

State of Rhode Island Office of the Health Insurance Commissioner
Health Insurance Advisory Council
Meeting Minutes
December 19, 2017, 4:30 P.M. to 6:00 P.M.
State of Rhode Island Department of Labor and Training
1511 Pontiac Avenue, Building 73-1
Cranston, RI 02920-4407

Attendance

Members

Co-Chair Commissioner Marie Ganim, Co-Chair Stephen Boyle, Ruth Feder, Lisa Tomasso, Teresa Paiva Weed, Vivian Weisman, Al Charbonneau, Howard Dulude, Sam Salganik, Karl Brother, Hub Brennan, David Katseff

Issuers

Shawn Donahue, Blue Cross & Blue Shield of RI
Gus Manocchia, Blue Cross & Blue Shield of RI
Lauren Conway, UnitedHealthcare
Liz McClaine, Neighborhood Health Plan of RI

State of Rhode Island Office of the Health Insurance Commissioner Staff

Cory King

Not in Attendance

Gregory Allen, Bill Schmiedeknect, Vivian Weisman

Minutes

1. Welcome and Review of November Meeting Minutes

Commissioner Ganim called the meeting to order and welcomed all Health Insurance Advisory Council (HIAC) members and others in attendance.

The minutes from the November 28, 2017 HIAC meeting were accepted unanimously with no changes.

2. Presentation: 2018 Alternative Payment Methodologies and Care Transformation Plans

Cory King gave a brief presentation on the draft 2018 plans developed by the Alternative Payment Methodologies and Care Transformation Advisory Committees convened under OHIC's Affordability Standards.

For Care Transformation, the goal is RI's health insurers to have 80% of the primary care providers they contract with to be designated as Patient Centered Medical Home (PCMH) by 2019. The Care Transformation Advisory Committee develops a plan annually for OHIC to help insurers and providers reach this goal.

Some components of the 2018 Care Transformation Plan:

- Focus on transforming ACO-affiliated practices by the end of 2019.
- Evaluate Formal Transformation Initiatives
- Review & Revise PCMH Cost Management Strategies
- Improve Data Sharing & Communication Across Providers
- Administrative Barriers to Improved Behavioral & Physical Health Integration
- Statewide Strategy for Health Care Data

Some components of the 2018 Alternative Payment Methodologies (APM) Plan:

- Expanded Risk-based Contracting Target
- Implement a Multi-Payer APM Pilot for Primary Care
- Explore Value-Based Payment Model(s) for Pediatrics
- Assess Opportunities for Selected Commonly Defined Episodes of Care
- Assess Operational & Financial Capacity Requirements for ACO Contracts

Teresa Paiva Weed asked if Neighborhood Health Plan of Rhode Island (NHPRI) was part of the alternative payment models discussion. Cory said that due to their only having approximately 17,000 lives covered in their commercial products they currently have a waiver exempting them from some APM requirements. If NHPRI surpasses 20,000 covered lives, OHIC and NHPRI will revisit whether NHPRI should be subject to APM requirements.

Lisa Tomasso asked about Tufts Health Plan being subject to the requirements. Cory responded that they currently are not, as they have fewer than 10,000 covered lives in their fully insured commercial products. Cory pointed out that 10,000 lives was the bar set in the Affordability Standards for an insurer to be subject to the standards.

Ms. Paiva Weed commented that an objective standard would be preferable and that policies and standards should be applied to all carriers. Sam Salganik said that when it comes to total cost of care contracts, particularly those including risk, smaller populations of patients may not work due to their being "greater volatility from year to year in terms of costs of that population." Populations must be of a certain minimum size in order for these APMs to work, he said, so that measurements year over year can be attributed to performance rather than statistical volatility.

Cory reiterated that the 10,000 commercial fully insured lives threshold subjecting an insurer to certain requirements of the Affordability Standards was applied to all carriers, and that several Standards are required of all insurers regardless of the number of covered lives.

Lisa Tomasso asked how OHIC's assessment of commercial ACOs' ability to bear risk was related to Medicaid ACOs. Cory said conversations between Medicaid and OHIC were ongoing and that even though OHIC has no jurisdiction over Medicaid plans they were still working together.

3. Presentation: RIQI on CurrentCare

Elaine Fontaine from the Rhode Island Quality Institute (RIQI) gave a presentation to the Council on RIQI's ROI Metrics for CurrentCare. The presentation detailed CurrentCare's real-time patient designee alerts, provider dashboard and other features and showed data indicating that CurrentCare alerts had reduced hospital readmissions, ED use, and duplicative or unnecessary services at an estimated total annual cost savings of \$13,339,546.

