



PANDEMIC RECOVERY OFFICE

Auto-Enrollment Program Final Report

Submitted by State of Rhode Island Pandemic Recovery Office

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<https://pandemicrecovery.ri.gov>

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Auto-Enrollment Program

Project Identification Number: 10027

Pandemic Recovery Office Approval Date: December 10, 2022

Project Completion Date: November 30, 2024

Funded Amount: \$1,614,068

Expended Amount: \$1,614,068

Project Expenditure Category: 2.6 Negative Economic Impacts: Household Assistance: Health Insurance

Problem Statement: Throughout the public health emergency, many Rhode Islanders became eligible for Medicaid due to changing circumstances related to employment and income. In the same period, the federal government prohibited states from terminating Medicaid enrollment except in limited circumstances. As a result of this federal requirement for continuous coverage, Medicaid enrollment grew by over 76,000 enrollees in Rhode Island since the start of the pandemic – bringing the total to 371,000 as of April 2023.¹ In December 2022, congressional action separated the end of the continuous coverage requirement from the end of the public health emergency. Annual recertification of Medicaid eligibility was required to resume in all states no later than April 1, 2023. When annual recertification of Medicaid eligibility resumed, members who were no longer eligible had their Medicaid coverage terminated.

Before the public health emergency, Medicaid enrollees with fluctuating income transitioned back and forth between Medicaid and qualified health plan (QHP) coverage, potentially resulting in coverage gaps, as well as changes in their health plans and provider networks. According to enrollment data from HealthSource RI (HSRI), in 2019, 6,203 members moved from Medicaid to a QHP, and 4,404 members moved from a QHP to Medicaid. Historically, many individuals who leave Medicaid do not enroll in a QHP. For example, for one type of Medicaid termination suspended during the pandemic, of people who moved from Medicaid to QHP eligibility in a year period, over 75% did not select a QHP, and only 12% were enrolled in a QHP at the end of that year. Without health insurance coverage, many of these individuals may be required to pay an individual mandate tax penalty when filing their Rhode Island personal income tax return.

Project Overview: The State's goal with this project was to transition as many individuals as possible who were no longer eligible for Medicaid into one of the many QHPs available through the State's health insurance exchange operated by HSRI. HSRI created a pathway for individuals to retain health and dental insurance coverage once they were transitioned from Medicaid during the recertification process. The program provided two months of premium payments for two groups no longer eligible for Medicaid²:

- Eligible individuals and families with household income at or below 200% of the federal poverty level (FPL) were auto-enrolled into a QHP offered through HSRI. The project

¹ [RTNO Data Dashboard | Stay Covered Rhode Island \(ri.gov\)](#).

² The State continued the Auto-Enrollment Program in the State Fiscal Year 2025 enacted budget with a different funding source. The program now covers one month of premium payments instead of two.

provided two months of premium payments. The payments effectuated coverage on behalf of the customer. All auto-enrollees were eligible for a special enrollment period of 60 days from the date their Medicaid coverage ended and could change plans at that time. In this instance, the project’s premium payments were applied to the customer’s chosen plan. If auto-enrollees self-selected a dental plan, the project also paid the premium for the first two months of dental coverage.

- For individuals and families with household income up to 250% FPL who actively selected a medical and/or dental plan through HSRI, the project provided two months of premium payments for the medical and/or dental plan chosen by the applicant.

For the SFRF project, the average monthly premium for medical coverage was \$651. Federally funded advance premium tax credits paid an average of \$601, and the customer’s responsibility was \$50. The most recent measure of the uninsured rate in Rhode Island found that 2.2% of all residents were uninsured – the lowest rate the State has ever recorded.

