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# HealthRight

*The creative table for health care policy solutions in Rhode Island.*

## Access to Care and Coverage in Rhode Island

Successes and Remaining Challenges

<http://www.rihealthright.org>

## Access to Care and Coverage in Rhode Island

### Introduction

The Affordable Care Act has brought sweeping changes to the landscape of Rhode Island's health care system, but the work of connecting our residents with high quality affordable health care has just begun. This policy paper explores the state's progress so far and points towards areas of concern for the future.

### Historic Context- Access to Insurance

In 2010, before the implementation of the Affordable Care Act, approximately 140,000 Rhode Islanders, or about 16% of the population under 65, lacked health insurance. Up to 187,000, or 21% of the under 65 population, had no health insurance at some point during the span of a year.<sup>1</sup> As the state prepared for the implementation of the Affordable Care Act, those estimates were revised multiple times. A 2012 survey estimated that 112,774 Rhode Islanders, or 11% of the population, were uninsured.<sup>2</sup> Another internal analysis put the number of uninsured Rhode Islanders at 126,000. That same report estimated that the some 14,000 Rhode Islanders were on policies bought directly from a health insurance company and not through a job or an employer.<sup>3</sup> At the time, Blue Cross Blue Shield of Rhode Island was the only health insurance company in the state offering "direct pay" products to those 14,000 residents who did not receive insurance through an employer.<sup>4</sup>

Before 2014, free or low cost insurance through Medicaid was only available to low income children, families, the elderly and the disabled. Low-income adults without children at home relied on employer-based insurance, purchased direct pay plans, or went without coverage. Undocumented immigrants and immigrants who had lived in the United States for less than five years (except for pregnant mothers and children) were also ineligible and remain ineligible for Medicaid.<sup>5</sup>

According to the Hospital Association of Rhode Island, in 2013 hospitals spent a total of \$192.6 million on uncompensated care in the form of "charity care" for low-income residents that qualified for financial assistance as well as "bad debt" for patients that did not pay their bills.<sup>6</sup> Local Community Health Centers, The Rhode Island Free Clinic, and Clinica Esperanza also provided free or sliding scale medical care for the uninsured. Eligibility for care at the Rhode Island Free Clinic was determined by a monthly lottery.<sup>7</sup>

In informant interviews for a 2013 Community Needs Assessment, 49 "professionals and key contacts" identified access to health care as the top health issue in Rhode Island. Participants also identified "lack of health insurance coverage," and "inability to pay out of pocket expenses" as major barriers "that keep people from accessing care in the community when they need it."<sup>8</sup>

A 2012 Health Information Survey found that these concerns about cost affected approximately 5% of Rhode Island adults who delayed or did not receive medical treatment because they could not afford to pay for their care. About 2.5% of Rhode Islanders over the age of 18 skipped or delayed receiving mental health services because of cost. An inability to find the right provider caused 5.5% of Rhode Islanders to forgo or delay medical care. Preventive care, dental care and mental health care were among the top categories of care delayed because of lack of access to available providers.<sup>2</sup>

### Affordable Care Act Successes- Access to Insurance

January of 2014 brought a range of new options for Rhode Islanders without access to affordable employer based health insurance. The state's decision to expand Medicaid made free health coverage available to tens of thousands of childless adults. Federal tax credits and cost sharing reductions helped to reduce the cost of monthly premiums and out of pocket expenses for low and middle income Rhode Islanders.<sup>5</sup>

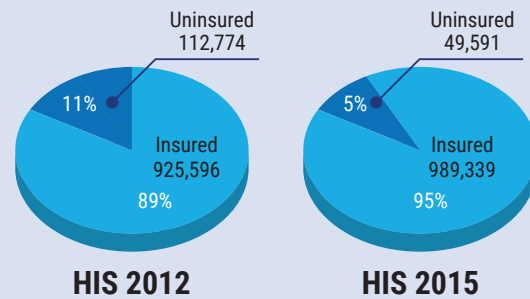
## Access to Care and Coverage in Rhode Island

Rhode Island's health insurance exchange, HealthSource RI, facilitated enrollment in these new health insurance options through an online portal, a contact center with assistance in person and over the phone, a network of community based enrollment experts called "Navigators" and hundreds of community events.

