



# Federal Compliance Advisory Group

## Fourth Meeting

Virks Building  
October 7, 2025

An aerial view of a meeting room with several people seated around a white table. The table is covered with documents, a laptop, and a book. A yellow rectangular overlay is positioned over the center of the image, containing the text 'Welcome and Introductions' and 'Secretary Richard Charest'.

# Welcome and Introductions

**Secretary Richard Charest**

# Today's Agenda

- ✓ **Welcome and Introductions**
  - Housekeeping and Reminders
- ✓ **HSRI Analysis Briefing**
  - Initial Impact Analysis
- ✓ **Gallery Walk Facilitation**
  - In-Person and Online Activity
- ✓ **Key Updates and Public Comment**
  - Report Updates and Announcements

Welcome and Introductions



HSRI Analysis Briefing



Gallery Walk Facilitation



Key Updates and Public Comment



# Housekeeping Reminders

- Restrooms, Water Fountain, and Exits
- Space Accessibility and Overflow Space
- Interpretation Services and Assistive Technologies
- Support Staff Availability
- Timekeeping

## MS Teams Reminders:

Online participants can view the captions by clicking on the **“Live Transcript” button** and selecting **“Show Subtitle”** to display the captions on their screen.

## Wi-Fi Access Information:

Username:	guest user
Password:	OdHr0826

# Reminder: Advisory Group Agreements



- **Communicate Respectfully:** Actively listen and speak respectfully, allowing everyone the opportunity to share without interruption.
- **Value Every Voice:** Recognize that every member's perspective is important and deserves to be heard by encouraging members to share their unique insights and experiences with the goal of enriching discussions.
- **Embrace Diverse Perspectives:** Honor the uniqueness of all perspectives in the room and online to foster an environment where differing opinions are valued.
- **Stay Focused on the Agenda:** Keep discussions relevant to the agenda items to keep on track and use limited time effectively.
- **Be Mindful of Accessibility:** Ensure that all materials, discussions, and spaces are accessible to everyone, and reiterate questions and answers so all can participate inclusively—particularly those listening in online.
- **Be Solution-Oriented:** Encourage a mindset that focuses on proposing feasible solutions rather than dwelling on just problems.
- **Maintain Open Meetings:** Faithfully comply with RI Open Meetings Act (OMA) rules as required for an Advisory Board.

The background image features a close-up of a desk with a stethoscope, a calculator, a pen, and a document. The document contains a table with columns for 'Amount' and 'D'. The calculator shows 'MC', 'MR', 'M-', '%', '√', '9', '8', 'x', and '÷' buttons. The pen is silver and lies diagonally across the document. The document also has text like 'SEVEN BAHT AND' and 'Total Amount'.

# Health Insurance Marketplace Analysis Briefing

**Director Lindsay Lang**



# Federal Compliance Advisory Group HealthSource RI

October 7, 2025

# HealthSource RI (HSRI) Presentation



- Brief review and history of the role of the Marketplace in RI
- Overview of federal changes that will impact the Marketplace and its enrollees
- Impact Analysis:
  - Affordability and Eligibility
  - Enrollment Barriers
  - Operational Changes

# The ACA and Marketplace Role in RI



The rate of **uninsured** has **dropped by three-quarters**, from almost 11% to less than 3% today



Today, over **55,000 Rhode Islanders** access **commercial health insurance** through HealthSource RI's individual and small group programs.



HealthSource RI has **served** nearly **183,000** Rhode Islanders since 2014.



Through HealthSource RI, **90% of enrollees** purchase **subsidized** health insurance.



Rhode Islanders have benefitted from **\$1.3 billion in federal financial assistance** provided under the ACA to help make coverage more affordable. \$105M APTC in 2020 ➡ \$185M in 2024

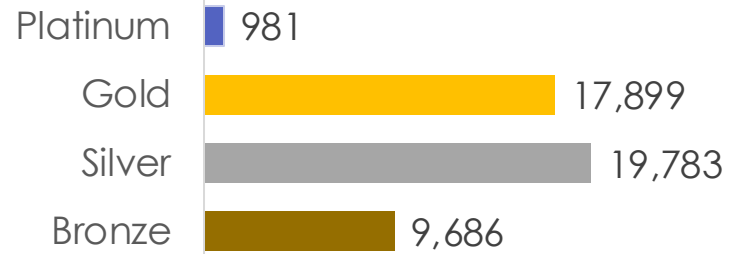


HealthSource RI operates a **shared contact center** which serves HSRI and DHS customers. In FY '25, this shared **call center handled 303,000 inquiries**.

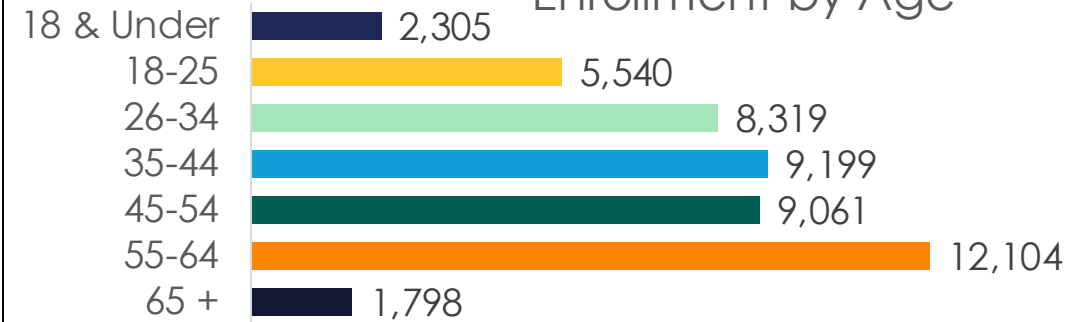
# Who Is Enrolled Through HSRI?

48,166  
individual  
enrollees in  
38,092  
households

## Enrollment by Metal Level



## Enrollment by Age



### New and Renewing Enrollees

At the end of 2024, more than half of enrollees were new customers (not renewed from previous year).

### Mixed Eligibility Households

20% of enrolled households have adult members enrolled in HSRI coverage and children enrolled in Medicaid.

### Rhode Islanders who have immigrated here from elsewhere in the world.

23% of enrollees through HSRI have a household member who is an immigrant.

### Language Preference

Enrollee language selection: 60% English, 14% Spanish, 1% Portuguese, and 26% Other/No Preference Listed.

# Who Is Enrolled Through HSRI?

## Self-employed and Small Business Workers Across Diverse Industries

Primarily serving those without access to employer insurance

Self-employed, part-time, seasonal, and transitioning workers, often with variable incomes

## Rhode Islanders with Varying Income

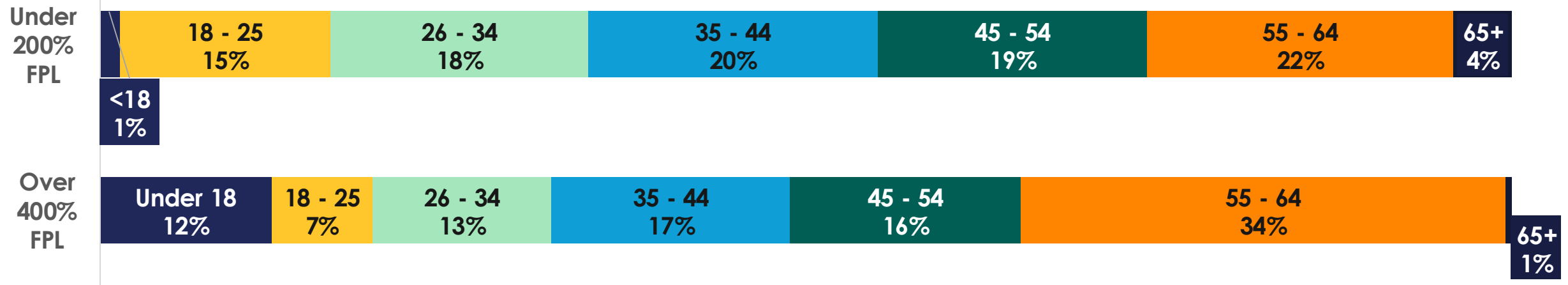
**58%** of HSRI's enrollees live in households with **annual income at or below 250% FPL**