Financial Overview: All program payments can be found on the [Pandemic Recovery Office’s website](#) by filtering the “Project” box for “Auto-Enrollment Program.” The table below shows planned expenditures by fiscal quarter and actual expenditures by fiscal quarter:

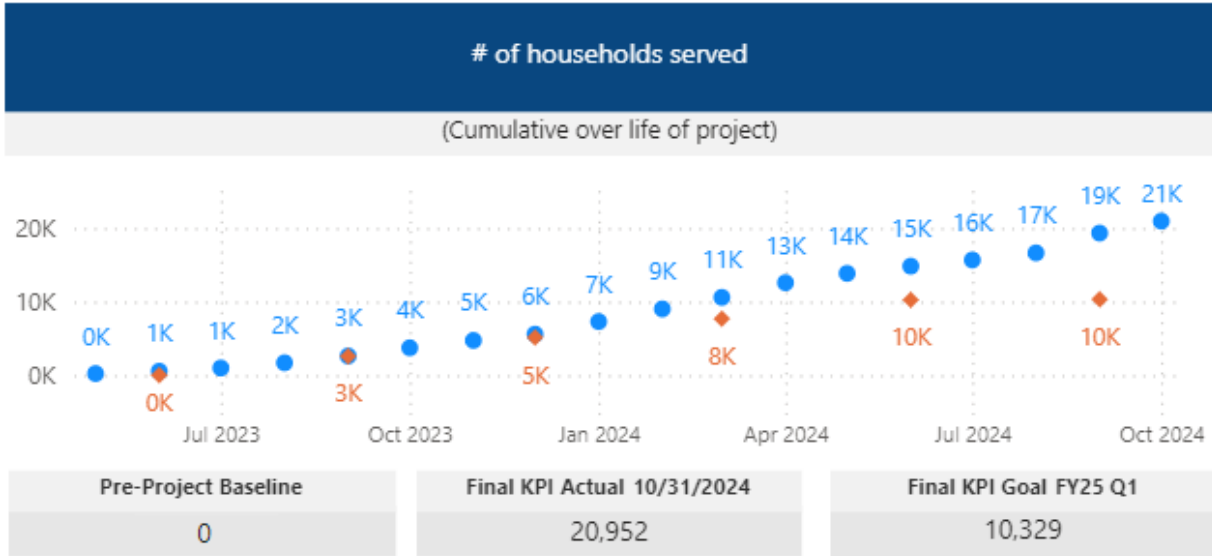
Fiscal Year Quarter	Planned Expenditures	Actual Expenditures
FY 2023 Q3	\$305,852	\$187,322
FY 2023 Q4	\$13,843	\$45,156
FY 2024 Q1	\$245,741	\$253,121
FY 2024 Q2	\$240,941	\$234,310
FY 2024 Q3	\$351,227	\$372,873
FY 2024 Q4	\$123,987	\$355,221
FY 2025 Q1	\$332,477	\$112,890
FY 2025 Q2	-	\$13,556
Total	\$1,614,068	\$1,614,068

Notes: A single audit fee applies to all State Fiscal Recovery Fund projects and accounts for \$484 of the \$1,614,068 of planned expenditures and actual expenditures.

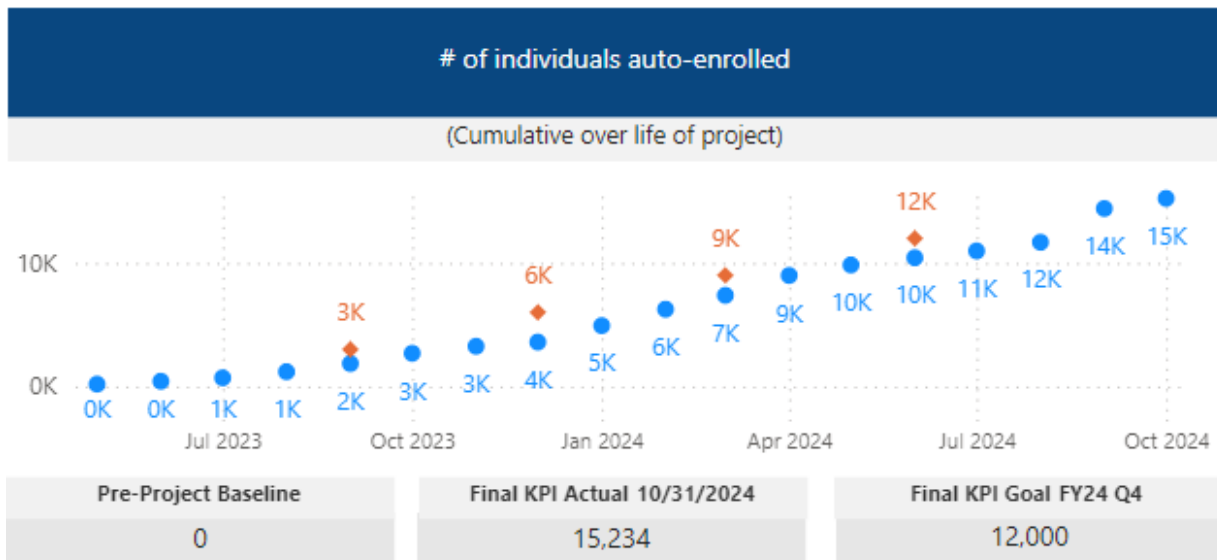
Key Performance Indicators: The following are the key performance indicators based on quarterly goals and monthly data collections.