Less than two years later, as HealthSource RI embarks on its third open enrollment period for Rhode Islanders to purchase or renew their coverage, the state has plenty to celebrate. A recent Health Information Survey conducted by HealthSource RI reveals that the state's number of uninsured residents had been cut in half. The number of uninsured Rhode Islanders is now under 50,000 people, or 5% of the population, this total includes approximately 1,000 uninsured Rhode Islanders over the age of 65. A nationwide poll conducted by Gallup puts the percentage of Rhode Island's uninsured even lower; at 2.7%, the Ocean State has the lowest uninsured rate in the country. However, the Gallop poll's small sample size and a margin of error of plus or minus 4% indicates that the HealthSource RI data is likely to be more reliable.<sup>9</sup>

In another sign of a decrease in Rhode Islanders lacking access to health insurance, the Lifespan hospital system reported a dramatic decrease in its uncompensated care costs following the implementation of the Affordable Care Act. Lifespan's charity care for Rhode Islanders who qualified for financial assistance dropped by half, from \$60.7 million in 2013 to \$27.3 million in 2014. The hospital system's bad debt, for patients who did not pay their bills, also decreased slightly from \$30.7 million in 2013 to \$28.7 million in 2014. In a statement to bondholders, the non-profit corporation cited the "expansion of Medicaid eligibility and the growth of health insurance exchanges, both of which reduced the number of uninsured patients" as the primary reason for its reduction in charity care.<sup>10</sup>

The **Uninsured population** has declined by 63,000 individuals, from 113,000 in 2012 to 50,000 in 2015 according to HIS.



Includes non-institutionalized population only. Uninsured includes ~1,000 uninsured over 65 in both datasets. Margin of error = < 1%

Figure 1: Uninsured in RI in 2012 vs 2015

Source: Rhode Island Health Information Survey: Preliminary Results for 2015

The individual direct pay market for health insurance is also no longer restricted to coverage through Blue Cross Blue Shield of Rhode Island. Customers at HealthSource RI can purchase insurance from Blue Cross Blue Shield of RI as well as UnitedHealthcare and Neighborhood Health Plan of Rhode Island. In the health insurance exchange's second open enrollment period, more than half of HealthSource RI's customers took advantage of these new choices by purchasing coverage from Neighborhood (48%) or United (3%).<sup>11</sup>

### Affordable Care Act room for improvement—access to insurance

Despite these gains, nearly 50,000 Rhode Islanders remain uninsured. Just over 45% of the state's uninsured residents earn below the poverty level and would qualify for free insurance through Medicaid based on their income. Another 40% would qualify for tax credits on HealthSource RI to reduce their monthly insurance premiums. When asked, 26% of these uninsured Rhode Islanders who qualified for financial assistance said they had not purchased insurance because they believed the cost of coverage was still unaffordable. More than a quarter of those same residents also believed they were not eligible for tax credits.<sup>2</sup> According

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to the HealthSource RI survey, the majority of Rhode Island's uninsured residents are between the ages of 18-44. They are more likely to be male and low-income. More than 60% are adults without children.

About 30% of Rhode Island's uninsured residents were born outside the United States. A third of those immigrants have been in the country for less than five years and do not qualify for Medicaid which, except for pregnant women and children, is only available to legal residents who have been in the United States for at least five years. As long as undocumented immigrants are unable to purchase coverage on HealthSource RI and do not qualify for federal tax credits, cost sharing reductions or Medicaid, Rhode Island will always have a population of uninsured immigrants with no options for receiving coverage.<sup>2</sup>

