

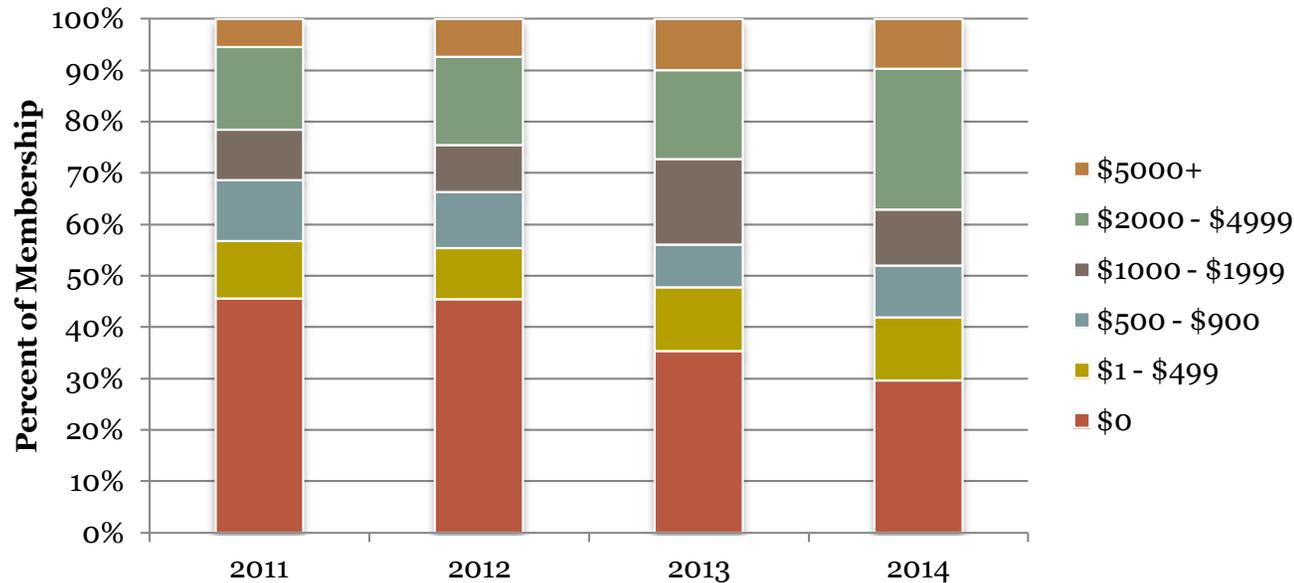
Data on Consumer Cost Shares and Provider Collection Rates



ADMINISTRATIVE SIMPLIFICATION
WORKGROUP

Commercial Enrollment by Deductible Level

Figure 1
Distribution of Commercial Membership by Deductible Level
Jan. 2011 - Jan. 2014



Key Points

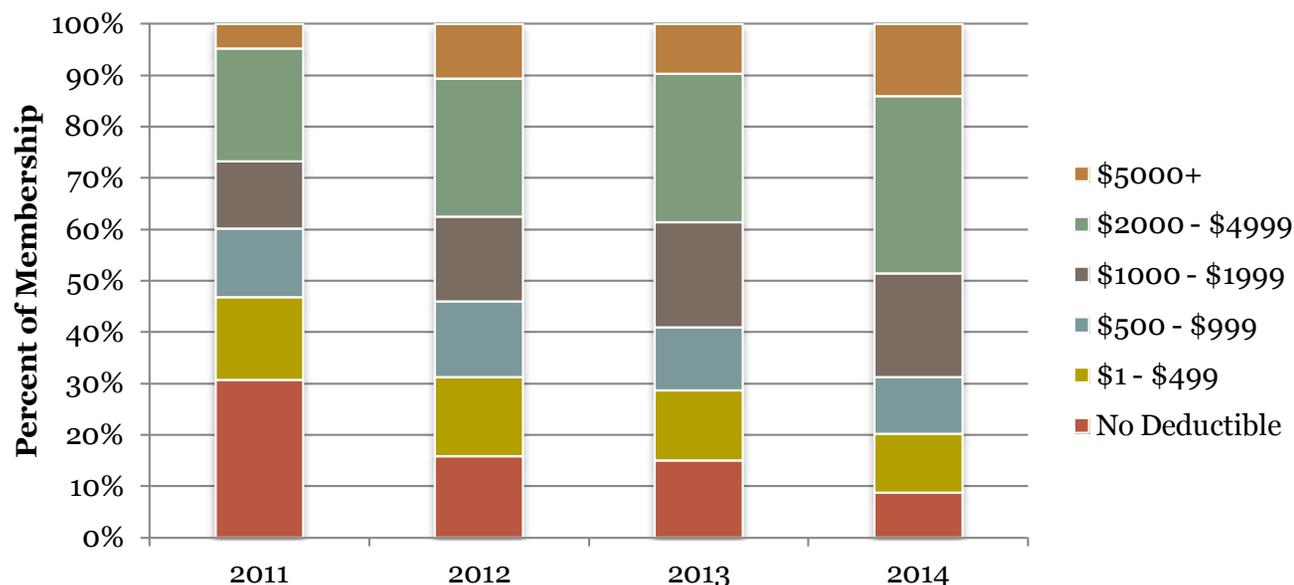
1. Since 2011, the percent of commercial members enrolled in plans with deductibles of less than \$500 declined from 56.8% to 42%.
2. There was growth in the percent of members enrolled in plans with deductibles between \$2,000 and \$4,999, increasing from 16% in 2011 to 27.4% in 2014. Membership in this deductible range clusters around \$2000.
3. The migration to higher deductible health plans is more striking when we limit our perspective to commercial fully insured members (next slide).