*For PY 2026, that income is **\$39,125** for a single applicant or \$80,375 for a family of 4.*

**12%** of HSRI's enrollees live in households with **annual income at or above 400% FPL**

*For PY 2026, that income is **\$62,600** for a single applicant or \$128,600 for a family of 4.*

## Enrollees Age Distribution at Selected Income Levels



SIGNIFICANT MARKETPLACE FEDERAL CHANGES	BRIEF SUMMARY	EFFECTIVE DATE	SOURCE	IMPACT LEVEL
<b>Enhanced Advanced Premium Tax Credit (APTC) Expiration</b>	Premium tax credits were increased for 5 years via ARPA and IRA. The additional credits expire at the end of 2025, returning APTCs to baseline ACA levels.	1-Jan-26	Lack of extension	Highest
<b>End APTC for “5-year bar” Customers Under 100% FPL</b>	Eliminates a rule that allowed APTCs for those with incomes under 100% FPL, if they were denied Medicaid due to the “five-year bar” for recent immigrants.	1-Jan-26	H.R. 1	High
<b>Unlimited Recapture of APTCs</b>	People who received excess APTCs must pay it all back on their tax return. The payback amounts were previously capped for households making less than 400% FPL.	1-Jan-26	H.R. 1	Med
<b>Income-based Special Enrollment Period (SEP) Restriction</b>	Ends APTC eligibility for individuals using an income-based SEP (such as the under 150% FPL SEP) for 2026. Additionally, this SEP is paused through Dec. 2026 by the Marketplace Integrity Rule.	1-Jan-26	H.R. 1/ Marketplace Integrity Rule	Med
<b>Eliminate APTC for some legal immigration statuses</b>	Establishes new, reduced designation of “Eligible Alien” for APTC eligibility. Limited to lawful permanent residents, Haitian/Cuban entrants, and COFA immigrants. Refugees, asylees, visa holders etc. no longer eligible for APTCs.	1-Jan-27	H.R. 1	High
<b>No APTC if Termed from MA Due to Work Requirements</b>	Blocks APTCs for individuals following a Medicaid denial due to work requirements.	1-Jan-27	H.R. 1	Med
<b>Shortening Open Enrollment Period (OEP)</b>	OEP must end 12/31 instead of 1/15 (FFM) or 1/31 (HSRI), leading to customer barriers, fewer enrollees, a sicker risk pool, and challenges for the contact center.	1-Jan-27	Marketplace Integrity Rule	Med
<b>Pre-Enrollment Verification</b>	Customers required to verify APTC eligibility criteria before they can enroll, rather than completing enrollment and payment based on “conditional eligibility” and providing documents afterward.	1-Jan-28	H.R. 1	High