There is also some evidence that not all customers on HealthSource RI are receiving appropriate or affordable health insurance coverage. In 2015, more than 20% of the Rhode Islanders who purchased insurance through HealthSource RI selected a plan with a high deductible.<sup>11</sup> These high deductible plans, classified as "bronze plans" on the exchanges, offer low monthly premiums in exchange for high out of pocket expenses. HealthSource RI bronze plans have deductibles as high as \$5,800 for an individual and \$11,600 for a family.<sup>12</sup> Of those Rhode Islanders who purchased a bronze plan, more than 1,750 selected a Health Savings Account (HSA) enabled plan. These plans, which allow customers to set up tax-free accounts for paying their medical bills, also traditionally pay nothing towards a patient's medical expenses (except for preventative care) until a customer reaches their deductibles. An uneducated consumer, looking only for the lowest monthly cost for their health insurance, could face significant financial hardship, or be forced to skip necessary treatments, if they needed medical care after selecting a bronze plan.

Customers who are below 250% of the Federal Poverty Level (FPL) and are likely to be the most cost conscious about the

price of their monthly premiums actually have the most to gain by "buying up" and purchasing a "silver plan." These silver plans have slightly higher premiums but lower deductibles, in the range of \$2,600- \$3,500 for an individual and \$4,000- \$7,000 for a family. Customers below 250% of FPL qualify for cost sharing reductions to limit their out of pocket expenses and can receive a deductible as low as \$250 for an individual and \$500 for a family, but only if they purchase a silver plan. HealthSource RI has not released data mapping the incomes of Rhode Islanders with the type of plan they purchased, but knowing that 56% of all customers had incomes below 250% of the Federal Poverty Level, it is safe to assume that some consumers could have received significantly lower deductibles if they knew to purchase a silver plan.<sup>11</sup> This problem is not unique to Rhode Island. All exchanges struggle with how to help consumers select a truly affordable plan. An analysis by Avalere Health estimates that in 2015, 2.2 million Americans missed out on reductions in their deductibles and out of pocket expenses because they didn't buy a silver plan, an indication that "consumers are picking plans on exchanges based on premiums, rather than out of pocket costs."<sup>13</sup>

The Affordable Care Act's definition of access to "affordable" employer based insurance also affects the ability of working Rhode Islanders to purchase truly affordable insurance for their families. According to federal law, an individual cannot receive tax credits or cost sharing reductions to reduce their health coverage costs if they have access to employer based coverage that costs less than 9.56% of their annual family income.<sup>14</sup> Unfortunately, this calculation is only based on the cost of employer-based insurance for an individual, not the cost of a plan for the employee and a spouse or an entire family.

In workplaces that pay the cost of coverage for an employee but offer little or no support for family coverage, employees with spouses or children have no true affordable options. As long as the employer offers family coverage, regardless of the cost, family members are disqualified from receiving tax credits

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or cost sharing reductions to reduce the cost of their health coverage.<sup>15</sup> This is no small burden. Nationally, the average amount an employee pays for family coverage has increased by 83% between 2005-2015. In 2015, the average cost to an employee for family coverage was just under \$12,600 a year and 46% of all companies offered health insurance with at least a 1,000 deductible for an individual plan.<sup>16</sup> In Rhode Island, more than 500,000 residents receive their coverage through an employer.<sup>4</sup> As the cost of employer based coverage increases, more of these Rhode Islanders will struggle to remain insured.

### Affordable Care Act Successes- access to primary care

As a part of the design of the affordable care act Congress intentionally made investments in primary care. These investments are paying off now, as the increased access to care at the federally qualified health centers has been so important to ensuring access to care for underserved communities throughout the state and the country. The Affordable Care Act's \$11 billion dollar investment in the country's community health centers has translated into millions of dollars for access to care at community health centers in Rhode Island. In 2015 alone, health centers received nearly three million dollars to invest in growing the state's health workforce. Another \$26 million dollars went towards improvements in primary care.<sup>17</sup> Rhode Island's community health centers expanded their staffing and facilities in order to increase the numbers of patients they serve in their communities; in 2014 they saw over 151,000 patients for primary medical, dental and behavioral health care.<sup>18</sup>

Perhaps the state's strong community health centers are one reason why despite an increase of more than 60,000 Rhode