This led to a robust discussion among Council members as to how such savings might impact insurance premiums. Acknowledging that the estimated savings was small relative to the total commercial healthcare spending, Stephen Boyle, Hub Brennan, Karl Brother and others commented that the CurrentCare service was clearly valuable and demonstrated a clear ROI, but also expressed that it was one of many initiatives that appeared to be working even while no reduction or stabilization of premiums was realized. Al Charbonneau referred to hospital costs as making up approximately "fifty cents on the dollar" of premium, commenting that he saw the APM plan presented earlier as being a long term effort, but that something was needed in the short term. Lisa Tomasso, speaking as a representative of a provider entity that uses CurrentCare, spoke to the positive impact it has had for Providence Center patients and providers and that it has reduced some utilization among their patient population.

Cory King reminded the Council that investment in CurrentCare was included in OHIC's original Affordability Standards in 2010.

4. Updates:

- a. HealthSource RI Enrollment**
- b. RIREACH Consumer Assistance**

Mark Gray shared an update sent from HealthSource RI on their enrollment numbers:

"HealthSource RI continues to outpace projections. At week seven of Open Enrollment over 30,000 Rhode Islanders have enrolled in coverage. HealthSource RI continues to see an increase in new customers. HSRI has more than three times the number of new enrollees this Open Enrollment period compared to the previous. HealthSource RI is pleased to see an increase in customers age 18-34, often known as 'young invincibles.' While roughly 25 percent of our renewing customers are age 18-34, about 35 percent of our new customers fall into this age group."

Sam Salganik gave an update on RIREACH's consumer assistance for the month of November, saying that volume was higher due to open enrollment but also roughly in line with last November. RIREACH helped approximately 300 new clients in November 2017. RIREACH has implemented a new case

management system that will allow them to eventually track new metrics. Mr. Salganik reported that RIREACH will meet with OHIC to discuss new reporting and metrics tracking. He added that RIREACH is now tracking consumer savings as a result of their services and said that RIREACH saved clients \$76,000 in November.

5. HIAC Business

a. Public Input Meeting in Cranston

b. 2018 HIAC schedule

c. Membership

Howard Dulude announced that he would be leaving Lifespan in a few weeks and therefore was stepping down from the Council. Council members thanked him for his service and wished him well in his future endeavors.

Mark Gray updated the Council on plans for a Quarterly Public Input Meeting in 1st quarter of 2018. The venue will be a location in Cranston that was still to be determined. It had been tentatively planned for January but Co-Chairs decided it should be moved to the February meeting.

Regarding scheduling, Mr. Gray acknowledged that members wished to meet on Mondays during the legislative session so that those interested could attend the General Assembly, but also that there were several other conflicts that members had to work around. Council members will be polled on scheduling and meeting availability, he said.

Finally, Mr. Gray noted that there were seats available on the Council and that HIAC was seeking new members, encouraging current members to submit any nominations to the Co-Chairs.

6. Public Comment

Gus Manocchia, Blue Cross & Blue Shield of RI, asked to respond to an earlier question regarding RIQI's cost saving and the impact on premium. Mr. Mannocchia said "you have to see a substantial amount of net savings across all categories" and noted that while some components of premiums are going down, they are more than offset by the continued rise of others, such as pharmacy/specialty pharmacy costs.

Shawn Donahue, Blue Cross & Blue Shield of RI, commented on Federal legislation that he was monitoring, saying that there may be a year-end deal that could include funding for recently eliminated cost-sharing reduction payments and possibly a reinsurance program.

Victoria Moutahir, commented that this was her first meeting and introduced herself as a board certified and licensed massage therapist. She stated that the Attorney General of RI had called for massage therapy to be covered by health insurance. "As a massage therapist, I've been billing insurance for 20 years as an out-of-network provider because no one will recognize us as a provider. Just this year I was recognized by Blue Cross as an out-of-network provider. So I'm hoping the next step is that you might all support the movement to get massage therapy covered as a preventive measure in the healthcare system. It can be very effective at pain reduction, it can help with a lot of the stats that we've seen. The Advanced Medicine Integration group came into Rhode Island, they did a big study on Medicaid and I

believe they showed a 60% decrease in hospitalization and ED visits for pain using alternative methods, massage included.” She asked that the topic be included on the agenda for a future meeting and also introduced her colleague, Regina Cobb, Director of the Therapeutic Massage Program at Community College of Rhode Island.

Hub Brennan acknowledged that he has seen massage therapy help with chronic pain consistently in his 25 years as a physician and said supporting inclusion of massage therapy was an important tool in combating the opioid abuse epidemic.

Next Meeting

The next meeting of the Health Insurance Advisory Council will be Tuesday, February 20, 2017, from 4:30 – 6:00 PM at the Cranston Public Library—Central Branch, 140 Sockanosset Cross Road, Cranston, RI 02920.