Health Insurance Advisory Council
March 24, 2009
4:30-6:00 PM – DLT Main Conference Room

Minutes

Attendance:

Members:	Rick Brooks (Co-Chair), Chris Koller (Co-Chair), Domenic Delmonico Bill Martin, , Pat Mattingly, Peter Asen, Karen Fifer Ferry, Phil Papoojian,
Health Plans:	B.J. Perry, Tom Boyd, Maria LaFerriere, Gus Manocchia, Ruchard Licht, Jason Martiesian
Guest:	Rick Harris
OHIC Staff:	Angela Sherwin, John Cogan, Michael Bailit (consultant), Adrienne Evans, Deb Faulkner
Not in Attendance:	Hub Brennan, DO, Howard Dulude, Roland Benjamin, Bill Schmiedeknecht, Serena Sposato MD, Peter Quattromani, Ed Quinlan

1. Introductions
   - Members of the Council introduced themselves.

2. Minutes
   - Minutes from the February 17, 2009 meeting were reviewed and approved with no changes.

3. Updates
   - Rate Factor review: Large and small group rate factors for 2010 will be reviewed by OHIC between mid May and mid June. A letter will go to the plans next week. The primary changes are the small and large group will be done concurrently. Also the affordability plan submission has been greatly simplified and will be coordinated with the Affordability Standards being developed by the Council. The HIAC May meeting will be spent reviewing these submissions.
   - In conjunction with rate factor review, a second round of the OHIC provider survey has been issued.
   - The legislation enabling high deductible health plans in RI is expiring this summer and legislative action will be needed. OHIC is statutorily required to complete a report. Given resource constraints this has not been a priority. OHIC will complete the report for the legislature using intern staff but not conduct a major review.
     - Domenic Delmonico asked for more regular information from the Office on the take up of high deductible health plans. Data will be included in this report.

- With the help of several interns, new regulations have been put out from the Office on Section 125 plans, Declaratory Rulings, Readability and MEWAs. Hearings will be held at the end of April.

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.*

The Council had received an initial draft of the document: "System Affordability Priorities and Standards for Health Insurers in Rhode Island", summarizing the Council's work. Deb Faulkner reviewed the changes in the document's findings resulting from the February HIAC meeting in the areas of – specific standards for health plans, evaluation criteria, enforcement and implementation.

Council questions and comments included the following;

- What the Primary care provider satisfaction survey? (annual survey based on current OHIC survey)
- Support for discussion on implementation of the increased investment in primary care. It cannot be an increase in fee schedules at expense of specialists, Plans should be held accountable for this.
- What is the difference between monitoring plan measures and auditing them? (Option to audit using OHIC consultants)
- No self insured and no Medicare/Medicaid, right? (right)

The Council then took Public Comment on the document, which had been publicly circulated prior to the meeting. The only person to offer oral comment was Rick Harris of the National Association of Social Workers. He read from a text which will be included in the public record.

Council members were also referred to six letters on the document received by OHIC prior to the meeting. In general they ranged from mildly to strongly supportive of the document.

Health Plans were then asked for their comments on the document itself. Dr. Manocchia from BCBSRI raised the following concerns:

- Would the Council consider broadening the standard for the patient centered medical home to allow for change sin emphasis, so long as it was all payor and focused on chronic care. (No objections were raised)
- EMR standard. Is there a way to cap the exposure of health plans? (There is no take-up requirement for the plans. Discussion went back and forth on the merits of setting out a minimum cap for # of doctors participating in the health plan's incentive plan. There was mildly stronger support among Council members for allowing the cap.)
- How directive will OHIC be in reviewing the plans of the insurers to meet these standards? BCBSRI wanted flexibility to integrate this work with other efforts.
  - This generated considerable conversation among council members. Reasons for strong oversight center on opportunities for coordination among health plans to align payments and change the delivery

system (see Ted Almon notes). The current CSI initiative is an example of this. Reasons for less direction include supporting health plan innovations and differentiation, to help consumers

- In general there was support for the stance advocated by Pat Mattingly – that OHIC should reviewing the plans of the insurers, identifying opportunities for coordination and consistency, and promoting those. EMR and All payor medical homes are already two of them, and they are in the document. OHIC should not be directing all the plans, however.

Jason Martieisan from United wanted to be certain that these standards would not conflict with legislation that could emerge regarding provider payment methodologies – for instance there were proposals that set minimum levels for all providers, perhaps making this standards difficult.

- Council members agreed that OHIC would have to adjust these standards in light of significant legislative action.

Tufts offered no comments.

Rick Brooks then briefly revisited the comments of Rick Harris and the role behavioral health in primary care. Blue Cross reported its experience with co-located behavioral health practitioners in primary care practices, which has been quite good. There are no standards however for how to use behavioral health practitioners in the primary acre setting, varies greatly with physician, behavioral health provider and needs of patient population.

OHIC staff will incorporate these comments – particularly around implementation and oversight in the document and return to Council members for edits and comment. The intent will be to vote on it at the April 21 meeting.

5. Allowable administrative costs.

Direction was given to the health plans to prepare brief presentation for the April Council meeting on trends in health plan administrative costs – over all and by general expense categories. The Council would like to understand why these are trending closer to medical inflation than to general inflation. This will help in the review of rate factor submissions.

The meeting then adjourned.

Next Meeting of the Council
April 21, 2009
4:30 pm DLT Main Hearing Room

Topics
- Review and vote on System affordability priorities and standards document.
- Presentation from plans on administrative cost trends.