Islanders with health insurance, early data does not indicate that this newly insured population has created a change in the availability of medical providers. In 2015, 5.4% Rhode Islanders reported skipping or delaying care because a medical care provider was not available. This rate is almost identical to the 5.5% of Rhode Islanders who skipped or delayed care in 2012 because a provider was unavailable.<sup>2</sup>

National studies about access to care show much higher rates of patients forgoing medical treatment because of cost, especially among "direct pay customers"- those who do not have employer sponsored health insurance and buy their

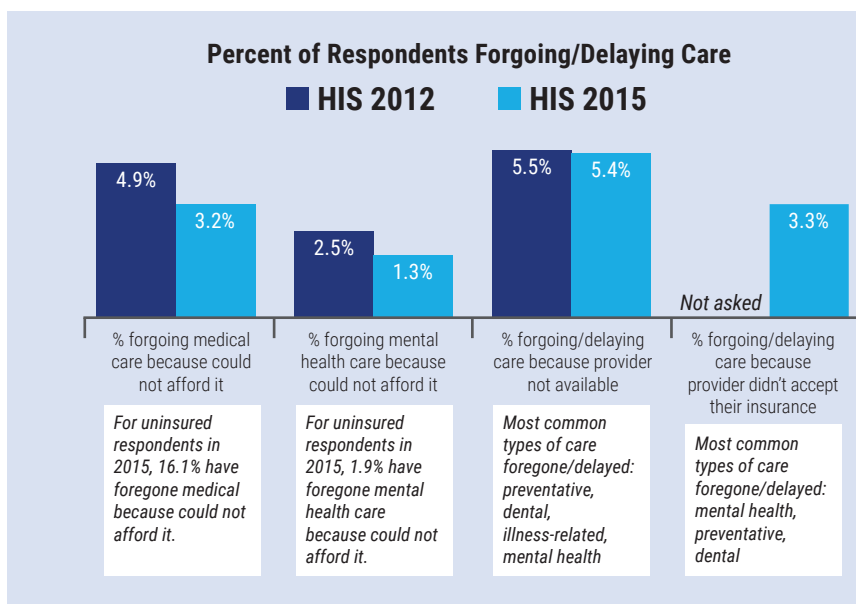


Figure 2: Rhode Islanders forgoing/delaying care 2012 vs 2015  
Source: Rhode Island Health Information Survey: Preliminary Results for 2015

coverage bought directly from a health insurance company or a health insurance exchange. One study found that 1 in 4 of adults with direct pay or "non group" coverage went without needed health care because of cost.<sup>19</sup>

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### Areas for improvement: Access to primary care

It is still too early to gauge the true impact of the Affordable Care Act on the availability of care for Rhode Islanders. The HealthSource RI survey is merely one data point gathered a year after the expansion of Medicaid and the creation of the health insurance exchanges. It will take several years before the state can offer a true analysis of access to care before and after the ACA. Rhode Island's Department of Health is in the process of analyzing an extensive inventory of the state's health care system, capturing data on everything from primary care providers to hospitals and specialists. When this State Capacity and Utilization Study is complete, Rhode Island will have its most up to date picture of the availability of providers and care in the state.<sup>20,21</sup>

Some of the most recent information about access to care in Rhode Island was collected before the full implementation of the Affordable Care Act, but it still offers a starting point for understanding the landscape of available services in the state. Data from the Kaiser Family Foundation shows that 15.7% of Rhode Islanders and 36.2% of Rhode Island Latinos did not have a personal doctor in 2013. Those rates were below the national average, but higher than the rates of residents without a personal doctor in the rest of New England.<sup>22</sup> Despite these numbers, there is no indication that Rhode Island has a dramatic primary care shortage. According to Association of American Medical Colleges, in 2012 Rhode Island ranked 4th in the nation for its supply of primary care providers (PCPs). The state had 114 active primary care physicians for every 100,000 Rhode Islanders, above the national average of 90 PCPs per every 100,000 residents. In that same year, Rhode Island had 209 Psychiatrists, or one per every 5,025 Rhode Islanders. These rates were better than psychiatrists per capita in New Hampshire and Maine, slightly lower than the rates in Vermont, and lagged behind Connecticut and Massachusetts.<sup>23</sup>

