

Health Insurance Advisory Council
November 21, 2006
5 – 6:30 PM – DBR Hearing Room

Minutes

Attendance:

Members: Annemarie Monks, Ed Quinlan, Elizabeth Walsh, Domenic Delmonico, Howard Dulude, Peter Quattromanni, Patrick Quinn, Bill Schmiedesknischt, Rick Brooks and Chris Koller (Co-Chairs)

Health Plans: Matt Branigan, Jason Martesian, Ken Pariseau

OHIC Staff: Matthew Stark, Patricia Huschle, Adrienne Evans

Guest Steve Cronin

Not in Attendance: Serena Sposato, Daw Wardyga, Hub Brennan, MD, Craig O'Connor, Bill Martin

(Note for Record – Ann Rhodes and Josh Miller have both resigned from the Advisory Council because of changes in professional responsibilities)

1. Introductions

- Members of the Council introduced themselves and welcomed Bill S as a new member. Mr. S is responsible for Human Relations at Bradford Soap.

2. Updates

- October 18, 2006, Minutes
 - Approved with no changes.
- OHIC Web Page
 - Hard copy of the web page for the Office of the Health Insurance Commissioner were passed out to give council members a sense of the scope of activities covered by the office.
- Membership:
 - Business representatives are being solicited in particular, as the Council is underrepresented here. Council members were asked to pass on names to Mr. Brooks or Mr. Koller

3. Issue: What pricing and quality information do enrollees in high deductible health plans need to make good decisions?

- Pat Huschle presented the work of the Provider/ Health Plan work group on this topic to the committee for its review and discussion.

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- Key elements from overview (see Powerpoint presentation for more details):
 - Why transparency:
 - Estimate 60,000 people in RI with family deductibles greater than \$2,000/year.
 - Availability of provider price and quality information for these people is very limited
 - Examples of variation in pricing from Medicaid program
 - Legislative Direction for work group to make report to legislature
 - work group officially is sub-committee of HIAC. Has no consumer representation.
 - Purpose of tonight is present initial thoughts and get feedback from committee. Perspective is from the consumer's point of view.

Summary of work group recommendations:

- Provider cost and quality should ideally be reported together and by the health plan. .
- Provider Cost:
 - Health plan rates
 - Outpatient is higher priority than inpatient
 - Present for range of services, rather than specific CPT codes.
 - Compare average from that range to community average for same range.
- Provider Quality
 - Ideally – quality measures should be for common services or groups of services and should be regardless of payer. (i.e. collected by DOH, mirroring its Hospital Quality Reporting). For now:
 - Let health plan assess provider quality across all ambulatory services, not by service. Refer members to DOH for service-specific hospital information.

Discussion/Comments:

- Several employers present were transferring to higher deductible health plans. Their employees are more interested in this kind of information. “It changes the conversation”
- Employers who self insure for the deductible are interested as well.

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- General support for cost information based on range of procedures, rather than procedure-by-procedure. No agreement on how to prioritize which services to do first (frequency?, cost?)
- Suggestion to note increased consumer obligation for out of network services.
- Note that diagnostics pricing would have to include professional and technical component.
- Quality
 - How to deal with limited ability to measure quality? Is limited information (cost only?) better than no information? Some said yes – others disagreed.
 - Should plans be obligated to do analysis to help people understand quality or just present data?
 - Is efficiency a proxy for quality – council members did not want to see that happen.
 - Plans have credentialed all these providers – doesn't that make them good enough?
 - If you want DOH to take on ambulatory quality they will need more staff.
 - How to deal with diagnostic services – what is quality (e.g. pap smears)? A good patient experience? Could you do an e-bay “rate it yourself” idea?
- Next Committee Report – March 2007.
 - Council Members asked for detail on what other states are doing in this area.

Next Meeting:

December 19, 2006

5 pm. DBR Hearing Room.

Topic – Policy Recommendations for Small Group Health Insurance Market, as result of recent market conduct examination. .