

State of Rhode Island Office of the Health Insurance Commissioner  
Health Insurance Advisory Council  
Meeting Minutes  
December 15, 2020, 4:30 P.M. to 5:30 P.M.  
*Virtual Zoom Meeting*

**Attendance**

**Members**

Co-Chair Commissioner Marie Ganim, Co-Chair Stephen Boyle, Shamus Durac, David Feeney, Al Charbonneau, Daniel Moynihan, Hub Brennan, Teresa Paiva Weed, Lawrence Wilson, Sandra Victorino, Laurie-Marie Pisciotta, Vivian Weisman, David Katseff

**State of Rhode Island Office of the Health Insurance Commissioner Staff**

Cory King

Maria Casale

Courtney Miner

John Garrett

**Not in Attendance**

N/A

**Minutes**

**1. Welcome, Introductions, and Review of November Meeting Minutes**

Commissioner Ganim called the meeting to order. After introductions, Commissioner Ganim asked for a motion to accept the November meeting minutes. The minutes were approved as submitted.

**2. RIREACH Consumer Update**

Shamus gave an update on RIREACH trends and highlights since the last HIAC meeting. RIPIN is still moving forward with assisting with Open Enrollment, so far it has been very successful. There have been some inquires, and questions related to Open Enrollment, but no trends have emerged so far. The call center is continuing to troubleshoot COVID-19 testing questions but those have largely subsided recently. It appears the call center is approaching a slight lull towards the holidays as it usually does, but over the past couple months RIREACH has saved Rhode Islanders over \$120,000.

Vivian Weisman commented that she has had a couple experiences with RIPIN recently. Vivian had referred someone she knew whose premiums had been rising dramatically to RIPIN and the call center was able to assist him and save him a significant amount of money. Additionally, her husband was struggling with denials from her insurance and a RIPIN employee was fabulous at assisting and overturning these denials. The takeaway is that all of these people, including some of the medical professionals they had dealt with, had heard of RIPIN or the services they offer. We need to help get the visibility for those who need it most. Shamus agreed and commented that they are always thinking of ways to get their name out into the community. In addition to being available to all Rhode Islanders they are ensuring that they are participating in targeted outreach to communities that are not using their services as much as others.

David Feeney commented that OHIC requires RIPIN's number to be on rejection documents, but as you mentioned they are often buried several pages in. Is there any way we can word that so it can go on the front page?

Commissioner Ganim mentioned that this is an important issue and highlights the value of these meetings, we often take for granted some of the information that we see and hear about all of the time. OHIC has the opportunity to apply for over \$600,000 over two years from the federal government to help us with enforcement of consumer protections that are in the Affordable Care Act. Consumer protections are only effective if we get the message out to the community about them. We know we need to address our website to make it more consumer friendly, and also begin to implement a plan around consumer protections messaging.

Al Charbonneau asked if RIPIN is on social media? Shamus confirmed that they are and lately they have seen an increase in referrals from social media because some of the paid advertising that they are doing.

Sandra Victorino commented that one of the things to take into consideration is getting this information out to community health centers, community health workers, and case workers – these are the people that work with these populations.

### **3. Rhode Island Cost Trends Project: Update and Discussion**

Cory King presented an update on the Cost Trends Project. This project has been underway for over two years, and we are beginning to see the project yield some important results in terms of data and learnings about cost drivers in our state. Health care costs continue to be a major issue in which Rhode Island leaders have remained focused on. One of the key drivers of health care cost, particularly in the last few years, has been pharmacy cost. Our partners at Brown University School of Public Health analyzed some of that data and found that over the past three years, medical pharmacy was the cause of 53% of the cost growth. This is an issue that the Steering Committee is committed to tackling.

Members of the Steering Committee decided to pursue the assessment of penalties for drugs with an unsupported price increase. To pursue this strategy, the Steering Committee co-chairs proposed three options:

- First, they proposed that RI state staff work with other states to see if they are interested in pursuing a coordinated strategy.
- Next, they suggested that interested Steering Committee members sign on to a letter of support for the proposed concept of the legislation,
- Last, they proposed that the recommendations of the Steering Committee go to the Governor for consideration and introduction of potential legislation.