### Access to Dental Care

Rhode Island does appear to have a shortage of dentists. According to the Rhode Island Department of Health's Assessment and Improvement Plan, in 2011 the state's rate of dentists per capita was below the national average and was lower than the rate of dentists in all other New England states except for Maine. The Department of Labor and Training estimated at the time that Rhode Island needed an additional 300 dentists to meet the needs of the population by 2020.<sup>24</sup>

### Access to Behavioral Health Services

The most up to date analysis of access to behavioral health services in Rhode Island comes from a series of reports by Truven Health Analytics about the supply, demand and cost of behavioral health in Rhode Island. According to the report, although Rhode Island's per capita supply of primary care providers, psychologists and psychiatrists is above the national average and fits within the range of supply in New England, Rhode Island adults have more behavioral health needs than comparative states. The Ocean State has the highest rate of mental health related hospital admissions in New England and the nation. Rhode Islanders also have higher rates of drug and alcohol use and are more likely to die as a result of using narcotics and hallucinogens than residents in other New England states. Perhaps that is why despite the supply of providers, Rhode Islanders are still more likely than residents of similar states to report that their mental health and substance use treatment needs have gone unmet.

The Truven report hypothesizes that Rhode Island's challenge lies not in its supply of mental and behavioral health care services but its ability to provide the "glue that ties these services together."<sup>25</sup> However, the state does lag behind the country in some types of behavioral health services, including its supply of substance abuse and behavioral health counselors (although these services are also provided by mental health

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professionals through other venues). Rhode Island has no programs offering “specialized services for traumatic brain injury.” It also has a low rate of mental health facilities with programs for veterans or individuals with dementia. Despite investments in the state’s community health centers, a total of 8 centers in 3 of Rhode Island’s counties have been designated as having a shortage of mental health professionals.<sup>25</sup>

For children in Rhode Island, the per capita supply of pediatricians, psychiatrists and substance use disorder clinics is above the national average and similar to rates in other New England states. However, the state is below the national average in its rate of mental health facilities specifically designed for children and young adults. Rhode Island also struggles with providing mental health care to children in the appropriate setting. Hospitals providing psychiatric care to children told Truven that many of their patients are “stuck” in their facilities because of a lack of transitional supports in the community. Numbers have gone down over the past several years, but Rhode Island hospitals still report “boarding” hundreds of children a year in emergency departments or acute care hospitals as they wait to be placed in psychiatric care programs.<sup>25</sup>

### Health Disparities

Access to care in Rhode Island is not just about per capita providers or the overall need for certain medical services in the state. Rhode Islanders’ ability to receive appropriate care is often shaped by who they are and where they live. A 2015 legislative report from the Commission for Health Advocacy and Equity uncovered large disparities in health outcomes for Rhode Islanders. Among the findings: the infant mortality rate for African-American babies is almost double the rate for white babies, adults earning less than \$25,000 have significantly higher rates of asthma than wealthier residents and Rhode Islanders without a high school diploma are much less likely to visit a doctor than residents with more education. These

disparities, and many more detailed in the report, indicate that major barriers remain in the state’s efforts to improve the health and well being of all Rhode Islanders. Access to providers is not enough. Rhode Islanders need access to a care that is designed with their particular health needs in mind, taking into consideration the economic and cultural factors that affect their ability to stay healthy.