Legend: ● Actual KPI Value Reported ◆ Quarterly Goals

1. Number of households served



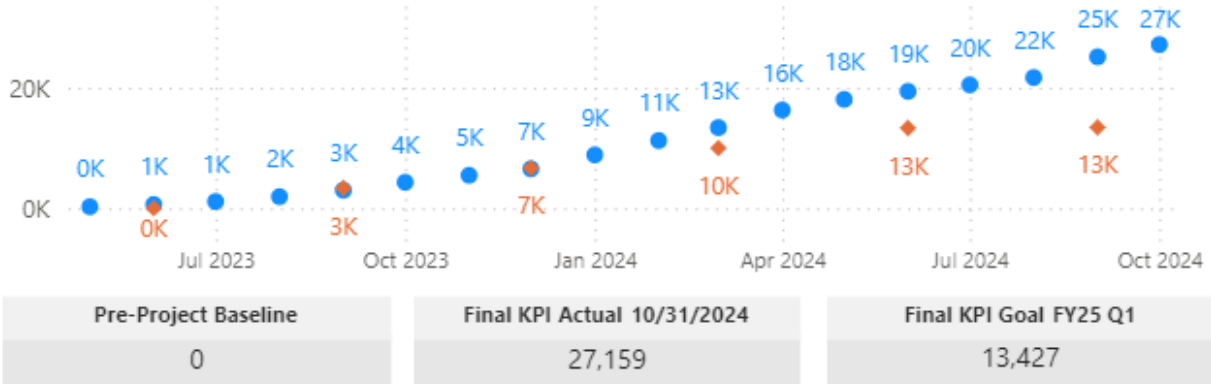
2. Number of individuals auto-enrolled



Legend: ● Actual KPI Value Reported ◆ Quarterly Goals

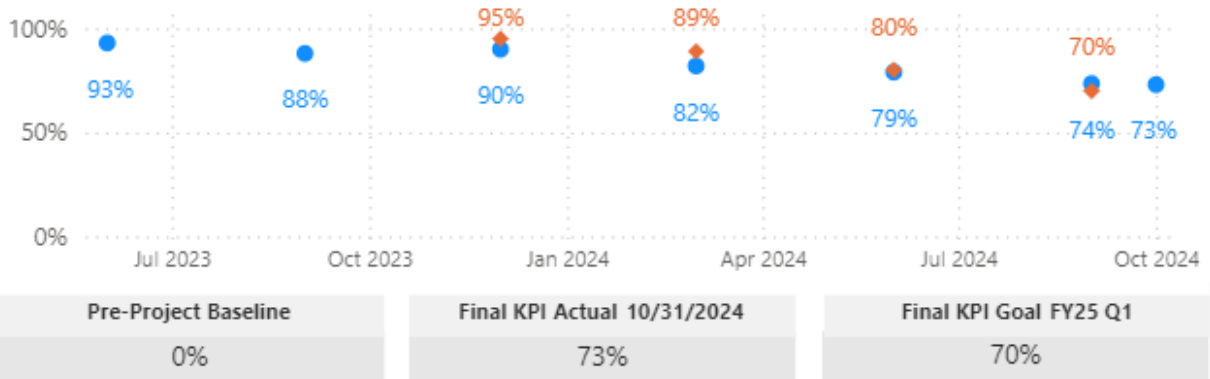
3. Number of individuals served through premium assistance (auto-enrolled and non-auto-enrolled)

of individuals served through premium assistance (including auto-enrolled & non-auto-enrolled)
(Cumulative over life of project)



