services.



Require insurers in a state-based exchange to offer evidence-based standard plan designs.

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NOTES

- 1. RI has a healthcare spending oversight entity that targets hospital spending.
- 2. RI's affordability standards have successfully curbed hospital costs by limiting contracted hospital prices from rising any more than inflation plus 1 percent.
- 3. Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. CLABSI and CAUTI reporting in RI is voluntary, but validation of submitted reports is required. For more information, see: https://www.cdc.gov/hai/data/portal/progress-report.html#Data_tables.
- 4. 100% of RI hospitals have adopted antibiotic stewardship. For more information, see: https://www.cdc.gov/antibiotic-use/stewardship-report/current.html
- 5. As part of the Rhode Island Health Care Cost Trends Collaborative Project, Brown University's School of Public Health conducted a thorough analysis of claims data in RI's APCD and performed initial ad hoc analyses focused on the cost impact of low-value care on healthcare spending in Rhode Island.
- 6. RI received approval in 2019 to implement a reinsurance program from 2020 through 2024.
- 7. RI offers Medicaid coverage to lawfully residing immigrant children without a 5-year wait. Some level of prenatal care is available, regardless of immigration status, through CHIP's "unborn child" option. RI does not offer coverage options for undocumented children/adults.
- 8. RI incorporates affordability criteria into rate review and is an 'active purchaser,' which helps keep premiums down on the exchange. RI limits contracted hospital prices from rising more than inflation plus 1 percent and requires insurers to comply with criteria related to care infrastructure and comprehensive payment reform for premium increases to be approved.
- 9. RI has partial protections against surprise medical billing, meaning that protections only meet some of the following criteria: protections include emergency departments and hospitals; apply to all insurance types; hold consumers harmless/prevent balance billing and adopt adequate payment standard or dispute resolution process. For more information, see: https://www.commonwealthfund.org/publications/maps-and-interactives/2021/feb/state-balance-billing-protections
- 10. The Federal No Surprises Act prohibits surprise medical billing in most plans effective January 2022. However, it does not cover ground ambulances which often result in surprise bills. An analysis by Johns Hopkins University conducted specially for Altarum revealed that 32% of ground ambulance rides in RI charged to commercial insurance plans had the potential for surprise medical billing.











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