Notes:

1. Commercial membership includes fully insured and self insured members. Enrollment was reported by BCBSRI, United Healthcare, and Tufts Health Plan as of January for each year shown.

Commercial Enrollment by Deductible Level – cont'd.

Figure 2
Distribution of Fully Insured Membership by Deductible Level
Jan. 2011 - Jan. 2014



Key Points

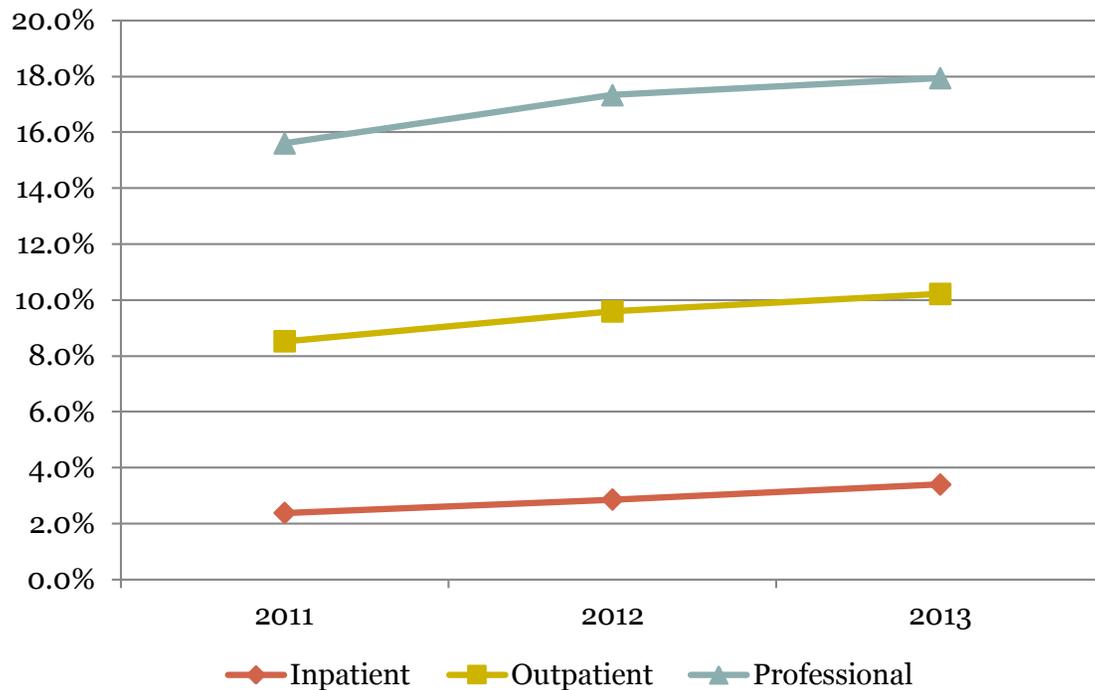
1. Since 2011, the percent of fully insured commercial members enrolled in plans with deductibles of less than \$500 declined from 46.8% to 20.1%.
2. There was substantial growth in the percent of fully insured members enrolled in plans with deductibles between \$2,000 and \$4,999, increasing from 21.9% in 2011 to 34.5% in 2014. Membership in this deductible range clusters around \$2000.

Notes:

1. Enrollment was reported by BCBSRI, United Healthcare, and Tufts Health Plan as of January for each year shown.
2. In 2014, fully insured members represented 43.7 % of the commercial market. The fully insured share has declined over time.