### Conclusion

At first glance, residents in Rhode Island have above average access to medical care and health insurance. The state has one of the lowest rates of uninsured residents in the country and relatively high per capita rates of providers. But these numbers can be deceiving. More than 20% of residents who bought insurance on the state’s health insurance exchange must pay thousands of dollars in out of pocket expenses before their health coverage kicks in. Despite ranking 4th in the country for our supply of primary care providers, more than 15% of Rhode Island adults do not have a personal doctor. An above average supply of psychologists and psychiatrists has not prevented the state from having the highest rate of mental health related hospital admissions in the country. It appears that in general, Rhode Island does not have a supply issue. It has a care coordination issue. The state’s challenge is not how to recruit large numbers of providers but how to make its existing infrastructure more effective. Data on health disparities in the state indicate that improved health outcomes for many Rhode Islanders will depend on addressing more holistic measures of health including higher rates of education, increased incomes and healthier housing- not just their ability to find a doctor. As Rhode Island rethinks how it delivers and pays for health care, the state needs to keep a close eye on the consumer impact of those systemic changes, closely monitoring not only the availability of insurance and medical services, but how those resources actually help residents live healthier lives.

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### Works Cited

1. Deborah Chollet Allison Barrett, Thomas Bell JB. *Study of Rhode Island's Uninsured: Current Costs and Future Opportunities*. Mathematica Policy Research, Inc.; 2010.
2. HealthSource RI. *Rhode Island Health Information Survey: Preliminary results for 2015*; 2015.  
Available at: [http://d1mhyqs04gvezx.cloudfront.net/app/uploads/2015/09/HIS\\_2015\\_Summary\\_slides\\_Release.pdf?f14c00](http://d1mhyqs04gvezx.cloudfront.net/app/uploads/2015/09/HIS_2015_Summary_slides_Release.pdf?f14c00).  
Accessed September 14, 2015.
3. Group FC. *Who goes where under federal healthcare reform*. Rhode Island Health Benefits Exchange, Office of the Health Insurance Commissioner, Executive Office of Health and Human Services; 2012.
4. Office of the Health Insurance Commissioner. *Rhode Island Commercial Insurance Enrollment Report 2013*; 2013.  
Available at: <http://www.ohic.ri.gov/documents/Commercial-Insurance-Enrollment-General-Sept-2013.pdf>.  
Accessed September 14, 2015.
5. *How Will the Uninsured in Rhode Island Fare Under the Affordable Care Act?*; 2014.  
Available at: <https://kaiserfamilyfoundation.files.wordpress.com/2013/12/8531-ri.pdf>. Accessed September 15, 2015.
6. Hospital Association of Rhode Island. *Uncompensated Care*. 2013.  
Available at: [http://www.hari.org/Uncompensated\\_Care.html](http://www.hari.org/Uncompensated_Care.html). Accessed September 14, 2015.
7. Freyer F. Health Insight: After the Affordable Care Act is set, the Free Clinic will still be helping people. *The Providence Journal*. <http://www.providencejournal.com/article/20131221/NEWS/312219981>. Published December 21, 2013.  
Accessed September 15, 2015.
8. Holleran Consulting. *Community Needs Assessment Final Report*; 2013.  
Available at: [http://assets.thehcn.net/content/sites/hari/HARI\\_Final\\_Report.pdf](http://assets.thehcn.net/content/sites/hari/HARI_Final_Report.pdf). Accessed September 14, 2015.
9. Witters D. In U.S., *Uninsured Rates Continue to Drop in Most States*; 2015.  
Available at: <http://www.gallup.com/poll/184514/uninsured-rates-continue-drop-states.aspx>.  
Accessed September 14, 2015.
10. Nesi T. Lifespan: Charity care down by half thanks to Obamacare. *WPRI News*. <http://wpri.com/2015/01/19/lifespan-charity-care-down-by-half-thanks-to-obamacare/>. Published January 19, 2015. Accessed September 14, 2015.
11. HealthSource RI. *Open Enrollment Two Report*; 2015.  
Available at: [http://healthsourceri.com/wp-content/uploads/2015/09/OpenEnrollment2\\_report.pdf](http://healthsourceri.com/wp-content/uploads/2015/09/OpenEnrollment2_report.pdf).
12. HealthSource RI. *Individual Market Plans and Benefits 2015*.  
Available at: [http://healthsourceri.com/wp-content/uploads/2015/09/2015HSRI\\_IF\\_Rates\\_8.5x11.pdf](http://healthsourceri.com/wp-content/uploads/2015/09/2015HSRI_IF_Rates_8.5x11.pdf).  
Accessed October 6, 2015.
13. Carpenter E. *More than 2 Million Exchange Enrollees Forgo Cost-Sharing Assistance*; 2015.  
Available at: <http://avalere.com/expertise/managed-care/insights/more-than-2-million-exchange-enrollees-forgo-cost-sharing-assistance>. Accessed September 14, 2015.



