

Health Insurance Advisory Council
October 21, 2008
4:30-6:00 PM – DLT Main Conference Room

Minutes

Attendance:

Members: Bill Martin, Bill Schmiedeknecht, Hub Brennan, DO, Chris Koller (Co-Chair), Ed Quinlan, Rick Brooks (Co-Chair), Phil Papoojian, Serena Sposato MD, Peter Quattromani, Howard Dulude

Health Plans: Tom Boyd,, Jason Martiesian, Neil Galinko

OHIC Staff: Deb Faulkner, Angela Sherwin

Not in Attendance: Patrick Quinn, Denise Lynn, Roland Benjamin, Domenic Delmonico, Elizabeth Walsh

1. Introductions

- Members of the Council introduced themselves.
- Several invited guests were in attendance as prospective members. They introduced themselves.

2. Minutes

- Minutes from the September 16 were reviewed and approved with no changes.

3. Updates

- Health Plan Report
 - OHIC and DOH released a joint report on RI commercial health plan performance on HEDIS measures, summarizing as well changes in finances and enrollment. It is available on the Web.
 - The findings of the report were not discussed in detail. In general, RI Health Plan HEDIS performance is flat and lags neighboring states. New England scores are usually the highest in the country. There are small differences between plans in general, with some notable exceptions.
 - Some of the HEDIS measures may be relevant as standards for review of medical factor rate submissions (see discussion below)
- Medigap Rates decision
 - Chris Koller reviewed the recent OHIC decision on rates for Medigap products from United and BCBSRI. These affect 25,000 people in the state who buy supplemental private insurance to cover Medicare cost sharing. Profit margins of both were reduced to levels consistent with large and small group decisions. Approved United premium increases are lower than BCBSRI: 2.1 or 3.4 % on average, depending on the group, vs 7.4%.

4. Discussion/Feedback

Work continued on the Council's major fall item – *refining medical cost improvement priorities in Rhode Island for health plans as a condition of approval of medical cost rate factors in large and small group rate filings.*

Deb Faulkner reviewed a Powerpoint presentation which summarized a draft discussion paper developed for the Council. It is the plan that this paper will eventually be the Council's work product on this topic. The main subject areas of the Discussion paper as drafted to date are:

- Background and Context
- Framework: Medical Cost Improve Priorities
- Idea Generation

Planned-for but undrafted are the following sections:

- Prioritization
- Standards
- Summary of Recommendations
- Next Steps

The work for tonight for the Council consisted of reviewing and adding to the list of ideas for medical cost improvement priorities. Priority is defined as follows:

- Feasible activity by the plan (in their control)
- Would produce efficiencies for medical care system.
- Would not be undertaken voluntarily by plan because of competitive disadvantage or long term return.

As background reading, Council members at the last meeting were given three source documents from the Commonwealth Fund and the Institute of Medicine. Drawing from these documents and preliminary discussions with the health plans themselves; OHIC staff had developed general categories of improvement priorities and listed kick-off priorities:

- Primary Care
- HIT
- Physician Reporting/Outlier identification
- Hospital Payment
- Transparency
- Wellness

Council members then offered additional ideas for medical cost improvement priorities in these and new categories. Efforts were made to be expansive and non evaluative. The ideas ranged from specific activities of the plans (e.g. payment levels), to plan participation in more expansive systematic changes involving other parts of the system (e.g. development and implementation of standards for administrative simplification).

In addition, other comments and concerns by council members were recorded.

Next Steps

- OHIC staff will take these ideas, refine them into specific expected priorities of the plans and categorize them.
- OHIC staff will meet with the plans to review and refine this list.
- A draft list of criteria for evaluating these priorities will be developed by OHIC staff

This work will be presented to the Council at the next meeting. Council will refine criteria and then rank the priorities based on these criteria.

In addition, OHIC is pursuing funding for additional technical assistance with this process.

Mr. Koller thanked the Council for their energetic participation.

5. Other Business

- If there is mutual interest, invited guests will become Council members at the next meeting.
- Chris Koller announced the resignation of Dawn Wardyga from the Council. In a letter, Ms Wardyga noted (and expressed concern) that the Council agenda for the year did not match what she felt needed to be the priorities for coming year regarding health care in RI. Members of the Council noted Ms Wardyga's concern and acknowledged that these concerns may not match the areas of authority of the Office and Council. Members of the Council expressed deep gratitude for the perspectives she brought to the Council and her willingness to engage actively in the Council's work.
- Leadership – The Co-chair of the council serves for two-year terms and Rick Brook's term had expired. Mr. Brooks indicated his willingness to serve another term if no other interest was expressed and if it would be accepted as his last. No other Council members expressed an interest and Mr. Brooks was voted to another two year by unanimous and grateful assent.

The meeting then adjourned.

Next Meeting of the Council
November 18, 2008

4:30 pm DLT Main Hearing Room (note new Time)

Topics –

- Medical Cost Improvement Priorities: Review the list and draft criteria for evaluation.