

OHIC -Professional Provider-Health Plan Workgroup

January 22, 2007

OHIC- 233 Richmond Streets

Minutes

(iv) By March 15, 2007 a report to the legislature on proposed methods for health maintenance organizations, non-profit hospital or medical service corporations to make facility specific data and other medical service-specific data available in reasonably consistent formats to patients regarding quality and costs. This information would help would help consumers make informed choices regarding the facilities and/or clinicians or physician practices at which to seek care. Among the items considered would be the unique health services and other public goods provided by facilities and/or clinician or physician practices in establishing the most appropriate cost comparisons.

1. Attendance:

Present: Jean Amaral, Lorraine Roberts, Craig Syata, Pat Moran, Paul Carey, Joel Kaufman M.D., Steve DeToy, Sue Oberbech, Steve Lonardo, Stephan Katinas, Shirley Carter, BJ Perry, Chris Dooley

OHIC Staff: Patricia Huschle

2. Minutes

Group reviewed and approved minutes from December 4 meeting and

the subcommittee meetings on January 8th and 10th. Pat Moran asked that the discussion on the factors that are incorporated into the hospitals costs (ie charity care) be added to the cost subcommittee minutes along with the notes on the discussion about scope of care.

3. Review of Health Care Advisory Council (HIAC) Comments

Pat Huschle informed the group of the January 16th input of the Advisory Council. The group is predominantly employers who asked that more specific detail on cost by provider be issued over time, however they agreed to allow our group to move forward with our proposal as presented to them.

4. Discussion of “Items considered” language

Group discussed at length the last sentence of the transparency statute language. Group feels that in order make cost information more understandable to the consumers, health plans should provide some “explanation of cost variance” along with cost information. The language would attempt to clarify why there is cost discrepancies between providers for the same services. Dr. Kaufman felt that strongly that this detail be tailored to each provider listed so that consumers would see detail on charity care, hours, teaching etc. at the provider level. The group did see merit in this provider specific detail, however agreed that as a first step, health plans would provide a “generic statement” that explains the factors that go into cost variances. Pat Huschle to provide draft of this language to the group for review.

5. Further discussion on Cost

Group reviewed the outcomes of the cost subcommittee. Group agreed the Behavioral health and ER services would not be reported. Group wants to revisit the possibility of including labs over \$100. BCBSRI will re-look at the data for lab services to see if any may be appropriate. Additionally it was agreed that office visit data be reviewed in more detail to see if all office visits should be displayed. BCBSRI provided a list of 50 codes for which they will provide cost information be ranges. Group agreed in concept to the list and will again review when final.

6. Further discussion on Quality

Group reviewed the draft report to DOH and agreed to forward specific comments/edits to Pat Huschle by Friday January 26th. Steve DeToy recommended the report indicate support for incorporating Electronic Medical Records (EHR) into any future quality reporting by the Department of Health, as it may present a more specific description of the services rendered then health plan claims information. In addition it is more comprehensive since it would include data for all members of the community, not just those with insurance.

7. Next Steps

Pat Huschle to distribute the draft of the “explanation of cost language”, the list of services for which cost will be reported, and a final draft of the DOH report. After review the group will determine if an additional meeting is needed. Tentative date for next meeting is February 12, 2007.