Commissioner Ganim commented that when this group began two years ago everyone agreed it was important to look at data, it is important for that data to guide any policy decisions in the state, it is important that we have transparency, and finally it is important that we have a target benchmark, a place we do not want to go above. Our first set of data was from 2017/2018 to give us a baseline of where we stood in terms of spending, and this next set of data is shows how we are spending now – and what the data shows is that pharmaceutical prices are right at the top of cost drivers. We are hopeful that this committee will be able to get policy recommendations to the Governor very shortly.

Cory King continued: To measure the RI's performance against the cost growth target, we need to measure the performance of the state, the health plans, and the major provider organizations. We do so by using reports submitted by each of the health insurers that provide costs broken down into categories of expenses. 2019 was the first year in which we had the cost growth target in place, and now we finally have the data for that year now and are beginning to analyze it and hope to publish it for the public later this year.

David Feeney commented that if you are looking at drug costs, I hope you are looking at what the drug costs directly from the wholesaler to the pharmacies instead of a net cost of drugs. Some of the onerous practices on the part of pharmacy benefit managers to recoup some money are penalties being put on pharmacies. Cory King replied that is the type of feedback we appreciate and will take more of in this process.

Steve Boyle echoed David's comments about local pharmacies. Steve commented that it is stunning the percentage of loss pharmacies can have from filling prescriptions.

#### 4. **Telemedicine Advisory Group: Update and Discussion**

Marea Tumber gave an overview of the current state of the Telemedicine Advisory Council. The Telemedicine Advisory Group was convened in August of this year with the goal of looking at emergency telemedicine policies and making goals for the Governor and Commissioner Ganim about revising those throughout the emergency while also looking at what policies could work on a more permanent basis. The group has discussed coverage and access, payment and program integrity, security, privacy, and confidentiality, and performance measurement. The final recommendations report from the council will be sent out before the end of the month.

OHIC requested data from Rhode Island's four largest commercial insurers (BCBSRI, NHPRI, Tufts, and United) for a 20-week comparison between March 23, 2019 – August 3, 2019 and March 27, 2020 – August 7, 2020. The intent was to analyze Rhode Island's utilization of health care services and compare in-person versus telemedicine visits. In 2020, overall utilization dropped minimally. The biggest change was in the volume of telemedicine visits – about a third of all visits in 2020 were telemedicine visits. The data shows there was a steep decrease of in-person visits in April, and a steep increase of telemedicine visits at the same time. While telemedicine visits rose, the overall utilization of services in the state did not, comparatively to 2019.

In terms of payment parity, the group did not reach broad consensus but there was broad consensus regarding behavioral health. For behavioral health, the group agreed that telemedicine should be paid at the same rate as in-person care. As for other health care services, providers, and consumer advocates generally supported parity across the board for all services. Payers and business groups generally supported non-behavioral health parity during the public health emergency but not permanently. Overall, there was very broad support for moving towards a value-based health care system that moves away from fee-for-service.

Sandra Victorino asked if the concerns of providers at community mental health centers have been voiced in terms of not having the resources or the funding in order to have video for telemedicine services? If we only used video, it would result in some disparities in the community. Marea responded that the concern about video-access was really on the patient side at the meetings, we had not heard specifically about the community health centers. Sandra commented that it should be something to take into consideration when you consider how many resources it takes for someone to have access to video, and what kind of providers that may cut off.

Steve Boyle commented that there has been a shift in how telemedicine is viewed due to access issues with COVID-19 – it was originally intended to prevent the minor things from causing in-person visits, but that will not happen if we use telemedicine across the board.