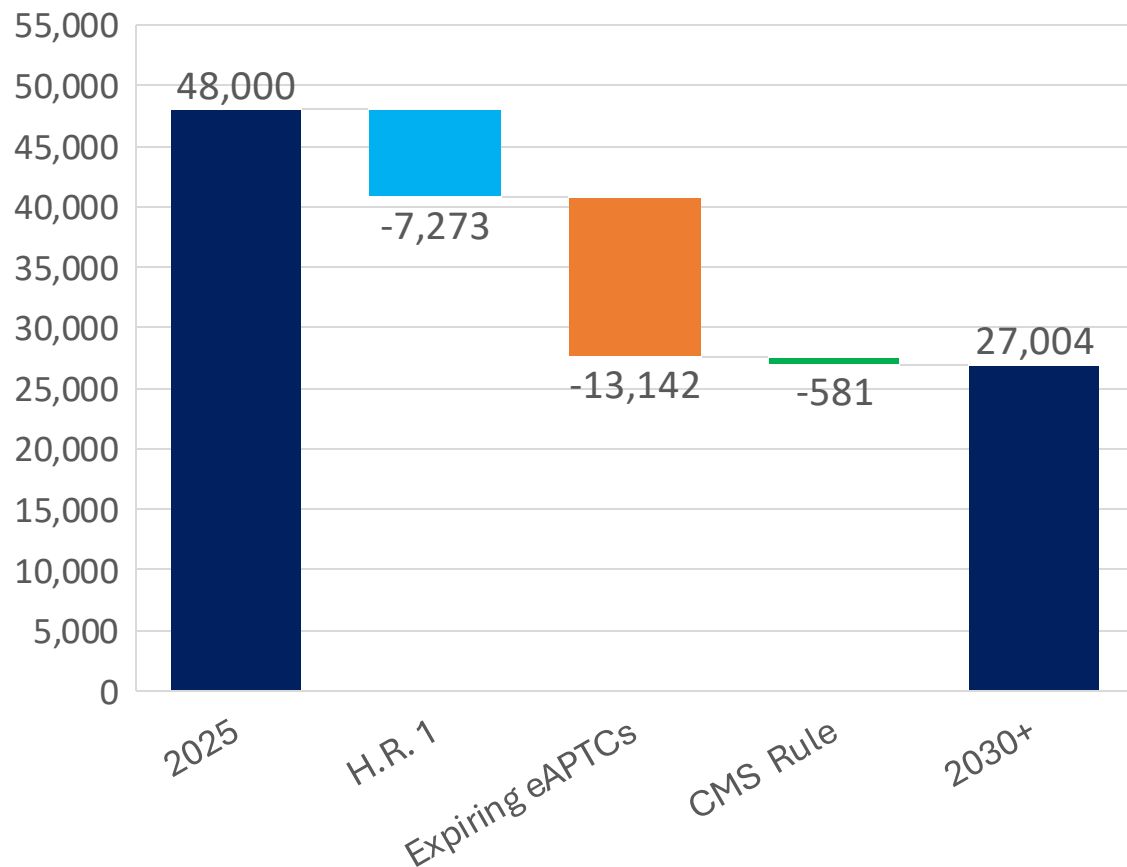


# Impact Analysis

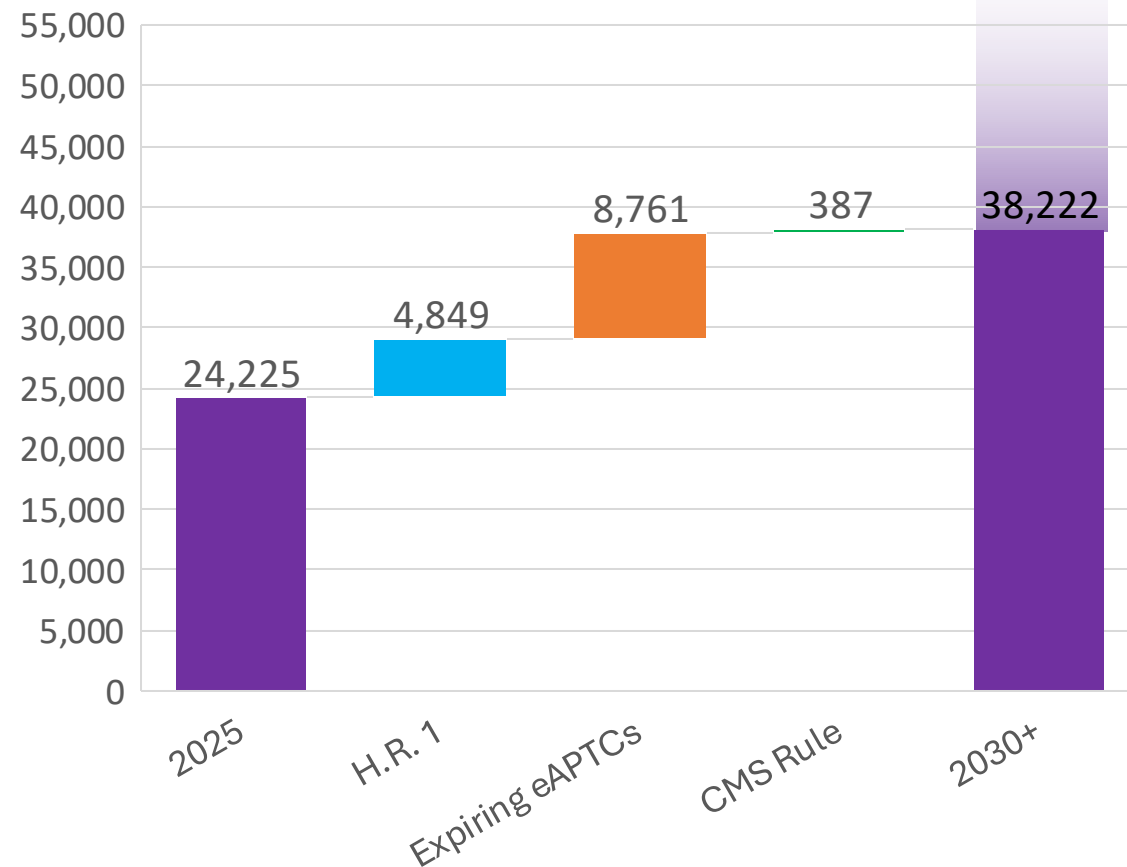
# Federal Impacts – Estimate for RI

Marketplace provisions only, not including Medicaid provisions

Potential HSRI Enrollment



Marketplace Federal Impact to RI Uninsured



Used CBO estimates to compare H.R. 1 as a portion of impact of expiration of enhanced APTC. CBO estimates impact to uninsured is ~2/3 as much, as some enrollees might be able to find other coverage.

# Impact of Enhanced Tax Credit Expiration

Expiration of enhanced APTCs may double average costs for HSRI enrollees in 2026. Total impact = \$59.3 Million.

- Largest % increase—those below 200% FPL
- Largest \$ increase—those above 400% FPL

Household FPL		# Eligible for APTC	Average Monthly Premium (2026)				Total Annual APTC Loss	
			With eAPTC	Without eAPTC	\$ Premium Increase	% Premium Increase	Eligible APTC	Subtotal (% of Total Eligible APTC)
<200%	<150%	8,645	\$13	\$59	\$46	348%	\$5,172,834	\$19,840,476 (33%)
	150-200%	11,642	\$40	\$137	\$98	246%	\$14,667,642	
200-250%	200-250%	7,459	\$86	\$205	\$119	138%	\$11,752,652	\$11,752,652 (20%)
250-400%	250-300%	5,243	\$138	\$260	\$122	88%	\$8,286,519	\$14,618,198 (25%)
	300-350%	3,206	\$206	\$318	\$112	54%	\$4,492,016	
	350-400%	1,921	\$291	\$369	\$79	27%	\$1,839,663	
>400%	>400%	3,288	\$446	\$779	\$333	75%	\$13,126,610	\$13,126,610 (22%)
<b>Total Enrollees</b>		41,404	<b>\$109</b>	<b>\$220</b>	<b>\$111</b>	<b>101%</b>	<b>\$59,337,936</b>	<b>\$59,337,936 (100%)</b>

- 2025 enrollment is adjusted for anticipated H.R. 1 immigration-related enrollment losses occurring in 2026 and 2027
- This analysis uses 2026 coverage parameters and 2025 enrollment; no changes in plan selection are assumed.

# Affordability Changes-Broad Based



## H.R. 1 did not extend enhanced Advanced Premium Tax Credits (APTCs)

Effective Date: 1/1/2026

- Premium tax credits were increased for 5 years via ARPA and IRA
- The additional credits expire at the end of 2025, returning APTCs to baseline ACA levels
- A higher definition of “affordable” means that monthly costs will go up by an average of \$111 per person, or 101%

## Current State and Considerations

- Over 41,000 Rhode Islanders benefit from APTCs currently
- The lowest-income recipients will see monthly costs increase by more than 300%
- Older Rhode Islanders at higher income levels may see costs increase by several hundred dollars per month, as they lose access to tax credits entirely

## Potential Impacts

**13,142 lose coverage** through HealthSource RI

**\$59M direct impact** in reduced tax credits

**Additional \$70M** in base tax credits left on the table

# Affordability Changes-Specific Populations



## H.R. 1 denies APTC eligibility for certain populations

- Eligibility is ending for DACA recipients and recently arrived documented immigrants under 100% FPL who are not yet eligible for Medicaid **Effective Date: 1/1/2026**
- APTC eligibility is ending for most immigrants who lack permanent resident status, including refugees, asylees, and visa holders **Effective Date: 1/1/2027**
- All Rhode Islanders denied Medicaid due to work requirements will be ineligible for APTCs, even if they are over 100% FPL and otherwise eligible **Effective Date: 1/1/2027**

## Current State and Considerations

- All lawfully present immigrants are **currently eligible for APTCs** if ineligible for Medicaid and over 100% FPL
- A special exception, which H.R. 1 **ends** in 2026, allowed APTCs for recent arrivals under 100% FPL if denied Medicaid due to the 5-year bar
- Generally, Medicaid and APTC **currently form a gapless continuum** for nearly all Rhode Islanders
- **H.R. 1 opens significant gaps** through immigration and work requirements provisions, **blocking residents from access to any type of coverage at all**

## Potential Impacts

**1,000+ coverage loss** from 2026 immigration changes

**Additional 3,000** may lose coverage from 2027 immigration changes

Work requirement impacts, including APTC eligibility, are **not yet clear**

# Enrollment Barriers

- Special Enrollment Period ending for Households Under 150% FPL
- Removal of APTC Recapture Limits via IRS
- Shortened Open Enrollment Period
- Pre-enrollment verification will require documents be submitted and verified before enrollments (and possibly renewals) rather than afterward

**Effective Date: 2026**

**Effective Date: tax year 2026**

**Effective Date: 2027**

**Effective Date: 2028**

## Current State and Considerations

- Currently, the SEP for households under 150% FPL is utilized by about 200 people per month to enroll or switch plans
- Currently, all tax filers under 400% FPL have a cap on repayment for over-receipt of APTC when filing taxes. This cap will no longer be available beginning in tax year 2026. Risk for those who underestimated income
- OEP currently ends 1/31. New rules require 12/31 end date starting for 2027 plan year
- Pre-enrollment verification is broad and new, and the scope and impact of it will depend heavily on federal guidance that isn't drafted

## Potential Impacts

Restricting SEPs leaves people **uninsured**

APTC recapture **costly at tax time**, especially those whose income varies

Shorter OEP **hurts customers**, results in fewer enrollees, a sicker risk pool, and challenges for the HSRI contact center

Pre-enrollment verification may **prevent 1,000 enrollments** or renewals per year

# Operational Challenges

- Customer service role and impact
- Implementation without timely federal guidance
- Policy changes implemented in a shared system for multiple agencies
- Affected populations overlap across programs, magnifying the customer impact

## Current State and Considerations

- Currently, HSRI's shared call center fields about 5,000 inquiries weekly, and wait times are typically under a minute
- After a customer leaves coverage, it is difficult to **track and communicate** about re-enrollment. For some, re-enrollment may not be possible financially without APTCs
- **Work requirements will demand broad coordination** on customer service for the Expansion population
- Medicaid, DHS, and HSRI share the **same eligibility system**. Federal changes must be implemented with short timeframes, stressing the abilities of the state to mitigate negative effects

## Potential Impacts

Customer **service volumes will increase**, often with shorter timeframes for action

Those losing coverage **stay uninsured**

Multiple changes for customers **add to confusion** and negative outcomes



**Thank you!**



# Gallery Walk Facilitation

**James Rajotte, EOHHS**

# Reminder: Guiding Principles



# Gallery Walk Overview and Instructions

Here are brief instructions for today's facilitated activity for those in-person and online:



## Prompts

### Applies to Both Virtual and In-Person Gallery Walks

- What should we consider for a potential safety net when this change takes effect?
- How could we leverage community assets or build capacity to navigate the change?
- What other creative budget savings or revenue generating ideas should we consider together?
- Which populations or communities must we prioritize for potential supports and outreach?
- What other system, technology, people, or process changes should we consider?