4. Retention of program participants

Retention of program participants (QHP/Medicaid)
(Point in time)



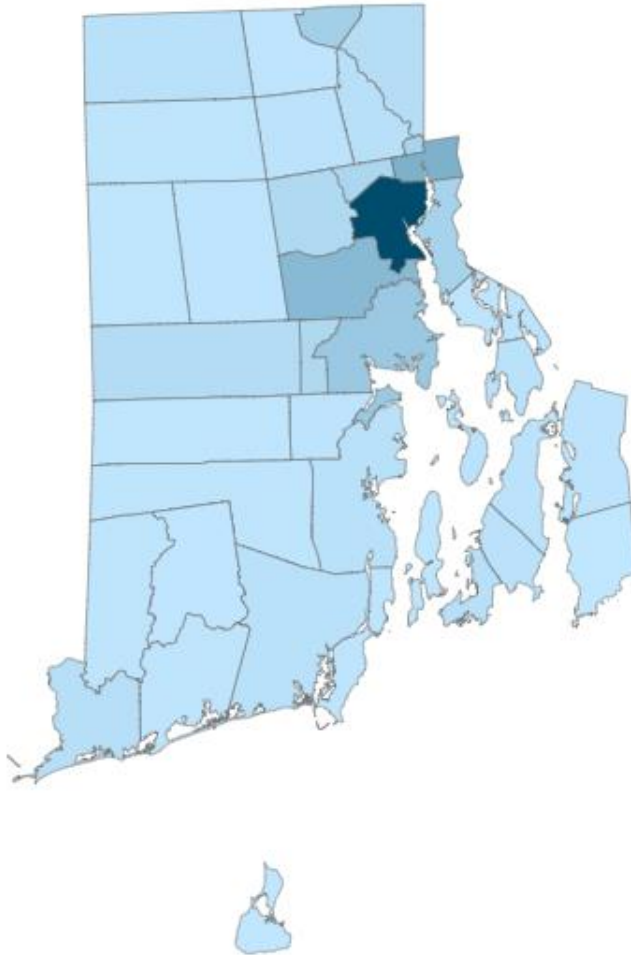
Demographics: The tables below show the breakdown of beneficiaries' ethnicity and race.

Race	Percentage
Asian	2%
Black or African American	10%
Other	19%
Unknown	31%
White	38%
Total	100%

Ethnicity	Percentage
Hispanic	25%
Non-Hispanic	37%
Unknown	38%
Total	100%

The map below shows the distribution of beneficiaries.

Distribution of Individuals Served by Municipality



Municipality	Individuals Served
BARRINGTON	123
BRISTOL	294
BURRILLVILLE	308
CENTRAL FALLS	1,001
CHARLESTOWN	108
COVENTRY	557
CRANSTON	2,339
CUMBERLAND	504
EAST GREENWICH	189
EAST PROVIDENCE	1,043
EXETER	107
FOSTER	74
GLOCESTER	126
HOPKINTON	117
JAMESTOWN	53
JOHNSTON	737
LINCOLN	374
LITTLE COMPTON	25
MIDDLETOWN	288
NARRAGANSETT	139
NEW SHOREHAM	47
NEWPORT	394
NORTH KINGSTOWN	344
NORTH PROVIDENCE	859
NORTH SMITHFIELD	153
PAWTUCKET	2,780
PORTSMOUTH	212
PROVIDENCE	7,980
RICHMOND	100
SCITUATE	133
SMITHFIELD	238
SOUTH KINGSTOWN	335
TIVERTON	193
WARREN	184
WARWICK	1,597
WEST GREENWICH	65
WEST WARWICK	787
WESTERLY	455
WOONSOCKET	1,262
Total	26,624

The total of 26,624 most closely aligns with the number of individuals served (27,159). The reason that these two numbers do not match is because some individuals had out-of-state addresses. For example, a covered spouse/dependent might have lived out of state, or someone moved out of Rhode Island after receiving assistance from the project. Additionally, some beneficiaries had incomplete or mistyped address data meaning that they could not be included in the map.