Patient Cost Shares by Provider Type

Figure 3
Total Patient Liability as Percent of Allowed Claims
By Provider Type



Key Points

1. Across all provider types, patient liability, as a percent of total allowed claims, has increased from 10.1% in 2011 to 11.5% in 2013.
2. Patient liability as a percent of allowed claims is highest among professional provider claims, followed by outpatient facility claims and inpatient facility claims. See Figure 3.

Notes:

1. Claims for each year were pooled across BCBSRI, United Healthcare, and Tufts Health Plan. Claims include fully insured and self insured.
2. Patient liability is inclusive of deductibles, copayments, and coinsurance.
3. Figure 3 above shows patient liability as a percent of claims within provider type, i.e. professional, outpatient facility, and inpatient facility.

Trends in Unpaid Patient Cost Shares & Provider Collection Rates

Data Collection

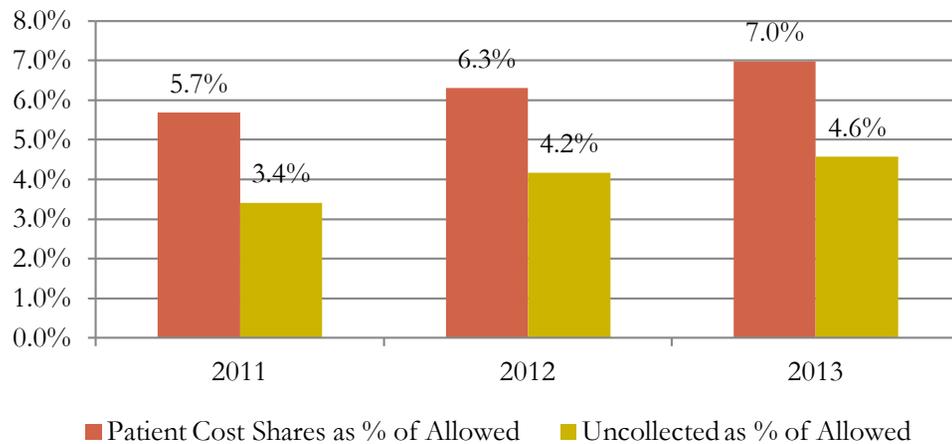
- OHIC compiled commercial payment data from hospitals and professional providers. We requested total allowed claims, claims amount paid by insurers, patient cost shares, and the amount of patient cost shares that providers were unable to collect.
- We received data from 2011-2014.
- Data for 2014 is not complete and is not included here.

Limitations

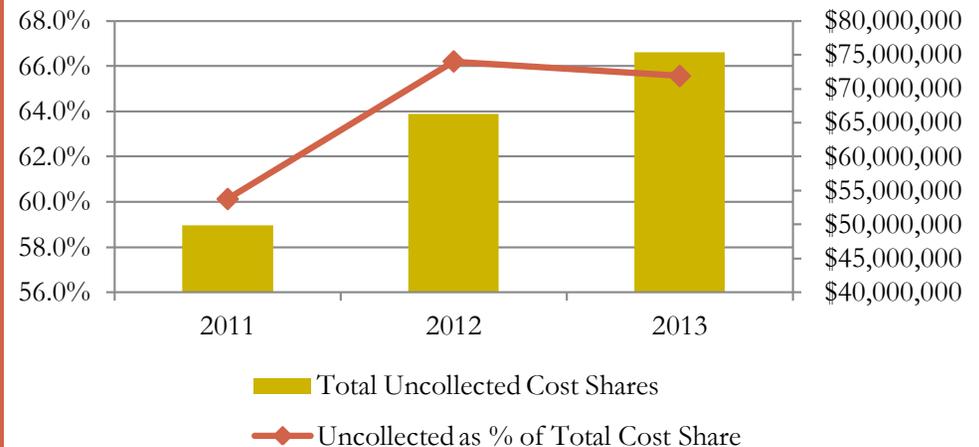
- We could not collect enough data from professional providers, in terms of claims volume and representativeness, to yield reliable estimates. Therefore, only data for hospitals is presented.
- The hospital data does not include all hospitals in Rhode Island.

Trends in Hospital Collection Rates

**Trends in Patient Cost Shares & Uncollected Patient Liability
| Inpatient & Outpatient Hospital Claims |**



**Trends in Patient Cost Shares & Uncollected Patient Liability
| Inpatient & Outpatient Hospital Claims |**



On average, hospitals are collecting 95% of the allowed amount (between insurer payments & patient collections).

However, over 65% of total patient cost shares go uncollected. The value of uncollected patient cost shares has increased over time.

Notes:

1. Data were reported by Care New England, CharterCARE, and Lifespan.