# Summary of Medicaid Gallery Walk Feedback



Federal Change (Section)	Impact Analysis: Stakeholder Themes	Potential Solutions: Stakeholder Feedback
<b>Eligibility Redeterminations</b> (71107)	<ul style="list-style-type: none"> <li>Concern about people losing coverage due to administrative issues and churn.</li> <li>Concerns about lack of communication and notifications as well as the complexity of forms.</li> <li>Concern over general loss of access to care/providers.</li> </ul>	<ul style="list-style-type: none"> <li>Prioritize people with disabilities and older adults for outreach by expanding targeted navigator services.</li> <li>Invest in customer-facing and eligibility staff training and work to simplify mailings and forms (or have explainers).</li> <li>Leverage community partners for application assistance and transition supports for those losing care to Free Clinics.</li> </ul>
<b>Retroactive Eligibility</b> (71112)	<ul style="list-style-type: none"> <li>Concerns about ability to pay medical bills and impact on providers who rely on retroactive payments.</li> <li>Concern about the overall impact on vulnerable populations and families.</li> <li>Concern about increased bad debt for providers.</li> </ul>	<ul style="list-style-type: none"> <li>Use state funds to cover the gap or create a state-funded insurance problem-solving program for clients in need.</li> <li>Prioritize enrollees connecting to Federally Qualified Health Centers (FQHCs) and hospitals.</li> <li>Advocate for Federal flexibility on the one-month limit for expansion populations and/or explore administrative simplification.</li> </ul>
<b>Disqualified Entity Payment Ban</b> (71113)	<ul style="list-style-type: none"> <li>Concern about loss of Essential Community Providers (ECPs) and decreased access to preventive and family planning services.</li> <li>Concern about reduced access for women and rural populations.</li> <li>Concerns about the capacity of other providers to absorb patient volume.</li> </ul>	<ul style="list-style-type: none"> <li>Identify alternative funds to maintain services.</li> <li>Conduct outreach to explain where services can be obtained and invest in mobile OBYGN services for rural areas.</li> <li>Partner with clinics and FQHCs to increase family planning capacity and with hospitals for on-demand care options.</li> </ul>

# Summary of Medicaid Gallery Walk Feedback



Federal Change (Section)	Impact Analysis: Stakeholder Themes	Potential Solutions: Stakeholder Feedback
<b>Provider Tax Uniformity and Caps (71115)</b>	<ul style="list-style-type: none"> <li>Concern about loss of revenue and reduction of supplemental payments to providers.</li> <li>Concern about the financial stability of the safety net and access to care.</li> </ul>	<ul style="list-style-type: none"> <li>Look for new revenue streams or explore ability to phase in tax reductions for certain providers to mitigate impact.</li> <li>Develop a contingency plan for provider solvency in partnership with other State efforts.</li> </ul>
<b>State-Directed Payment Standards (71116)</b>	<ul style="list-style-type: none"> <li>Concern about significant cuts to provider payments and the loss of flexibility in Medicaid program design.</li> <li>Concern about provider participation and access to high-quality care, especially in managed care plans.</li> <li>Concern about the impact on specialty and rural providers.</li> </ul>	<ul style="list-style-type: none"> <li>Consider a State-grandfathering of current payments and advocate for a longer phase-down.</li> <li>Review which providers are most at risk of closure due to payment cuts and examine other supplemental payment programs for cost efficiencies.</li> <li>Maximize opportunities in the Rural Health Transformation Plan opportunity.</li> </ul>
<b>Community Engagement Requirements (71119)</b>	<ul style="list-style-type: none"> <li>Concern that requirements are burdensome and will cause loss of coverage for eligible, vulnerable people.</li> <li>Concern about the impact on non-English speakers and those with unstable housing.</li> <li>Concern about the cost and complexity of the required technology system for tracking.</li> </ul>	<ul style="list-style-type: none"> <li>Maximize exemptions and coordinate across state programs for qualifying activities and administrative simplification.</li> <li>Prioritize education and outreach for enrollees to understand the rule and partner/provider training on exemptions.</li> <li>Streamline reporting and verification processes that has feedback loop back to clients and/or care managers.</li> </ul>
<b>Expansion Population Cost-Sharing (71120)</b>	<ul style="list-style-type: none"> <li>Concern about the impact of cost-sharing on low-income individuals accessing necessary care.</li> <li>Concern about the impact on people with chronic conditions.</li> </ul>	<ul style="list-style-type: none"> <li>Maximize the annual out-of-pocket cap and exempt high-value services from copays.</li> <li>Focus education on the out-of-pocket cap and sliding scale options.</li> </ul>

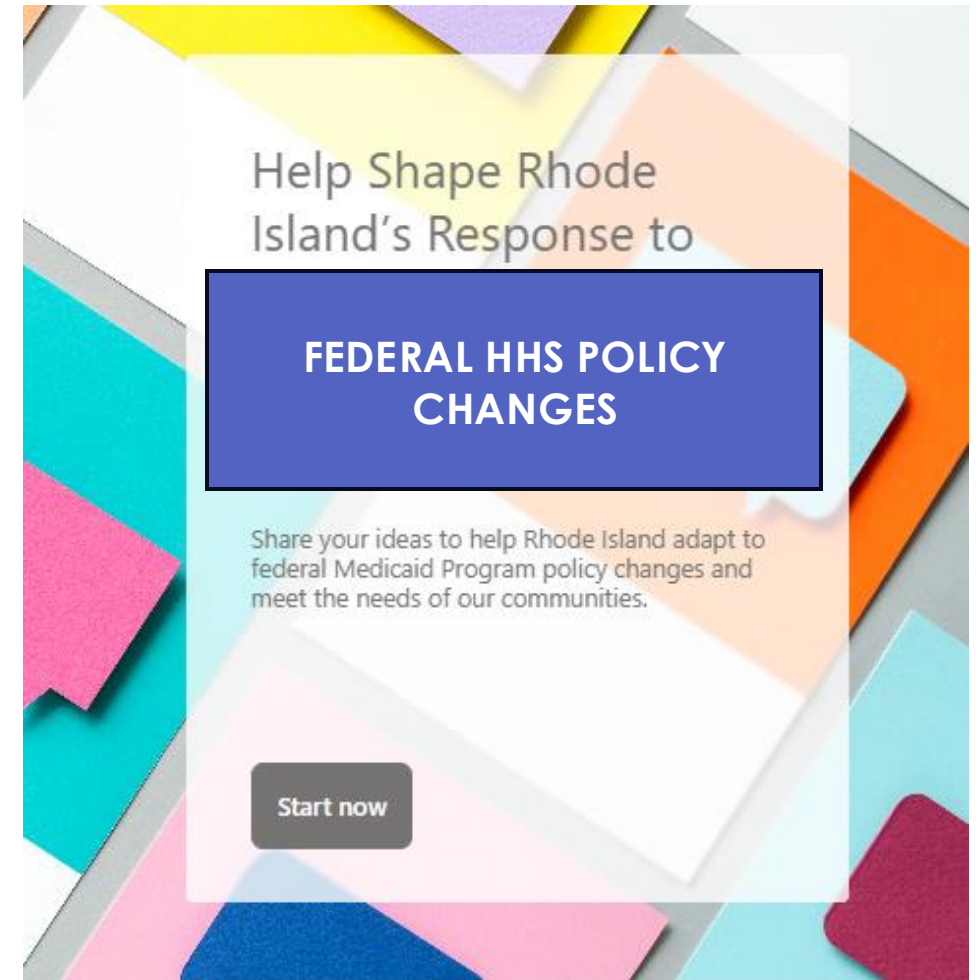
# Community Surveys Close on October 13

Since our last meeting, here are some key updates from EOHHS, DHS, and HSRI:

## Community Proposals Surveys

Topic	Link	English	Spanish	Portuguese
SNAP	<a href="https://bit.ly/SNAPRIsurvey">bit.ly/SNAPRIsurvey</a>	✓	✓	✓
Medicaid	<a href="https://bit.ly/MedicaidRIsurvey">bit.ly/MedicaidRIsurvey</a>	✓	✓	✓
Health Insurance Marketplace	<a href="https://bit.ly/MarketplaceRIsurvey">bit.ly/MarketplaceRIsurvey</a>	✓	<i>Available later this week</i>	

- All surveys remain available until **10/13/2025**
- Please submit your ideas following today's meeting





# Key Updates and Public Comment

**Secretary Richard Charest**

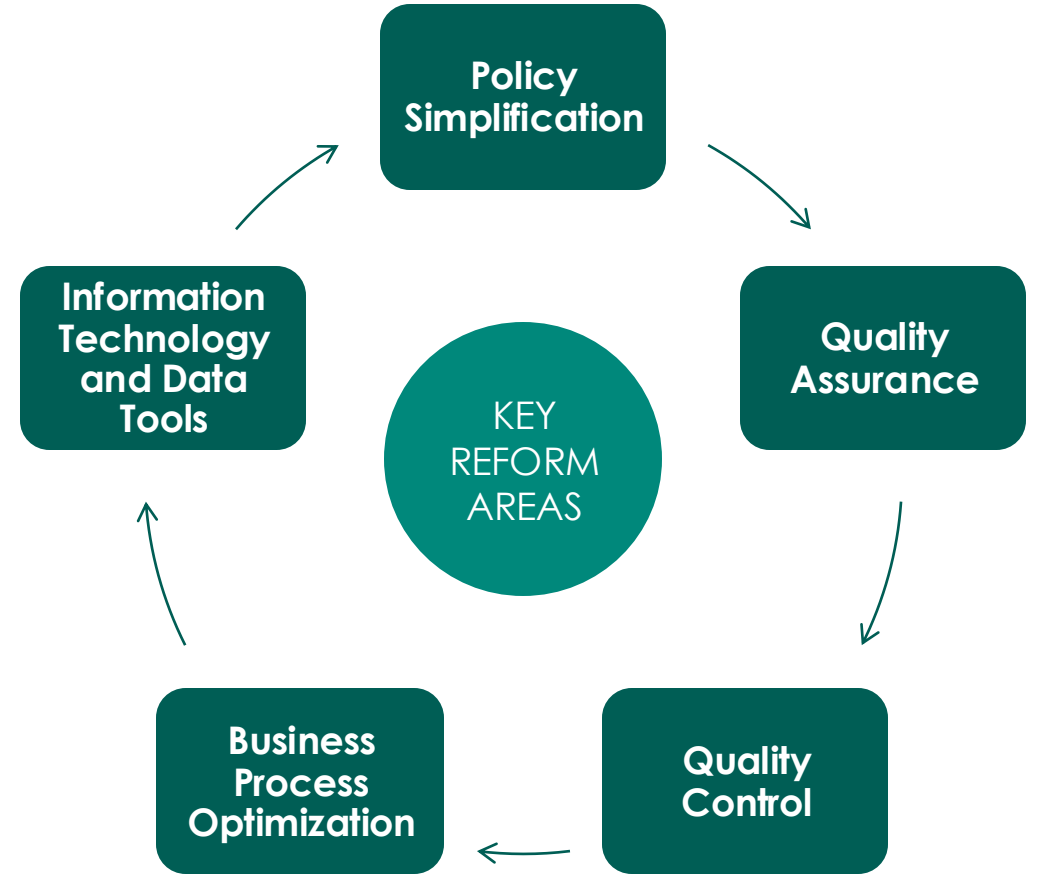
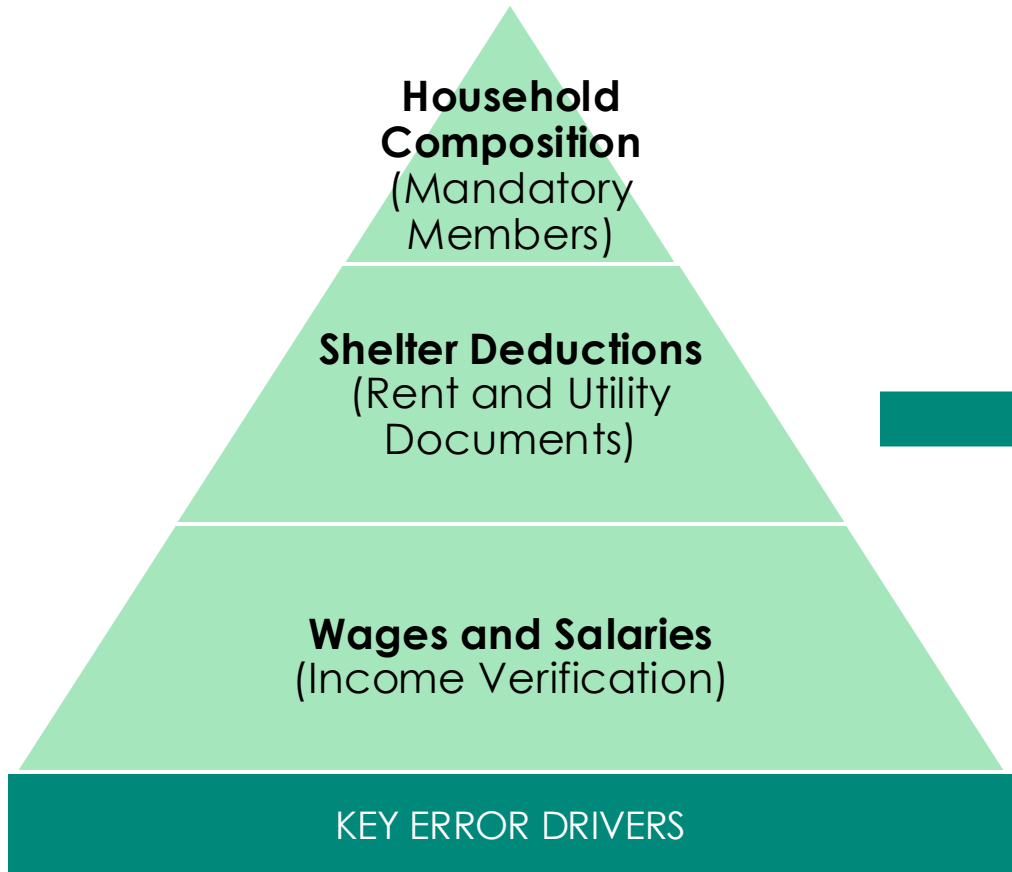