Al Charbonneau commented that Steve’s concerns are valid. One of the reports that Al introduced to the study was that only 12% of telemedicine claims were substitution, 88% were new claims based on convenience. The problem with that is that when you are an employer’s plan, when you go you are dragging the employer’s costs with you. Al continued, stating that we should try to experiment with telemedicine, but in the context of payment reform.

Shamus Durac commented that it will be really important to look at substitution versus new claim uses continues as we move out of the pandemic. Something that has been important for us at RIPIN both in the call center and in our consumer support areas is that there is a large number of people that are either not going to be safe or comfortable going to in-person visits – not just in the long term, but also during the pandemic.

##### **5. CARES Act Projects: Overview and Discussion by The Care Transformation Collaborative of RI**

Commissioner Ganim introduced Deb Hurwitz from the Care Transformation Collaborative of RI (CTC-RI). OHIC and Medicaid both work very closely with CTC-RI and they have been instrumental in the transformation of primary care in Rhode Island.

Deb Hurwitz highlighted some of the COVID-19 relief funding that has come in through the state, and some of the work CTC-RI is doing with primary care practices. There is a portion of the COVID-19 relief fund that is intended for primary care provider-focused assistance and the purpose of that is to provide technical assistance and financial support for primary care providers and community health teams. The goal is to address the health care needs of Rhode Islanders vulnerable to COVID-19 infection, and to ensure that providers can continue to meet critical health care needs during this public health emergency.

Through efforts that were led by the Governor’s office, through strong support from OHIC, the Office of Medicaid, and the Department of Health, two types of funding came to the pediatric practices. One called the pediatric relief fund, and the second called the pediatric rate supplement. There have been four approved projects that have come to CTC-RI:

- Pediatric Well-Child Care (\$126k)
- Telemedicine (\$460k)
- Community Health Teams (\$159k)
- Clinical Care Delivery Redesign Under Prospective Payment (\$190k)

The goal of the Pediatric Well-Child project, funded by BCBSRI and the COVID Relief Fund, is to provide technical assistance and data to primary care practices to improve immunization and lead screening rates among children.

The Telehealth Initiative, funded by UnitedHealthcare and the COVID Relief Fund, is meant to provide primary care teams with best practice sharing opportunities to support effective, safe, and efficient telehealth services looking at practice/staff/patient experiences, clinical outcomes, access to care, and utilization. The goal is also to help inform RI health care policy on primary care practice/patient telehealth needs.

The purpose of the funds for the Community Health Teams (CHTs) is to be provided to individuals and families impacted by the COVID-19 pandemic, that need direct assistance with accessing and maintaining well-child/adult medical care in addition to meeting health-related social needs including food, transportation, personal protective equipment, and telehealth services.

The last project, Clinical Care Delivery Redesign Under Prospective Payment, will provide technical assistance to promote prospective payment as a method to address business interruption costs and structural financial challenges facing primary care practices, who have seen a decrease in revenues and increases in costs as a result of the pandemic. The project will identify modifications needed to be successful under prospective payment.

#### **6. Legislative Update**

Commissioner Ganim gave a brief legislative update for Rhode Island. The state budget is being considered this week, and other than that, we do not expect any other updates for the rest of the year.

#### **7. Other Business**

Commissioner Ganim mentioned that OHIC has been working with RIPIN to ensure Rhode Islanders have been able to get tests and will be working to ensure they are able to get vaccines and ensure they are covered by insurance as those roll out.

Commissioner Ganim also wanted to ask HIAC members if anyone has any questions about her transition out of OHIC and the start of Patrick Tighe as the new Commissioner, her last day being January 8, 2021.

Al Charbonneau commented that we owe Commissioner Ganim a round of applause and that she will be missed. We are not always on the same side, we do disagree, but we are not disagreeable.

Steve Boyle thanked Commissioner Ganim for everything she has done in this office and on this council.

#### **8. Public Comment**

Karen Malcom thanked Commissioner Ganim for always providing an open forum for consumers and commented that she will be missed.

**9. Adjournment--** The meeting was adjourned at 5:41 pm.