14. Healthcare.gov. Affordable coverage - Health Insurance Glossary.  
Available at: <https://www.healthcare.gov/glossary/affordable-coverage/>. Accessed October 5, 2015.
15. Wu J. ACA May Penalize Your Family for Receiving Employer Health Benefits. *Value Penguin*. 2013. Available at: <http://www.valuepenguin.com/2013/08/aca-family-penalty-employer-insurance>. Accessed September 14, 2015.
16. *Employer Health Benefits 2015 Summary of Findings*.; 2015.  
Available at: <http://files.kff.org/attachment/summary-of-findings-2015-employer-health-benefits-survey>. Accessed September 22, 2015.
17. Health Resources and Services Administration. HRSA Data Warehouse State Profile- Rhode Island. 2015. Available at: [https://ersrs.hrsa.gov/ReportServer?/HGDW\\_Reports/ST\\_PROFILE/ST\\_PROFILE&theWhere=\(\(STATE\\_FIPS\\_CD='44'\)\)&rs:Format=PDF](https://ersrs.hrsa.gov/ReportServer?/HGDW_Reports/ST_PROFILE/ST_PROFILE&theWhere=((STATE_FIPS_CD='44'))&rs:Format=PDF).
18. *RIHCA 2014-2015 Annual Report*.; 2015. Available at: [http://rihca.org/pdfs/FINAL\\_RIHCA-AnnualReport\\_Full\\_V3.pdf](http://rihca.org/pdfs/FINAL_RIHCA-AnnualReport_Full_V3.pdf). Accessed October 22, 2015.
19. *Non-Group Health Insurance: Many Insured Americans with High Out-of-Pocket Costs Forgo Needed Health Care*.; 2015.  
Available at: [http://familiesusa.org/sites/default/files/product\\_documents/ACA\\_HRMSurvey\\_Urban-Report\\_final\\_web.pdf](http://familiesusa.org/sites/default/files/product_documents/ACA_HRMSurvey_Urban-Report_final_web.pdf). Accessed October 22, 2015.
20. Rhode Island Department of Health. RI DOH Invites Community to Participate in Brief Survey to Improve Healthcare in Rhode Island. 2015. Available at: <http://www.ri.gov/press/view/25764>. Accessed October 6, 2015.
21. Rhode Island Department of Health. Health Care Inventory Survey Update- June 2015. 2015.
22. The Henry J. Kaiser Family Foundation. Percent of Adults Reporting Not Having a Personal Doctor by Race/Ethnicity.  
Available at: <http://kff.org/other/state-indicator/percent-of-adults-reporting-not-having-a-personal-doctor-by-raceethnicity/>. Accessed October 6, 2015.
23. *2013 State Physician Workforce Data Book*.; 2013.  
Available at: [https://www.aamc.org/download/152172/data/rhode\\_island.pdf](https://www.aamc.org/download/152172/data/rhode_island.pdf). Accessed October 1, 2015.
24. *Rhode Island's Health Assessment And Improvement Plan*.; 2014.  
Available at: <http://www.health.ri.gov/publications/plans/2014HealthAssessmentAndImprovement.pdf>. Accessed September 29, 2015.
25. Truven Health Analytics. *Rhode Island Final Behavioral Health Supply Report.pdf*.; 2015.  
Available at: [http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Rhode Island Final Behavioral Health Supply Report.pdf](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Rhode%20Island%20Final%20Behavioral%20Health%20Supply%20Report.pdf). Accessed September 29, 2015.

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