# SNAP Payment Error Rate (PER)

## Improvement Plan Overview

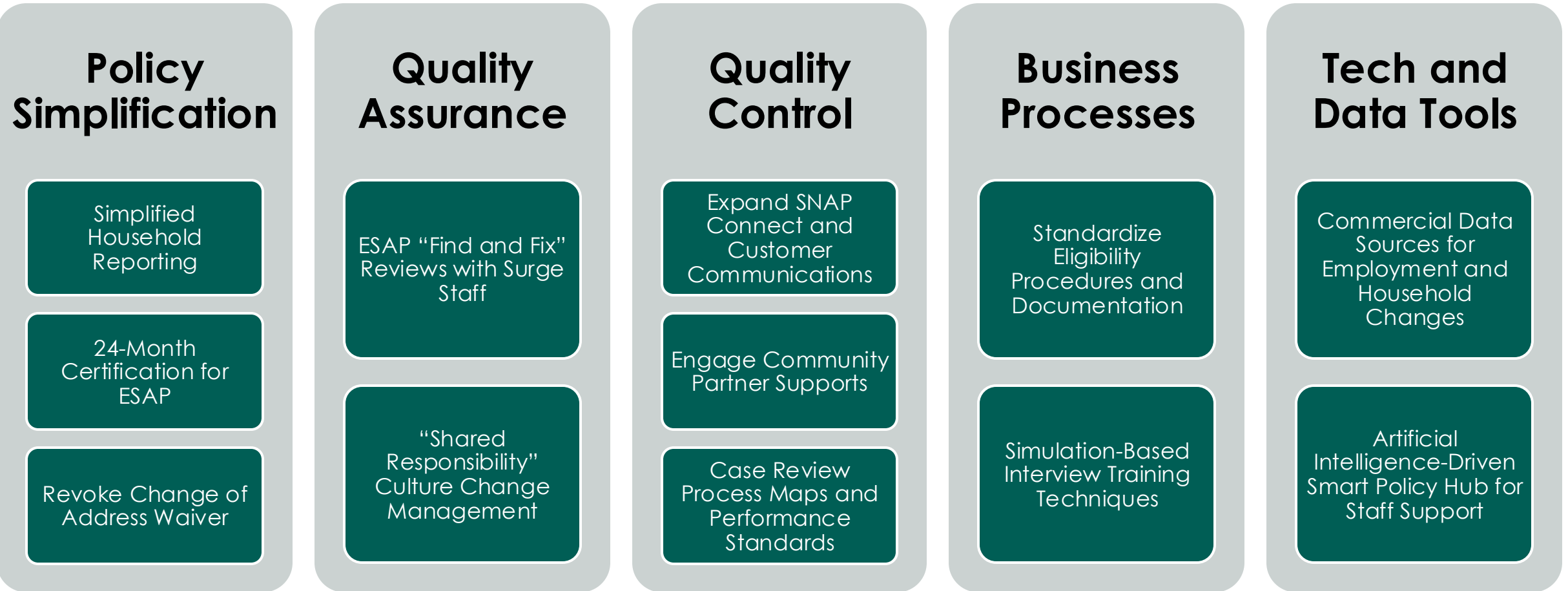
# SNAP Payment Error Rate (PER) Improvement Plan

Rhode Island SNAP's quality data shows three drivers account for the majority of the state's Payment Error Rate (PER). DHS is focusing on the top error drivers with clear, practical reforms.



# Targeted Reform Areas and Solutions

For each reform area, several key solutions have been identified to reduce PER:



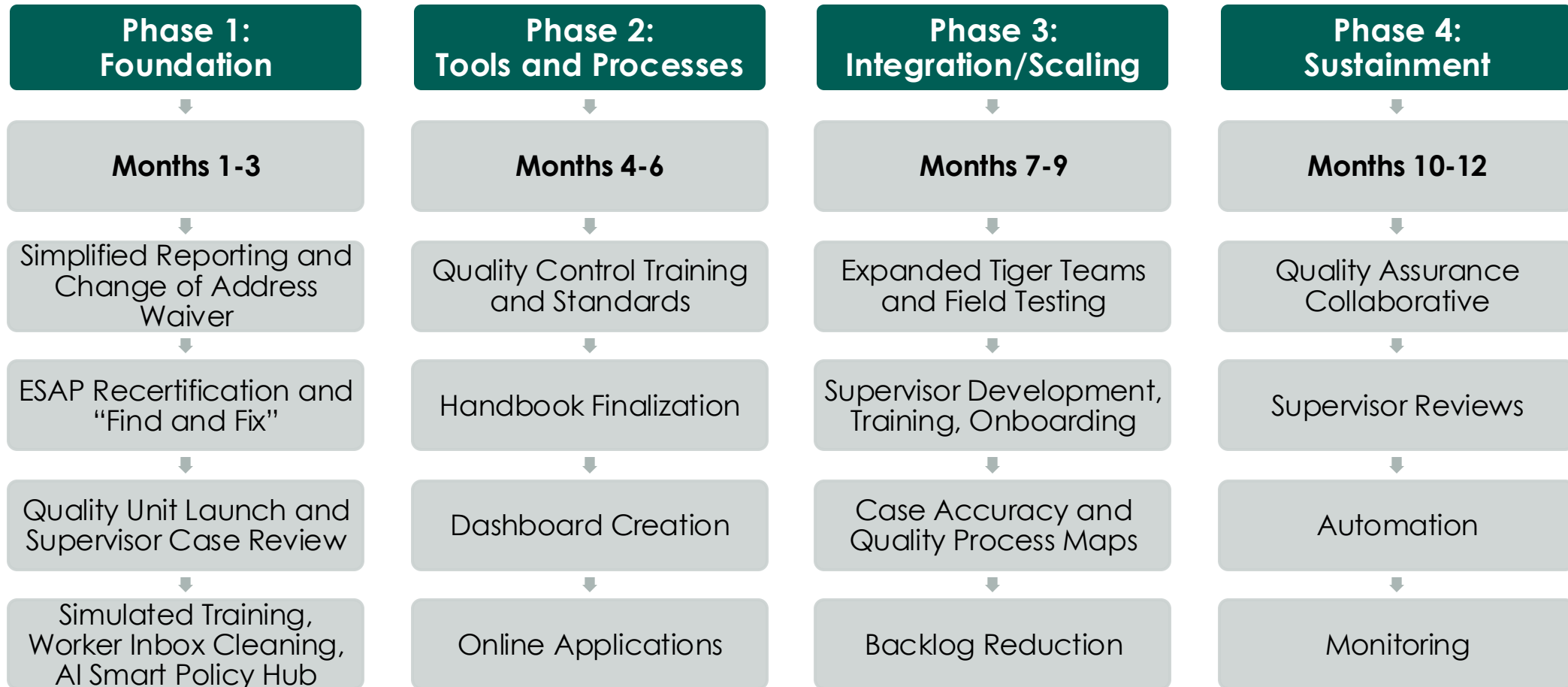
# Agency-Wide Change Management

Adopting recommended solutions requires agency-wide partnership.



# Implementation Timeline for PER Solutioning

A phased approach will build momentum, deliver change, and sustain improvements.



# SNAP Change Announcements

The Rhode Island Department of Human Services (DHS) is hosting a Partner Engagement Session focused on the upcoming SNAP changes for beneficiaries that will take place this fall.



- **Tuesday, October 14**

9:00am to 10:00am

- **ZOOM Meeting Information:**

<https://us06web.zoom.us/j/88310898730?pwd=tFX7SaOMgQynjkOWBwbqbaqJNiVYGX.1>

Meeting ID: 883 1089 8730

Passcode: 954066

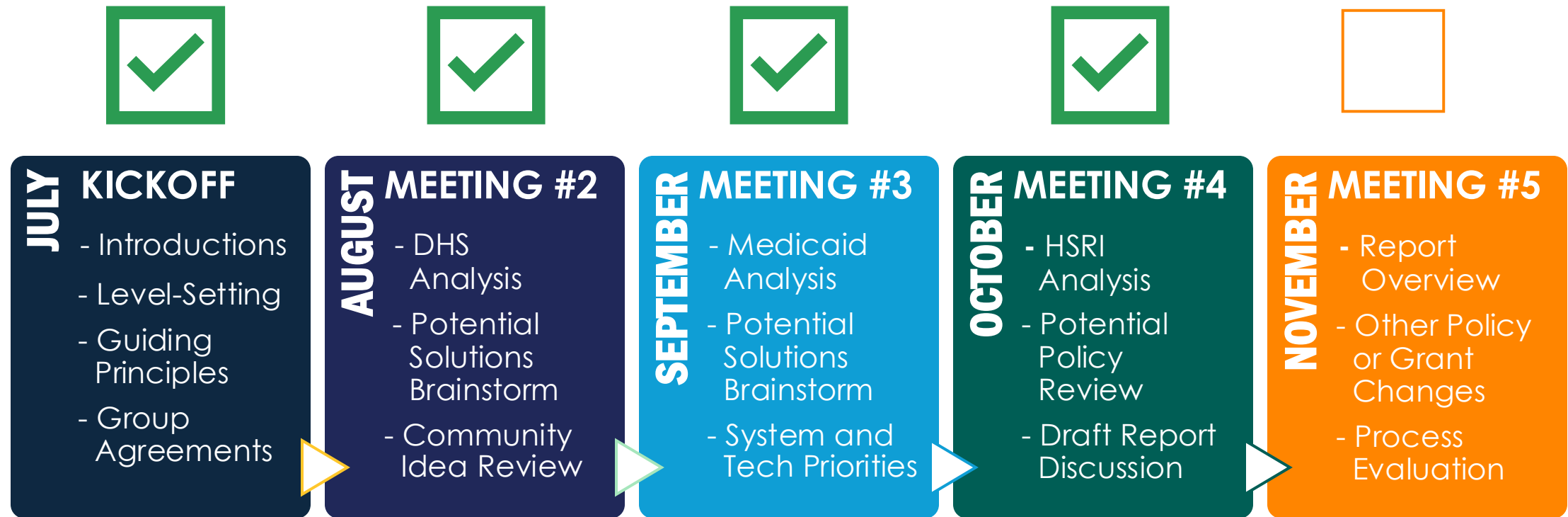
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# Announcements

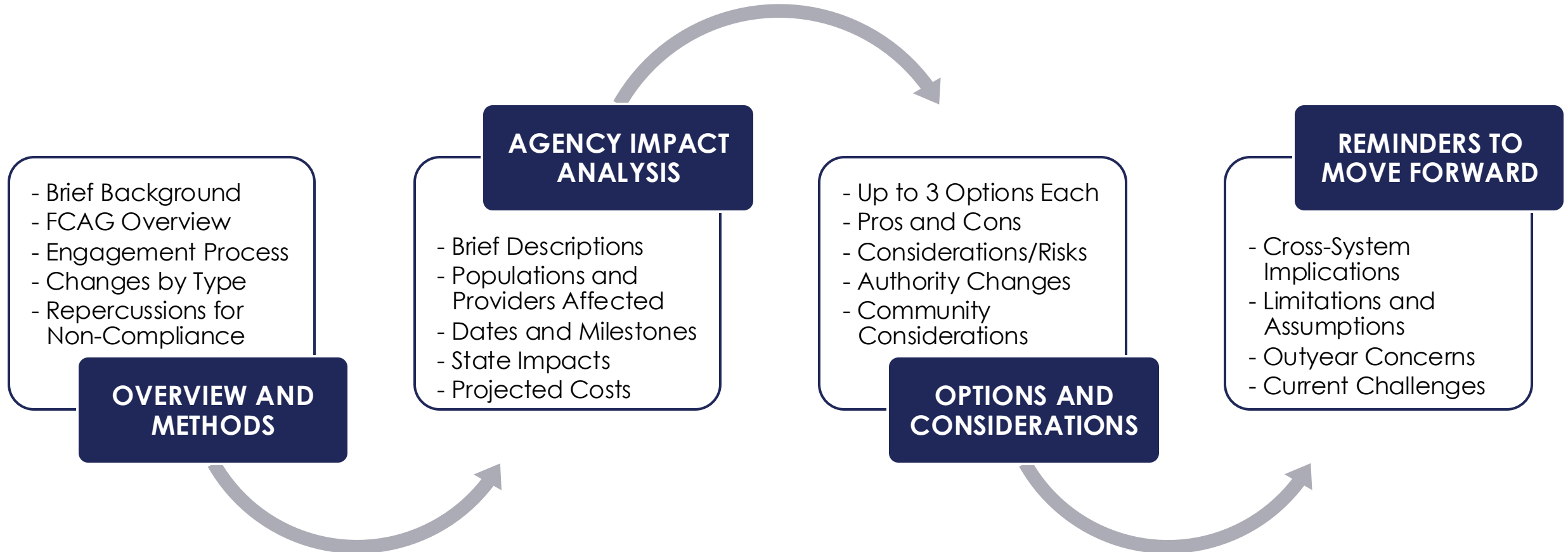
## Moving Forward and Public Comment

# Planned Timeline and Proposed Next Steps



# Report Development Overview

As we prepare the final report, here is an outline of the key information being summarized:





# Next Meeting Reminder

- **November 5, 2025**  
11:30-1:00 PM  
EOHHS – Virks Building
- Hybrid Option Available for Members of the Public
- Secretary of State Posting:  
<https://bit.ly/FederalComplianceAdvisoryGroup>

# Additional Public Comment

- Open Discussion
  - ✓ In-Person
  - ✓ Online

**THANK YOU FOR YOUR  
PARTICIPATION TODAY!**



“

**Teamwork is the ability to work together toward a common vision... It is the fuel that allows common people to attain uncommon results.**

”

*- Andrew Carnegie*



# APPENDIX SLIDES



# Lower Impact Marketplace Changes (1/2)



LOWER IMPACT MARKETPLACE FEDERAL CHANGES	BRIEF SUMMARY	EFF. DATE	SOURCE	IMPACT LEVEL
<b>Income Verification When Tax Data is Unavailable</b>	Prohibits allowing an attestation to verify income in the case that IRS does not return data on income and family size.	25-Aug-25 (Sunsets Dec. 2026)	Marketplace Integrity Rule	Med (stayed*)
<b>Income Verification for Applicants Attesting to Discrepant Income Over 100% FPL</b>	If a customer attests to income qualifying for APTCs but external data sources indicate significantly lower income, customer must verify.	25-Aug-25 (Sunsets Dec. 2026)	Marketplace Integrity Rule	Med (stayed*)
<b>Requirement to File and Reconcile Tax Credits Annually</b>	Prohibits APTC eligibility if the customer hasn't filed and reconciled taxes for the relevant year (reduced from two prior years to one).	1-Jan-26 (Sunsets Dec. 2026)	Marketplace Integrity Rule	Med (stayed*)
<b>Remove Fixed-dollar, Gross-Percentage Premium Thresholds</b>	Eliminates issuer flexibility to consider gross payment or fixed-dollar payment policies when considering if enrollees have paid sufficient premium amounts to enroll.	25-Aug-25 (Sunsets Dec. 2026)	Marketplace Integrity Rule	Low
<b>No APTC for Deferred Action for Childhood Arrivals (DACA)</b>	When qualifying for PTCs or CSRs, lawfully present does not include DACA recipients.	25-Aug-25	Marketplace Integrity Rule	Low

\*Stayed by a court decision in *City of Columbus v. Kennedy*. Marketplaces must hold on implementing these changes while the court case continues.

# Lower Impact Marketplace Changes (2/2)



LOWER IMPACT MARKETPLACE FEDERAL CHANGES	BRIEF SUMMARY	EFFECTIVE DATE	SOURCE	IMPACT LEVEL
<b>Remove the 60-day Extension to Resolve Income Inconsistencies</b>	Eliminates the 60-day extension provided to resolve income inconsistencies.	25-Aug-25	Marketplace Integrity Rule	Low
<b>Health Savings Account (HSA) Eligibility for Bronze Plans</b>	Treats individual market bronze and catastrophic plans as an HSA-qualified high-deductible health plan (HDHP) that can be paired with an HSA.	1-Jan-26	HR 1	Low
<b>Updated Premium Adjustment Percentage Methodology</b>	Changes the premium adjustment percentage methodology back to one that results in lower assistance and higher costs. Exacerbates impact of enhanced APTC expiration.	1-Jan-26	Marketplace Integrity Rule	Low
<b>Expanded De Minimis Ranges for Actuarial Value (AV) to Permit Less Generous Plans</b>	Expands the ranges of permissible AVs a plan may have to satisfy the AV requirements for metal levels and cost-sharing reduction variants.	1-Jan-26	Marketplace Integrity Rule	Low (stayed*)

\*Stayed by a court decision in *City of Columbus v. Kennedy*. Marketplaces must hold on implementing these changes while the court case continues.

# Scenarios—Impact of Enhanced APTC Expiration



## Julian, 25

- \$27,388/yr (175% FPL) from two part-time retail jobs
- Poor health with recent diabetes diagnosis
- In the absence of enhanced APTCs, he will see his monthly premium increase from \$22 to \$124 (a 464%, \$102 per month increase).
- This new premium will account for 5% of Julian's monthly income.



## Dave & Maria, both 35

- \$66,750/yr combined (250% FPL) as self-employed carpenter & freelance graphic designer
- Good health
- One young child who qualifies for Medicaid coverage
- When enhanced APTCs expire, their monthly premium will increase from \$215 to \$470 (a 119%, \$255 per month increase).
- This new premium represents 8% of their monthly income.



## Carla, 60

- \$62,650/yr as a retiree drawing on her 401K (400% FPL)
- Fair health with a family history of heart disease
- Does not yet qualify for Medicare
- When enhanced APTCs expire, Carla will see her monthly premium increase from \$427 to \$1,077 (a 152%, \$650 per month increase).
- Carla's new monthly premium accounts for 21% of her monthly income.



# Gallery Walk Posters

**TO BE PRINTED AND ONLINE ONLY**

# 1: Affordability Changes—Broad-Based



**FEDERAL POLICY CHANGE**  
(N/A)

**LEVEL OF IMPACT**  
High

**H.R.-1 did not extend enhanced Advanced Premium Tax Credits (APTCs).**

Premium tax credits were increased for 5 years via ARPA and IRA. The additional credits expire at the end of 2025, returning APTCs to baseline ACA levels. A higher definition of “affordable” means that monthly costs will go up by an average of \$111 per person, or 101%.

**Deadline:**  
1/1/2026  
(SFY 2026)

**KEY CONSIDERATIONS**

13,142 lose coverage through HealthSource RI

\$59M direct impact in reduced tax credits

Additional \$70M in base tax credits left on the table

**Additional Feedback**

**POTENTIAL SOLUTIONS**

**Other Notes:** 41,000+ in RI benefit from APTCs. Costs for lowest-income recipients will increase +300%/mo. and by hundreds/mo. for older adults at higher incomes.

**Key Question Prompts:**

What should we consider for a potential safety net when this change takes effect?

How could we leverage community assets or build capacity to navigate the change?

What other creative budget savings or revenue generating ideas should we consider together?

Which populations or communities must we prioritize for potential supports and outreach?

What other system, technology, people, or process changes should we consider?

**Considerations**

# 2: Affordability Changes—Specific Populations



## FEDERAL POLICY CHANGES

(71301, 71302, 71119)

## LEVEL OF IMPACT

High

### H.R.-1 denies APTC eligibility for certain populations.

Eligibility is ending for DACA recipients and recently arrived documented immigrants under 100% FPL who are not yet eligible for Medicaid. APTC eligibility is ending for most immigrants who lack permanent resident status, including refugees, asylees, and visa holders. All Rhode Islanders denied Medicaid due to work requirements will be ineligible for APTCs, even if they are over 100% FPL and otherwise eligible.

### Deadline:

1/1/2026 (1)

1/1/2027 (2)

## KEY CONSIDERATIONS

1,000+ coverage loss from 2026 immigration changes

3,000 more may lose coverage from 2027 changes

Unclear work req. impacts, including APTC eligibility

## Additional Feedback

## POTENTIAL SOLUTIONS

### Considerations

**Other Notes:** Medicaid and APTC currently form a gapless continuum for nearly all Rhode Islanders. H.R.-1 widens this gap through immigration and work provisions.

### **Key Question Prompts:**

What should we consider for a potential safety net when this change takes effect?

How could we leverage community assets or build capacity to navigate the change?

What other creative budget savings or revenue generating ideas should we consider together?

Which populations or communities must we prioritize for potential supports and outreach?

What other system, technology, people, or process changes should we consider?

# 3: Enrollment Barriers



## FEDERAL POLICY CHANGES

(71304, 71303, 71305, Integrity Rule)

## LEVEL OF IMPACT

Medium

### H.R.-1 denies APTC eligibility for certain populations.

Special Enrollment Period (SEP) ending for Households Under 150% FPL. Removal of APTC Recapture Limits via IRS Shortened Open Enrollment Period. Pre-enrollment verification will require documents be submitted and verified before enrollments (and possibly renewals) rather than afterward.

**Deadline:**  
2026—2028

## KEY CONSIDERATIONS

Restricting SEPs leaves people uninsured

APTC recapture costly at tax time  
(especially for those whose income varies)

Pre-enrollment verification may prevent  
1,000 enrollments or renewals per year

## Additional Feedback

## POTENTIAL SOLUTIONS

**Other Notes:** OEP currently ends 1/31. New rules require 12/31 end date starting for 2027 plan year. Shorter OEP results in fewer enrollees and a sicker risk pool.

### Key Question Prompts:

What should we consider for a potential safety net when this change takes effect?

How could we leverage community assets or build capacity to navigate the change?

What other creative budget savings or revenue generating ideas should we consider together?

Which populations or communities must we prioritize for potential supports and outreach?

What other system, technology, people, or process changes should we consider?

## Considerations

# 4: Operational Challenges

## FEDERAL POLICY CHANGES

(Various H.R.-1 and Integrity Rule)

## LEVEL OF IMPACT

Medium

### H.R.-1 and Integrity Rule changes will cause significant operational challenges.

Customer service role and subsequent impacts. Implementation without timely Federal guidance. Policy changes implemented in a shared system for multiple agencies. Affected populations overlap across programs, magnifying the customer impact.

### Deadline:

Various

## KEY CONSIDERATIONS

Customer service volumes will increase, often with shorter timeframes for action

Those losing coverage stay uninsured

Multiple changes for customers add to confusion and negative outcomes

## Additional Feedback

## POTENTIAL SOLUTIONS

**Other Notes:** Work requirements will demand broad coordination on customer service for the Expansion population and within the shared eligibility system.

### Key Question Prompts:

What should we consider for a potential safety net when this change takes effect?

How could we leverage community assets or build capacity to navigate the change?

What other creative budget savings or revenue generating ideas should we consider together?

Which populations or communities must we prioritize for potential supports and outreach?

What other system, technology, people, or process changes should we consider?

## Considerations